|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Resident Interview** | Attachment E |
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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | ENTRANCE DATE | LICENSOR’S NAME |
|  |
| RESIDENT’S NAME | RESIDENT NUMBER | ROOM NUMBER |
| REPRESENTATIVE’S NAME | RESIDENT PHONE NUMBER |
| BRIEF REVIEW OF PERSON-CENTERED SERVICE PLAN |
| WATER TEMPERATURE (check for all resident bathrooms)[ ]  None Temperature: oF Date:Time:[ ]  AM / [ ]  PM |
|  |
| INTERVIEW TYPE[ ]  Resident Interview [ ]  Representative Interview Date:Time:[ ]  AM / [ ]  PM |
| Instructions: The interview must address each category (A through J) and include a documented response. Check “Y,” if the answer is yes; check “N,” if the answer is no and document interviewee response; or check “D” if the interviewee declined to answer the question. If the question does not apply to the resident, check N/A.**HCBS questions are denoted with \*\* before each question**. For each HCBS question, that question is **REQUIRED** and **MUST** be asked as written during the interview. For categories with required \*\*HCBS questions, the additional example questions are optional. If there is no \*\* HCBS question for that category, use one of the example questions or write your own question. **You must ask at least one question in each category.** Check the box next to the question asked and document the response or check no concerns.If you are concerned about any response, please investigate further. |
| 1. **Care and Service Needs (Required \*\* HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you make choices about the care and services you receive here at the facility? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Who helps you with your medications? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  What do staff help you with? | **[ ]** No Concerns |
| 1. **Response to Concerns Support of Personal Relationships (Required \*\* HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do they pay attention to what you have to say? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Who would you talk to if you had concerns about your care? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Support of Personal Relationships (Required \*\* HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you choose who visits you and when? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Meals / Snacks / Preferences (Required \*\* HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you have access to food anytime? | **[ ]** No Concerns |
| **Respect of Individuality, Independence, Personal Choice, Dignity (Required \*\* HCBS question in this section)** |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you choose to lock your door? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Are you allowed to make choices, and if so, are staff respectful of your choices? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Activities (Two required \*\* HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you have an opportunity to participate in community activities? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you receive services in the community? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Do you participate in activities while in the facility? How often? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Homelike Environment (Select the question asked by checking the corresponding box)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Tell me about your room. Did you help decorate it? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Is the temperature comfortable to you? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Reasonable Facility Rules (Select the question asked by checking the corresponding box)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Does anyone tell you that you cannot do the things you want to do? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Sense of Well-Being and Safety (Select the question asked by checking the corresponding box)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Do you feel safe here? | **[ ]** No Concerns |
| 1. **Notice (Select the question asked by checking the corresponding box)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Does anyone tell you how you can spend your money? | **[ ]** No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | **[ ]** No Concerns |
| 1. **Notes**
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