

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_