

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LIGENOODIO NAME	
LICENSOR'S NAME	

ATTACHMENT P

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)

Provider / Resident Manager Interview

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Provider NAME		TIME		ПРМ
Resident Manager			☐ AM	
The following questions are <u>required</u> during the int space provided. The interviewer may ask more que				in the
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 home? 				
CARE AND SERVICES				
 What types of daily choices do the residents in the home 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 see or discovered abuse, exploitation, or neglect? 				
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 in the event of an accident or injury? 				
 Who do you need to notify if a resident is injured? 				
STAFFING				
Do you work alone?				
How do you get help?				
How does staff contact the provider?				
EMERGENCY MANAGEMENT				
 When did you last participate in an evacuation drill? 				
Where is the meeting place?				



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