

## FAMILY INTERVIEW

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Resident Room: \_\_\_\_\_  
Person Interviewed: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_ Contact Method:  In Person  
 By Phone

The survey team will interview three (3) family members in each facility during Stage 1 of the survey process. This interview will be conducted with a person (family, friend or guardian) who knows the resident well and visits the facility often enough to provide information about service provided. Adjust the questions and probes as necessary to make them applicable to this resident and the individual being interviewed. If an interviewee is not appropriate for an interview or two attempts to reach the family member/friend have been unsuccessful, select another sample resident from the sample of non-interviewable Census Sample residents. Do not move outside the Census Sample. Exhaust all possible sample residents from the sample of non-interviewable Census Sample residents either by onsite contact or telephone. Select family members of residents from various units in the facility when possible.

### Instructions:

Introduce yourself, explain the survey process, and the purpose of the interview using the following concepts. It is not necessary to use the exact wording. At all times, be cognizant of resident confidentiality.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that residents receive quality care. While we are here, we make observations, review the nursing home’s records, and talk to residents and family members or friends who can help us understand what it’s like to live in this nursing home. We appreciate your taking the time to talk with us.

We ask these questions because we want to know about [resident’s name] prior lifestyle and discuss with you whether her/his past preferences are still applicable and if the facility accommodates them. We want to know about your opportunity for involvement in decisions about [resident’s name] care and schedule. We also want to know your views on services she/he receives here, and in general, what you think of the facility.”

The following questions are asked to determine the family member’s awareness and satisfaction with certain aspects of facility life and care for the resident. The surveyor should probe more deeply, using the suggested probes, whenever there is a negative response to determine the exact nature of the concern.

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### Screening Questions

**The questioning below screens the interviewee to see if she/he knows the resident well enough to complete the rest of the interview. Based on answers to question 1, decide whether you can complete the interview, can complete it partially if the family member knows about some areas of the resident's care, or should conclude the interview. If you find that the family member has little or no knowledge of the resident's past history, you may want to discontinue the interview. However, if he/she visits the facility frequently, his/her answers may give information about the current care of the resident.**

Ask about the nature and extent of the relationship between the interviewee and resident both prior to and during nursing home residence:

- a. With whom did your relative/friend live before coming to the nursing home? If the resident did not live with you, how often did you see her/him?
- b. Are you familiar with her/his preferences and daily routines when she/he was more independent and more able to make choices and express preferences? (If the resident has had a lifelong disability, ask about choices and preferences prior to moving to this facility. Adapt additional questions as necessary.) **If No, conclude interview.**
- c. How often do you visit the resident now? When do you visit (time of day, day of the week)?

If you decide you must conclude this interview because the interviewee has little or no knowledge of the resident or only visits occasionally, ask a general question that lets the family member say what he/she wishes about the facility such as: "Is there anything you would like to tell me about this facility and how your relative is treated?" Record any pertinent information in the comments section.

### Comments:

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<b>A Screening</b>	
1) Was a family interview conducted for this resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B Choices QP244</b>	
1) Does [resident's name] get up in the morning according to his/her previous routine? <b>If No: What time do staff get the resident up? What time did the resident used to get up?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Does [resident's name] go to bed according to his/her previous routine? <b>If No: What time does [resident's name] go to bed? What time did he/she used to go to bed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Does [resident's name] receive the same number of baths or showers in a week based on past preferences? <b>If No: How many times a week does [resident's name] get a bath or shower? How many times a week would [resident's name] prefer to bathe?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
4) Is [resident's name] bathed according to his/her past preferences? <b>If No: What type of bathing is [resident's name] receiving? What would [resident's name] prefer to receive?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
5) Can you visit anytime during the day or nighttime? <b>If No: What are the visiting restrictions?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C Activities QP239</b>	
1) Does staff encourage [resident's name] to attend activities and provide assistance to attend them?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D Privacy QP243</b>	
1) Can you meet privately with your relative/friend?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Is [resident's name] capable of conversing on the phone?	<input type="checkbox"/> No <b>(skip to 4)</b> <input type="checkbox"/> Yes

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3) Can she/he do so without being overheard?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4) Does the staff speak privately (without being overheard) about your relative's/friend's medical or behavioral condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E Dignity QP240</b>	
1) Do staff treat [resident's name] with respect and dignity? <b>If No: Tell me some examples about when staff did not treat [resident's name] with respect and dignity. The focus of this question is how well staff interacts with the resident.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F Interactions with Others QP247</b>	
1) Have there been any concerns or problems with a roommate or any other resident?	<input type="checkbox"/> No ( <b>skip to G</b> ) <input type="checkbox"/> Yes
2) Has the staff addressed the concern(s) to your satisfaction?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G Sufficient Staff QP237</b>	
1) Is there enough staff available in this facility to make sure that residents get the care and assistance they need without having to wait a long time?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>H ADL Assistance/Urinary Incontinence</b>	
1) Does [resident's name] get the help he/she needs getting dressed, toileting, or cleaning his/her teeth? (Mark all concerns that apply) <input type="checkbox"/> A: Dressing QP283 <input type="checkbox"/> B: Toileting QP300 <input type="checkbox"/> C: Oral care QP283 <input type="checkbox"/> D: None of the above (no concerns or doesn't need help)	
<b>I Dental QP286</b>	
1) Does [resident's name] have any problems with his/her teeth, gums, or dentures?	<input type="checkbox"/> No ( <b>skip to J</b> ) <input type="checkbox"/> Yes

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2) Are staff taking care of these problems to your satisfaction?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, staff unaware or resident/family taking care of problem
<b>J Abuse QP236</b>	
1) Has staff, a resident or anyone else here abused [resident's name] – this includes verbal, physical or sexual abuse? <b>If Yes: Ask who the abuser was, what happened, when it occurred, where it happened, and how often.</b>	<input type="checkbox"/> No ( <b>skip to 3</b> ) <input type="checkbox"/> Yes
2) Did you tell staff? <b>If Yes: Ask who was told. If No: Report immediately to the administrator. If you have concerns with how the facility handles the investigation after you report it, consider initiating abuse.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Have you seen any resident here being abused? <b>If Yes: Ask who the abuser was, what happened, when it occurred, where it happened, and how often.</b>	<input type="checkbox"/> No ( <b>skip to K</b> ) <input type="checkbox"/> Yes
4) Did you tell staff? <b>If Yes: Ask who was told. If No: Report immediately to the administrator. If you have concerns with how the facility handles the investigation after you report it, consider initiating abuse.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>K Personal Property QP241</b>	
1) Were you encouraged by staff to bring in any personal items? <b>If No: Do you wish to have items brought in?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is a short-stay resident
2) Has [resident's name] had any missing personal items? <b>If Yes: What is still missing and how long has it been missing?</b>	<input type="checkbox"/> No ( <b>skip to L</b> ) <input type="checkbox"/> Yes
3) Did you tell staff about the missing item(s)? <b>If Yes: Who did you tell about the missing item? If the answer is Yes, then ask question 4.</b>	<input type="checkbox"/> No ( <b>skip to L</b> ) <input type="checkbox"/> Yes
4) Has staff told you they are looking for your missing item? <b>If No: Do you know who or which department is supposed to be looking for your missing item?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>L Building and Environment</b>	
1) Is the building clean?	<input type="checkbox"/> No QP248 <input type="checkbox"/> Yes
2) Do you have any problems with the temperature, lighting, noise or anything else in the building that affects [resident's name] comfort? (Mark all that apply) <input type="checkbox"/> A: Temperature QP276 <input type="checkbox"/> B: Lighting QP277 <input type="checkbox"/> C: Noise QP278 <input type="checkbox"/> D: Other identified issues QP279 <input type="checkbox"/> E: None of the above	
<b>M Exercise of Rights QP251</b>	
1) Has your relative/friend been moved to a different room within the past several months?	<input type="checkbox"/> No ( <b>skip to 3</b> ) <input type="checkbox"/> Yes
2) Did you receive notice of explanation before the move?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, person being interviewed is not the person who gets the notice
3) Has your relative/friend been discharged to a hospital within the past several months?	<input type="checkbox"/> No ( <b>skip to N</b> ) <input type="checkbox"/> Yes
4) Were you notified of the facility policy permitting her/him to return?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, person being interviewed is not the person who gets the notice
<b>N Costs and Personal Funds</b>	
1) Are you the resident's representative for financial decisions?	<input type="checkbox"/> No ( <b>skip to 5</b> ) <input type="checkbox"/> Yes
2) Does the facility manage the resident's personal funds (funds for beauty shop, smoking materials, cosmetics, etc.)?	<input type="checkbox"/> No ( <b>skip to 5</b> ) <input type="checkbox"/> Yes <input type="checkbox"/> N/A, person being interviewed doesn't have knowledge of the resident's personal funds

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3) Are you able to get money from [resident's name]'s account at any time?	<input type="checkbox"/> No QP121a <input type="checkbox"/> Yes
4) Does the facility give you a statement of how much money is in the resident's account?	<input type="checkbox"/> No QP121a <input type="checkbox"/> Yes
5) [If the resident is on Medicaid], did the staff give her/him (or you) a list of services and items that you would and would not be charged for?	<input type="checkbox"/> No QP121b <input type="checkbox"/> Yes <input type="checkbox"/> N/A, not a Medicaid resident
<b>O Pain QP285</b>	
1) Does [resident's name] have any pain with no relief?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
<b>P Notification of Change QP252</b>	
1) Are you the person who would be notified of a change in condition or an accident involving the resident?	<input type="checkbox"/> No ( <b>Interview is complete</b> ) <input type="checkbox"/> Yes
2) Has there been a change in [resident's name]'s condition within the past several months?	<input type="checkbox"/> No ( <b>skip to 4</b> ) <input type="checkbox"/> Yes
3) Did the staff notify you promptly?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4) Are you notified when [resident's name]'s treatment is changed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Q Participation in Care Plan QP242</b>	
1) Do staff include you in decisions about [resident's name]'s medicine, therapy, or other treatments?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, interviewee is not designated for decision making