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|  |  Attachment E **Assisted Living Facility Resident Group Meeting** |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| INSPECTION DATE | LICENSOR NAME CONDUCTING MEETING |
| Inspection Type: **[ ]**  Full |
|  |
| DATE | TIME | NUMBER OF RESIDENTS PRESENT |
| RESIDENT COUNCIL?**[ ]**  Yes **[ ]**  No | COUNCIL PRESIDENT | FOOD COMMITTEE**[ ]**  Yes **[ ]**  No |
| Areas of concerns / issues identified prior to meeting. Refer to resident characteristic roster / sample selection form as needed to identify residents. |
| Introductions and brief explanation of meeting and inspection process by RCS staff. Use questions modified for population type. Group Interview: Suggested Areas for Discussion. We would like to ask you several questions about life in the facility and the interactions of residents and staff.* **Rules.** Tell me about the rules in this facility. For instance, are there rules about what time residents go to bed at night and get up in the morning?
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| * **Privacy.** Can you please describe the ways staff makes an effort to make sure that your privacy and the privacy of all residents are respected? Do you meet privately with visitors, and have private telephone calls?
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| * **Dignity respected (those with and without ability to speak for selves).** How do staff members treat the residents here, not just yourselves, but others who cannot speak for themselves? Do they try to accommodate residents’ wishes where possible?
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| * **Abuse and neglect.** Are you aware of any residents that are abused or neglected here? Are you aware of anytime when a resident had property taken away from them by staff? Is there enough staff here to take care of everyone?
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| * **Personal belongings / Loss or theft.** Can residents have their own belongings in their rooms if they want to? Does the facility make efforts to prevent loss, theft of destruction of property?
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| * **Meals and food service.** Can you please describe what the food is like here? If you do not like some food, do they give you something else to eat? Is the temperature of your hot and cold food appropriate? Are your meats tender enough?
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| * **Response to concerns.** Do you talk to staff about your concerns? What is their response?
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| * **Unmet needs.** Do you feel free to talk to staff (and your family) about needs that are not being met?
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| * **Activities**. Can you please share your thoughts about the activities offered here? Do the activity programs meet your interests and needs? Do you participate in activities? Are there enough help and supplies available so that everyone who wants to can participate?
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| * **Costs.** Are residents here informed by the facility about which items and services are paid by Medicare or Medicaid? Are you aware of any changes in the care any resident received after paying for their own care, and changed to Medicaid paying?
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| * **Medicaid Policy.** Please tell me what the ALF told you about whether they admit and keep residents whose stay if paid by the state (Medicaid). When were you told about this? Did the home tell you if they would allow you to stay if you ran out of money, and had to apply to the state for assistance? How did they give you the information, in writing or verbally? Did the home tell you what might happen if they quit taking state pay?
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| * **Building.** What do you think about the air and temperature in your room; in the dining and activity rooms? Does the lighting in your room allow you to do whatever you want to do? Is it generally noisy or quiet? How about at night?
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| * **Other.**  Is there anything else about life here in the facility that you would like to discuss? Thank the group for their time. After the interview, follow up on concerns that need further investigation.
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| **Thank the group for their time. After the interview, follow up on any concerns that need further investigation.** |
| **Notes Attachment E** |
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