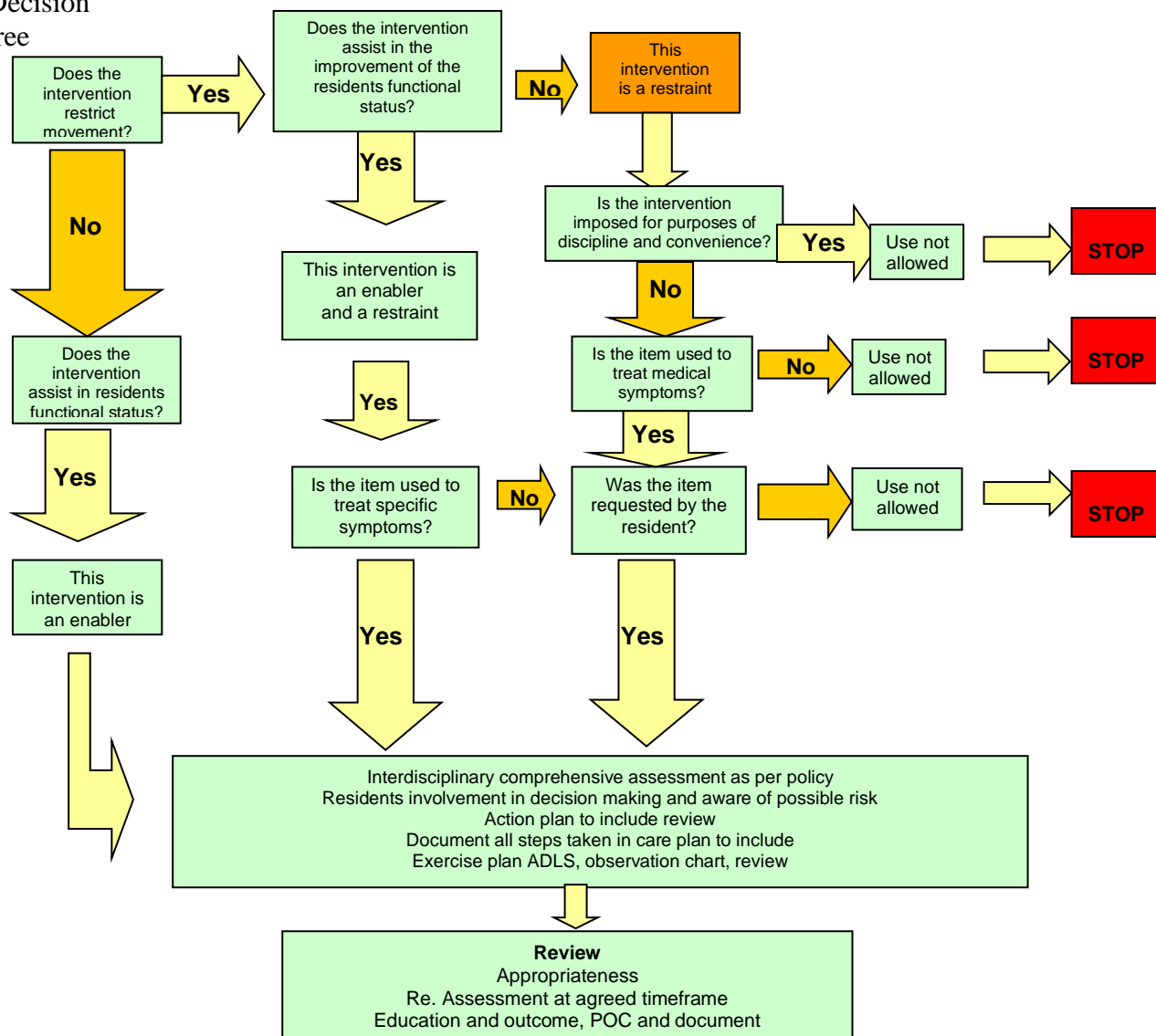


The Village Residence RESTRAINT DECISION TREE.

DATE OF ASSESSMENT. _____

NURSE SIGNATURE _____

Restraint Decision tree



Nurse Signature

Date