

# Admission, Transfer, and Discharge Rights



*Division of Nursing  
Homes*

# § 483.15 Admission, Transfer, and Discharge Rights

## Implementation Phases:

All requirements implemented in Phase 1 (November 28, 2016) with exception of:

- §483.15(c)(2)(i) Documentation content, and
- § 483.15(c)(2)(iii) Information conveyed – which will be implemented in Phase 2, this November 28, 2017



# Summary of Changes for § 483.15

F Tag	Tag Subject	Key Changes to Regulation and/or Interpretive Guidelines
F620	Admissions Policy	New regulations and guidelines: 483.15(a)(2)(iii) Waiver of liability for personal property losses; 483.15(a)(6) Disclosure of facility special characteristics/service limitations
F621	Equal Access to Quality Care	Minimal changes to regulations; Expanded guidelines
F622	Transfer and Discharge Requirements	New regulations and guidelines: 483.15(c)(1)(ii) Discharge while appeal is pending; 483.15(c)(2)(iii) Information to be conveyed to receiving provider; Expanded guidelines around the limited circumstances under which facilities can initiate discharges

# Summary of Changes for § 483.15

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F623	Notice Requirements Before Transfer/Discharge	New regulations: 483.15(c)(3)(i) Copy of notice sent to LTC ombudsman; 483.15(c)(6) Changes to notice; Expanded guidelines to clarify and address new regulations
F624	Orientation for Transfer	Minimal changes to regulations; Expanded guidelines on when to cite this tag
F625	Notice of Bed-hold Policy	Minimal changes to regulations; Expanded guidelines
F626	Permitting Residents to Return	New regulations and guidelines: 483.15(e)(1)(ii) Residents not permitted to return;

# F620 – Admissions Policy

Facilities prohibited from requesting/requiring the waiver of liability for personal property losses.

- Safeguard resident possessions, without making them inaccessible;
- Facility not automatically liable for every loss.
- Example: Facility may establish a process to document high value personal property.



# F620 – Admissions Policy

483.15(a)(6) Disclosure of facility special characteristics/service limitations:

- Enables informed decisions upon admission  
**Example:** Facility has religious affiliation that guides routines and practices.
- Provides predictability and rationale if medical needs change  
**Example:** Resident develops a need for medical care not provided by facility but if the resident was informed of the limitation on admission, the need to transfer or discharge will be more predictable and understandable to resident.

# F622 – Transfer and Discharge Requirements

## Definitions:

- **Transfer and Discharge:** Transfer refers to *when the resident expects to return*. Discharge refers to *when return is not expected*.
- **Facility-initiated discharge:** Discharge which the resident objects to, and/or is not in alignment with the resident's stated goals for care and preferences.
- **Resident-initiated discharge:** Means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (not including general expression of a desire to return home or elopement for residents with cognitive impairment).

# F622 – Transfer and Discharge Requirements

- The requirements at §§483.15(c)(1) and (2)(i)-(ii) (basis for transfer and discharge and documentation) apply only to transfers or discharges initiated by the facility, not to resident-initiated transfers/discharges.
- 483.15(c)(1)(ii) Discharge while appeal is pending--Not permitted, the facility must allow the resident to return.
- 483.15(c)(2)(iii) Information to be conveyed to receiving provider -- this is a new requirement and applies to facility and resident-initiated **transfers**. Information conveyed at **discharge** is covered at F661 (Discharge Summary).





# F623 – Notice Before Transfer

- Requirements at §§483.15(c)(3)-(6), Notice before transfer or discharge, only apply to facility-initiated transfers and discharges, not resident-initiated transfers or discharges.
- Notices generally must be provided 30 days in advance of a transfer or discharge or as soon as possible.



# F623 – Notice Before Transfer

Copy of transfer/discharge notice to ombudsman:

- Facility must send a copy of the notice to the representative of the Office of the State Long-Term Care (LTC) Ombudsman for facility-initiated transfers or discharges.
- The intent of sending copies of the notice to the Ombudsman is to provide added protection to residents.
- For emergency transfers--Copy of notice to ombudsman may be sent when practicable, such as in a list of residents on a monthly basis.
- Copy of notice to ombudsman is not required for resident-initiated transfers or discharges.

# F624 – Orientation for Transfer or Discharge

- Regulations and guidance for F624 **generally** apply to immediate orientation and preparation that must occur before a transfer such as to the hospital or for therapeutic leave or discharges under emergency or immediate circumstances where complete discharge planning is not practicable.
- For concerns related to how a facility planned a discharge that meets resident health and safety needs, see F660 Discharge Planning.
- New requirement -- provide orientation and preparation in form and language resident can understand. Consider: educational level, language, communication barriers, and physical and cognitive impairments.

# F626 – Permitting Residents to Return

New requirement that if a facility determines it will not permit a resident to return after a transfer, the facility must comply with requirements related to basis for discharge:



*§483.15 (e)(1) Permitting residents to return to facility.*

*(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.*

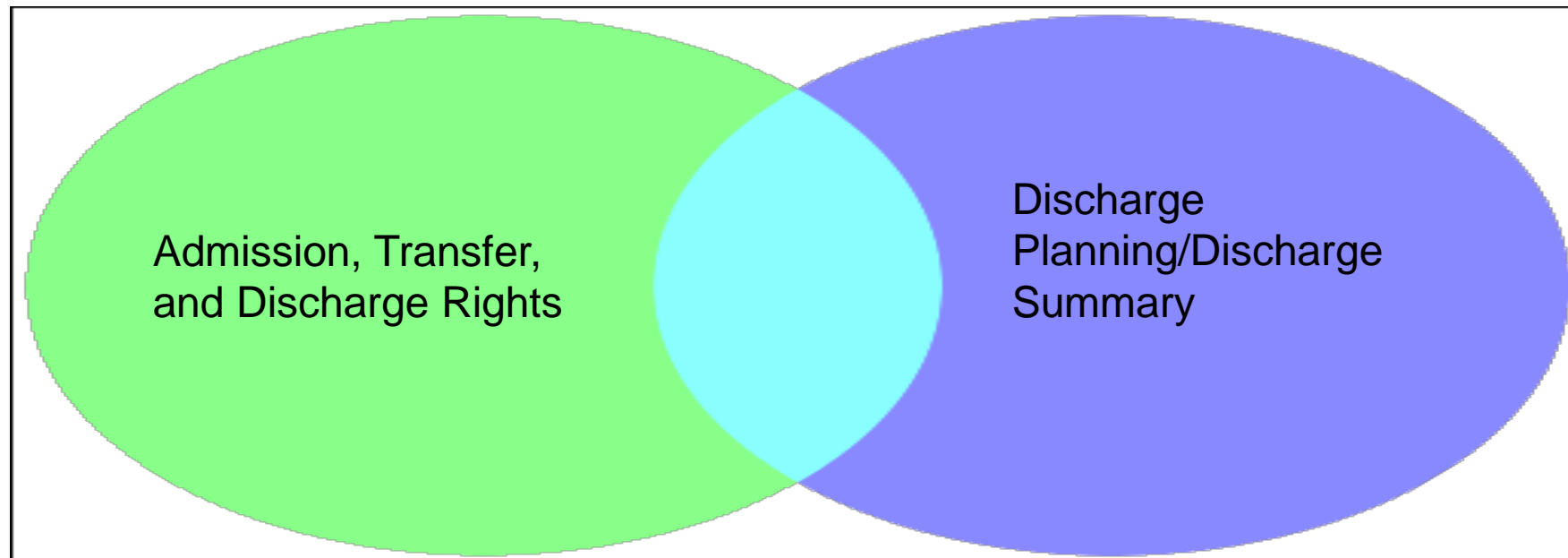
# F626 – Permitting Residents to Return

- IG emphasizes that not permitting a resident to return following hospitalization or therapeutic leave requires a facility to meet the requirements for a facility-initiated discharge as outlined in §483.15(c)(1)(ii).
- For hospitalized residents, medical record should show evidence of facility's efforts to work with hospital to enable resident's return.



# Admission, Transfer, and Discharge Rights

- Overlap exists between Admission, Transfer, and Discharge Rights and Discharge Planning and Discharge Summary (483.21(c)(1) and (2)).
- Admission, Transfer, and Discharge IG refers to Discharge Planning/Discharge Summary where appropriate.

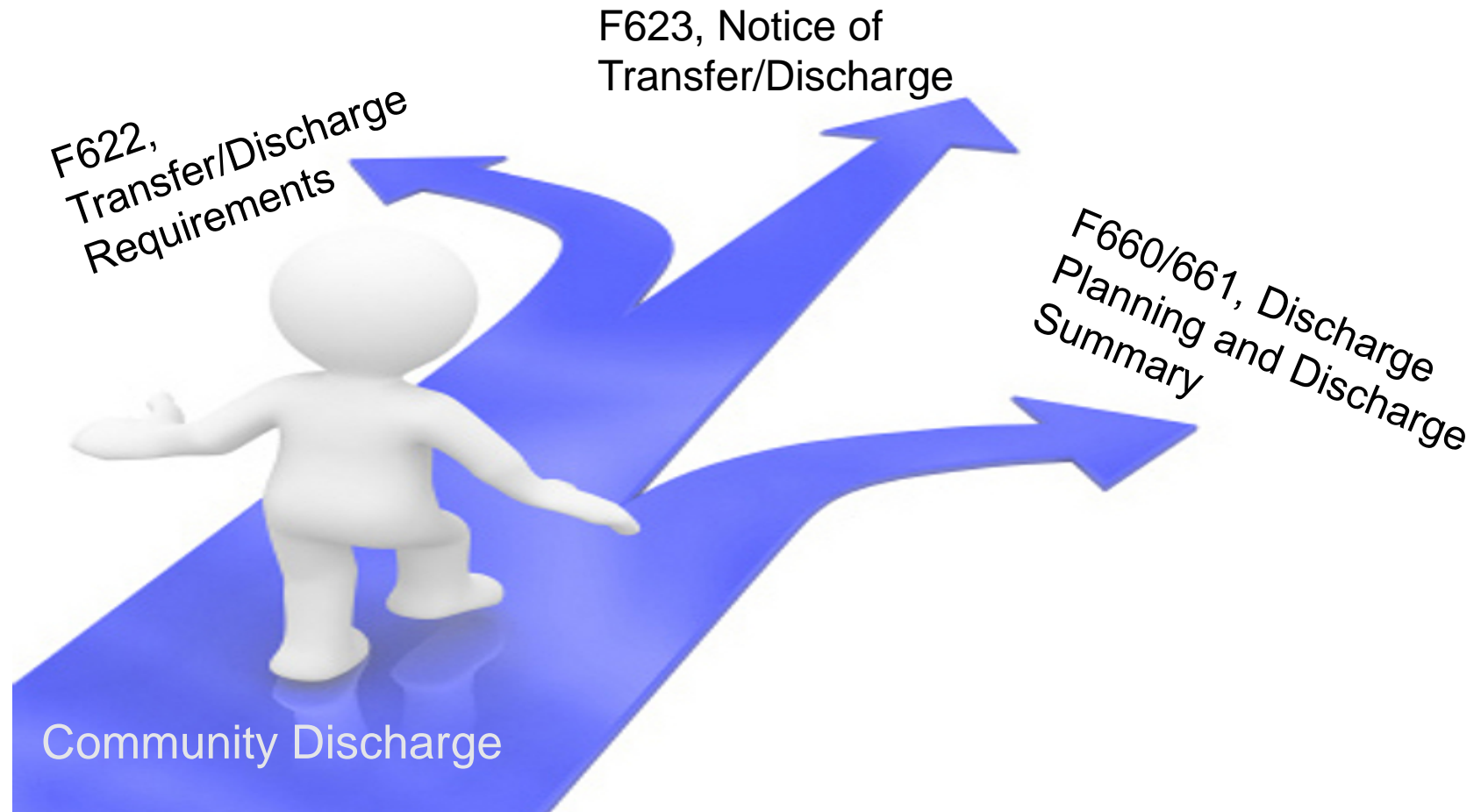


# Critical Element Pathways



- The Admission, Transfer, Discharge Facility Task has been removed.
- CE pathways for Hospitalization and Community Discharge incorporate key points from F622, F623, F624, F625, F626, F660 (Discharge Planning), and F661 (Discharge Summary)

# Critical Element Pathway – Community Discharge





# Critical Element Pathway - Hospitalization



# Thank you

For your continued efforts towards our shared goal in providing quality care to America's nursing home residents



# Acknowledgements

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