

Initial Pool Process: Resident Representative Interview

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

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> • Is [resident's name] able to make choices about his/her daily life that are important to [resident's name]? • I'd like to talk to you about [resident's name] choices. Is [resident's name] able to get up and go to bed when he/she wants to? • How about bathing, is [resident's name] able to choose a bath or shower? Does [resident's name] choose how often he/she bathes? • How about food, does the facility honor [resident's name] preferences or requests regarding meal times, food and fluid choices? • How about activities, is [resident's name] able to choose when he/she goes to activities? • How about meds, is [resident's name] able to choose when he/she receives medications? • Did [resident's name] choose his/her doctor? Does [resident's name] know their name and how to contact them? • Can [resident's name] have visitors any time or are there restricted times? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> • Does [resident's name] participate in activities here? If not, why? • Do the activities meet [resident's name] interests? If not, what type of activities would [resident's name] like the facility to offer? • Are activities offered on the weekends and evenings? If not, would [resident's name] like to have activities on the weekends or in the evenings? • Does staff provide activities [resident's name] can do on his/her own (cards, books, other)? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Dignity	<ul style="list-style-type: none"> • Does staff treat [resident's name] with respect and dignity? • Do you have any concerns about how staff treat [resident's name]? If so, please describe. • Do you have any concerns about how staff treat other residents in the facility? If so, please describe. • Have you shared with staff any of your concerns about how [resident's name] or other residents are treated? If so, what happened? • <i>Have staff searched [resident's name], his/her room or belongings without your permission? If so, what happened?</i> • <i>Did they tell you the reason for the search?</i> <p>NOTE: If abuse is suspected, mark abuse as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Abuse	<p>Describe any instances where staff:</p> <ul style="list-style-type: none"> ○ Made [resident's name] feel afraid or humiliated/degraded ○ Said mean things to [resident's name] ○ Hurt [resident's name] (hit, slapped, shoved, handled [resident's name] roughly) ○ Made [resident's name] feel uncomfortable (touched [resident's name] inappropriately) <ul style="list-style-type: none"> • Have you seen or heard of any residents being treated in any of these ways? • Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response? <p>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.</p> <p>If the concern is dignity related, mark dignity as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Resident-to-Resident Interaction	<ul style="list-style-type: none"> • Has [resident's name] had any confrontations with other residents? If so, please describe. • Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Privacy	<ul style="list-style-type: none"> • If the resident has a roommate, ask: Does [resident's name] feel like he/she can have a private conversation with you or a visitor if his/her roommate is here? • Does staff provide [resident's name] privacy when they are helping him/her to bathe or dress, or providing treatments? • Does [resident's name] have privacy when on the telephone? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> • Is [resident's name] room set up so he/she can easily get around the room, get to and from the bathroom, use the sink? • Do you have any concerns with [resident's name] roommate's personal items taking over his/her space? • <i>Have there been any recent issues with the call light working? What did the facility do when the call light wasn't working? Can he/she reach it?</i> • Are the <i>call lights</i> located in the resident's room (<i>in bed or other sleeping accommodations</i>), toilet and bathing facilities? • <i>If [resident's name] has been on the floor near his/her bed, toilet, or bath was the resident able to reach the emergency call light?</i> • Does [resident's name] have enough light in his/her room to do what he/she wants or needs to do? 	<p>No Issues/NA</p> <p>Further Investigation</p>
<i>Mood/ Behavior</i>	<p><i>Only ask for residents who have a diagnosis of PTSD or a history of trauma:</i></p> <ul style="list-style-type: none"> • <i>Do you have any concerns regarding the way the facility addresses [resident's name] history of trauma?</i> 	<p><i>No Issues/NA</i></p> <p><i>Further Investigation</i></p> <p><i>MDS Discrepancy</i></p>
Personal Funds	<ul style="list-style-type: none"> • Does the facility hold [resident's name] money? <ul style="list-style-type: none"> ○ Can he/she get money when he/she needs it, including weekends? ○ Do you or [resident's name] get a quarterly statement from the facility? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Property	<ul style="list-style-type: none"> • Has [resident's name] had any missing personal items? <ul style="list-style-type: none"> ○ How long has it been missing? ○ What do you think happened? ○ Did you tell anyone about the missing item(s)? ○ What happened after you told staff about the missing item? • Did the facility ask you to sign a piece of paper indicating they are not responsible for [resident's name] lost personal items? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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	<ul style="list-style-type: none"> If the room is not personalized, ask: Were you encouraged to bring in any personal items for [resident's name]? <p>NOTE: If the representative has not informed staff about the property loss, inform the resident's representative that you will provide the information to the administrator and/or DON so that they may follow up with the resident. Follow up with the facility staff prior to the end of the survey to evaluate the action taken regarding the resident's concerns.</p>	
Sufficient Staffing	<ul style="list-style-type: none"> Does [resident's name] get the help and care he/she needs without waiting a long time? If not, what happened when he/she had to wait a long time? How long would you say it takes staff to come if you put the call light on? How long does it take staff to come if you put the call light on to take [resident's name] to the bathroom? Does this happen often? Is there a specific time of day or night this happens? 	No Issues/NA Further Investigation
Participation in Care Planning	<ul style="list-style-type: none"> Does the staff include you in decisions about [resident's name] medicine, therapy, or other treatments? Are you or the responsible party invited to participate in setting goals and planning his/her care? Can you share with me how the meeting went? Does [resident's name] receive care according to the plan you or the responsible party developed with the staff to achieve his/her goals? <p>Only ask for new admissions:</p> <ul style="list-style-type: none"> Did you or the responsible party receive a written summary of his/her initial care plan after [resident's name] were admitted? If so, did the staff explain the care plan to you? Did you understand it? 	No Issues/NA Further Investigation
Community Discharge	<p>For new admissions and long-stay residents who want to return to the community:</p> <ul style="list-style-type: none"> Does [resident's name] goals for care include discharge to the community? If so, has the facility included you or the responsible party in the discharge planning? Do you need referrals to agencies in the community to assist with living arrangements or care after discharge? 	No Issues/NA Further Investigation
Environment	<ul style="list-style-type: none"> How is the noise level in [resident's name] room? 	No Issues/NA

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	<ul style="list-style-type: none"> • How is the temperature in [resident's name] room and in the building? • Do you feel his/her room and the building are clean and comfortable? If not, please describe. • Is there anything else in the building that affects [resident's name] comfort? • Is the water temperatures too hot or too cold when in the bathroom? • Is his/her bed clean and comfortable? 	<p>Further Investigation</p>
Food	<ul style="list-style-type: none"> • Does the food taste good and look good? • Are the hot foods served hot and the cold foods served cold? • Does the facility accommodate [resident's name] food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities? • Is [resident's name] provided a substitution if he/she does not like what is served? • Does [resident's name] receive snacks when he/she request them? • Are they the type of snacks [resident's name] likes to receive? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dental	<ul style="list-style-type: none"> • Does [resident's name] have any problems with his/her teeth, gums, or dentures? If so, describe. • Has [resident's name] lost or damaged his/her dentures? Did you tell staff? Did the staff tell you what they are doing about his/her dentures? • Does [resident's name] have difficulty chewing food? If so, how is the staff addressing this? • Does the staff provide [resident's name] with oral hygiene products he/she needs (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)? • Does the staff help [resident's name] brush his/her teeth? If so, how often does staff assist him/her with oral care? • Does the facility help with appointments to the dentist? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> • Is [resident's name] on a special diet (which includes an altered consistency)? If so, what is it and how long has he/she received this diet? • Does [resident's name] need assistance with eating or dining? • Does [resident's name] have difficulty swallowing food? • Has [resident's name] gained weight? • Has [resident's name] lost weight? • What are staff doing to address his/her weight loss? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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Hydration	<ul style="list-style-type: none"> • Does the staff provide [resident's name] with water or other beverages throughout the day, evening, and night time? • Does [resident's name] need assistance to drink the fluids? If so, how often do staff provide him/her with the fluids? • Has [resident's name] been dehydrated? • Have [resident's name] received any IV fluids? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Tube Feeding	<p>If you observe that a resident is tube fed, ask:</p> <ul style="list-style-type: none"> • Why does [resident's name] receive a tube feeding? • How much does he/she get? • Do you feel like [resident's name] has lost/gained weight? • Has [resident's name] had any issues with the tube feeding? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Vision and Hearing	<ul style="list-style-type: none"> • Does [resident's name] have any problems with his/her vision or hearing? <ul style="list-style-type: none"> ○ Does [resident's name] wear glasses or use hearing aids? ○ Is [resident's name] glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help with this problem? ○ Does [resident's name] need glasses or a hearing aid? ○ Has [resident's name] lost his/her glasses or hearing aids at the facility? ○ What did the facility do if [resident's name] lost them? ○ Does the facility help make appointments and help with arranging transportation? ○ If resident has either/both - how are they working for [resident's name]? 	<p>No Issues/NA</p> <p>Further Investigation</p>
ADLs	<ul style="list-style-type: none"> • Does [resident's name] get the help he/she needs to get out of bed or to walk? • Does [resident's name] get the help he/she needs when using the bathroom? • Does [resident's name] get the help he/she needs to clean his/her teeth or get dressed? • Does [resident's name] get the help needed during meals? • If not, please describe. 	<p>No Issues/NA</p> <p>Further Investigation</p>
ADL Decline	<ul style="list-style-type: none"> • Has [resident's name] ability to dress him/herself or to take a bath changed? If so, please describe. 	<p>No Issues/NA</p>

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	<ul style="list-style-type: none"> Has [resident's name] ability to get to the bathroom or use the bathroom changed? If so please, describe. Does [resident's name] need more help now to clean his/her teeth or eat meals? Does [resident's name] need more help with getting out of bed or walking now? Has this been happening for a long time? About how long? What are staff doing to stop [resident's name] from getting worse or to help him/her improve in these areas? 	<p>Further Investigation</p> <p>MDS Discrepancy</p>
Catheter	<p>Only ask for a resident who has a urinary catheter:</p> <ul style="list-style-type: none"> Do you know why [resident's name] has the catheter? How long has [resident's name] had it? Has [resident's name] had any problems with his/her catheter? Has [resident's name] had any problems such as infections or pain related to the catheter? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Insulin	<p>Only ask for residents receiving insulin:</p> <ul style="list-style-type: none"> Does [resident's name] get insulin? Has [resident's name] had any problems with his/her blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond? Any other issues? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
<i>Anticoagulant</i>	<p>Only ask for residents receiving an anticoagulant:</p> <ul style="list-style-type: none"> Does [resident's name] get a blood thinner like Coumadin? Has [resident's name] had any bleeding or bruising? Have you talked to staff about this? Any other issues? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> Does [resident's name] have easy access to a sink with soap to wash his/her hands? Does staff assist [resident's name] with washing his/her hands, if needed? Has [resident's name] had a fever lately? Has [resident's name] had a respiratory infection recently? <ul style="list-style-type: none"> Tell me about the infection? Is [resident's name] currently having any symptoms? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> Does [resident's name] have easy access to a sink with soap to wash his/her hands? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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	<ul style="list-style-type: none"> Does staff assist [resident's name] with washing his/her hands, if needed? Has [resident's name] had a UTI recently? <ul style="list-style-type: none"> Tell me about the infection? Is [resident's name] currently having any symptoms? How was it treated? Is [resident's name] still being treated? 	MDS Discrepancy
Infections (not UTI, Pressure Ulcer, or Respiratory)	<ul style="list-style-type: none"> Has [resident's name] had any other infections recently (e.g., surgical infection, eye infection)? <ul style="list-style-type: none"> Tell me about the infection? Is [resident's name] currently having any symptoms? 	No Issues/NA Further Investigation MDS Discrepancy
<i>Antibiotic Use</i>	<p><i>For residents who have an infection, ask the following:</i></p> <ul style="list-style-type: none"> <i>Did [resident's name] take an antibiotic or other medication?</i> <i>Is he/she still taking the medication?</i> <i>How long has he/she been taking the antibiotic?</i> <i>Do you know how long he/she is supposed to take the antibiotic?</i> <i>Has [resident's name] had any problems while taking the antibiotic? If so, have you talked to staff about it?</i> 	<i>No Issue/NA</i> <i>Further Investigation</i>
Transmission-Based Precautions	<p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> Are staff and visitors wearing gowns, gloves, and/or masks when entering [resident's name] room? If not, please describe what has been occurring. Are there any restrictions on where [resident's name] can and can't go in the facility? Do you know the reason for these restrictions? Have staff explained why [resident's name] is on precautions and how long he/she will be on the precautions? Are there any restrictions for visitors coming into [resident's name] room? Has [resident's name] had any changes in his/her mood since being placed on isolation, and if so, please describe? 	No Issue Further Investigation NA
Hospitalizations	<ul style="list-style-type: none"> Has [resident's name] gone to the hospital or emergency room for treatment recently? <ul style="list-style-type: none"> When did he/she go and why? 	No Issues/NA Further Investigation

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	<ul style="list-style-type: none"> ○ Was [resident's name] able to go back to his/her same room? ○ Were you told whether the facility would hold his/her bed? ○ How often is [resident's name] admitted to the hospital? 	MDS Discrepancy
Falls	<ul style="list-style-type: none"> ● Has [resident's name] fallen recently? If so, when did he/she fall and what happened? <ul style="list-style-type: none"> ○ How many times? ○ Did [resident's name] get any injuries from the fall(s)? ○ What has the facility done to prevent [resident's name] from falling? 	No Issues/NA Further Investigation MDS Discrepancy
Pain	<ul style="list-style-type: none"> ● Does [resident's name] have any pain or discomfort? <ul style="list-style-type: none"> ○ Where is his/her pain? ○ How often does [resident's name] have pain? ○ What does the facility do to manage his/her pain (e.g. hot or cold packs, pain medications)? ○ Were you or the responsible party involved in the management of his/her pain? ○ Is his/her pain relieved? ○ For opioid use: What did the facility try before starting that medication? ○ Does the pain prevent [resident's name] from attending activities or doing other things he/she would like to do? ○ Does [resident's name] receive pain medications when needed such as before therapy or treatment? ○ Does [resident's name] receive pain medications in a timely manner when requested? ○ Does [resident's name] have any side effects (e.g., constipation or dizziness) related to his/her pain medications and are they addressed? 	No Issues/NA Further Investigation MDS Discrepancy
Pressure Ulcers	<ul style="list-style-type: none"> ● Does [resident's name] have any sores, open areas, or pressure ulcers? <ul style="list-style-type: none"> ○ Where is his/her pressure ulcer? ○ When did he/she get it? ○ How did he/she get it? ○ Are staff here treating it? ○ How often do they reposition [resident's name]? ○ Do you know if it is getting better? ● <i>Does [resident's name] have easy access to a sink with soap to wash his/her hands?</i> 	No Issues/NA Further Investigation MDS Discrepancy

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	<ul style="list-style-type: none"> • <i>Does staff assist [resident's name] with washing his/her hands, if needed?</i> • <i>Does staff wash their hands before they do treatments for [resident's name] pressure ulcer?</i> • <i>Is his/her pressure ulcer infected?</i> <ul style="list-style-type: none"> ○ <i>How long has it been infected?</i> ○ <i>Do you know if they changed the treatment and if it is getting better?</i> 	
Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> • Does [resident's name] have any bruises, burns, or other issues with his/her skin? <ul style="list-style-type: none"> ○ Do you know how he/she got it? ○ Are staff aware? ○ What are they doing to prevent it from happening again? 	No Issues/NA Further Investigation
Limited ROM	<ul style="list-style-type: none"> • Does [resident's name] have any limitations in his/her joints like his/her hands or knees? <ul style="list-style-type: none"> ○ What are staff doing to help with his/her limited range of motion? 	No Issues/NA Further Investigation MDS Discrepancy
Rehab	<p>If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask:</p> <ul style="list-style-type: none"> • Is [resident's name] getting therapy? Tell me about it. 	No Issues/NA Further Investigation MDS Discrepancy
Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> • What type of dialysis does [resident's name] receive (hemodialysis or peritoneal dialysis)? <p>For peritoneal or hemodialysis (HHD):</p> <ul style="list-style-type: none"> • Where and how often does [resident's name] receive dialysis? • Who administers the dialysis in the facility (e.g., family or staff)? • Where is his/her access site located? • How often is his/her access site monitored by facility staff? • Has [resident's name] had any problems with infections? • For a resident receiving HHD: Has [resident's name] had any problems with bleeding at the access site? • For a resident receiving HHD: Which arm do staff use for taking his/her B/P? 	No Issues Further Investigation NA MDS Discrepancy

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	<ul style="list-style-type: none"> • Has [resident’s name] had any problems before, during or after dialysis? If so, can you describe what occurred and how staff responded? • How often and when is [resident’s name] weighed and his/her vital signs taken? • Any issue with his/her meals and medications on days he/she receive hemodialysis? • Is [resident’s name] on a fluid restriction or dietary restrictions? • How is he/she doing with that? • Do you think there is good communication between the dialysis center and the facility? <p>For offsite hemodialysis:</p> <ul style="list-style-type: none"> • What are the transport arrangements? • Have there been any concerns when [residents’ name] goes from dialysis and back to the facility? 	
B&B incontinence	<ul style="list-style-type: none"> • Is [resident’s name] incontinent? <ul style="list-style-type: none"> ○ When did he/she become incontinent? ○ Do you know why he/she is incontinent? ○ What is the facility doing to try and help [resident’s name] become more continent? • Does [resident’s name] use incontinence briefs? If so, do you know if he/she has ever been instructed to urinate in his/her briefs and the staff will change him/her later? • Is [resident’s name] on a program (e.g., scheduled toileting) to help him/her maintain his/her level of continence? How is it going? Are there things they could be doing that might help? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Constipation/Diarrhea	<ul style="list-style-type: none"> • Is [resident’s name] having any problems with his/her bowels? • Constipation (longer than 3 days)? • Diarrhea? <ul style="list-style-type: none"> ○ How long has [resident’s name] had the problems with his/her bowels? ○ Is [resident’s name] on a bowel management program? If so, please describe. ○ Do you feel that the bowel management program helps with his/her bowel problems? If not, why not? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Smoking	<p>Only ask if the resident smokes/<i>vapes which includes tobacco, electronic cigarettes/vapor pen:</i></p>	<p>No Issues</p> <p>Further Investigation</p>

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	<ul style="list-style-type: none"> • Is [resident's name] able to smoke/<i>vape</i> when he/she wants? If not, what are the smoking times? • Who keeps his/her cigarettes (<i>tobacco or e-cig/vapor pen</i>) and lighter? • Does [resident's name] use oxygen? If so, has he/she smoked/<i>vaped</i> in the facility while using his/her oxygen? • Where does [resident's name] put his/her ashes and cigarette butts? • Does staff supervise [resident's name] when he/she smokes/<i>vapes</i>? • Does [resident's name] use devices to help keep him/her safe while he/she smokes (e.g., a smoking apron)? • Has [resident's name] had any accidents or burns while smoking/<i>vaping</i>? 	NA
Hospice	<p>Only ask if the resident is receiving hospice services:</p> <ul style="list-style-type: none"> • How long has [resident's name] received hospice services? • How often does hospice staff come in to see him/her or provide care? • What type of care or services do they provide? • Are you or the responsible party involved in care planning decisions with the hospice and the facility? • Did the facility provide you or the responsible party with the name of the person who coordinates care with the hospice? • Has this person been in contact with you or the responsible party? • Do you have any concerns with hospice services? • Do you know who to talk to at the facility concerning his/her hospice care? 	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p> <p>MDS Discrepancy</p>
Notification of Change	<ul style="list-style-type: none"> • Are you the person who would be notified of a change in condition or an accident involving [resident's name]? • Has there been a change in [resident's name]'s condition within the past several months? • Did the staff notify you promptly? • Are you notified when [resident's name]'s treatment is changed? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Other Concerns	<ul style="list-style-type: none"> • Do you have any other concerns or problems that the facility is not helping [resident's name] with? 	<p>No Issues/NA</p> <p>Further Investigation</p>