

## Assisted Living Facility Resident Interview

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
INSPECTION DATE	LICENSOR NAME		
RESIDENT NAME	RESIDENT NUMBER	ROOM NUMBER	PAY STATUS <input type="checkbox"/> Private <input type="checkbox"/> State
Brief Review of Negotiated Service Agreement:			

**The questions in Section B – K below are intended as a guide and should not prevent the interviewer from asking more questions or obtaining more data if concerns are identified. If you are concerned about the answers, please investigate further.**

**Introductory questions: The interviewer may want to consider one of the following questions as a lead to the interview.**

SELECT ONE <input type="checkbox"/> <b>Resident Interview</b> <input type="checkbox"/> <b>Representative Interview</b>																																					
A. The following are <b>REQUIRED</b> questions and <b>MUST</b> be asked during the interview. Check "Y," if the answer is yes; check "N," if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">N</td> <td style="text-align: center; padding: 2px;">D</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you make choices about the care and services you receive here at the facility?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you have an opportunity to participate in community activities?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you choose who visits you and when?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do they pay attention to what you have to say?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you choose to lock your door?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you have access to food anytime?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you receive services in the community?</td> </tr> </table>	Y	N	D		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you make choices about the care and services you receive here at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an opportunity to participate in community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose who visits you and when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do they pay attention to what you have to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose to lock your door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have access to food anytime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive services in the community?	
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<b>B. Care and Service Needs</b>																																					
<input type="checkbox"/> What kind of help do you get from the staff? <input type="checkbox"/> How well does staff meet your needs?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				
<b>C. Support of Personal Relationships (if the resident has family or significant others)</b>																																					
<input type="checkbox"/> Does staff give you time and space to meet / visit with friends and family who come to visit? <input type="checkbox"/> Are you able to make personal phone calls without being overheard?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				
<b>D. Reasonable House Rules</b>																																					
<input type="checkbox"/> Tell me about the rules of the facility. <input type="checkbox"/> What have you been told about how long you can stay up at night or how early or late you can watch TV?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				
<b>E. Respect of Individuality, Independence, Personal Choice, Dignity</b>																																					
<input type="checkbox"/> Does the staff here know about your preferences? <input type="checkbox"/> What kinds of things do you make choices about? <input type="checkbox"/> How does the staff treat you? Speak to you? <input type="checkbox"/> Do you have any concerns about how you are treated?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				

<b>F. Homelike Environment</b>	
<input type="checkbox"/> What is your room like? <input type="checkbox"/> Are you comfortable there? <input type="checkbox"/> What personal items were you allowed to bring when you came here? <input type="checkbox"/> Is the temperature here comfortable to you?	<input type="checkbox"/> Other:  <input type="checkbox"/> No Concerns
<b>G. Response to Concerns</b>	
<input type="checkbox"/> Do you feel like you can tell someone if you don't like it here? <input type="checkbox"/> Who would you talk to if you had concerns? <input type="checkbox"/> What do you think they would do about it?	<input type="checkbox"/> Other:  <input type="checkbox"/> No Concerns
<b>H. Sense of Well-Being and Safety</b>	
<input type="checkbox"/> Do you feel safe here? <input type="checkbox"/> Does anything make you feel uncomfortable here?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
<b>I. Meals / Snacks / Preferences</b>	
<input type="checkbox"/> How is the food here? <input type="checkbox"/> If you can't eat something or don't like something, what kind of replacement does the home offer you? <input type="checkbox"/> How often do you get the foods you like to eat?	<input type="checkbox"/> Other:  <input type="checkbox"/> No Concerns
<b>J. Activities</b>	
<input type="checkbox"/> What activities are offered to you by the facility? <input type="checkbox"/> What kinds of things did you do for fun and relaxation before you came here? <input type="checkbox"/> Are there activities you would like to do that you are not offered? <input type="checkbox"/> Is there anything you wanted to do and the facility helped you do it?	<input type="checkbox"/> Other:  <input type="checkbox"/> No Concerns
<b>K. Notice</b>	
<input type="checkbox"/> Do you handle your own finances or does someone help you with that? <input type="checkbox"/> What were you told about paying for your care here and the facility's policy about admitting and keeping residents whose stay is paid for by the state (Medicaid)? <input type="checkbox"/> When and how were you told about this?	<input type="checkbox"/> Other:  <input type="checkbox"/> No Concerns

Leave a contact number for the resident to be able to contact you / RCS staff in the future.