

Resident Council Minutes

Facility Name: _____

Date: _____ **Time:** _____

Name of Council President/Representative: _____

Name of Title of Staff Representative: _____

Ombudsman Present: Yes or No

Residents in Attendance: (See attached attendance sheet)

Staff/Visitors in Attendance, Upon Resident's Approval (Name, Title):

Old Business – Review of Previous Meeting, Outstanding Issues and Resident Council Departmental Response Forms (Review concerns from last month):

Were all concerns resolved? Yes or No

If not, follow up:

Resident Council Minutes

New Business – List of Topics Discussed and Recommendations/Concerns/Suggestions:

Resident Rights Reviewed:

DEPARTMENTS:

Administrator/Business Office:

Maintenance/Environmental:

Physical Therapy:

Activities:

Dietary:

Nursing:

Medical Director:

Meal of the Month:

Outings for Next Month:

1. _____
2. _____
3. _____
4. _____

Meeting Time Closed: _____ **Next Meeting Scheduled:** _____

Resident Council President/Representative Signature

Date

Staff Representative Signature

Date

Ombudsman Signature (if present)

Date

Administrator or Designee Signature

Date

