

**Community Relocation Initiative Quality Assurance  
Follow up for Person Who is Deceased**

<b>Participant Name:</b>	<b>MA #:</b>	<b>Age:</b>
<b>County:</b>	<b>Care Manager:</b>	
<b>Date Person Died:</b>		
<b>Living Arrangement Prior to Death:</b>		
<b>Name of Person Speaking on Behalf of Deceased:</b>		
<b>Name of Person Conducting Interview:</b>		<b>Date:</b>

<p><b>1. When did _____ first move from the nursing home to the community? How did he/she feel about being out of the nursing home?</b></p>
<p><b>2. Did _____'s health improve or decline directly following the relocation? Describe what happened.</b></p>
<p><b>3. How did services change over time?</b></p>
<p><b>4. What caused _____'s death?</b></p>
<p><b>5. Did _____ receive appropriate and adequate care? If not, explain.</b></p>
<p><b>6. Do you have any suggestions for how the relocation process could have been done differently or be improved?</b></p>
<p><b>7. Was the relocation from the nursing home a positive or negative experience for _____? Explain.</b></p>