

Resident Name: _____ Resident Room: _____

Interviewer: _____ Interview Date: _____

Person Interviewed: _____ Relationship to Resident _____

Contact Method: in person by telephone

To determine if the family member has enough knowledge of the resident to be interviewed, ask the following questions:

1. What is the nature and extent of the relationship between the interviewee and resident prior to and during his/her residence at the nursing home?
2. With whom did your relative/friend live before coming to the nursing home? If the resident did not live with you, how often did you see him/her?
3. Are you familiar with his/her preferences and daily routines when he/she was more independent and more able to make choices and express preferences? (If the resident has a lifelong disability, ask about choices and preferences prior to moving to this facility. Adapt additional questions as necessary.) **If No, conclude interview.**
4. How often do you visit the resident now? When do you visit (time of day/day of week)?

If you decide you must conclude this interview because the interviewee has little or no knowledge of the resident or only visits occasionally, ask a general question that lets the family member say what he/she wishes about the facility such as: "Is there anything you would like to tell me about this facility and how your relative is treated?" Record any pertinent information in the comment section below.

A. Screening Status

Was a family interview conducted for this resident? No Yes

B. Choices (QP244)

COMMENTS:

- 1) Does the facility honor [resident's name]'s preferences and previous life routines, such as when to get up and go to sleep or when to take a bath? No Yes
- 2) Does the facility honor [resident's name]'s preferences on what he/she eats or drinks? No Yes
- 3) Does the facility honor [resident's name]'s preferences on how he/she is dressed or groomed? (For example, choice of outfit, dress vs. slacks, mustache, hairstyle, etc.)? No Yes

C. Activities (QP239)

COMMENTS:

- 1) Does staff encourage [resident's name] to attend activities and provide assistance to attend them? No Yes

D. Privacy (QP243) **COMMENTS:**

- 1) Can you meet privately with your relative/friend? No Yes

- 2) Is [resident's name]'s capable of conversing on the phone? No Yes *(If no, skip to #3)*
 - 2a) Can he/she do so without being overheard? No Yes

- 3) Does the staff speak privately (without being overheard) about your relative's/friend's medical or behavioral condition? No Yes

E. Dignity (QP240) **COMMENTS:**

- 1) Do you feel that staff treats your relative/friend with respect and dignity? For example, does staff take the time to listen to him/her and are staff helpful when he/she requests assistance? *(The focus of this question is how well staff interacts with the resident.)* No Yes

F. Interaction with Others (QP247) **COMMENTS:**

- 1) Have there been any concerns or problems with a roommate or any other resident? No Yes *(If No, skip to G)*
 - a) Has the staff addressed the concern(s) to your satisfaction? No Yes

G. Sufficient Staff (QP237) **COMMENTS:**

- 1) Is there enough staff available in this facility to make sure that residents get the care and assistance they need without having to wait a long time? No Yes

H. ADL Assistance (QP238)

COMMENTS:

- 1) Does [resident's name] receive the assistance with meals that he/she needs? No Yes Don't Know
- 2) Does [resident's name] receive the assistance with dressing and grooming including teeth, dentures, and mouth cleaned (routine oral hygiene) that she/he needs? No Yes Don't Know
- 3) Does [resident's name] receive the assistance with toileting he/she needs? No Yes Don't Know

I. Oral Health (QP245)

COMMENTS:

- 1) Does [resident's name] have any chewing or eating problems, or mouth pain? No Yes
- 2) Does [resident's name] have any tooth problems, gum problems, mouth sores or denture problems? No Yes

J. Abuse (QP236)

COMMENTS:

- 1) Have you ever noticed any staff member being rough with, talking in a demeaning way or yelling at [resident's name] or any other resident? No Yes
(If no, skip to K)
- 1a) Did you report it? *(If no, ask if relative/friend knew how to report the concern. If not, you may wish to probe the interviewee further about this issue and make detailed comments to aid in a later investigation.)* No Yes
(If no, skip to K)
- No Yes
- 1b) Did facility staff act promptly to investigate and correct the situation?

K. Personal Property (QP241)

COMMENTS:

- 1) Is [resident's name] able to have his/her belongings and/or furniture if he/she wishes? No Yes
- 2) Has [resident's name] had any belongings damaged or taken without permission? No Yes
- 3) Have you ever reported an item stolen from [resident's name]? No Yes
(If no, skip to L)
- 3a) Did staff respond in a satisfactory manner? No Yes

L Building and Environment (QP248)

COMMENTS:

- 1) Is this a comfortable building in which to live? *(Comfortable includes appropriate temperature, lighting, and noise levels.)* No Yes
- 2) Is the facility clean? No Yes

M Exercise of Rights (QP251)

COMMENTS:

- 1) Has your relative/friend been moved to a different room within the past several months? No Yes
(If no, skip to #2)
- 1a) Did you receive notice of explanation before the move? No Yes
- 2) Has your relative/friend been discharged to a hospital within the past several months? No Yes
(If no, skip to N)
- 2a) Were you notified of the facility policy permitting him/her to return? No Yes

N Costs and Personal Funds (QP121)

COMMENTS:

- 1) Are you the resident's representative for financial decisions? No Yes
(If no, skip to #2)
- 1a) Does the facility manage the resident's personal funds (funds for beauty shop, smoking materials, cosmetics, etc.)? No Yes
(If no, skip to #2)
- 1b) Are you able to get money from [resident's name]'s account at any time? No Yes
- 1c) Does the facility give you a statement of how much money is in the resident's account? No Yes
- 2) [If the resident is on Medicaid], did the staff give him/her (or you) a list of services and items that you would and would not be charged for? N/A (*Not a Medicaid Resident*)

O Admission Process (QP183)

COMMENTS:

- 1) Was the resident admitted within the past nine months? No Yes
(If no, skip to P)
- 1a) Did you participate in the admission process? No Yes
(If no, skip to P)
- 1b) When [resident's name] was admitted, did the staff tell you about how to apply for and use Medicaid or Medicare to pay for his/her stay? No Yes
- 1c) Did the facility ensure that you (or another individual) would not have to make a payment out of your own pocket if, for some reason, the resident is unable to pay from his or her own resources? No Yes
- 1d) Did the facility inform you of the rights of residents in the facility? No Yes

P Notification of Change (QP252)

COMMENTS:

1) Are you the person who would be notified of a change in condition or an accident involving the resident?
 No Yes
(If no, Interview is complete)

1a) Has there been a change in [resident's name] condition?
 No Yes
(If no, skip to 1b)
 – Did the staff notify you promptly?
 No Yes

1b) Are you notified when [resident's name]'s treatment is changed?
 No Yes

Q Participation in Care Plan (QP242)

COMMENTS:

1) Are you invited to participate in [resident's name]'s care planning conferences?
 No Yes
 N/A, newly admitted resident who has not yet had a care plan meeting
 N/A, interviewee is not designated for decision making