Notice Requirements Before Transfer/Discharge
CFR(s): 483.15(c)(3)-(6)(8)

§483.15(c)(3) Notice before transfer.
Before a facility transfers or discharges a resident, the facility must-
(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the
move in writing and in a language and manner they understand. The facility must send a copy of the notice to
a representative of the Office of the State Long-Term Care Ombudsman.
(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with
paragraph (c)(2) of this section; and
(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge
required under this section must be made by the facility at least 30 days before the resident is transferred or
discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this
section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under
paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph
(c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must
include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) 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;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care
Ombudsman;
(vi) For nursing facility 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 established under Part C of the Developmental Disabilities
Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility 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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient
protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided.
For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents.
This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record reviews, the facility failed to provide the Ombudsman with a written notification of a transfer to the hospital for 1 of 1 resident reviewed for hospitalization. (Resident #30)

The Findings included:

Resident #30 was admitted to the facility on 7/1/2019 with diagnoses which included multiple myeloma, clostridium difficile, heart failure, obstructive sleep apnea and pneumonia.

The admission Minimum Data Set (MDS) dated 7/8/2019 revealed resident was cognitively intact.

A review of the progress notes dated 7/8/2019 revealed resident was sent to the Emergency Department (ED) for Partial Pressure of Oxygen (PO2) of 88%. The resident was admitted to the hospital 7/8/2019.

The medical record revealed that there was no notification of discharge/transfer to the Ombudsman in the record.

An interview with the Administrator on 8/8/2019 at 12:18 pm revealed that the Social Worker (SW) did not talk to the Ombudsman regarding the discharge/transfer to the hospital because the SW didn't know she had to make the Ombudsman aware if the resident was transferred to the hospital.

An interview with the SW on 8/8/2019 at 12:25 pm revealed she was responsible for sending the notifications to the Ombudsman in writing for discharges/transfers to the hospital. She revealed she does not notify the Ombudsman when a resident goes to the hospital. The SW revealed that she didn't know she was supposed to send the notification to the Ombudsman.