MORAN VISTA SENIOR LIVING
Resident Admission Checklist
MED AIDE/CAREGIVER

Resident Name:__________________________________________________________

Apt. #:_____________________  Move In Date:_______________________________________

UPON MOVE IN

☐ Prior to resident arrival, read and review Service Plan to identify resident needs and preferences

☐ Greet resident at the door and escort them to their apartment

☐ Orient resident to apartment call system and point out location of all pull cords

☐ Obtain admission weight, height, temp., BP, pulse and respiration, and record in resident progress notes.

☐ Escort to meal(s) and activities. Seat w/appropriate tablemates and introduce new resident

__________________________________________  __________________________
Med Aide/Caregiver Signature                  Date