

RBS Initial Pool Process: Resident Interview

Care Area	Interview Probes	Response Options
Activities	Are there any times during the week such as evenings or weekends when enjoyable activities are missing at the facility? If yes, which activities are missing? NOTE: If the resident answer "No" or if a resident says they don't care to participate in the activities, then mark activities as No Issues.	No Issues/NA Further Investigation
Dignity	- Does staff <i>disrespect you</i>? If yes, <i>please explain</i>. - Have staff recently invaded your privacy? NOTE: If abuse is suspected, mark abuse as Further Investigation.	No Issues/NA Further Investigation
Abuse	- Have staff: - Made you feel afraid <i>or embarrassed</i>? - Said mean things <i>or yelled at you</i>? - Hurt you (hit, slapped, shoved, handled you roughly)? - Made you feel uncomfortable (touched you inappropriately)? - Have you seen or heard of any residents being treated in any of these ways? - If the answer to any of the above questions are "yes" then ask the resident: Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response? NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present. If the concern is dignity related, mark dignity as Further Investigation.	No Issues/NA Further Investigation
Resident-to-Resident Interaction	"Have you had any verbal or physical altercations with other residents?" If so, is the issue resolved?	No Issues/NA Further Investigation
Sufficient Staffing	- Do you have any issues or concerns regarding the amount of time it takes for staff to assist you with your care needs? - If yes, what happened when you had to wait a long time? - How often does this happen? - Is there a specific time of day or night this happens?	No Issues/NA Further Investigation

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Participation in Care Planning	Do you <i>have any current problems with staff including you, or someone you choose as your representative</i> in decisions about your care such as medications, therapy, or other treatments? <i>If yes, has the problem been addressed?</i>	No Issues/NA Further Investigation
Environment	- Do you have any <i>issues</i> with the: - noise level? - temperature in your room and in the building? - cleanliness of your room and the building? - water temperatures when you wash your hands or take a bath or shower?	No Issues/NA Further Investigation
Food	<i>Do you have any unresolved issues regarding the food or snacks that the facility provides? If so, describe.</i>	No Issues/NA Further Investigation
Nutrition	<i>Have you gained weight that isn't being addressed?</i> <i>Have you lost weight that isn't being addressed?</i>	No Issues/NA Further Investigation MDS Discrepancy
Hydration	<i>Are you having any problems getting enough water or fluids at the facility?</i>	No Issues/NA Further Investigation MDS Discrepancy
ADLs	Do you <i>have any issues</i> <i>getting</i> help from staff to get out of bed, walk, or use the bathroom?	No Issues/NA Further Investigation
ADL Decline	- Has your ability to <i>do things</i> (use bathroom, get dressed, <i>wash up</i>) gotten worse? If so please, describe. <i>Is staff addressing the decline?</i>	No Issues/NA Further Investigation MDS Discrepancy

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Falls	- Have you fallen recently? If so, when did you fall and what happened? - How many times? - Did you get any injuries from the fall(s)? - What has the facility done to prevent you from falling?	No Issues/NA Further Investigation MDS Discrepancy
Pain	- Have you had any <i>unrelieved</i> pain or discomfort <i>recently</i>? - Is your pain being managed?	No Issues/NA Further Investigation MDS Discrepancy
Pressure Ulcers	- Do you have any sores, open areas, or pressure ulcers? <i>Do you know if it is getting better?</i> <i>If the resident doesn't know if the pressure ulcer is healing, ask the following:</i> <i>Where is your pressure ulcer?</i> <i>When did you get it?</i> <i>How did you get it?</i> <i>Are staff here treating it?</i> <i>How often do they reposition you?</i>	No Issues/NA Further Investigation MDS Discrepancy
Limited ROM	- Do you have any limitations in your joints like your hands or knees? <i>If so, what are staff doing to help with your limited range of motion?</i>	No Issues/NA Further Investigation MDS Discrepancy
Respiratory Infection	- Have you had a respiratory infection recently? - If so, tell me about the infection. <i>Has the infection resolved?</i>	No Issues/NA Further Investigation MDS Discrepancy

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B&B incontinence	- Do you have issues with incontinence? <i>If yes:</i> - Are you on a <i>toileting</i> program (e.g., scheduled toileting) to help you maintain your level of continence? <i>If not, what other interventions has the facility provided?</i> - Do you use incontinence briefs? If so, have you been instructed to urinate in your briefs and the staff will change you later?	No Issues/NA Further Investigation MDS Discrepancy
Smoking	Only ask if the resident smokes/vapes which includes tobacco cigarettes, electronic cigarettes/vapor pens: <i>Do you store</i> your cigarettes (tobacco or e-cig/vapor pen) and lighter? - Do you use oxygen? If so, have you smoked/vaped in the facility while using your oxygen? - Have you had any accidents or burns while smoking/vaping?	No Issues Further Investigation NA
Mood/Behavior	<i>Have you experienced any ongoing sadness, mood changes or emotional distress in the past few months that isn't being addressed?</i> Only ask for residents who have a diagnosis of PTSD or a history of trauma: - Do you have any concerns regarding the way the facility addresses your history of trauma?	No Issues/NA Further Investigation MDS Discrepancy
TBP	<i>If a resident is on transmission-based precautions, ask the following questions:</i> <i>Have there been any instances where staff did not wear gowns, gloves, and/or masks when entering your room? If so, please describe what has been occurring.</i> <i>Are there any restrictions on where you can and can't go in the facility?</i>	No Issue Further Investigation NA
Tube Feeding	If you observe that a resident is tube fed, ask: <i>Have you experienced any unintended weight loss since receiving a tube feeding?</i> - Have you had any <i>recent</i> issues with the tube feeding? <i>Have you been dehydrated since receiving a tube feeding?</i>	No Issues/NA Further Investigation MDS Discrepancy

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Insulin	Only ask for residents receiving insulin: - Have you had any problems with your blood sugars, such <i>as low or high blood sugars</i>, feeling dizzy or lightheaded? If so, when did they occur, and how did staff respond? - Any other issues?	No Issues/NA Further Investigation MDS Discrepancy
Anti-coagulant	Only ask for residents receiving an anticoagulant: Have you had bleeding or <i>excessive</i> bruising? <i>If so, what has the facility staff done to resolve it?</i>	No Issues/NA Further Investigation MDS Discrepancy
Catheter	Only ask for a resident who has a urinary catheter: Have you had any problems <i>with your catheter, including</i> infections or pain?	No Issues/NA Further Investigation MDS Discrepancy
Urinary Tract Infection (UTI)	- Have you had a UTI recently? <i>If so:</i> - Tell me about the infection. - Are you currently having any symptoms? - How was it treated? - Are you still being treated?	No Issues/NA Further Investigation MDS Discrepancy
Antibiotic Use	For residents who have an infection, ask the following: - Did you take an antibiotic? - Are you still taking the medication? - How long have you been taking the antibiotic? - Have you had any problems while taking the antibiotic? If so, have you talked to staff about it?	No Issue/NA Further Investigation MDS Discrepancy

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Hospitalizations	- Have you gone to the hospital or emergency room for treatment recently? <i>If so:</i> - When did you go and why? - How often have you been admitted to the hospital <i>in the last few months?</i>	No Issues/NA Further Investigation MDS Discrepancy
Dialysis	Only ask if the resident is on dialysis: - What type of dialysis do you receive (hemodialysis or peritoneal dialysis)? - Who administers your dialysis (<i>outpatient dialysis clinic, facility staff, the resident or family</i>) and how often do you receive dialysis <i>treatments?</i> - Have you had any problems or infections <i>at your access site? If so, what problems did you have?</i> For a resident receiving HHD: <i>Where is your dialysis access site, and does staff check it for problems (both after dialysis and on non-dialysis days)?</i> <i>Does anyone use the arm that your dialysis access site is in to take your blood pressure or administer injections?</i> - Any issue with your meals or medications on days you receive hemodialysis? - Are you on a fluid restriction or dietary restrictions? <i>If so, how are you tolerating the restrictions and does the facility follow those restrictions?</i> <i>Are you aware of any issues regarding</i> communication between the dialysis center and the facility? <i>If so, what are the issues?</i> For offsite hemodialysis: - Have you had <i>any difficulties with transportation to or from dialysis appointments?</i>	No Issues Further Investigation NA MDS Discrepancy

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Hospice	Only ask if the resident is receiving hospice services: <i>Do you have any concerns with the hospice services you are provided? If so, what are the concerns?</i>	No Issues Further Investigation NA MDS Discrepancy
Other Concerns	Do you have any other concerns or problems that the facility is not helping you with?	No Issues/NA Further Investigation