|  | | Attachment J  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILITY (ESF)  **ESF Staff Interview** | | | |
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| ENHANCED SERVICES FACILITY NAME | | | | LICENSE NUMBER | |
| LICENSOR’S NAME | | | | ENTRANCE DATE | |
| Inspection Type:  Full  Follow up  Complaint: Number | | | | | |
| Caregiver | SHIFT NAME DATE TIME | | | | AM  PM |
| This form is **optional** and includes sample questions for individual categories. Expand questions to obtain more data if 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? | | |  | | |
| **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 decisions and choices do you allow the resident to 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 elopes or is missing? * How do you manage challenging behaviors? * Where do you access the facilities policies and procedures? | | |  | | |
| **ACCIDENT / INJURY / PREVENTION**   * What is your training for facility policy on resident-to-resident assaultive behavior? * 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 was an emergency or disaster? | | |  | | |
| **Notes** | | | | | |
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