

## 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 I 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 the facility honor [resident's name]'s preferences and previous life routines, such as when to get up and go to sleep or when to take a bath?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Does the facility honor [resident's name]'s preferences on what he/she eats or drinks?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Does the facility honor [resident's name]'s preferences on how he/she is dressed or groomed? (For example, choice of outfit, dress vs. slacks, mustache, hairstyle, etc.)?	<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
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

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<b>E Dignity QP240</b>	
1) Do you feel that staff treats your relative/friend with respect and dignity? For example, does staff take the time to listen to him/her and are staff helpful when he/she requests assistance? (The focus of this question is how well staff interacts with the resident.)	<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 Sufficient Staff</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 QP238</b>	
1) Does [resident's name] receive the assistance with meals that she/he needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
2) Does [resident's name] receive the assistance with dressing and grooming including teeth, dentures, and mouth cleaned (routine oral hygiene) that she/he needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know
3) Does [resident's name] receive the assistance with toileting that she/he needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know

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<b>I Oral Health QP245</b>	
1) Does [resident's name] have any chewing or eating problems, or mouth pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Does [resident's name] have any tooth problems, gum problems, mouth sores or denture problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>J Abuse QP236</b>	
1) Have you ever noticed any staff member being rough with, talking in a demeaning way or yelling at [resident's name] or any other resident?	<input type="checkbox"/> No ( <b>skip to Personal Property</b> ) <input type="checkbox"/> Yes
2) Did you report it? (If "No", ask the relative/friend if he/she knew how to report the concern. If his/her response is "No", surveyor initiate this care area [Abuse or F224/F226].)	<input type="checkbox"/> No ( <b>skip to Personal Property</b> ) <input type="checkbox"/> Yes
3) Did facility staff act promptly to investigate and correct the situation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>K Personal Property QP241</b>	
1) Is [resident's name] able to have his/her belongings and/or furniture if he/she wishes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Has [resident's name] had any belongings damaged or taken without permission?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Have you ever reported an item stolen from [resident's name]?	<input type="checkbox"/> No ( <b>skip to Building and Environment</b> ) <input type="checkbox"/> Yes
4) Did staff respond in a satisfactory manner?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>L Building and Environment QP248</b>	
1) Is this a comfortable building in which to live? (Comfortable includes appropriate temperature, lighting, and noise levels.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Is the facility clean?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<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 Costs and Personal Funds</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 QP121</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 does not have knowledge of the resident's personal funds
3) Are you able to get money from [resident's name]'s account at any time?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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4) Does the facility give you a statement of how much money is in the resident's account?	<input type="checkbox"/> No <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 <input type="checkbox"/> Yes <input type="checkbox"/> N/A, not a Medicaid resident
<b>O Admission Process QP183</b>	
1) Was the resident admitted within the past 9 months?	<input type="checkbox"/> No ( <b>skip to Notification of Change</b> ) <input type="checkbox"/> Yes
2) Did you participate in the admission process?	<input type="checkbox"/> No ( <b>skip to Notification of Change</b> ) <input type="checkbox"/> Yes
3) When [resident's name] was admitted, did the staff tell you about how to apply for and use Medicaid or Medicare to pay for her/his stay?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4) Did the facility ensure that you (or another individual) would not have to make a payment out of your own pocket if, for some reason, the resident is unable to pay from his/her own	<input type="checkbox"/> No <input type="checkbox"/> Yes
5) Did the facility inform you of the rights of residents in the facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<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

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<b>Q Participation in Care Plan QP242</b>	
1) Are you invited to participate in [resident's name]'s care planning conferences?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, newly admitted resident who has not yet had a care plan meeting <input type="checkbox"/> N/A, interviewee is not designated for decision making