

NOTICE OF TRANSFER OR DISCHARGE

To: Name: Molly Morgan

Date of Notice 5/2/11

Address: 59 Camino Real Dr.

City/State/Zip: Lodi, CA 95240

Dear: Mrs. Morgan

As per the admission agreement, the facility shall transfer/discharge a resident, when the facility determines that such action is appropriate in order to meet the resident's needs for health care services. This is to inform you that

Molly Morgan will be transferred/discharged

Name of Resident
to 59 Camino Real Dr. Lodi, CA 95240 - Home
Name of Institution or Residence, Address, City/State/Zip

on 5/3/11 for the following reason(s):

- The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- The resident's health has improved sufficiently that the resident no longer needs the services provided by this facility. Per Resident Request
- The safety of individuals in the facility is endangered by the resident's being here.
- The health of individuals in the facility would be endangered by the resident's being here.
- The resident has failed, after reasonable and appropriate notice, to pay for (or has failed to have Medicare or Medicaid pay for) this stay at the facility.

You have the right to appeal this decision to the appropriate state long term care agency at the address shown below. In addition, you may wish to contact the state long term care ombudsman or the state agencies responsible for the protection and advocacy of developmentally disabled (DD Agency) or mentally ill (MI Agency) individuals (shown below if applicable).

Sincerely Yours, Sandra Hill Date 5/3/11
Signature of Administrative Officer

Arbor Nursing Center, 900 N. Church St. Lodi
Name and Address of Facility

State Long Term Care Appeal Agency (specify) Dept. Health Services Telephone 1-800-554-0354

Address 3901 Lennare Dr. #210 City/State/Zip Sacramento CA 95815

Ombudsman Mike Locke Telephone (209) 468-3785

Address 102 S. SAN JOAQUIN ST. City/State/Zip Stockton CA 95201

DD Agency V.M. Regional Center Telephone (209) 473-0951

Address 702 N. Aurora St. City/State/Zip Stockton CA 95202

MI Agency S.T.C. M.H.A.P. Telephone (209) 468-8686

Address 1212 N. California St. City/State/Zip Stockton CA 95202

VERIFICATION OF RECEIPT OF NOTICE

This acknowledges that I received a copy of this Notice of Resident Transfer or Discharge.

X Inel Morgan Date 4/3/11
Signature of Resident or Responsible Party

KEEP THE YELLOW COPY OF THIS NOTICE - RETURN THE SIGNED ORIGINAL (WHITE COPY) TO THE FACILITY AS SOON AS POSSIBLE