Audit-

Room Change/Room to Room Transfers

**Audit: Room Change/Room to Room Transfers**

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| **Resident****Identifier** | **Date of Request** | **Date of****Meeting with Resident/****Rep** | **Date of IDT Meeting** | **Reason for Room Change** **per Policy**(Medical, Clinical, Roommate, Temporary, Emergency, Potential New Admission, No longer needs specialized medical equipment, No longer needs specialized programming, Resident or Representative Request, other) | **Assessed Need** | **Review of Potential Outcomes of Room Change** | **Care Plan Updated** | **Date of****Room Change** | **Outcome** |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
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