NOTIFICATION OF ROOM CHANGE

ADVANCE NOTIFICATION

Proposed Room Change: Date_____ Time_____ ❍ AM ❍ PM From Room_____ To Room_____

Proposed Wing/Unit Move: From _____ To _____

Resident Notified? ❍ Yes ❍ No, why_____ Date_____ Time_____ ❍ AM ❍ PM

Resident Representative Notified? ❍ Yes ❍ No, why _____

❍ By Phone ❍ In Person Date_____ Time_____ ❍ AM ❍ PM

Primary Physician Notified? ❍ Yes ❍ No, why_____ Date_____

Roommate Notified? ❍ Yes ❍ No, why_____ Date_____

Plan of Care Updated? ❍ Yes ❍ No, why_____ Date_____

Reason(s) for room change/comments_____

_____

_____

_____

_____

DOCUMENTATION AND OUTCOME OF ADVANCE NOTIFICATION

❍ I agree to this move ❍ I refuse this move

Comments_____

_____

_____

_____

_____

Signature of Resident/
Resident Representative **X** _____ Date_____ Time_____ ❍ AM ❍ PM

You may have the right to appeal the decision to move you to another room. If you have questions about this move or would like help to appeal, contact the Staff Representative whose signature appears below, your State Long-Term Care Agency or your State Ombudsman at the addresses or phone numbers listed below.

Signature/Title of
Staff Representative_____ Date_____ Time_____ ❍ AM ❍ PM

STATE OMBUDSMAN	STATE LONG-TERM CARE AGENCY
Name_____	Name_____
Email_____	Email_____
Mailing Address_____	Mailing Address_____
_____	_____
Telephone number_____	Telephone number_____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed