



Office of the
District of Columbia
Long-Term Care
Ombudsman

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What DCLTCOP looks for when we review the Notice of Discharge, Transfer and Relocation:

General:

- 1) **Timeliness of Notice:** All forms need to be sent to our office. The Appeal deadline is 7 days for a discharge or 5 days for relocation. Notices should not be sent to our office past this deadline and should be sent to our office as soon as possible after being provided to resident and resident's representative.

Contents of Notice:

- 1) **Name of facility, Resident and Resident's Name** must be on the form.
- 2) **Proposed Action(discharge, transfer or relocation)** should be marked and should be Correct.
- 3) **Specific Reason for Action:** Reason for discharge, transfer or relocation must be in detail, not vague. You should understand why that this person is leaving. Also, it can't violate a resident's right. It can't state that resident did not take medications. Also, if you see several hospital transfers which list the same reason for transfer such as "respiratory distress, this should be flagged for the Ombudsman.
- 4) **Date of Discharge/Transfer or Relocation** should be provided. For discharges--nursing home and ALR residents are given a 30 day notice. The time can be reduced if resident consents or it is in emergency. However, a notice still must be issued. If the time is changed, note that one the notice. For Relocations, it is 7 day advance notice.
- 2) **Destination/location** needs to be provided. It should be clear and concise not, "Home" or "in community". Homeless Shelters are never acceptable.
- 3) **Person Supervising Discharge.** This must be complete with all information.
- 4) **Signatures should be included, but not required.** However, there should be some notation that resident and resident's representative received the notice.
- 5) **Appeal Rights** must be included.
- 6) **Hearing Form**



Notice of Discharge, Transfer and Relocation Review and Assessment:

Date of Review and Reviewer: _____

Number of Notices Reviewed: _____

Number of Facilities: _____

Names of Facilities: _____

Number of Notices without Hearing Form Attached _____

Number of Notices of Transfer(hospital or therapeutic leave) without bed hold policy attached _____

Number of Notices sent to DCLTCOP past the 7 day Appeal Deadline for Discharges/Transfers and 5 Day Appeal Deadline for Relocations:

Number of specific deficiencies found in the Contents of Notices:

_____ **Name of facility, Resident and Resident's Name**

_____ **Designation of discharge, transfer or relocation**

_____ **Specific Reason for Action.**

_____ **Date of Discharge/Transfer or Relocation**

_____ **Bed Hold Days.**

_____ **Person Supervising Discharge.**

_____ **Signatures**

_____ **Appeal Rights**

General Comments:

