

Facility-initiated Transfer/Discharge Checklist When Return is NOT Expected

PRIOR TO DISCHARGE

Nursing/Social Services

- Assessments / Care Planning Assessments were made
 - Attempts through care planning that addressed the resident's needs via multi-disciplinary interventions, accommodation of individual needs, and attention to the patient's resident's customary routines were executed.
- Ensured the resident's physician, or when applicable any physician, recorded in the medical record:
 - The basis for the transfer/discharge
 - Details describing the specific resident need(s) that cannot be met
 - Any attempts by the facility to meet the residents needs
 - Services available at the receiving facility to meet the needs
- Provided sufficient preparation and orientation to the resident to ensure a safe and orderly transfer/discharge
 - Orientation provided in a form and manner that the resident understood
 - Orientation included:***
 - Trial visits (if possible)
 - Information on where the resident was going
 - Information on how the resident was being transported
 - Information on how valuables were being protected during the process
 - Making of any necessary referrals
 - Informing receiving facility of resident's daily routine
- If return expected:
 - Completed Universal Transfer form
 - Attached copies of Advance Directive
 - Attached copies of the comprehensive care plan goals
- If return not expected:
 - Completed Universal Transfer form
 - Attached copy of Advance Directive
 - Attached copy of the comprehensive care plan goals
 - Attached copy the completed discharge form

Administration

- At least 30 days prior to the discharge or as soon as possible, notified the resident and the resident's representative(s) in writing - and in a language and manner they understand:
 - Of the transfer or discharge
 - The reasons for the move
 - The effective date of transfer or discharge
 - The location to which the resident is transferred or discharged
 - A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request
 - (For residents over age 60), the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman (continued on next page);
 - (For residents with intellectual and developmental disabilities or related disabilities), the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities
 - (For residents with a mental disorder or related disabilities), the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder
- For residents over age 60, sent a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (NOTE: For emergency hospital discharges, this is done monthly.)
- If applicable, if information required on the original notice changed, updated the recipients of the notice as soon as practicable with the new information
 - If there was a significant changes, such as a change in the destination, a new notice was given that that clearly described the change(s) and resets the transfer or discharge date, in order to provide 30 day advance notification.