

### Daily Closure Report<sup>1</sup>

Facility Name: \_\_\_\_\_

Please list ALL residents/tenants living in this facility at the time the closure is reported to DIA.  
Names must be listed alphabetically by last name.

Resident/Tenant Name	Potential Placements	Final Confirmed Placement	Discharge Date

**NOTES:**

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<sup>1</sup> From "Iowa Long-Term Care Facility Closure/Crisis Team Procedures Manual" by Office of the State Long-Term Care Ombudsman (2016).