|  | ADULT FAMILY HOME’S (AFH) NAME | LICENSE NUMBER |
| --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | INSPECTION DATE |
| LICENSOR’S NAME |
| ATTACHMENT PAGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ADULT FAMILY HOME (AFH)**Provider / Resident Manager Interview** |
| [ ]  Provider[ ]  Resident Manager | NAME | TIME[ ]  AM [ ]  PM |
| The following questions are **required** during the interview. The licensor will write the answer to each question in the space provided. The interviewer may ask more questions or obtain more data if 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?
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| **RESIDENT GRIEVANCES*** What do you do if you have a resident who says they are unhappy about the care in this home?
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| **CARE AND SERVICES*** What types of daily choices do the residents in the home make?
* How do you help residents feel comfortable here?
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| **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?
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| **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?
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| **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?
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| **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?
 |  |
| NOTES |