

DISTRICT OF COLUMBIA

Department of Health

Health Regulation and
Licensing Administration



NAME OF NURSING FACILITY

ADDRESS OF NURSING FACILITY

CITY AND ZIP CODE

NURSING FACILITY

**NOTICE OF
DISCHARGE OR TRANSFER FROM A NURSING FACILITY
OR RELOCATION WITHIN A NURSING FACILITY**

TO:

Resident's Name:

Resident's Representative :

Date:

In accordance with the (1) Nursing Home and Community Residence Facility Residents' Protection Act of 1985 (D.C. Law 6-108, D.C. Official Code § 44-1001.01, et seq.) and (2) Federal regulations on nursing facilities (42 CFR 483.12 to 483.12(c)), this facility must inform you of its intent to discharge, transfer or relocate you within this facility.

"Resident's representative" means (A) Any person who is knowledgeable about a resident's circumstances and has been designated by that resident to represent him or her; (B) Any person other than a facility who has been appointed by a court either to administer a resident's financial or personal affairs or to protect and advocate for a resident's rights; or (C) The Long-Term Care Ombudsman or his or her designee, if no person has been designated or appointed in accordance with subparagraphs (A) and (B) of this paragraph.

Both D.C. Law 6-108 and Federal regulations require that this facility provide you with specific information, and because this facility is licensed in the District of Columbia and is a participant in the Medicare and/or Medicaid program(s), all such requirements must be met.

WHO SHOULD RECEIVE THIS NOTICE: This notice must be delivered to you, the resident, and your representative.

WHEN SHOULD YOU RECEIVE THIS NOTICE: You should receive this notice at least thirty (30) days prior to the date of transfer or discharge from the facility. You should receive this notice at least seven (7) days prior to a relocation within the facility. The time periods for notification may be changed by physician order, consent by the resident or the resident's representative or a determination by the Long-term Care Ombudsman.

REQUIRED CONTENTS: The following should be completed by the provider.

(1) This proposed action is a (a) Transfer (b) Discharge or (c) Relocation

(2) The specific reason(s) for this action is as follows:

(3) You are scheduled to be discharged, transferred or relocated on or by (date)

(4) Your destination is

(5) If you are being transferred to a hospital or the transfer is for therapeutic leave, attached is this facility's bed-hold policy. Your available number of bed-hold days is

(6) The following person from the facility is responsible for supervising the discharge, transfer or relocation:

Name:

Address:

Telephone:

Email

- (7) You may contact the D.C. Long-Term Care Ombudsman as follows:
 D.C. Long-Term Care Ombudsman Program
 Legal Counsel for the Elderly
 601 E Street, N.W., Building A-4th Floor
 Washington, D.C. 20049
 Tel. (202)434-2190, Fax (202)434-6595
- (8) If you have a developmental disability, you may also contact:
 Judith Heumann, Director
 Department of Disability Services
 1125 15th Street, N.W.
 Washington, D.C. 20005
 Attn: Transfer/Discharge of Resident from Nursing Home
 Tel. (202)730-1700, Fax (202)730-1843
- (9) If you have a mental health issue, you may also contact:
 Stephen T. Baron, Director
 Department of Mental Health
 64 New York Avenue, N.E., 4th Floor
 Washington, D.C. 20002
 Attn: Transfer/Discharge of Resident from Nursing Home
 Tel. (202) 673-7440, Fax (202) 673-3433
- (10) Please find attached a Hearing Request Form and a statement of your hearing rights, together with a postage paid envelope preaddressed to the appropriate District official or agency.

Provider's signature:(INITIALS)	<input type="text"/>	Date:	<input type="text"/>
Resident's signature:	<input type="text"/>	Date:	<input type="text"/>
Resident's Representative:	<input type="text"/>	Date:	<input type="text"/>

Continued Compliance with D.C. Law 6-108 Required

When a resident is transferred or discharged from a nursing facility the nursing facility is required to comply with standards set forth in the Nursing Homes and Community Residence Facilities Residents' Protection Act , D.C. Law 6-108 (D.C. Official Code § 44-1003.01 et seq.). Evidence that the resident and/or family member and/or responsible party have been given the reasons for, procedures for contesting and proposed effective date of discharge, transfer or relocation must be maintained in the resident's record. Documents must be written in accordance with District of Columbia Official Code §44-1003.02 through §44- 1003.08.

Enclosures:

Appeal Rights
 Request for
 Hearing Form

cc: Sharon Lewis, RNC, MSA, CPM,
 Program Manager
 Health Regulation Administration
 Department of Health
 717 14th Street, N.W., 6th Floor
 Washington, D.C. 20005

D.C. Long-Term Care Ombudsman Program
 Legal Counsel for the Elderly
 601 E Street, N.W., Building A-4th Floor
 Washington, D.C. 20049

Julie Hudman, Ph.D., Director
 D.C. Department of Health Care Finance
 Medical Assistance Administration
 825 North Capitol Street, N.E., 5th Floor
 Washington, D.C. 20002

YOUR APPEALS RIGHTS

In Accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, D.C.
Law 6- 108

(Transfer, Discharge, Relocation)

You have a right to challenge this facility's decision to discharge, transfer, or relocate you. If the decision is to discharge you from the facility or to transfer you to another facility and you think you should not have to leave, you or your representative have 7 days from the day you receive this notice to inform the Administrator [Residence Director, if a community residence facility] or a member of the staff that you are requesting a hearing and to complete the enclosed hearing request form and mail it in the preaddressed envelope provided. If you are mailing the hearing request form from the facility, the day you place it in the facility's outgoing mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the time limit. In all other cases, the postmark date shall be considered the date of mailing. If, instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have only 5 days to do the above.

If you or your representative request a hearing, it will be held no later than 5 days after the request is received in the mail, and, in the absence of emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is against you, in the absence of an emergency or other compelling circumstances you will have at least 5 days to prepare for your move if you are being discharge or transferred to another facility, and at least 3 days to prepare for your move if you are being relocated to another room within the facility.

To help you in your move, you will be offered counseling services by the staff, assistance by the District government if you are being discharged or transferred from the facility, and, at your request, additional support from the Long-Term Care Ombudsman program. If you have any questions at all, please do not hesitate to call one of the phone numbers listed below for assistance.

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