

Notification of Rehabilitative Care, Palliative Care, Transitional Care or Residential Hospice Bed Vacancy

Original Notification

Bed Flexing Update

Program Site:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Grand River Hospital – Freeport | <input type="checkbox"/> Cambridge Memorial Hospital | <input type="checkbox"/> St. Joseph's Health Centre | <input type="checkbox"/> Groves Memorial Community Hospital |
| <input type="checkbox"/> Sunnyside Convalescent Care | <input type="checkbox"/> Innisfree House | <input type="checkbox"/> Lisaard House | <input type="checkbox"/> Hospice Wellington |
| <input type="checkbox"/> Highland Place General TCU (CareKW) | <input type="checkbox"/> Highland Place Memory TCU (CareKW) | <input type="checkbox"/> Stone Lodge Memory TCU (CareKW) | <input type="checkbox"/> Hospice Waterloo |

Program Type:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> General Rehab | <input type="checkbox"/> Stroke Rehab | <input type="checkbox"/> Low Intensity Rehab | <input type="checkbox"/> Activation/Restoration |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Complex Medical Management
(Includes Transitional Care beds) | <input type="checkbox"/> Complex Vent | <input type="checkbox"/> End of Life |
| <input type="checkbox"/> Pain & Symptom Management | | | |

Bed Vacancy Room #:	
Bed Vacancy Date:	Available for Occupancy Date:
Bed Vacated by Patient:	Bed Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Any
Reason for Vacancy:	Infection Control Status:
Bed Matched to Patient:	
Planned Admission Date:	
Other Details:	
Notified by:	Notification Date:

HCCSS USE ONLY – Placed Patient

Patient Name:	CHRIS #:	Phone #:
Placement Coordinator:	Date:	Comments: