

### Admission, Transfer, and Discharge Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*Complete the Admission, Transfer, and Discharge review if 1) it is triggered by Stage 1 information or 2) if information is gathered or provided either during or before the survey suggestive of a concern with facility-initiated transfers and/or discharges*

| Interview/Review  | Notes |
|---|-------|
| <p>Determine why this task triggered and complete the follow-up for each concern according to the following instructions. Provide responses to applicable questions, marking all inapplicable questions “NA”.</p> <p><input type="checkbox"/> Family interview stating the facility did not provide information about how to apply for and use Medicare/Medicaid benefits.<br/>(Complete the <b>Medicare or Medicaid Benefit Application</b> section.)</p> <p><input type="checkbox"/> Family interview stating the facility did not provide information about the rights of residents in the facility.<br/>(Complete the <b>Inform of Rights</b> section.)</p> <p><input type="checkbox"/> Family or resident interview indicating lack of notice before room change.<br/>(Complete the <b>Room Change</b> section.)</p> <p><input type="checkbox"/> Family interview indicating a concern with third party guarantee of payment.<br/>(Complete the <b>Third Party Guarantee</b> section.)</p> <p><input type="checkbox"/> Family interview stating the facility did not provide information about the bed-hold policy when hospitalized.<br/>(Complete the <b>Bed Hold</b> section.)</p> <p><input type="checkbox"/> Review of transfers to another care facility — Information provided by the ombudsman or complaint intake indicating facility-initiated transfer to SNF/NF, assisted living/group home, or psychiatric care unit.<br/>(Complete the <b>Facility-initiated Transfer/Discharge to Another Care Facility</b> section.)</p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review  | Notes |
|---|-------|
| <b>Medicare or Medicaid Benefit Application</b>   |       |
| <p><b>Family Interview Stage 1 question:</b> When [resident's name] was admitted, did the staff tell you about how to apply for and use Medicaid or Medicare to pay for her/his stay?</p> <p>This provision prohibits both direct and indirect requests for residents to waive Medicare or Medicaid benefits (such as asking a resident to remain private pay when he/she is eligible for Medicare or Medicaid).</p> <p><u>If a concern was identified from the family interview, proceed to the following steps:</u></p> <p><input type="checkbox"/> Review admission documents for the three residents with family interviews.</p> <p><input type="checkbox"/> Interview the admissions coordinator to determine facility practice.</p> <p><b>1. Does the facility ensure that residents are NOT asked to waive their rights to Medicare or Medicaid (i.e., requiring residents to remain private pay)?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F208</b></p> <p><input type="checkbox"/> <b>NA, the family interview question about Medicare/Medicaid benefit application did not trigger this task</b></p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review  | Notes |
|---|-------|
| <b>Inform of Rights</b>   |       |
| <p><b>Family interview Stage 1 question:</b> Did the facility inform you of the rights of residents in the facility?</p> <p>The facility must inform the resident of his or her rights, both orally and in writing, and in a language that the resident understands. The requirement is intended to assure that each resident know his or her rights (and responsibilities) prior to or upon admission, and as appropriate during the resident's stay. "Both orally and in writing" means if a resident can read and understand written materials without assistance, an oral summary, along with the written document, is acceptable.</p> <p><u>If the family interview identified a concern, proceed to the following steps:</u></p> <p><input type="checkbox"/> Interview the admissions coordinator and/or social workers to determine facility practice.</p> <p><input type="checkbox"/> Review the admissions packet or contract for sampled residents.</p> <p><b>2. Does the facility ensure that residents are informed of their rights both oral and in writing prior to or upon admission and during the resident's stay?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F156</b></p> <p><input type="checkbox"/> <b>NA, the family interview question about informing residents of rights did not trigger this task</b></p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review  | Notes |
|---|-------|
| <b>Room Change</b>  |       |
| <p><b>Family interview Stage 1 question:</b> Has your relative/friend been moved to a different room within the past several months?</p> <p>Did you receive notice of explanation before the move?</p> <p><b>Resident Interview Stage 1 question:</b> Have you been moved to a different room or had a roommate change in the last 9 months? Were you given notice before the room change or a change in roommate?</p> <p><u>If the resident and/or family interview identified a concern, proceed to the following steps:</u></p> <p><input type="checkbox"/> Interview the social worker to determine facility practice.</p> <p><input type="checkbox"/> Review written policies and procedures related to room change.</p> <p><b>3. Does the facility ensure that the resident or the resident's legal representative, or an interested family member, is immediately informed if there is a change in room or roommate assignments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F247</b></p> <p><input type="checkbox"/> <b>NA, neither the family interview question nor the resident interview question about room change triggered this task</b></p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review   | Notes |
|--|-------|
| <b>Third Party Guarantee</b>   |       |
| <p><b>Family interview Stage 1 question:</b> Did the facility ensure that you (or another individual) would not have to make a payment out of your own pocket if, for some reason, the resident is unable to pay from his/her own resources?</p> <p>Third party guarantee is not the same as a third party payer (i.e., an insurance company or Medicaid). The facility cannot require a "third party <u>guarantee</u>" of payment for admission, expedited admission, or continued stay in the facility. That is, the facility cannot require another individual to pay for the resident's care if the resident does not pay, such as an adult child.</p> <p><u>If the family interview identified a concern, proceed to the following steps:</u></p> <p><input type="checkbox"/> Review the admissions contract for language requiring third party guarantee of payment.</p> <p><input type="checkbox"/> Interview the admissions coordinator to determine facility practice.</p> <p><b>4. Does the facility ensure that a third-party guarantee of payment (by another individual) is NOT required for admission or continued stay?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F208</b></p> <p><input type="checkbox"/> <b>NA, the family interview question about third-party guarantee did not trigger this task</b></p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review   | Notes |
|--|-------|
| <b>Bed Hold</b>  |       |
| <p><b>Family Interview Stage 1 question:</b> Has your relative/friend been discharged to a hospital within the past several months? Were you notified of the facility policy permitting her/him to return?</p> <p>An initial notice of the bed-hold policy is provided in advance of a transfer; for example, at the time of admission. Additionally, a notice, <u>which specifies the duration of the bed hold</u>, must be issued at the time of each transfer to both the resident and the family. In cases of emergency, the family/representative must be provided written notification within 24 hours of the transfer. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital.</p> <p><b><u>If the family interview identifies a concern, proceed to the following steps:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview the admissions coordinator or social worker asking, how are residents and families informed of the bed-hold policy, initially and at the time of transfer?</li> <li><input type="checkbox"/> Review the bed-hold policy.</li> <li><input type="checkbox"/> Interview additional staff, for example, nurses who are involved with hospital transfers.</li> <li><input type="checkbox"/> Review the records of sampled residents to determine if notices were issued at the time of transfer.</li> </ul> <p><b>5. Does the facility ensure that at the time of transfer for hospitalization or therapeutic leave, the resident and a family member receive written notice that specifies the duration of the bed hold?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F205</b></p> <p><input type="checkbox"/> <b>NA, the family interview question about bed hold policy did not trigger this task</b></p> |       |

### Admission, Transfer, and Discharge Review

| Interview/Review   | Notes |
|--|-------|
| <b>Closed Record Review</b>  |       |
| <b>Facility-Initiated Transfer/Discharge to Another Care Facility</b>  |       |
| <p><i>If <u>no concerns</u> related to facility-initiated transfers/discharges have been identified either offsite or brought to the surveyor's attention during survey, mark Questions 6 through 9 "NA, no information suggests a concern with facility-initiated transfers/discharges".</i></p>  |       |
| <p><i>Note: Questions 6–9 pertain to facility-initiated resident transfers/discharges to another care facility: Another SNF/NF, assisted living/group home, or psychiatric care unit. This review does not include review of transfers to a hospital, which should be initiated under the Hospitalization/Death care area).</i></p> <p><input type="checkbox"/> If information gathered or provided, either during or before the survey suggesting a concern with facility-initiated transfers/discharges, any resident(s) identified as part of the concern should be reviewed. Ask staff to clarify, as necessary, the reason for a transfer/discharge to ensure that the transfer/discharge is facility-initiated.</p> <p><input type="checkbox"/> Did staff provide necessary care and services to meet resident needs prior to transfer or discharge?</p> <p><input type="checkbox"/> Did the transfer or discharge occur for an acceptable reason (e.g., for the resident's welfare and the resident's needs cannot be met in the facility, because the resident no longer required services provided by the facility, because the health or safety of the individual was endangered, or due to non-payment)?</p> <p><u>If the transfer was due to a significant change in the resident's condition (e.g., a change in behavioral symptoms), but not an emergency requiring immediate transfer:</u></p> <p><input type="checkbox"/> The record should document assessments and attempts through care planning to address resident needs.</p> <p><i>NOTE: Refusal of treatment would not constitute grounds for transfer, unless the facility is unable to meet the needs of the resident or protect the health and safety of others. Conversion from a private pay rate to payment at the Medicaid rate does not constitute non-payment. Look for changes in source of payment coinciding with transfer/discharge.</i></p> |       |

## Admission, Transfer, and Discharge Review

| Interview/Review   | Notes |
|--|-------|
| <b>Closed Record Review</b>  |       |
| <b>Facility-Initiated Transfer/Discharge to Another Care Facility</b>  |       |
| <p><b><u>If the closed record review(s) identifies a concern, proceed to the following steps:</u></b></p> <p><input type="checkbox"/> Interview the resident's social worker or other staff involved with admission/discharge procedures.</p> <p><input type="checkbox"/> As needed to determine frequency and severity, select additional residents for a total sample of no more than three (if possible) for review from a list of residents discharged to another facility in the past 3–6 months. (Request a list of residents transferred or discharged to either another SNF/NF, an assisted living/group home, or psychiatric care unit.)</p> <p><b>6. Did the facility ensure that the transfer or discharge was appropriate?</b><br/> <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F201</b></div> <input type="checkbox"/> NA, no information suggests a concern with facility-initiated transfers/</p> <p><b>7. <del>Discharge</del> Did the facility provide medically-related social services related to discharge planning?</b><br/> <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F250</b></div> <input type="checkbox"/> NA, no information suggests a concern with facility-initiated transfers/</p> <p><b>8. <del>Discharge</del> Did the facility provide care and services necessary to meet the needs of the resident in order to attain or maintain the highest practicable physical, mental, and psychosocial well being in accordance with the comprehensive assessment and plan of care?</b><br/> <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F309</b></div> <input type="checkbox"/> NA, no information suggests a concern with facility-initiated transfers/</p> |       |

**discharges**



### Admission, Transfer, and Discharge Review

| Interview/Review   | Notes |
|--|-------|
| <b>Closed Record Review</b>  |       |
| <b>Facility-Initiated Transfer/Discharge to Another Care Facility</b>  |       |
| <p>Did the facility provide sufficient preparation and orientation to ensure a safe and orderly transfer or discharge from the facility?</p> <p><i>Sufficient preparation and orientation includes appropriate referrals, and actively involving the resident/representative in selecting the new location, trial visits, and sharing information with staff at the receiving facility to the extent possible. Sufficient preparation also means that the facility informs the resident where he or she is going and takes steps under its control to assure safe transportation.</i></p> <p><b><u>If the closed record review identifies a concern, proceed to the following steps:</u></b></p> <p><input type="checkbox"/> Interview the resident's social worker or other staff involved with admission/discharge procedures.</p> <p><input type="checkbox"/> As needed to determine frequency and severity, select additional residents for a total sample of no more than three (if possible) for review from a list of residents discharged to another facility in the past 3–6 months. (See #6 above).</p> <p><b>9. Does the facility ensure that there is sufficient preparation and orientation to residents before transfer or discharge from the facility?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F204</b></p> <p><input type="checkbox"/> <b>NA, no information suggests a concern with facility-initiated transfers/</b></p> |       |

Resident Sample (Resident Names and Identifiers):

discharges

(1)

2)

(3)

4)

(5)

6)