

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILITY (ESF)

ESF Staff Interview

ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER
LICENSOR'S NAME		ENTRANCE DATE
Inspection Type: Full Follow up	Complaint: Number	
SHIFT NAME	DATE	TIME AM
This form is optional and includes sample quest identified.	tions for individual categories. Expand question	ons to obtain more data if concerns are
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?		



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