

# Interview: Resident or Resident Representative

## ASSISTED LIVING PROVIDERS

### Provider and Survey Information

Provider name:

Date of survey:

HFID:

Time of survey:

Surveyor:

### Resident Information

Resident Name:

Resident Identifier:

Representative Name:

Person interviewed/relationship:

Interview conducted:

- In person
- By telephone

### Interview Questions

#### Services and service plan

1. Tell me about the care and services you receive from the provider. What do the staff do for you?
2. Do you have a written service plan (agreement or contract) that shows what services the provider agrees to give you?
3. Did you participate in determining what and how services are provided?
4. Do you get the services the provider agrees to give you in your service plan?
5. Are services provided in the way you asked for?
6. Are you aware of the charges for the care and services you receive?
7. Do the services meet your expectations?

- Yes
- No

Please explain:

## Staff interactions with resident

1. Do staff communicate respectfully with you?
2. Do you have any concerns about the way staff treat you?
3. Do staff communicate respectfully to other residents?
4. Do you have any concerns with staff not treating your personal property with care?

## Availability of staff in facility

1. How do you call for assistance?
2. Are staff members available to answer your requests when you need them?
3. Have you ever needed to call for assistance at night? If so, did someone respond in a timely manner?
4. Do staff members show up to provide services at the scheduled time?
5. Was there ever a time when staff did not keep a scheduled appointment? If so, what happened?

## Resident rights and making a complaint

1. Did you receive a copy of the Minnesota Assisted Living Bill of Rights?
2. Do you know who to contact when you have a complaint about the care or services you receive? How would you contact them?
3. Have you ever filed a complaint? If so, what was the complaint?
4. What happened when you voiced a complaint?

## Registered nurse visits

1. Does the registered nurse visit you? If so, how often?
2. What does the RN do for you during the visit?

## Additional information

1. Is there anything else you would like to tell me about the care and services you receive?

State Evaluations  
Health Regulation Division  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Phone 651-201-4200 | Fax 651-215-9697  
[Assisted Living \(https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html)  
06/30/2021

*To obtain this information in a different format, call 651-201-4200.*