MEMORANDUM

LTC-A-2018-03

TO: ☑ Nursing Facilities; ☐ ICFs/MR 16 Bed & Over; ☐ HDCs; ☐ ICFs/MR Under 16 Beds; ☐ ALF Level I; ☐ ALF Level II; ☐ RCFs; ☐ Adult Day Cares; ☐ Adult Day Health Cares; ☐ Post-Acute Head Injury Facilities; ☑ Interested Parties; ☑ DHS County Offices

FROM: Carol Shockley, Director, Office of Long Term Care

DATE: February 15, 2018

RE: Advisory Memo – Notification to Ombudsman of Transfers and Discharges

Among the regulatory changes CMS made last year was the requirement under 42 CRF §483.15 of notifications to the state Ombudsman when a resident is transferred or discharged. Under that regulation, a facility must notify the state Ombudsman when:

- The facility discharges a resident while the resident is still hospitalized
- The facility discharges a resident from the facility
- The facility temporarily transfers a resident on an emergency basis to an acute care facility

When Ombudsman is Notified

- At the same time notice is provided to the resident or resident’s representative
- Thirty (30) days prior to discharge; if the discharge is an emergency, when practicable, which can include a monthly list*
- When practicable, which can include a monthly list*

* There is no specific form facilities must use when sending a list of residents to the ombudsman. But the list must meet the same content requirement of the actual notice to the resident or resident representative. A sample form for your use is included with this letter.

At the request of the State Ombudsman, please email notices to ombudsman.notification@arkansas.gov with the subject line including the following information: Facility/(County)/Type of Discharge. If you cannot send notifications by email, you may mail or fax the notice to:

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better health
Charlotte Bishop  
State Long Term Care Ombudsman  
100 Weaver Avenue  
Batesville, AR 72501  
FAX: (501) 404-4640  
Phone: (501) 582-8952 or (501) 508-8857  
charlotte.bishop@dhs.arkansas.gov

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/Ip
## Emergency Transfers from Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Month/Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Resident</th>
<th>Location of Transfer</th>
<th>Date of Transfer</th>
<th>Date of Notice to Resident</th>
<th>Date of Return to Facility</th>
<th>Reason for Transfer</th>
</tr>
</thead>
</table>