



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION

Administrative Office  
3416 Goni Road, D-132  
Carson City, NV 89706

(775) 687-4210 • Fax (775) 687-0574

[adsd@adsd.nv.gov](mailto:adsd@adsd.nv.gov)

ROMAINE GILLILAND  
*Director*

JANE GRUNER  
*Administrator*

BRIAN SANDOVAL  
*Governor*

January 9, 2015

**Attention: Guidance from the Office of the State Long Term Care Ombudsman Program**

To Whom It May Concern,

This guidance is being provided to assist Skilled Nursing Facilities in understanding discharge notifications.

Code of Federal Regulations (CFR) 483.12 and Nevada Administrative Code (NAC) 449.74429 documents that a Skilled Nursing Facility may not transfer or discharge the resident unless:

1. The transfer or discharge is necessary to meet the resident's welfare and the resident's welfare cannot be met in the facility;
  2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
  3. The safety of individuals in the facility is endangered;
  4. The health of individuals in the facility would otherwise be endangered;
  5. The resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility;
- or
6. The facility ceases to operate.

In the circumstance that a Skilled Nursing Facility determines that a resident requires a transfer or discharge the CFR 428.12 and NAC 449.74429 documents that a facility must give notice of the transfer or discharge to the resident and, if known, to the legal representative of the resident or a member of the resident's family. The notice must:

1. Be in writing;
2. Be in a language that is understood by the resident and his or her legal representative or a member of his or her family;
3. Be given at least 30 days before the effective date of the transfer or discharge;
4. Include the reasons for the transfer or discharge;
5. Include the effective date of the transfer or discharge;
6. Specify the location to which the resident will be transferred or discharged;
7. Include a statement that the resident has a right to appeal the transfer or discharge;
  - a. In Nevada the appeal should be addressed to:

Nevada State Medicaid  
Supervisor of Hearings and Policy Development  
1100 Williams St. Ste 101  
Carson City, NV 89701  
775-684-3604

8. Include the name, address and telephone number of the advocates for residents of facilities for long-term care appointed pursuant to [chapter 427A](#) of NRS;
- a. In Nevada this information is as follows:

Nevada State Long Term Care Ombudsman Program  
445 Apple Street Suite 104  
Reno, NV 89502  
1-888-729-0571

9. If the resident is developmentally disabled or mentally ill, include the name, address and telephone number of persons who advocate for and are responsible for the protection of such persons.
- a. In Nevada this information is as follows:

Nevada Disability Advocacy & Law Center  
2828 W. Charleston Blvd Ste. 11  
Las Vegas, NV 89102  
(702) 257-8150

Nevada Disability Advocacy & Law Center  
1865 Plumas Street, Suite 2  
Reno, NV 89509  
(775) 786-2520

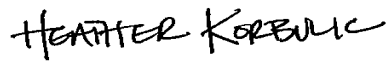
The notice may be given less than 30 days before the effective date of the transfer or discharge if:

- a) The health or safety of other persons in the facility is endangered if the resident remains in the facility;
- b) The health of the resident has improved sufficiently to allow a more immediate transfer or discharge of the resident;
- c) The medical needs of the resident require a more immediate transfer or discharge; or
- d) The resident has not resided in the facility for at least 30 days.

The facility must have documented evidence to support the notice of discharge of the resident in the resident's medical record.

Should you have additional questions please contact the Office of The State Long Term Care Ombudsman in the North at **775-687-0800**, in the South **702-486-3545**. Or you can contact the Bureau of Health Care Quality and Compliance in the North at **775-684-1030** in the south at **702-486-6515**.

Thank you for your time and attention to this important information.

A handwritten signature in black ink that reads "HEATHER KORBULIC". The letters are in all caps and have a cursive, slightly slanted appearance.

Heather Korbolic  
State Long Term Care Ombudsman