

RBS Initial Pool Process: Resident Representative Interview

Family member's name, relationship, and phone number if contacted by phone:

Care Area	Interview Probes	Response Options
Activities	<i>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?</i>	No Issues/NA Further Investigation
Dignity	- Does the staff <i>disrespect</i> [resident's name] <i>or</i> other residents? <i>If yes, please explain?</i> - Have staff recently invaded [resident's name] privacy? NOTE: If abuse is suspected, mark abuse as Further Investigation.	No Issues/NA Further Investigation
Abuse	- Have staff: - Made [resident's name] feel afraid <i>or embarrassed?</i> - Said mean things or <i>yelled at [resident's name]?</i> - Hurt [resident's name] (hit, slapped, shoved, handled roughly)? - Made [resident's name] feel uncomfortable (touched inappropriately)? - Have you seen or heard of any residents being treated in any of these ways? <i>If the answer to any of the above questions are "yes" then ask the representative: Did you tell staff about what happened? What was their response?</i> 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	Has [resident's name] had any <i>verbal or physical altercations</i> with other residents? <i>If so, is the issue resolved?</i>	No Issues/NA Further Investigation
Sufficient Staffing	<i>Do you have any issues or concerns regarding the amount of time it takes for staff to assist [resident's name] with any care needs?</i> - If yes, what happened when he/she 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 or [resident's name] <i>representative</i> of choice <i>have any current problems with staff including you</i> in decisions about his/her care such as medications, therapy, or other treatments? If yes, has the problem been addressed?	No Issues/NA Further Investigation
Environment	- Do you have any issues with the: - noise level? - temperature in [resident's name] room and in the building? - cleanliness of [resident's name] room and the building? - water temperatures?	No Issues/NA Further Investigation
Food	<i>Do you or [resident's name] have any unresolved issues regarding the food and or snacks that the facility provides? If so, describe.</i>	No Issues/NA Further Investigation
Nutrition	<i>Has [resident's name] gained weight that isn't being addressed?</i> <i>Has [resident's name] lost weight that isn't being addressed?</i>	No Issues/NA Further Investigation MDS Discrepancy
Hydration	<i>Is [resident's name] having any problems getting enough water or fluids at the facility?</i>	No Issues/NA Further Investigation MDS Discrepancy
ADLs	Does [resident's name] <i>have any issues</i> getting help from staff to get out of bed, walk, or use the bathroom?	No Issues/NA Further Investigation
ADL Decline	- Has [resident's name] 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
Falls	- Has [resident's name] fallen recently? If so, when did he/she fall and what happened? - How many times? - Did [resident's name] get any injuries from the fall(s)?	No Issues/NA Further Investigation

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	What has the facility done to prevent [resident's name] from falling?	MDS Discrepancy
Pain	- Has [resident's name] had any <i>unrelieved</i> pain or discomfort <i>recently</i>? <i>Is his/her pain being managed?</i>	No Issues/NA Further Investigation MDS Discrepancy
Pressure Ulcers	- Does [resident's name] have any sores, open areas, or pressure ulcers? <i>Do you know if it is getting better?</i> <i>If the resident's representative doesn't know if the pressure ulcer is healing, ask the following:</i> <i>Where is his/her pressure ulcer?</i> <i>When did he/she get it?</i> <i>How did he/she get it?</i> <i>Are staff here treating it?</i> <i>How often do they reposition him/her?</i>	No Issues/NA Further Investigation MDS Discrepancy
Limited ROM	- Does [resident's name] have any limitations in his/her joints like his/her hands or knees? <i>If so, what are staff doing to help with his/her limited range of motion?</i>	No Issues/NA Further Investigation MDS Discrepancy
Respiratory Infection	- Has [resident's name] 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
B&B incontinence	- Is [resident's name] incontinent? <i>If yes:</i> - Is [resident's name] on a <i>toileting</i> program (e.g., scheduled toileting) to help him/her maintain his/her level of continence? <i>If not, what other interventions has the facility provided?</i> - Does [resident's name] use incontinence briefs? If so, has the resident been instructed to urinate in his/her briefs and the staff will change him/her later?	No Issues/NA Further Investigation MDS Discrepancy

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Smoking	Only ask if the resident smokes/vapes which includes tobacco, electronic cigarettes/vapor pen: • <i>Does [resident's name] store</i> his/her cigarettes (tobacco or e-cig/vapor pen) and lighter? • Does [resident's name] use oxygen? If so, has he/she smoked/vaped in the facility while using his/her oxygen? • Has [resident's name] had any accidents or burns while smoking/vaping?	No Issues Further Investigation NA
Notification of Change	• <i>Have there been any issues with the facility notifying you or the resident's chosen representative when [resident's name] experienced a change in condition?</i> • Has [resident's name] <i>experienced any decline</i> in condition within the past several months?	No Issues/NA Further Investigation
Mood/Behavior	• <i>Has [resident's name] experienced any ongoing sadness, mood changes or emotional distress in the past few months?</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 [resident's name] history of trauma?	No Issues/NA Further Investigation MDS Discrepancy
TBP	<i>Only ask if the resident is on transmission-based precautions:</i> • <i>Have there been any instances where staff did not wear gowns, gloves, and/or masks when entering [resident's name] room? If so, please describe what has been occurring.</i> • <i>Are there any restrictions on where he/she 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>Has [resident's name] experienced any unintended weight loss since receiving a tube feeding?</i> • Has [resident's name] had any <i>recent</i> issues with tube feeding? • <i>Has [resident's name] been dehydrated since receiving a tube feeding?</i>	No Issues/NA Further Investigation MDS Discrepancy
Insulin	Only ask for residents receiving insulin: • Has [resident's name] had any problems with his/her 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

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Anti-coagulant	Only ask for residents receiving an anticoagulant: Has [resident's name] 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: Has [resident's name] had any problems <i>with the catheter, including</i> infections or pain?	No Issues/NA Further Investigation MDS Discrepancy
Urinary Tract Infection (UTI)	- Has [resident's name] had a UTI recently? <i>If so:</i> - Tell me about the infection. - Is [resident's name] currently having any symptoms? - How was it treated? - Is [resident's name] still being treated?	No Issues/NA Further Investigation MDS Discrepancy
Antibiotic Use	For residents who have an infection, ask the following: - Did [resident's name] take an antibiotic? - Is he/she still taking the medication? - How long has he/she been taking the antibiotic? - Has [resident's name] had any problems while taking the antibiotic? If so, have you talked to staff about it?	No Issue/NA Further Investigation MDS Discrepancy
Hospitalizations	- Has [resident's name] gone to the hospital or emergency room for treatment recently? <i>If so:</i> - When did he/she go and why? - How often has [resident's name] 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 does [resident's name] receive (hemodialysis or peritoneal dialysis)? - Who administers [resident's name] dialysis (<i>outpatient dialysis clinic, facility staff or the family</i>), and how often does [resident's name] receive dialysis <i>treatments?</i>	No Issues Further Investigation NA

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	- Has [resident's name] had any problems or infections <i>at his/her access site? If so, what problems did [residents name] have?</i> For a resident receiving HHD: <i>Where is [resident's name]'s dialysis access site, and do staff check it for problems—both after dialysis and on non-dialysis days?</i> <i>Does anyone use [resident's name]'s arm that his/her dialysis access site is in to take blood pressure or administer injections?</i> - Any issue with his/her meals or medications on days he/she receives hemodialysis? - Is [resident's name] on a fluid restriction or dietary restrictions? <i>If so, how is [resident's name] tolerating the restrictions and does the facility follow those restrictions?</i> <i>Are you aware of any issues regarding communication between the dialysis center and the facility? Is so, what are the issues?</i> For offsite hemodialysis: - Has [resident's name] <i>had any difficulties with transportation to or from dialysis appointments?</i>	MDS Discrepancy
Hospice	Only ask if the resident is receiving hospice services: <i>Do you have any concerns with the hospice services that are provided to [resident's name]? 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 [resident's name] with?	No Issues/NA Further Investigation