|  |  Attachment J AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILITY (ESF) **ESF Staff Interview** |
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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER |
| LICENSOR’S NAME | ENTRANCE DATE |
| Inspection Type: [ ]  Full [ ]  Follow up [ ]  Complaint: Number  |
| [ ]  Caregiver | SHIFT NAME DATE TIME | [ ]  AM[ ]  PM |
| This form is **optional** and includes sample questions for individual categories. Expand questions to 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 facility?
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| **CARE AND SERVICES*** What decisions and choices do you allow the resident to 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 discover abuse, neglect, or exploitation?
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| **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?
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| **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?
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| **STAFFING*** Do you work alone?
* How do you get help?
* How do staff contact the administrator?
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| **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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| **Notes** |
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