

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> <li>• Are you able to make choices about your daily life that are important to you?</li> <li>• I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to?</li> <li>• How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe?</li> <li>• How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices?</li> <li>• How about activities, are you able to choose when you go to activities?</li> <li>• How about meds, are you able to choose when you receive your medications?</li> <li>• Did you choose your doctor? Do you know their name and how to contact them?</li> <li>• Can you have visitors any time or are there restricted times?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> <li>• Do you participate in activities here? If not, why?</li> <li>• Do the activities meet your interests? If not, what type of activities would you like the facility to offer?</li> <li>• Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings?</li> <li>• Do staff provide activities you can do on your own (cards, books, other)?</li> </ul> <p>If resident is in the facility for rehab or is a young resident who says they don't care to participate in the activities, determine:</p> <ul style="list-style-type: none"> <li>• If it is because the activities don't interest them. or</li> <li>• If they wouldn't participate in activities no matter what was offered. If they don't want to participate in activities (offered or not), then mark activities as No Issues.</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

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Dignity	<ul style="list-style-type: none"> <li>Do staff treat you with respect and dignity?</li> <li>Do you have any concerns about how staff treat you? If so, please describe.</li> <li>Do you have any concerns about how staff treat other residents in the facility? If so, please describe.</li> <li>Have you shared with staff any of your concerns about how you or other residents are treated? If so, what happened?</li> </ul> <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"> <li>Made you feel afraid or humiliated/degraded</li> <li>Said mean things to you</li> <li>Hurt you (hit, slapped, shoved, handled you roughly)</li> <li>Made you feel uncomfortable (touched you inappropriately)</li> </ul> <ul style="list-style-type: none"> <li>Have you seen or heard of any residents being treated in any of these ways?</li> <li>Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response?</li> </ul> <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"> <li>Have you had any confrontations with other residents? If so, please describe.</li> <li>Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> <li>If the resident has a roommate, ask: Do you feel like you can have a private conversation with your family or a visitor if your roommate is here?</li> <li>Does staff provide you privacy when they are helping you to bathe or dress, or providing treatments?</li> <li>Do you have privacy when on the telephone?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

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Accommodation of Needs (physical)	<ul style="list-style-type: none"> <li>Is your room set up so you can easily get around the room, get to and from the bathroom, use the sink?</li> <li>Do you have any concerns with your roommate's personal items taking over your space?</li> <li>Does your call light work? Can you reach it? Observe for alternatives to traditional call light systems such as tabs, pads, air puff call lights. Are these devices located in the resident's room, toilet and bathing facilities and working?</li> <li>Do you have enough light in your room to do what you want or need to do?</li> </ul>	No Issues/NA  Further Investigation
Personal Funds	<ul style="list-style-type: none"> <li>Does the facility hold your money for you?               <ul style="list-style-type: none"> <li>Can you get your money when you need it, including weekends?</li> <li>Do you get a quarterly statement from the facility?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Personal Property	<ul style="list-style-type: none"> <li>Have you had any missing personal items?               <ul style="list-style-type: none"> <li>How long has it been missing?</li> <li>What do you think happened?</li> <li>Did you tell anyone about the missing item(s)?</li> <li>What happened after you told staff about the missing item?</li> </ul> </li> <li>Did the facility ask you to sign a piece of paper indicating they are not responsible for your lost personal items?</li> <li>If the room is not personalized, ask: Were you encouraged to bring in any personal items?</li> </ul> <p>NOTE: If the resident has not informed staff about the property loss, inform the resident 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>	No Issues/NA  Further Investigation
Sufficient Staffing	<ul style="list-style-type: none"> <li>Do you get the help and care you need without waiting a long time? If not, what happened when you had to wait a long time?</li> <li>How long would you say it takes staff to come when you use your call light?</li> <li>How long does it take staff to come when you use your call light to go to the bathroom?</li> <li>Does this happen often?</li> <li>Is there a specific time of day or night this happens?</li> </ul>	No Issues/NA  Further Investigation

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Participation in Care Planning	<ul style="list-style-type: none"> <li>Does the staff include you in decisions about your medicine, therapy, or other treatments?</li> <li>Are you or a person of your choice invited to participate in setting goals and planning your care?</li> <li>Can you share with me how the meeting went?</li> <li>Do you receive care according to the plan you developed with the staff to achieve your goals?</li> </ul> <p>Only ask for new admissions:</p> <ul style="list-style-type: none"> <li>Did you receive a written summary of your initial care plan after you were admitted? If so, did the staff explain your care plan to you?</li> <li>Did you understand it?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Community Discharge	<p>For new admissions and long-stay residents who want to return to the community:</p> <ul style="list-style-type: none"> <li>Do your goals for care include discharge to the community? If so, has the facility included you or the person of your choice in the discharge planning?</li> <li>Do you need referrals to agencies in the community to assist with living arrangements or care after discharge?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> <li>How is the noise level in your room?</li> <li>How is the temperature in your room and in the building?</li> <li>Do you feel your room and the building are clean and comfortable? If not, please describe.</li> <li>Is there anything else in the building that affects your comfort?</li> <li>Are the water temperatures too hot or too cold when you wash your hands or take a bath or shower?</li> <li>Is your bed clean and comfortable?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Food	<ul style="list-style-type: none"> <li>Does the food taste good and look good?</li> <li>Are the hot foods served hot and the cold foods served cold?</li> <li>Does the facility accommodate your food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities?</li> <li>Are you provided a substitution if you don't like what is served?</li> <li>Do you receive snacks when you request them?</li> <li>Are they the type of snacks you like to receive?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

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Dental	<ul style="list-style-type: none"> <li>Do you have any problems with your teeth, gums, or dentures? If so, describe.</li> <li>Have you lost or damaged your dentures? Did you tell staff? Did the staff tell you what they are doing about your dentures?</li> <li>Do you have difficulty chewing food? If so, how is the staff addressing this?</li> <li>Does the staff provide you with oral hygiene products you need (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)?</li> <li>Does the staff help you brush your teeth? If so, how often does staff assist you with oral care?</li> <li>Does the facility help with appointments to the dentist?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> <li>Are you on a special diet (which includes an altered consistency)? If so, what is it and how long have you received this diet?</li> <li>Do you need assistance with eating or dining?</li> <li>Do you have difficulty swallowing food?</li> <li>Have you gained weight?</li> <li>Have you lost weight?</li> <li>What are staff doing to address your weight loss?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Hydration	<ul style="list-style-type: none"> <li>Does the staff provide you with water or other beverages throughout the day, evening, and night time?</li> <li>Do you need assistance to drink the fluids? If so, how often do staff provide you with the fluids?</li> <li>Have you been dehydrated?</li> <li>Have you received any IV fluids?</li> </ul>	<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"> <li>Why do you receive a tube feeding?</li> <li>How much do you get?</li> <li>Do you feel like you have lost/gained weight?</li> <li>Have you had any issues with it?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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Vision and Hearing	<ul style="list-style-type: none"> <li>Do you have any problems with your vision or hearing? <ul style="list-style-type: none"> <li>Do you wear glasses or use hearing aids?</li> <li>Are your glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help you with this problem?</li> <li>Do you need glasses or a hearing aid?</li> <li>Have you lost your glasses or hearing aids at the facility?</li> <li>What did the facility do if you lost them?</li> <li>Does the facility help you make appointments and help with arranging transportation?</li> <li>If resident has either/both - how are they working for you?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
ADLs	<ul style="list-style-type: none"> <li>Do you get the help you need to get out of bed or to walk?</li> <li>Do you get the help you need when you need to use the bathroom?</li> <li>Do you get the help you need to clean your teeth or get dressed?</li> <li>Do you get the help you need during meals?</li> <li>If not, please describe.</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
ADL Decline	<ul style="list-style-type: none"> <li>Has your ability to dress yourself or to take a bath changed? If so, please describe.</li> <li>Has your ability to get to the bathroom or use the bathroom changed? If so please, describe.</li> <li>Do you need more help now to clean your teeth or eat meals?</li> <li>Do you need more help with getting out of bed or walking now?</li> <li>Has this been happening for a long time? About how long?</li> <li>What are staff doing to stop you from getting worse or to help you improve in these areas?</li> </ul>	<p>No Issues/NA</p> <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"> <li>Do you know why you have the catheter?</li> <li>How long have you had it?</li> <li>Have you had any problems with your catheter?</li> <li>Have you had any problems such as infections or pain related to the catheter?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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Insulin or Blood Thinner	<p>Only ask for residents receiving insulin or an anticoagulant:</p> <ul style="list-style-type: none"> <li>Do you get insulin or a blood thinner like Coumadin?</li> <li>Have you had any problems with your blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond?</li> <li>Have you had any bleeding or bruising?</li> <li>Have you talked to staff about this?</li> <li>Any other issues?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> <li>Do you have easy access to a sink with soap to wash your hands?</li> <li>Do staff assist you with washing your hands, if needed?</li> <li>Have you had a fever lately?</li> <li>Have you had a respiratory infection recently? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Are you currently having any symptoms?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> <li>Do you have easy access to a sink with soap to wash your hands?</li> <li>Do staff assist you with washing your hands, if needed?</li> <li>Have you had a UTI recently? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Are you currently having any symptoms?</li> <li>How was it treated?</li> <li>Are you still being treated?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Infections (not UTI, Pressure Ulcer, or Respiratory)	<ul style="list-style-type: none"> <li>Have you had any other infections recently (e.g., surgical infection, eye infection, blood infection, or illness with nausea and vomiting)? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Are you currently having any symptoms?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Transmission-Based Precautions	<p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> <li>Are staff and visitors wearing gowns, gloves, and/or masks when entering your room? If not, please describe what has been occurring.</li> <li>Are there any restrictions on where you can and can't go in the facility?</li> <li>Do you know the reason for these restrictions?</li> <li>Have staff explained why you are on precautions and how long you will be on the precautions?</li> <li>Are there any restrictions for visitors coming into your room?</li> </ul>	<p>No Issue</p> <p>Further Investigation</p> <p>NA</p>

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	<ul style="list-style-type: none"> <li>Have you had any changes in your mood since being placed on precautions, and if so, please describe?</li> </ul>	
Hospitalizations	<ul style="list-style-type: none"> <li>Have you gone to the hospital or emergency room for treatment recently?                             <ul style="list-style-type: none"> <li>When did you go and why?</li> <li>Were you able to go back to your same room?</li> <li>Were you told whether the facility would hold your bed?</li> <li>How often are you admitted to the hospital?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy
Falls	<ul style="list-style-type: none"> <li>Have you fallen recently? If so, when did you fall and what happened?                             <ul style="list-style-type: none"> <li>How many times?</li> <li>Did you get any injuries from the fall(s)?</li> <li>What has the facility done to prevent you from falling?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy
Pain	<ul style="list-style-type: none"> <li>Do you have any pain or discomfort?                             <ul style="list-style-type: none"> <li>Where is your pain?</li> <li>How often do you have pain?</li> <li>What does the facility do to manage your pain (e.g. hot or cold packs, pain medications)?</li> <li>Were you involved in the management of your pain?</li> <li>Is your pain relieved?</li> <li>For opioid use: What did the facility try before starting that medication?</li> <li>Does the pain prevent you from attending activities or doing other things you would like to do?</li> <li>Do you receive pain medications when needed such as before therapy or treatment?</li> <li>Do you receive pain medications in a timely manner when requested?</li> <li>Do you have any side effects (e.g., constipation or dizziness) related to your pain medications and are they addressed?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy
Pressure Ulcers	<ul style="list-style-type: none"> <li>Do you have any sores, open areas, or pressure ulcers?                             <ul style="list-style-type: none"> <li>Where is your pressure ulcer?</li> <li>When did you get it?</li> <li>How did you get it?</li> <li>Are staff here treating it?</li> <li>How often do they reposition you?</li> <li>Do you know if it is getting better?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy



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Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> <li>Do you have any bruises, burns, or other issues with your skin? <ul style="list-style-type: none"> <li>Do you know how you got it?</li> <li>Are staff aware?</li> <li>What are they doing to prevent it from happening again?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Limited ROM	<ul style="list-style-type: none"> <li>Do you have any limitations in your joints like your hands or knees? <ul style="list-style-type: none"> <li>What are staff doing to help with your limited range of motion?</li> </ul> </li> </ul>	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"> <li>Are you getting therapy? Tell me about it.</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy

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Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> <li>What type of dialysis do you receive (hemodialysis or peritoneal dialysis)?</li> </ul> <p>For peritoneal or hemodialysis (HHD):</p> <ul style="list-style-type: none"> <li>Where and how often do you receive dialysis?</li> <li>Who administers the dialysis in the facility (e.g., family or staff)?</li> <li>Where is your access site located?</li> <li>How often is your access site monitored by facility staff?</li> <li>Have you had any problems with infections?</li> <li>For a resident receiving HHD: Have you had any problems with bleeding at the access site?</li> <li>For a resident receiving HHD: Which arm do staff use for taking your B/P?</li> <li>Have you had any problems before, during or after dialysis? If so, can you describe what occurred and how staff responded?</li> <li>How often and when are you weighed and your vital signs taken?</li> <li>Any issue with your meals and medications on days you receive hemodialysis?</li> <li>Are you on a fluid restriction or dietary restrictions?</li> <li>How are you doing with that?</li> <li>Do you think there is good communication between the dialysis center and the facility?</li> </ul> <p>For offsite hemodialysis:</p> <ul style="list-style-type: none"> <li>What are the transport arrangements?</li> <li>Have you had any concerns going from dialysis and back to the facility?</li> </ul>	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p> <p>MDS Discrepancy</p>
B&B incontinence	<ul style="list-style-type: none"> <li>Are you incontinent? <ul style="list-style-type: none"> <li>When did you become incontinent?</li> <li>Do you know why you are incontinent?</li> <li>What is the facility doing to try and help you become more continent?</li> </ul> </li> <li>Do you use incontinence briefs? If so, have you ever been instructed to urinate in your briefs and the staff will change you later?</li> <li>Are you on a program (e.g., scheduled toileting) to help you maintain your level of continence? How is it going? Are there things they could be doing that might help?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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Constipation/ Diarrhea	<ul style="list-style-type: none"> <li>Are you having any problems with your bowels, including concerns with colostomy?</li> <li>Constipation (longer than 3 days)?</li> <li>Diarrhea? <ul style="list-style-type: none"> <li>How long have you had the problems with your bowels?</li> <li>Are you on a bowel management program? If so, please describe.</li> <li>Do you feel that the bowel management program helps with your bowel problems? If not, why not?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Smoking	Only ask if the resident smokes: <ul style="list-style-type: none"> <li>Are you able to smoke when you want? If not, what are the smoking times?</li> <li>Who keeps your cigarettes and lighter?</li> <li>Do you use oxygen? If so, have you smoked in the facility while using your oxygen?</li> <li>Where do you put your ashes and cigarette butts?</li> <li>Does staff supervise you when you smoke?</li> <li>Do you use devices to help keep you safe while you smoke (e.g., a smoking apron)?</li> <li>Have you had any accidents or burns while smoking?</li> </ul>	No Issues  Further Investigation  NA
Hospice	Only ask if the resident is receiving hospice services: <ul style="list-style-type: none"> <li>How long have you received hospice services?</li> <li>How often does hospice staff come in to see you or provide care?</li> <li>What type of care or services do they provide?</li> <li>Are you involved in care planning decisions with the hospice and the facility?</li> <li>Did the facility provide you with the name of the person who coordinates care with the hospice?</li> <li>Has this person been in contact with you?</li> <li>Do you have any concerns with hospice services?</li> <li>Do you know who to talk to at the facility concerning your hospice care?</li> </ul>	No Issues  Further Investigation  NA  MDS Discrepancy
Other Concerns	<ul style="list-style-type: none"> <li>Do you have any other concerns or problems that the facility is not helping you with?</li> </ul>	No Issues/NA  Further Investigation