

Date: _____

RESIDENT COUNCIL PRECAUTIONARY ISOLATION QUESTIONNAIRE

Dear Resident, although we cannot hold our typical Resident Council Meeting, we are offering you an opportunity to voice your concerns and or suggestions on this form.

Thank you for your continued support during this time.

NURSING

CONCERNS/SUGGESTIONS _____

SOCIAL SERVICES

CONCERNS/SUGGESTIONS _____

HOUSEKEEPING

CONCERNS/SUGGESTIONS _____

FOOD AND NUTRITION SERVICES

CONCERNS/SUGGESTIONS _____

MAINTENANCE

CONCERNS/SUGGESTIONS _____

ACTIVITIES CONCERNS/SUGGESTIONS-

IF YOU HAVE ANY ADDITIONAL CONCERNS OR IF THERE IS ANYTHING ELSE WE CAN DO TO MAKE OUR CURRENT SITUATION ANY BETTER, PLEASE LET US KNOW _____

