LTCO PROGRESS NOTES[1]

RESIDENT:_____DOB/AGE:_____M/F:____SMOKER?:
_____

PREFERRED
FACILITY/AREA:

SPECIAL ACCOMMODATIONS
NEEDED:

[1] From "Facility Closure Information" by the Office of the Rhode Island Long Term Care Ombudsman Program located in Alliance for Better Long Term Care, Inc. (2017).