



**HOME AND COMMUNITY BASED SERVICES (HCBS)  
ADULT FOSTER CARE (AFC) SETTING EXPERIENCE INTERVIEW**  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
AGING SERVICES DIVISION  
SFN 636 (2-2017)

AFC Facility	Resident Name	Date
--------------	---------------	------

**RESIDENT SURVEY**

1. Check Yes-No-N/A-Other. If the response is No, N/A, or Other, explain in the Narrative box and verify any restrictions are documented and justified in the person-centered plan or service and rental agreement.
2. Complete on an annual basis for all Adult Foster Care residents.
3. Send copies of the annual reviews to the Human Service Center licensuror during relicensure process.

Description/Identification of Survey Item	Yes	No	N/A	Other
<b>a. Do you feel like you have a choice of food and can eat whenever you would like?</b> <i>Ask the resident if they can choose meals and if they get a snack or food at any time of day.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>b. Do you feel you can use the phone anytime you want to make a call?</b> <i>Ask the resident if they feel they can make calls whenever they want.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>c. Do you feel like you are able to furnish and decorate your room?</b> <i>Ask the resident if they are allowed to hang pictures or bring their own bedding or furniture.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>d. If applicable: Did you get to choose your roommate?</b> <i>Ask the resident if they had a choice of which person they shared their room with in the facility.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>e. Do you get to set your own schedule for the day?</b> <i>Ask the resident about their basic schedules; can they wake, eat, and sleep when they want.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>f. Do you feel free to have visitors anytime you want?</b> <i>Ask the resident if they feel they can have family and friends come over when they want and there are no established visiting hours.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>g. Do you feel you have privacy in your room?</b> <i>Ask the resident if they feel they have privacy for dressing and sleeping.</i>				
Narrative (If no, verify if this restriction is documented and justified in the person-centered service plan or service and rental agreement)				
<b>h. Does the provider ever ask to use your property or take your property?</b> <i>Ask the resident if the provider asks to use their property, borrows money, or if they have noticed any missing items or charges on cards that were unexpected, etc.</i>				
Narrative				

Description/Identification of Survey Item	Yes	No	N/A	Other
<b>i. Does the provider treat you with respect?</b> <i>Ask the resident if the provider listens to their requests and completes tasks as requested by the resident. Does provider scold or yell at the resident, etc.</i>				
Narrative				
<b>j. Has the provider injured you?</b> <i>Ask the resident if the provider has ever hurt the resident, forced them to take medications, held them down, tied their hands, or restrained them, etc.</i>				
Narrative				
<b>k. Have you ever been put in seclusion?</b> <i>Ask the resident if the provider has ever locked the resident in their room, etc.</i>				
Narrative				

**OBSERVATION OF FACILITY**

1. Check Yes or No. If the response is No, explain in the narrative box.	Yes	No
All residents have a Service and Rental Agreement on file signed by provider and resident or resident's legal representative.		
Narrative		
Any restrictions on resident rights are documented and justified in the person-centered service plan or service and rental agreement.		
Narrative		
All residents have privacy in their rooms.		
Narrative		
Rooms have lockable doors and resident has key unless otherwise documented and justified in the person-centered service plan or service and rental agreement.		
Narrative		
Facility is physically accessible to resident.		
Narrative		