

NOTICE OF TRANSFER OR DISCHARGE

To: Name: _____

Date of Notice 7 / 28 / 13

Address: _____

City/State/Zip: _____

Dear: Mrs. Parvin

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 Jean Parvin will be transferred/discharged

Name of Resident
to Home, 2 N. Avenida Ave, Lodi CA 95240
Name of Institution or Residence Address City/State/Zip

on 7 / 28 / 13 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.

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, [Signature] Date 7 / 28 / 13
Signature of Administrative Officer

Arbor Nursing Center · 900 N. Church St. Lodi, CA 95240 · 209-333-1222
Name and Address of Facility

State Long Term Care
Appeal Agency (specify) Department of Health Services Telephone (916) 263-5800 / 1-800-554-0354

Address 3901 Lennane Drive #210 City/State/Zip Sacramento, CA 95815

Ombudsman Telephone (209) 468-3785

Address 102 N. Aurora Street City/State/Zip Stockton, CA 95201

DD Agency Valley Mountain Regional Center Telephone (209) 473-0951

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

MI Agency SJC Mental Health Access Program Telephone (209) 468-8686

Address 1212 N. California Street 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 Mary Jean Parvin Date 7 / 31 / 13
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

White/Facility Permanent Copy
Yellow/Resident or Responsible Party Copy
Pink/Facility Temporary Copy

**NOTICE OF TRANSFER
OR DISCHARGE**

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 _____ Phone 909 333 8121
 Address 2 N. Arena Ave City/State/Zip Lodi CA 95240

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

State Ombudsman _____ Phone (209) 468-3785
 Address 102 S. San Joaquin Street City/State/Zip Stockton, CA 95201

Visiting Nurse _____ Phone _____
 Address _____ City/State/Zip _____

Other Agency SJCD Adult Protective Services Phone (209) 468-2202
 Address 102 S. San Joaquin Street 3rd Floor City/State/Zip Stockton, CA 95201

COMMUNITY RESOURCES AND SERVICES PLANNING ►

Nursing needs: Res to contact PCP Dr Frownd for cont care and needs at home,

Personal care: provided by self. Res will hire private home care if needed.

Transportation: _____

Meals: _____

Housekeeping: _____

Social support/Family system/Special requests: _____

Financial status/needs: _____

Financial access/Payment for services: _____

Therapy services: cont HH RN/PT/OT @ Lodi Health. at home

Other: none

Person completing this section: Gilbert Cox 7/28/13
Signature and title Date

SCHEDULED APPOINTMENTS ►

Appointment With	Date	Purpose	Telephone
<u>Dr Frownd - at 8:30am</u>	<u>8/5/13</u>	<u>Flu after DC</u>	<u>334 8540</u>

NAME Last Tavin, Mary Jean First _____ Middle _____ Attending Physician Dr Frownd Record No. _____ Room/Bed 102A