

# NURSING HOME ROOM CHANGE FORM

Resident Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

## Current Room Information:

Room Number: \_\_\_\_\_

Room Type (Private/Semi-Private): \_\_\_\_\_

Reason for Change: \_\_\_\_\_

## New Room Information:

Room Number: \_\_\_\_\_

Room Type (Private/Semi-Private): \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

## Approvals and Acknowledgements:

I, the undersigned Resident or Legal Representative, acknowledge and agree to the room change as stated above.

Resident / Legal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned Nursing Home Administrator or Designee, approve the above room change.

Administrator / Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Terms and Conditions:

1. The Nursing Home has the right to assign rooms based on resident care needs, availability, and regulatory compliance.
2. The Resident or Legal Representative agrees to comply with all rules and policies related to the room change.
3. The Nursing Home is not liable for any personal property loss or damage resulting from the room change.
4. The Resident may request reconsideration of this room change in accordance with Nursing Home policies.
5. All personal information collected shall be used solely for purposes related to the nursing home stay and room assignment in compliance with applicable privacy laws.
6. This form constitutes a legally binding agreement between the Nursing Home and the Resident or Legal Representative.

## Additional Notes:

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