## CBC Group Interview Guideline

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<th>Resident(s) Interviewed:</th>
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1. **Cleanliness in the facility.**

2. **Activities:**

3. **When you ring the bell for staff assistance, how long does it take to get answered?**  **When staff show up are they professional?**  **Do they treat you with respect and dignity?**

4. **Can you go outside?**

5. **Are you involved in the service plan process?**

6. **Are your choices honored?**  **For example: getting up / going to bed, shower times etc.**

7. **Do any residents come in your rooms and bother your things?**

8. **How is the food here?**

9. **Is locked storage available for valuables?**
Facility Name: _____ 
Provider #: _____ 
Resident Name: _____ 
Resident #: _____ 
Date/Time: _____ 
Person Interviewed: _____ 
Surveyor: _____ 

C1518: Individual Door Locks: Key Access (OAR 411-004-0020(2)(e))

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
   (e) Units must have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit.

Observe the resident’s room and interview the resident, staff or family/rep as needed:
• Is the resident’s entrance door to their room lockable?
• Would a lock on the resident’s door result in a significant health or safety risk to the resident?
• If yes, is this identified in the resident’s record? (e.g. service plan, evaluation, etc.)

Needs Technical Assistance: YES ☐ NO ☐
Rationale for findings: _____

C1519: Individual Shared Units: Roommate Choice (OAR 411-004-0020(2)(f))

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
   (f) Individuals sharing units must have a choice of roommates.

Interview the resident, staff and family/rep as needed. Review records as needed:
• Did resident have an opportunity to meet current roommate before move in?
• Do you generally get along with current roommate?
• Does the resident know they can request a room change?
• Has the resident requested to change rooms?
• If yes, how has management responded to the request?

Needs Technical Assistance: YES ☐ NO ☐
Rationale for findings: _____

C1521: Individual Visitors: Any Time (OAR 411-004-0020(2)(h))

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
   (h) Each individual may have visitors of his or her choosing at any time.

Interview the resident, staff and family/rep as needed. Review records as needed:
• Is the resident allowed visitors at any time?
• Do staff allow visitors after doors are locked at night?
• Are visiting hours posted? What is the facility’s visiting policy?

Needs Technical Assistance: YES ☐ NO ☐

Rationale for findings: _____

**C1522: Individual Freedom & Support Activities (OAR 411-004-0020(2)(i))**

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
   (i) Each individual has the freedom and support to control his or her own schedule and activities.

Observe/Interview the resident. Interview staff, family/rep and review the record as needed:
• Are the resident’s individual preferences honored?
• Is the resident able to get up in the morning or go to bed at their time of choice?
• If the resident chooses to sleep in later does the facility provide them with breakfast?
• Is the resident able to choose their bath schedule?
• Does the resident have access to things such as television, radio, computer and leisure activities that interest him/her and can s/he schedule activities at his/her convenience?

Needs Technical Assistance: YES ☐ NO ☐

Rationale for findings: _____

**C1523: Individual Freedom: Access to Food Any Time (OAR 411-004-0020(2)(j))**

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
   (j) Each individual has the freedom and support to have access to food at any time.

Observe/Interview the resident. Interview staff, family/rep and review the record as needed:
• Does the resident have access to food at all times? Can s/he access food independently?
• Does the residents have a place to store food?
• Is the resident limited to specific meals times?
• Does the resident have choices related to when and where they would like to eat?
• Are snacks provided?

Needs Technical Assistance: YES ☐ NO ☐

Rationale for findings: _____