

## QUALITY OF LIFE ASSESSMENT GROUP INTERVIEW

Facility Name: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
Provider Number: \_\_\_\_\_ Surveyor Number: \_\_\_\_\_  
Interview Dates/Times: \_\_\_\_\_ Discipline: \_\_\_\_\_

Residents Attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:**

Introduce yourself to the group and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically as one part of a process in which we evaluate the quality of life and quality of care in this facility.

While we are here, we make observations, look over the facility's records, and talk to residents about life in this facility.

We appreciate you taking the time to talk to us.

We would like to ask you several questions about life in the facility and the interactions of residents and staff.”

**1. RULES:** (F151, 242, 243)

Tell me about the rules in this facility.  
For instance, rules about what time residents go to bed at night and get up in the morning?  
Are there any other facility rules you would like to discuss?

Do you as a group have input into the rules of this facility?  
Does the facility listen to your suggestions?

**2. PRIVACY:** (F164, 174)

Can you meet privately with your visitors?  
Can you make a telephone call without other people overhearing your conversation?

Does the facility make an effort to assure that privacy rights are respected for all residents?

## *GROUP INTERVIEW*

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### **3. ACTIVITIES:** (F242, 248)

Activities programs are supposed to meet your interests and needs. Do you feel the activities here do that?

(If no, probe for specifics.)

Do you participate in the activities here?

Do you enjoy them?

Are there enough help and supplies available so that everyone who wants to can participate?

Do you as a group have input into the selection of the activities that are offered?

How does the facility respond to your suggestions?

Is there anything about the activities program that you would like to talk about?

Outside of the formal activity programs, are there opportunities for you to socialize with other residents?

Are there places you can go when you want to be with other residents?

(If answers are negative) Why do you think that occurs?

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### **4. PERSONAL PROPERTY:** (F252)

Can residents have their own belongings here if they choose to do so?

What about their own furniture?

How are your personal belongings treated here?

Does the facility make efforts to prevent loss, theft, or destruction of personal property?

Have any of your belongings ever been missing?

(If anyone answers yes) Did you talk to a staff member about this? What was their response?

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### **5. RIGHTS:** (F151, 153, 156, 167, 168, 170, 280)

How do residents here find out about their rights — such as voting, making a living will, getting what you need here?

Are you invited to meetings in which staff plan your nursing care, medical treatment and activities?

Do you know that you can see a copy of the facility's latest survey inspection results?

Where is that report kept here?

Do you know how to contact an advocacy agency such as the ombudsman office?

Do you know you can look at your medical record?

Have any of you asked to see your record? What was the facility's response?

Has anyone from the facility staff talked to you about these things?

Tell me about the mail delivery system here.

Is mail delivery prompt? Does your mail arrive unopened daily?

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### **6. DIGNITY:** (F223, 241)

How do staff members treat the residents here, not just yourselves, but others who can't speak for themselves?

Do you feel the staff here treat residents with respect and dignity?

Do they try to accommodate residents' wishes where possible?

(If answers are negative) Please describe instances in which the facility did not treat you or another resident with dignity. Did you talk to anyone on the staff about this? How did they respond?

## *GROUP INTERVIEW*

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### **7. ABUSE AND NEGLECT:** (F223)

**Are you aware of any instances in which a resident was abused or neglected?**

**Are you aware of any instances in which a resident had property taken from them by a staff member without permission?**

(If yes) **Tell me about it. How did you find out about it?**

**Are there enough staff here to take care of everyone?**

(If no) **Tell me more about that.**

**We are willing to discuss any incidents that you know of in private if you would prefer. If so, just stop me or one of the other surveyors anytime, and we'll listen to you.**

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### **8. COSTS:** (F156, 207)

**Are residents here informed by the facility about which items and services are paid by Medicare or Medicaid and which ones you must pay for?**

**If there was any change in these items that you must pay for, were you informed?**

**Are you aware of any changes in the care any resident has received after they went from paying for their care to Medicaid paying?**

(If answers suggest the possibility of Medicaid discrimination, probe for specific instances of differences in care.)

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### **9. BUILDING:** (F256, 257, 258,463,465,483)

**I'd like to ask a few questions about the building, including both your bedroom and other rooms you use such as the dining room and activities room.**

**Is the air temperature comfortable for you?**

**Is there good air circulation or does it get stuffy in these rooms?**

**What do you think about the noise level here? Is it generally quiet or noisy? How about at night?**

**Do you have the right amount of lighting in your room to read or do whatever you want to do?**

**How is the lighting in the dining rooms and activity rooms?**

**Do you ever see insects or rodents here?**

(If yes) **Tell me about it.**

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### **10. FOOD:** (F364, 365, 367)

**The next questions are about the food here.**

**Is the flavor and appearance of your food satisfactory?**

**Outside of the dietary restrictions some of you may have, do you receive food here that you like to eat?**

**If you have ever refused to eat a particular food, did the facility provide you with something else to eat? (If no, probe for specifics.)**

**Is the temperature of your hot and cold foods appropriate?**

**Are the meats tender enough?**

**About what time do you receive your breakfast, lunch, and dinner?**

**Are the meals generally on time or late?**

**What are you offered for a bedtime snack?**

**If you ever had a concern about your food, did you tell the staff? What was their response?**

**GROUP INTERVIEW**

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**11. COUNCIL:** (F243)

(If you are speaking with a resident council)

**Does the facility help you with arrangements for council meetings?**

**Do they make sure you have space to meet?**

**Can you have meetings without any staff present if you wish?**

**How does the council communicate its concerns to the facility?**

**How does the administrator respond to the council's concerns?**

**If the facility cannot accommodate a council request, do they give you a reasonable explanation?**

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**12. GRIEVANCES:** (F165, 166)

**Have any of you or the group as a whole ever voiced a grievance to the facility?**

**How did staff react to this?**

**Did they resolve the problem?**

**Do you feel free to make complaints to staff? If not, why not (probe for specific examples)?**

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**13. Identify here any issues you would like to discuss with the group that have not been covered in the questions above.**

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**14. Is there anything else about life here in the facility that you would like to discuss?**

Thank the group for their time. After the interview, follow up on any concerns that need further investigation. Document your follow up on Resident Review or Supervisor Notes Worksheets. Share these concerns with the team.