

**HOMES FOR THE AGED  
RESIDENT RECORDS AND REGISTER**

	NAME				
<b>RESIDENT RECORDS:</b>					
R1942	(3)(a)	Name			
		Marital status			
		Date of birth			
		Male/female			
	(3)(b)	Authorized rep, next of kin, address, phone number			
	(3)(c)	Responsible agency, address, phone number			
	(3)(d)	Date of admission			
	(3)(g)	Name, address, telephone number of health care professional			
	(3)(e)	Date, reason, place of discharge			
	(4)	Records retained in home at least 2 years after discharge			
	(3)(h)	Service plan			
	(3)(f) R1952(4) 333.20175(1)	Health records			
	(3)(f) R1922(7)	TB annual Admission			
333.21332		Flu vaccine (not required kept in resident record)			
333.20201(6)		Res. acknowledgement of rights provided (not req. kept in resident rec.)			
<b>RESIDENT REGISTER:</b>					
R 1943	(1)(a)	Name			
		Room			
		Date of birth			
		Male/female			
	(1)(b)	Authorized rep, next of kin, address, phone number			
	(1)(c)	Responsible agency, address, phone number			
	(1)(d)	Date of admission			
	(1)(d)	Date, reason, place of discharge			
	(1)(e)	Name, address, telephone number of health care professional			
	(2)	Register maintained for previous 2 years			