Post Test-

Room Change

*State logo added here. If not, delete text box*

**POST TEST – ROOM CHANGE**

|  |  |
| --- | --- |
| **Question: True or False?** | **Answer** |
| 1. The room change notice is only given to resident’s representatives. |  |
| 1. The resident only has a right to refuse a room change in or out of a Medicare or Medicaid certified bed if it for staff convenience. |  |
| 1. The facility is in compliance with the regulation by writing a note in the resident’s record prior to assigning a new roommate. |  |
| 1. Room changes never have a negative effect on residents. |  |
| 1. Residents’ families can require a room change for their loved one. |  |
| 1. Room change notices are only required for Medicaid residents. |  |
| 1. If the resident lives in a bed in a composite distinct part, they can only be requested to move by the facility within the same building unless they volunteer to move to another distinct part location. |  |
| 1. The facility can give verbal notice of a new roommate to the resident and representative. |  |
| 1. The facility must allow three days after a resident passes from a semi-private room before admitting another resident into the room. |  |
| 1. The facility can place residents together according to their pay source and offer a lower level of care and services based on how much the facility is paid. |  |

Employee Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_