|  | | 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** | | | | | | | |
| Caregiver | SHIFT | | NAME | | DATE | TIME  **:** | AM  PM |
| This form is **optional** and includes sample questions for individual categories. Expand questions to obtain more data in areas where 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 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? | | | |  | | | |
| **Notes** | | | | | | | |
|  | | | | | | | |