

[Type here]

Post Room Change Engagement



NAME	REVIEW DATE
------	-------------

Room Change Date	Reason for room change
------------------	------------------------

Post Room Change Questions

Script: It's been _____ days since you moved rooms. We want to ensure your stay is as pleasant as possible. We have a few questions for you to see how you are doing since your room change.

- 1.) How have you been since you moved rooms _____ days ago? (Open ended)

- 2.) Is there anything we can do to make your stay more pleasant since your room change? No Yes

Guidance: Look for symptom related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't drive the conversation, work with it and let it go where the resident takes it.

Considerations or Actions Taken

Completed By:		
Name	Title	Credential