

POST-DISCHARGE PLAN OF CARE

The following discharge information is to help you maintain your health and independence.

You are being discharged: ☐ home ☒ to a residential care facility (see facility name and address below).

Facility Arbor Place ALF Phone (209) 369-8382
 Address 17 Lane Ave City/State/Zip Wdi CA 95240

THE FOLLOWING COMMUNITY RESOURCES ARE AVAILABLE TO MEET YOUR INDIVIDUAL NEEDS ►

State Ombudsman Barbara Johnson Phone (209) 468-3785
 Address 1025 San Joaquin St City/State/Zip Stockton, Ca 95201
 Visiting Nurse _____ Phone _____
 Address _____ City/State/Zip _____
 Other Agency SJCD Adult Protective Services Phone (209) 468-2202
 Address 1025 San Joaquin St 3rd Floor City/State/Zip Stockton, Ca 95202

COMMUNITY RESOURCES AND SERVICES PLANNING ►

Nursing needs: Resident to contact primary care physician Dr Freund for continue care and needs at Arbor Place ALF

Personal care: provided by self and assisted by staff at Arbor Place ALF in conjunction with res family

Transportation: _____

Meals: _____

Housekeeping: _____

Social support/Family system/Special requests: _____

Financial status/needs: _____

Financial access/Payment for services: _____

Therapy services: Recommended Home Health services including RN, PT (physical therapy), OT (occupational therapy) and home health aide

Other: none

Person completing this section: B. Cox, Cg, SSO Date 6/24/14
Signature and title Date

SCHEDULED APPOINTMENTS ►

Appointment With	Date	Purpose	Telephone

NAME Last David, Mary First _____ Middle _____ Attending Physician Dr. Freund Record No. 7231 Room/Bed 49A
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NOTICE OF TRANSFER OR DISCHARGE

To: Name: _____

Date of Notice 6/26/14

Address: _____

City/State/Zip: _____

Dear: Tiffany Anderson

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

Mary Pavin will be transferred/discharged

Name of Resident

to Arbor Place ALF, 17 Louie Ave, Lodi CA 95240

Name of Institution or Residence

Address

City/State/Zip

on 6/27/14 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.
- ☐ 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.
- ☐ Facility ceases to operate.

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, Gloria Cox Date 6/24/14

Signature of Administrative Officer

Arbor Nursing Center 900 N. Church St. Lodi CA 95240

Name and Address of Facility

State Long Term Care Appeal Agency (specify) Department of Health Services Telephone (916) 203-7800

Address 3901 Lennane Dr #10 City/State/Zip Sacramento CA 95815

Ombudsman Telephone (209) 408-3785

Address 102 S. San Joaquin City/State/Zip Stockton CA 95202

DD Agency Valley Mountain Regional Center Telephone (209) 475-0451

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

MI Agency SJC Mental Health Access Program Telephone (209) 408-8680

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 [Signature] Date 6/28/14

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