



The National Long-Term Care Ombudsman Resource Center



Updated Surveyor Guidance – Transfer and Discharge

October 29, 2025

► Welcome

- This webinar is being **recorded**.
- Use the **chat feature or raise your hand** for questions for the speakers.
- **Links** to slides and resources will be provided in the chat.

▶ Agenda

- ▶ Review Federal Requirements and Updated Guidance
- ▶ Share Updated Resources
- ▶ Q&A

► Federal Guidance Updates

- Centers for Medicare & Medicaid Services (CMS) released revised guidance for nursing home surveyors [State Operations Manual (SOM), Appendix PP] with an implementation date of April 28, 2025.
- Consumer Voice hosted a [webinar](#) and shared a [summary](#) (January 22, 2025).

NEW – Transfer and Discharge

Guidance

- ▶ References to “resident-initiated” and “facility-initiated” discharge were removed from the State Operations Manual, Appendix PP.
- ▶ Federal citation tag numbers F622 – F626 were removed and the content from those tags was moved to new tags, F627 and F628.

NEW – Transfer or Discharge

F627

Intent

- ▶ These regulations and guidance address inappropriate discharges and:
 - ▶ Ensure policies are developed and implemented which allow residents to return to the facility following hospitalization or therapeutic leave.
 - ▶ Ensure a facility does not transfer or discharge a resident in an unsafe manner, such as a location that does not meet the resident's needs, does not provide needed support and resources, or does not meet the resident's preferences and, therefore, should not have occurred.

Off-site preparation

- ▶ The team coordinator (TC) should contact the local ombudsman and inquire if there are specific residents from whom the ombudsman has received complaints related to inappropriate discharges for review (see Investigative Procedure section below).
- ▶ The TC should also be sure to review complaints and survey history of the facility for indications of noncompliance with the requirements for transfer and/or discharge.

Reminders

- ▶ **Transfer** - movement of a resident from a bed in one facility to a bed in another facility ***when the resident expects to return to the original facility.***
- ▶ **Discharge** - movement of a resident from a bed in one certified facility to a bed in another facility or other location in the community, ***when return to the original facility is not expected.***
- ▶ The facility must not transfer or discharge the resident from the facility unless:
 - ▶ The facility cannot meet the resident's needs;
 - ▶ The resident no longer needs nursing facility services;
 - ▶ The resident's presence endangers the safety of others in the facility;
 - ▶ The resident's presence endangers the health of others in the facility;
 - ▶ The resident has failed to pay; or
 - ▶ The facility is closing.

Reminders

- ▶ Before transfer or discharge the facility must [42 CFR §483.15(c)(3)]:
 - ▶ 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.
 - ▶ Record the reasons for the transfer or discharge in the resident's medical record.
- ▶ Written notice must include [42 CFR §483.15(c)(5)]:
 - ▶ The reason for the transfer or discharge,
 - ▶ The date of transfer or discharge,
 - ▶ The location to which the resident will be transferred or discharged,
 - ▶ Information on resident's rights to appeal the discharge and have an administrative hearing, and
 - ▶ Contact information for the LTCOP and, if applicable, the agencies responsible for advocacy on behalf of persons with mental illness and developmental disabilities

Reminders

Guidance

- ▶ The facility must maintain evidence that the notice was sent to the Ombudsman.
- ▶ Decides to discharge the resident **while the resident is still hospitalized**, the facility must send a notice of discharge to the resident and resident representative **before the discharge**, and send a copy of the discharge notice to the LTCOP at the same time.
- ▶ For any other types of discharges, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the LTCOP at least **30 days prior to the discharge or as soon as possible**. Notice to the LTCOP at the same time.
- ▶ **Emergency Transfers**
 - ▶ When a resident is temporarily transferred on an emergency basis a notice of transfer must be provided to the resident and resident representative **as soon as practicable before the transfer**.
 - ▶ Copies of notices for emergency transfers must also still be sent to the LTCOP, but they may be sent when practicable, such as in a **list of residents on a monthly basis**, as long as the **list meets all requirements for content of such notices**.

Reminders

Changes to the Notice

- ▶ 42 CFR §483.15(c)(6)
 - ▶ If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.
- ▶ Guidance
 - ▶ For significant changes (e.g., change in destination) a new notice must be given that describes the change(s) and **resets the transfer or discharge date in order to provide 30 day** advance notification and permit adequate time for discharge planning.

Beneficiary Notices (SOM Appendix PP, F582)

Notice of Medicare Non-Coverage (NOMNC)

- NOMNC is given by the facility to all Medicare beneficiaries at least two days before the end of a Medicare covered Part A stay or when all of Part B therapies are ending.
- NOMNC informs the beneficiaries of the right to an expedited review by a Quality Improvement Organization.

The NOMNC is **not given** if the beneficiary:

- exhausts the SNF benefits coverage (100 days)
- initiates the discharge from the SNF.
- elects the hospice benefit or decides to revoke the hospice benefit and return to standard Medicare coverage.

Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN)

- SNF ABN is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare.
- A facility's requirement to notify and explain via the SNF ABN **is separate and unrelated to the admission and discharge requirements** under 42 CFR §483.15.



Resources

Highlights of Federal Nursing Facility Requirements and Guidance Regarding Transfer and Discharge Notices



This resource highlights sections of federal nursing facility requirements and surveyor guidance regarding transfer and discharge notices, including when nursing facilities are required to send notices to the Long-Term Care Ombudsman program (LTCOP). A brief overview of Beneficiary Notices is included to explain the differences in those notices and a discharge notice. This resource is not comprehensive and does not include all requirements and guidance related to transfer and discharge.

References to “resident-initiated” and “facility-initiated” discharge were removed from the State Operations Manual, Appendix PP, effective April 25, 2025. Federal citation tag numbers F622 – F626 were removed and the content from those tags were moved to new tags, F627 and F628 (see CMS Manual System, [Transmittal 229](#)). The information in this resource is based on the most recent version of Appendix PP from July 23, 2025, that has minor technical changes as described in [Transmittal 232](#). Bold emphasis added by NORC.

TOPIC	TRANSFER	DISCHARGE
CFR: Code of Federal Regulations CMS: Centers for Medicare & Medicaid Services F#: Federal citation tag number	LTCOP: Long-Term Care Ombudsman Program SOM: CMS State Operations Manual	
DEFINITIONS	<p>REQUIREMENTS 42 CFR §483.5</p> <p>Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.</p> <p>GUIDANCE (SOM, Appendix PP, F627)</p> <p>Transfer refers to the movement of a resident from a bed in one facility to a bed in another</p> <p>GUIDANCE (SOM, Appendix PP, F627)</p> <p>Discharge refers to the movement of a resident from a bed in one certified facility to</p>	

	facility when <i>the resident expects to return to the original facility</i> .	a bed in another facility or other location in the community, <i>when return to the original facility is not expected</i> .
REASONS FOR TRANSFER OR DISCHARGE	<p>REQUIREMENTS 42 CFR §483.15(c)(1)</p> <p>The facility must not transfer or discharge the resident from the facility unless:</p> <ul style="list-style-type: none"> • The resident’s needs cannot be met in the facility; • The resident’s health has improved and the resident no longer needs the services provided by the facility; • The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; • The health of individuals in the facility would otherwise be endangered; • The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; or • The facility ceases to operate. 	
NOTICE BEFORE TRANSFER	<p>REQUIREMENTS 42 CFR §483.15(c)(3)</p> <p>Before a facility transfers or discharges a resident, the facility must:</p> <ul style="list-style-type: none"> • 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. • Record the reasons for the transfer or discharge in the resident’s medical record in accordance with paragraph (c)(2) of this section; and • Include in the notice the items described in §483.15(c)(5). 	
	<p>GUIDANCE (SOM, Appendix PP, F628)</p> <p>Emergency Transfers—</p> <ul style="list-style-type: none"> • When a resident is temporarily transferred on an emergency basis to an acute care facility a notice of transfer must be provided to the resident and resident representative as soon as practicable before the transfer. 	<p>GUIDANCE (SOM, Appendix PP, F628)</p> <ul style="list-style-type: none"> • The facility must maintain evidence that the notice was sent to the Ombudsman. Facilities should know the process for ombudsman notification in their state.

UPDATED

- Key Points About Discharge Appeals
- Who Can Represent a Resident?
- Advocacy Considerations
 - Questions to Consider Prior to the Hearing
 - Action Steps Prior to the Hearing
 - During the Hearing
 - After the Hearing

Representing Residents During Nursing Facility Discharge Appeal Hearings: The Basics

Purpose

The purpose of this fact sheet is to provide a basic overview about residents' rights in appealing nursing facility discharges and tips for Ombudsman program advocacy considerations before, during, and after an appeal hearing.

Before Using This Resource

For an understanding of residents' rights and facility responsibilities regarding discharge and/or the role of the Long-Term Care Ombudsman program and legal assistance providers we recommend the following:

- ✓ Read [Nursing Facility Discharges: Enhancing Your Advocacy Toolbox](#).
- ✓ Read the [Long-Term Care Ombudsman Program \(LTCOP\) and Legal Assistance Developers Collaboration Toolkit](#).
- ✓ Consult applicable state Ombudsman program policies and procedures.

Key Points About Nursing Facility Discharge Appeals

- Residents have the right to appeal a discharge.¹ The discharge notice must include a statement of the resident's appeal rights, information about how to appeal, and their right to assistance in completing and submitting a request for an appeal.²
- States must provide a system for residents in nursing facilities to appeal transfers and discharges³ and an opportunity for an appeal hearing.⁴
- The nursing facility cannot discharge a resident before the appeal hearing, if the appeal is requested timely, or pending the hearing decision.⁵
- Residents have the right to appeal a hearing decision that was not in their favor.⁶ The appeal process and terminology varies by state.

¹ 42 CFR §483.15(c)(5)(iv)

² 42 CFR §483.15(c)(5)(iv)

³ 42 CFR §483.204

⁴ 42 CFR §431.220(a)(2)

⁵ 42 CFR §483.15(c)(1)(ii). The regulations make an exception if the failure to discharge or transfer would endanger the health or safety of the resident or others in the facility.

⁶ 42 CFR §431.245

UPDATED



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NURSING HOME DISCHARGES

You've Been Told to Leave...Now What?



FACT SHEET

Nursing Home Discharges

You've Been Told to Leave...Now What?

Many involuntary discharges can be resolved successfully. You have rights. Become informed and act.



FACTS TO KNOW RIGHT AWAY

1. **All** notices of discharge must be communicated in writing, in a language and manner you understand.
2. Most discharge notices must be given at least 30 days prior to the discharge date.
3. You have the right to appeal and must do so before the date of discharge.
4. Federal law gives you rights and legal protections when facing discharge.
5. **If you receive a notice, contact the Long-Term Care Ombudsman** program immediately. Visit theconsumervoice.org/get-help/ to locate a program or call the Eldercare Locator at 1-800-677-1116. Ombudsman program representatives are knowledgeable about discharge requirements and empowered by law to advocate for you.



IMPORTANT INFORMATION REGARDING DISCHARGE

THE REASON(S) FOR DISCHARGE MUST BE VALID

FACTS

- There are only 6 reasons why a facility can transfer or discharge a resident against their will:
 - The facility cannot meet the resident's needs;
 - The resident no longer needs nursing facility services;
 - The resident's presence endangers the safety of others in the facility;
 - The resident's presence endangers the health of others in the facility;
 - The resident has failed to pay; or
 - The facility is closing.

TIPS

- ▶ The law requires the nursing home to problem-solve the reason for discharge and make attempts to address the issue(s).
- ▶ A doctor must document the reason for discharge in your medical record.
- ▶ The facility must state the reason for discharge in the written notice.



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OMBUDSMAN REFERENCES IN FEDERAL NURSING HOME REQUIREMENTS

TOPIC	SUMMARY	SOURCE
CAH: Critical Access Hospitals CFR: Code of Federal Regulations CMP: Civil Monetary Penalties CMS: Centers for Medicare & Medicaid Services IDR: Informal Dispute Resolution F #: Federal citation tag number LTCOP: Long-Term Care Ombudsman Program LTCSP: Long Term Care Survey Process (LTCSP) Procedure Guide	Office: Office of the State Long-Term Care Ombudsman RN: Registered Nurse RO: CMS Regional Office SA: State Survey Agency SMA: State Medicaid Agency SLTCOP: State Long-term Care Ombudsman Program SLTCO: State Long-term Care Ombudsman SOM: CMS State Operations Manual USC: United States Code	
ACCESS	Facilities must provide the LTCOP with immediate access to residents.	42 CFR §483.10(f)(4)(i) 42 USC 1395i-3 (c)(3)(A) 42 USC 1396r (c)(3)(A) SOM Appendix PP, F562, F586
	Access to resident medical, social, and administrative records with permission from the resident or legal representative. The SA should ask the representative of the Office assigned to the facility if the facility allows him/her to review records, with resident or resident representative permission and according to State law.	42 CFR §483.10(h)(3) 42 USC 1395i-3 (c)(3)(E) 42 USC 1396r (c)(3)(E) SOM Appendix PP, F583
	The pharmacist's findings are considered part of the resident's medical record and are available to the resident/resident representative upon request. Establishing a consistent location for the pharmacist's findings and recommendations can facilitate communication with the attending physician, director of nursing, the interdisciplinary team (IDT), medical director, resident and resident's legal representative, the ombudsman, and surveyors.	42 CFR §483.45(c) SOM Appendix PP, F756

UPDATED

- ▶ Role of the LTCOP
- ▶ Regulations and Advocacy Considerations
- ▶ Complaint Investigation Key Points and Strategies
- ▶ Appeal Hearings
- ▶ Advocacy Checklists

Nursing Facility Discharges

Enhancing Your Advocacy Toolbox

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Basic Discharge Complaint Investigation Process Checklist

Complaint Investigation Key Points

While each state has their own policies and procedures for managing and responding to transfer and discharge notices, all Ombudsman programs investigate complaints regarding discharge when a resident requests Ombudsman program assistance in addressing their concern [see 1324.19(b) of the LTCOP Rule for additional information regarding complaint processing].

The Ombudsman program educates and empowers the resident by explaining residents' rights and options. At a minimum:

- Shares information about the Ombudsman program and how it can help.
- Discusses residents' rights and facility responsibilities related to discharges.
- Explains possible advocacy steps (e.g., speaking with the facility staff about the discharge).
- Informs the resident of their right to appeal the notice and the hearing process.
- Explains the right to access legal counsel.
- Offers to assist the resident to resolve the complaint.

Complaint resolution strategies depend on individual circumstances of each resident and the reason for discharge. However, in all cases the Ombudsman should review the notice to identify issues with its contents and investigate the reason for discharge. Identifying unmet requirements will assist the Ombudsman in advocating for the facility to rescind the notice, reissue the notice, use as facts if reporting to the state survey agency, or argue to have the discharge dismissed during the appeal hearing.

If the resident provides consent for the Ombudsman program to investigate, the Ombudsman program representative then develops an agreed upon plan of action with the resident and follows the wishes of the resident. The plan could include, but is not limited to:

- Permission to access the resident's records.
- Permission to speak with any necessary party to assist with preventing the discharge (facility staff, resident's representative, family members, attorney, state survey agency, Medicaid, etc.).
- Request for a care plan meeting and/or a request for a second opinion on a diagnosis.
- Appealing the discharge notice.
- Referral for legal assistance.

Basic Discharge Complaint Investigation Process Checklist

Regardless of the reason for discharge, ask the following questions

These are basic questions to guide you through the initial investigation process. Not all questions apply in every situation. Your research and questions will grow more focused depending on the reason for discharge and resident direction for addressing the issue.

During your initial visit or contact with the resident, consider asking:

1. Does the resident want to leave or stay in the facility? If the resident wants to stay and dispute the discharge, ask the following.
 - a. How long has the resident lived at the facility?
 - b. Does the resident understand the reason for the discharge?
 - i. What is their perspective on the reason?
 - c. Does the resident have a representative? Is it a legal representative (e.g., a Durable Power of Attorney, guardian/conservator) or an informal representative such as a friend or family member that supports them?
 - d. What is the source of payment for nursing home care (e.g., Medicare, Medicaid, private insurance, private pay, etc.)?
 - e. Does the resident have unmet needs, concerns, or complaints?
 - i. What are they?
 - ii. What has the facility done to address the concerns?

During your initial contact with the administrator or designated facility staff, consider asking:

1. What is the reason for discharge?
2. Where is the resident being discharged?
 - a. Is this a safe, appropriate location?
3. What alternatives were considered to avoid the discharge?
4. Is the facility having difficulty meeting the resident's needs?
 - a. Why is the facility having this difficulty?
 - b. For how long?
 - c. What is the facility currently doing to meet the resident's needs?
5. Are there other concerns (e.g., issues with payment, possible financial exploitation)?

Interviews with pertinent parties will help you take next steps in your investigation such as interviewing staff or outside entities and gathering records.

The following checklist is intended to guide you through some basic complaint resolution steps. If the complaint is not readily resolved, then review additional strategies and steps in the five charts for specific discharge reasons.

Resolution Strategies

Regardless of the reason for discharge, review the transfer or discharge notice:

- ☐ Is it complete and in accordance with the notice requirements?
- ☐ Does it meet one of the six reasons for transfer or discharge?
- ☐ Is the location to which the resident is to be transferred or discharged safe and appropriate?
- ☐ Does the notice provide for 30 days? Or as soon as practicable under certain circumstances?
- ☐ Is the notice in a language and manner that the resident understands?
- ☐ Did the Ombudsman program receive the notice at the same time as the resident?

Action Steps *(attempt one or all)*

Regardless of the reason for discharge, if the facility failed to have complete information, did not provide it in a language and manner that the resident understands, or has incorrect information the Ombudsman program can:

- ☐ Attempt to resolve the complaint with the facility. If the facility did not provide a location or it is not safe and/or appropriate, ask the facility staff to rescind the notice because it does not meet the required elements. If the facility reissues the notice with the required information this will restart the 30-day period.
- ☐ Use any errors on the notice as evidence in an administrative hearing.
- ☐ Use errors in the notice as part of your complaint to the state survey agency.

Legal Basis

Regulation §483.15(c)(1)(i): Nursing facilities must permit each resident to remain in the facility, and not transfer or discharge the resident unless the transfer or discharge is for one of six reasons identified in the requirements.

Regulation §483.15(c)(5): Facilities must include specific information in the contents of the notice (e.g., reason for transfer or discharge, effective date of the transfer or discharge, the transfer or discharge location, statement of appeal rights, and more).

Regulation 483.15(c)(4): Facilities are required to provide a 30-day notice of a discharge to the resident, the resident's representative, and the Ombudsman program at the same time. The information included in the notice must be in a language and manner that the resident and the representative understand. Notice must be made to the resident, resident's representative, and the Ombudsman program as soon as practicable when the safety or health of the individuals in the facility is endangered, if the resident needs urgent medical attention, if the resident's health improves sufficiently, or the resident has not resided in the facility for 30 days.

Federal regulation §483.21(c)(1): Facilities must have a discharge process in place that addresses residents' goals, needs, caregiver support, and appropriate referrals. The process should involve the resident and the resident's representative, when applicable.

NORS FAQ

Q – I receive discharge notices from the nursing facilities in my service area. Upon receipt, do I automatically document these notices as complaints?

A – No. Receiving copies of discharge notices (or notices of transfer) do not automatically count as a complaint.

- ▶ If you follow-up with the resident identified in the notice (and/or their representative, when appropriate) and provide information about residents' rights, facility responsibilities, and their right to appeal the discharge, but the resident (or their representative) **does not want your assistance to address it as a complaint**, you would document that interaction as an **instance of information and assistance**.
- ▶ If you follow-up with the resident identified in the notice (and/or their representative, when appropriate) and the resident (or their representative) **wants your assistance** to address the discharge and proceed with complaint investigation, you would **open a case with a complaint** and document your work related to that case accordingly.

Recent Updates to Federal Nursing Home Surveyor Guidance

Recent Updates to Federal Nursing Home Surveyor Guidance - The Consumer Voice

- ▶ Originally January 22, 2025 (updated May 28, 2025)
- ▶ Slides and Webinar Recording
- ▶ Consumer Voice Summary
- ▶ Justice in Aging Guide to the New Guidance



SUMMARY

Summary of CMS's Revised Guidance for Nursing Home Surveyors

On November 18, 2024, the Centers for Medicare and Medicaid Services (CMS) released revised guidance for nursing home surveyors. The updates appear in [Appendix PP](#) of the State Operations Manual, which state survey agencies are required to follow when surveying and assessing facility compliance with federal regulations. On January 15, 2025, CMS updated the guidance again and revised the effective implementation date. Surveyors will begin using this revised guidance starting April 28, 2025.

The new guidance includes:

- Added revised guidance and training for nursing services and Payroll-Based Journal (PBJ).
- Updated information regarding the prohibition on requiring a third party to guarantee payment for a resident's stay.
- Updated guidance on inappropriate transfers and discharges.
- More detailed guidance on the unnecessary use of psychotropic medications.
- Increased guidance on the misdiagnosis of schizophrenia in residents, particularly to hide the unnecessary use of psychotropic medications.

Below is a detailed summary of the updated guidance. The sections are broken down by "F-Tags," the numbers CMS assigns to violations.

Nursing Services and Payroll Based Journal, 42 C.F.R §483.35 (F725)

New language was added to include the definitions of "licensed nurse", "charge nurse" and "scope of practice". New language was also added to clarify that "facilities are required to provide licensed nursing staff 24 hours a day, along with other nursing personnel, including but not limited to nurse aides. Facilities must also designate a licensed nurse to serve as a charge nurse on each tour of duty".

Examples that may identify potential insufficient staffing were included in the revisions. They are:

- Falls
- Weight loss
- Dehydration
- Pressure ulcers
- Elopement
- Resident altercation

► Additional Information

► NORC

- [Transfer Discharge Issue Page](#)
- [Library of Long-Term Care Laws and Regulations](#)
- [NORS Training and Resources](#)





► Consumer Voice

- [Involuntary Transfer or Discharge from a Nursing Home](#)



Discussion

Connect with us!

-  ltcombudsman.org
-  ombudcenter@theconsumervoice.org
-  The National LTC Ombudsman Resource Center
-  @LTCombudcenter