

# CBC Group Interview Guideline

Facility Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_ Interview Date/Time: \_\_\_\_\_

Resident(s) Interviewed:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

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?

**CBC Home & Community-Based Services**  
**Resident Review Guidelines**

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 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: \_\_\_\_\_

