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|  | RESIDENTIAL CARE RESIDENT INTERVIEW State Form 53717 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | |
|  | | | | | |
| Name of facility | | | | Facility number | |
| Name of resident | | | | Resident identifier | |
| Name of surveyor | | Identification number of surveyor | | Date *(month, day, year)* and time of interview | |
|  | | | | | |
| **RIGHTS** | | | | | |
| Are you aware of the rights you have as a resident? | | | Yes  No | | **R0026** |
| Has anyone ever physically harmed you? If so, describe what happened. | | | Yes  No | | **R0052 (offense)** |
| Did you report it? How did staff respond? | | | Yes  No | |
| Has anyone ever yelled or sworn at you? If so, please describe what happened. | | | Yes  No | | **R0053** |
| Did you report it? How did staff respond? | | | Yes  No | |
| Does staff treat you with respect? | | | Yes  No | | **R0029** |
| Has anyone ever taken anything belonging to you without your permission? | | | Yes  No | | **R0064** |
| Are you able to have privacy when you want it? | | | Yes  No | | **R0055** |
| Do staff and other residents respect your privacy? | | | Yes  No | | **R0055** |
| Do you have a private place to meet with visitors? | | | Yes  No | | **R0059 / R0060** |
| Do you have privacy when you are on the telephone? | | | Yes  No | | **R0049** |
| Do you receive your mail unopened? | | | Yes  No | | **R0057** |
| Does staff try to resolve your problems? | | | Yes  No | | **R0039** |
| Comments | | | | | |
|  | | | | | |
| **FOOD** | | | | | |
| Tell me about the food served. | | |  | |  |
| Are your hot and cold foods served at a temperature that you like and are your personal preferences honored (i.e. substitutions provided)? | | | Yes  No | | **R0272 / R0270** |
| Comments | | | | | |

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| **ACTIVITIES** | | |
| How do you find out about the activities that are going on? |  | **R0326** |
| What kinds of activities do you participate in? |  | **R032**6 |
| Do you like these activities? | Yes  No | **R0326** |
| Are there activities that you like that are not offered? | Yes  No | **R0326** |
| Have you talked to anyone about this? If so, what was the response? | Yes  No |
| Do you ever leave the facility to attend activities? | Yes  No | **R0327** |
| Do you have a resident council? | Yes  No | **R0040** |
| If so, do you participate? | Yes  No |
| Comments | | |
|  | | |
| **ENVIRONMENT** | | |
| Is the facility usually clean and free of bad smells? | Yes  No | **R0144** |
| Is the room temperature comfortable? | Yes  No | **R0178** |
| Is there enough light for you? | Yes  No | **R0184** |
| Are you able to have ice when you want it? | Yes  No | **R0189** |
| Is there anything that would make the facility more comfortable for you? | Yes  No |  |
| Comments | | |
|  | | |
| **ACTIVITIES OF DAILY LIVING** | | |
| Do you get help when you need it and are your preferences met? | Yes  No | **R0239 / R0240** |
| Comments | | |

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| **MEDICAL SERVICES** | | | |
| Did you choose your physician? | | Yes  No | **R0035 / R0237** |
| Can you see your doctor if you need to? | | Yes  No | **R0058 / R0090** |
| Do you have privacy when you are examined by your physician? | | Yes  No | **R0055** |
| Does facility staff help make doctor’s appointments? | | Yes  No | **R0035 / R0090** |
| Can you see a dentist, podiatrist, or other specialist if you need to? | | Yes  No | **R0090** |
| Did you participate in the development of your service plan? | | Yes  No | **R0035** |
| Comments | | | |
|  | | | |
| **DECISIONS** | | | |
| Are you involved in making decisions/choices about your care at this facility? | | Yes  No | **R0035** |
| Are you able to participate or request a review or change in your service plan or plan of care? | | Yes  No | **R0217** |
| If you are unhappy with something, or if you want to change something about your daily schedule, how do you let the facility know? | |  | **R0039** |
| Can you choose how you spend your day? | | Yes  No | **R0027** |
| Have you ever refused care or treatment? If so, what happened? | | Yes  No | **R0035** |
| Do you manage your personal affairs and funds? | | Yes  No | **R0050** |
| Comments | | | |