

RESIDENT INTERVIEW & RESIDENT OBSERVATION

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

Resident Name: _____ Resident ID: _____ Admit Date: _____ Resident Room: _____

Resident Interview

Suggested approaches for initiating a discussion:

1. Are you from around here, the area, etc?
2. Tell me a little about yourself.
3. How long have you been here?
4. What is the food like here?

Proceed with the interview questions below if you are comfortable that the resident is interviewable.

A Cognitive Status

Is the resident able to be interviewed?

- Not Interviewable
 Interviewable
 Resident refused or is unavailable for an interview

If the resident is interviewable, proceed to the Resident Interview section on the following page. If the resident is not interviewable or refuses, proceed to the Resident Observation section on the following page (the resident is excluded from the resident interview).

Notes:

RESIDENT INTERVIEW & RESIDENT OBSERVATION

| Resident Interview | |
|--|---|
| B Choices QP234 | |
| 1) Are you able to participate in making decisions regarding food choices/ preferences? | <input type="checkbox"/> No <input type="checkbox"/> Yes (skip to #3) |
| 2) Is this acceptable to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3) Do you participate in choosing your bedtime? | <input type="checkbox"/> No <input type="checkbox"/> Yes (skip to #5) |
| 4) Is this acceptable to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5) Do you participate in choosing when to get up? | <input type="checkbox"/> No <input type="checkbox"/> Yes (skip to #7) |
| 6) Is this acceptable to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 7) Do you choose your dressing and bath schedule? | <input type="checkbox"/> No <input type="checkbox"/> Yes (skip to C) |
| 8) Is this acceptable to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |
| | |
| C Dignity QP212 | |
| 1) Do you feel the staff treats you with respect and dignity? For example, does staff take the time to listen to you and are staff helpful when you request assistance? (The focus of this question is how well staff interacts with the resident.) | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| Resident Observation | |
|--|---|
| A Cleanliness/Grooming/Oral QP075 QP216 | |
| 1) Based on general observations, did you see any of the following? (Mark all that apply) | |
| <ul style="list-style-type: none"> a) Unpleasant body odor (other than signs of incontinence) b) Skin is unclean (i.e., food on face & hands) c) Eyes are matted d) Mouth contains debris, or teeth/dentures not brushed, or mouth odor, or dentures not in place e) Teeth broken/loose, or inflamed/bleeding gums, or problems with dentures f) Hair is uncombed and not clean g) Facial hair not removed or unshaven h) Fingernails are unclean and untrimmed i) Clothing and/or linens are soiled (other than signs of incontinence) j) Glasses are dirty or broken k) None of the above | |
| Comments: | |
| | |
| B Incontinence QP260 | |
| 1) Are there signs of incontinence, such as odor and/or wetness? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C Dressing QP074 | |
| 1) Based on general observations, did you see any of the following? (Mark all that apply) | |
| <ul style="list-style-type: none"> a) Inappropriate clothing for time of day and season b) Clothing in poor repair, improper fit, or worn inappropriately c) Inappropriate foot coverings (i.e. shoes without non-skid soles) d) None of the above | |
| Comments: | |
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RESIDENT INTERVIEW & RESIDENT OBSERVATION

| Resident Interview | |
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| D Activities QP208 | |
| 1) Do you participate in any of the activity programs here? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do not wish to participate |
| 2) Do the organized activities meet your interests? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3) Do you receive assistance for things you like to do, such as supplies, batteries, books? (Facility should have items available for residents to use). | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4) Are there activities offered on the weekends, including religious events? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5) Are there activities available in the evenings? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |
| | |
| E Building and Environment QP201 | |
| 1) Is this a comfortable building in which to live? (Comfortable includes appropriate temperature, lighting, and noise levels.) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Is the facility clean? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |
| | |
| F Participation in Care Plan QP210 | |
| 1) Have you been involved in decisions about your daily care? | <input type="checkbox"/> No <input type="checkbox"/> Yes (skip to G) |

| Resident Observation | |
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| D Activities QP096 | |
| Structured Activities (Complete for residents who are not interviewable due to cognitive screening. Do not complete for residents who are interviewable or have refused to be interviewed.) | |
| 1) Did you observe the resident in activities during the two days of Stage I? (This is not limited to group activities or scheduled activities.) | <input type="checkbox"/> No (skip to E) <input type="checkbox"/> Yes |
| 2) Is the resident actively participating in the activities or does staff encourage the resident to participate? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments | |
| | |
| E Contractures QP077 QP076 | |
| 1) Does the resident have a contracture? (Defined as a condition of fixed high resistance to passive stretch of a muscle.) <i>If unable to determine ask staff member.</i> | <input type="checkbox"/> No (skip to F) <input type="checkbox"/> Yes |
| 2) Does the resident have splint devices in place? (Answer "No" if device not present or is incorrectly applied.) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |
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| Resident Interview | |
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| G Abuse QP253 | |
| 1) Have you ever been treated roughly by staff? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Has staff yelled or been rude to you? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3) Do you ever feel afraid because of the way you or some other resident is treated? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If surveyor suspects potential abuse based on the above responses, ask who, what, when, where, how often? | |
| H Interaction with Others QP246 | |
| 1) Have there been any concerns or problems with a roommate or any other resident? | <input type="checkbox"/> No (skip to I) <input type="checkbox"/> Yes |
| 2) Has the staff addressed the concern(s) to your satisfaction? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| I Personal Property QP194 | |
| 1) Have you had any missing personal items, such as clothing, jewelry, a radio, money, etc? If Yes: Can you tell me what is missing and for how long? Do you have any idea of what might have happened to the item(s)? | <input type="checkbox"/> No (skip to J) <input type="checkbox"/> Yes |
| 2) Did you report the missing property to staff? | <input type="checkbox"/> No (skip to J) <input type="checkbox"/> Yes |
| 3) Is the property still missing? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |

| Resident Observation | |
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| F Abuse QP205 | |
| 1) Are staff treating the resident in a manner that may indicate abuse (yelling at resident, striking resident, treating resident in a rough manner, etc.)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| G Skin Problems/Conditions (other than pressure ulcers) QP261 | |
| 1) Were any of the following observed? (Mark all that apply) a) Abrasions and/or lacerations b) Bruises c) Skin tears d) Burns e) None of the above | |
| H Potential Restraints QP092 QP089 | |
| 1) Does the resident have a potential restraint in place (physical device or equipment that may potentially restrict a resident's movement and/or access to her/his body)? | <input type="checkbox"/> No (skip to I) <input type="checkbox"/> Yes |
| 2) Which potential restraints are being used? (Mark all that apply) a) Potential limb restraint b) Potential trunk restraint c) Chair potentially prevents rising d) Bed side rails (excluding beds with only one ¼ rail that is on the side of the bed against the wall) e) Other, (e.g., mittens) please describe: _____ | |
| 3) Is the device correctly applied? (Such as potential trunk and limb restraints. See Section L below for bed side rails.) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |

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| Resident Interview | |
|---|--|
| J Pain QP255 | |
| 1) Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief? Comments: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| K Food Quality QP249 | |
| 1) Does the food taste good and look appetizing? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Is the food served at the proper temperature? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| L Hydration QP258 | |
| 1) Do you receive the fluids you want between meals? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, does not take fluids orally |
| Comments: | |

| Resident Observation | |
|---|---|
| I Pain QP129 | |
| 1) Were any of the following observed? (Mark all that apply) <ul style="list-style-type: none"> a) Vocalization of pain: constant muttering, moaning, groaning b) Breathing: strenuous, labored, negative noise on inhalation or expiration c) Pained facial expressions: clenched jaw, troubled or distorted face, crying d) Body language: clenched fists, wringing hands, strained and inflexible position, rocking e) Movement: restless, guarding, altered gait, forceful touching or rubbing body parts f) None of the above | |
| Comments: | |
| J Hydration QP182 | |
| 1) Does the resident demonstrate physical signs of dehydration (i.e., dry, cracked lips and/or dry mouth; exhibits signs of thirst; etc.)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |

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| Resident Interview | |
|--|---|
| M Sufficient Staff QP232 | |
| 1) Do you feel there is enough staff available to make sure you get the care and assistance you need without having to wait a long time? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| N Oral Health QP254 QP256 | |
| 1) Do you have mouth/facial pain with no relief? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Do you have any chewing or eating problems (could be due to: no teeth, missing teeth, oral lesions, broken or loose teeth)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3) Do you have tooth problems, gum problems, mouth sores, or denture problems? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4) Does staff help you as necessary to clean your teeth? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, do not need assistance (Skip to P) |
| 5) How often are your teeth/dentures/mouth cleaned (routine oral hygiene)? | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never |
| O Privacy QP204 | |
| 1) Does staff provide you privacy when they work with you, changing your clothes, providing treatment? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Do you have privacy when on the telephone? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, do not use telephone |
| 3) If you would have a visitor, do you have a private place to meet? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Comments: | |

| Resident Observation | |
|--|---|
| K Positioning QP233 | |
| 1) Were any of the following observed? (Circle all that apply) | |
| a) Sagging mattress while lying in bed b) Bed sheets tucked in tightly over toes holding the feet in plantar flexion c) Legs and/or feet hanging off the end of a too-short mattress d) No padding between bony prominences (residents not able to position themselves) e) Wheelchair too big or too small (i.e. seat too long/short, seat too high/low) f) Uncomfortable geri-chair positioning, hyperflexion of the neck, sliding down in the chair, no-support for the legs g) Dangling legs and feet (that do not comfortably reach the floor and/or without needed foot pedals in place) h) Leaning to the side without support to maintain an upright position i) Lack of needed head or torso support j) Lack of arm/shoulder support k) Resident observed in the same position for long periods of time when in the wheelchair or in bed (Resident is not repositioned in chair at least every hour and in bed at least every two hours) l) None of the above | |
| Comments: | |
| L Potential Accident Hazards/Bed Side Rails QP218 | |
| 1) If the bed side rails are in the up position, do the bed side rails fit the bed properly to prevent the resident from being caught between the side rails and the mattress? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, side rails are not observed in the up position |
| Comments: | |

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| Resident Interview | |
|--|---|
| P Exercise of Rights QP250 | |
| 1) Have you been moved to a different room or had a roommate change in the last nine months? | <input type="checkbox"/> No (Skip to Q) <input type="checkbox"/> Yes |
| 2) Were you given notice before a room change or a change in roommate? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Q Personal Funds QP199 | |
| 1) Do you have a personal funds account with the facility? | <input type="checkbox"/> No (Skip #2 & 3) <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know (Skip #2 & 3) |
| 2) Does the facility let you know how much money you have in your account? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know |
| 3) Can you get your money when you need it, including on weekends? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know |

| Resident Observation |
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| M Resident's Room |
| <p>1) Were any of the following observed? (Mark all that apply)</p> <ul style="list-style-type: none"> a) Odor in resident's room QP221 b) Walls, floors, ceilings, drapes, or furniture are not clean or are in disrepair QP222 c) Environment does not accommodate individual needs and preferences QP147 d) Lighting levels are inadequate or uncomfortable QP223 e) Room temperatures are uncomfortable or unsafe QP224 f) Sound levels are uncomfortable QP225 g) Bedrooms are not equipped to assure full privacy (i.e., curtains, moveable screens, private rooms, etc.) QP151 h) Clean bed/bath linens are not available or are in poor condition QP152 i) Evidence of insects or rodents in bedrooms or bathrooms QP226 j) None of the above <p>Comments:</p> |
| <p>2) Were any of the following observed? (Mark all that apply)</p> <ul style="list-style-type: none"> a) Electric cords, extension cords, or outlets are in disrepair or used in an unsafe manner QP228 b) Bed and linens are visibly soiled with stool or urine QP260 c) Resident care equipment is unclean, in disrepair or stored in an improper or unsanitary manner QP140 d) Ambulation, transfer or therapy equipment are unclean or in unsatisfactory condition QP229 e) Safety equipment in bedroom or bathroom is inadequate (i.e. grab bars, slip surface) QP230 f) Call system in room or bathroom is not functioning. Call light not within reach for residents capable of using it QP231 g) None of the above <p>Comments:</p> |

Is there anything else you would like to talk about regarding your life here?