## BASIC CARE AND ASSISTED LIVING GUIDE FOR IMPLEMENTATION OF TRANSFER OR DISCHARGE REQUIREMENTS

- 1. Each facility must develop facility policies and procedures for transfer or discharge.
- 2. The notice is to be written in a language and manner the resident and a member of the resident's immediate family or any existing legal guardian of the resident understands. Be conscientious of language barriers, visual barriers, and/or physical limitations.
- 3. The notification form should be typed using at least 12 point font and include the <u>facility identification</u> information (name and location).

One (1) transfer and discharge form has been developed for Basic Care and Assisted Living. This is not a required form. Basic Care and Assisted Living Facilities can develop their own transfer and discharge notices, as long as it meets all of the requirements. The notice was designed to print 2-sided.

## **GUIDELINES FOR COMPLETING TRANSFER AND DISCHARGE NOTICE**

<u>Facility identification information:</u> Enter your facility name and location.

Resident Name: Enter resident's full name.

Transfer or Discharge Information: Under this section, you need to:

- 1. Check one (1) of the authorized reasons for the transfer or discharge as specified in NDCC 50-10.2-02.
  Medical reasons;
  The resident's welfare or that of other residents;
  Nonpayment of one's rent or fees; or
  A temporary transfer during times of remodeling.
- 2. Enter the location (i.e. place and town/city) where the resident is being transferred or discharged. Location must be appropriate and able to meet the resident's needs (i.e., the resident's home, swing bed, nursing facility, or basic care (facility);
- 3. Enter the date the transfer or discharge will occur; and
- 4. Enter the specific reason(s) for the transfer or discharge.

## Persons Notified:

Resident: Enter resident's name and date the notice was given to the resident.

<u>Resident Representative(s)</u>: Enter name(s) of the member of the resident's immediate family or any existing legal guardian of the resident, and the date the notice was given to this person.

Facility Representative Who Completed the Form: The person completing the form must sign and date it.

The original notice must be given to the resident, with a copy given to a member of the resident's immediate family or any existing legal guardian of the resident, and a copy placed in the resident's record.

Developed January 2017 by Joan Coleman, Health Facilities and Karla Backman, State Long-Term Care Ombudsman.

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