

**Community Relocation Initiative Quality Assurance
Follow up for Person Returning to Nursing Home**

Participant Name:	MA #:	Age:
County:	Care Manager:	
Date Person Relocated:	Date Entered Nursing Home:	
Living Arrangement Prior to Return to Nursing Home:		
Name of Person Conducting Interview:		Date:

1. What prompted the need for you to return to the nursing home?
2. Was the return to the nursing home your preference? Why or why not?
3. What other alternative choices, than returning to the nursing home, were offered to assist you to stay in the community?
4. (If appropriate to ask) Do you wish to move to community living again? Why or why not?
5. Is there anything the program could have done to help you stay safely in your home, the CBRF, etc?
6. If you had the opportunity to do it over, would you have relocated from the nursing home in the first place?
7. Any advice for anyone thinking about relocating from a nursing home?