

Notification of Room Change

Advanced Notification

Name of Resident: _____

Room Change Date: ____/____/____ From Room: _____ To Room: _____

Resident Notified? Yes No Date ____/____/____

Resident Representative Notified? Yes No Date ____/____/____

In Person By Phone

Roommate Notified? Yes No Date ____/____/____

Plan of Care/Census Info. Updated? Yes No Date ____/____/____

Pharmacy Notified? Yes No Date ____/____/____

Reason(s) for room change/comments _____

Is room change voluntary? Yes No

I agree to waive my 48 hour notification period. Yes No

Additional Comments _____

You may have the right to appeal the decision to transfer to another room. If you have questions about this transfer please contact the LTC Social Worker or Director.

Signature of Staff Representative _____ Date ____/____/____

Signature of Resident/
Resident Representative _____ Date ____/____/____