|  | ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| --- | --- | --- |
| LICENSOR NAME | ENTRANCE DATE |
| Inspection Type: [ ]  Full [ ]  Follow-up [ ]  Complaint: Number  |
| Attachment FAGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)**Assisted Living Facility Staff Interview – Attachment F**  |
| [ ]  Caregiver | SHIFT | NAME | DATE | TIME**:** | [ ]  AM[ ]  PM |
| This form is **optional** and includes sample questions for individual categories. Expand questions to obtain more data in areas where concerns are identified. |
| **Resident Rights*** What do you do to promote resident dignity, quality of life, and privacy?
* What do you do if you see or discover resident rights being violated?
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| **Resident Grievances*** What do you do if you have a resident who says they are unhappy about the care in this facility?
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| **Care and Services*** What types of daily choices do the residents make?
* How do you help residents feel comfortable here?
 |  |
| **Abuse / Neglect / Exploitation*** Please give an example of abuse, neglect, or exploitation.
* What do you do if you discover abuse, neglect, or exploitation?
 |  |
| **Resident Behavior / Facility Practice*** What do you do if a resident is missing?
* Do any residents have challenging behaviors? If yes, what behaviors? How do you manage those behaviors?
 |  |
| **Accident / Injury / Prevention*** What do you do if a resident falls?
* How do you know what each resident needs?
* Who do you notify if a resident is injured?
 |  |
| **Staffing*** Do you work alone?
* How do you get help?
* How do staff contact the administrator?
 |  |
| **Emergency Management*** When did you participate in an evacuation drill?
* What do you do if there is an emergency or disaster?
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| **Notes** |
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