

HS TON STATE Int of Social In Services	ASSISTED LIVING FACILITY NAME					LICENSE NUMBER		
	LICENSOR NAME					ENTRANCE DATE		
	Inspection Type: Full Follow-up Complaint: Number							
	Attachment F AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) Assisted Living Facility Staff Interview							
SHI	FT NAME		-	DATE	TIME :	☐ AM ☐ PM		
•	otional and includes sample questions for individual categories. Expand questions to obtain more data in oncerns are identified.							

Caregiver This form is o areas where o **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? **Resident Grievances** What do you do if you have a resident who says they are unhappy about the care in this facility? **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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