Audit-

Room Change/Room to Room Transfers

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |
|  |  |  |  |  | **Y/N** | **Y/N** |  |  |  |