|  | ADULT FAMILY HOME’S (AFH) NAME | | | LICENSE NUMBER |
| --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | | INSPECTION DATE |
| LICENSOR’S NAME | | | |
| ATTACHMENT P  AGING 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? | | |  | |
| **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? | | |  | |
| NOTES | | | | |