

SNF DISCHARGE CARE PLAN MEETING CHECKLIST

SNFs must plan for the discharge of a resident when a discharge is anticipated to another care setting – another SNF, NF, ICF (for resident with mental retardation), a board and care home - or the resident’s home or other private residence. As a part of this planning, the SNF must develop a discharge summary to help ensure that the resident’s care is coordinated and that the resident transitions safely to his/her new setting. These requirements help ensure that care is coordinated and that the resident’s needs are met after discharge. Not having this information can lead to inadequate care or even to serious medical errors and life-threatening situations.

Resident:	Facility:	Date:	
Conference Attendees			
__ Resident	__ Director of Nursing	__ Resident Coordinatr	_ M. D.:
__ Res.’s Family *	__ Nursing Unit Mgr.	__ Activities Director	
__ Res.’ LR	__ Soc. Svcs. Dir./SW	__ Physical Therapist	
__ Facility Administrator	__ MDS Coordinator	__ Dietary Staff	
* Family Members:			
Reason for Discharge:			

1. Anticipated New Location

a) What is the anticipated date of transfer to the new location?		
b) Has resident/resident’s family been notified of the date and anticipated transfer?	YES	NO
c) Where will resident reside after transfer? _Private Residence _RCFE _Another SNF _NF _ICF		
d) Was the resident/resident’s family involved in selecting the new location?	YES	NO
e) Has the resident had a trial visit to the new location?	YES	NO
f) Has the facility’s Social Worker visited the new location?	YES	NO
g) Does the Social Worker deemed the new location to safe for the resident?	YES	NO
h) Has the staff at the new location been orientated to the resident’s daily patterns?	YES	NO
i) Does the resident require any counseling as a result of this discharge?	YES	NO
• If YES, has it been provided or scheduled? YES: Date -		NO

2. Summary of Resident’s Stay at Current Facility. (These summaries ensure that the next care provider has the necessary information regarding the resident’s current and prior health, including any treatments received and the resident’s responses to them.)

a) Does the plan include a summary of the beneficiary’s stay at the current facility?	YES	NO
b) Does it include information about any treatments received and the resident’s responses to them?	YES	NO
c) Does the summary include clinical information in sufficient quantity that a safe transition to another care setting is ensured?	YES	NO

3. Summary of Resident’s Status at Time of Discharge

a) Does the plan include a summary of the resident’s status at the time of discharge?	YES	NO
b) Is there a doctor’s statement in the resident’s medical file supporting the discharge?	YES	NO
c) Who wrote the discharge status summary? _Physician _Nurse _Other:		

4. Post-Discharge Care Plan. (This is essential to ensuring that the resident's needs are met after discharge.)

a) Have the resident's preferences for care been included in the design of the plan?	YES	NO
b) Does the resident have any specific needs - such as personal care, sterile dressings, physical therapy, etc. - after discharge? <ul style="list-style-type: none"> If YES, have they been identified and provided for in the plan? 	YES	NO
c) Will the resident require the services of other caregivers after discharge? <ul style="list-style-type: none"> If YES, ... <ul style="list-style-type: none"> Have these caregivers and their services been identified? <ul style="list-style-type: none"> If YES, who/what are they? _____ Has the Social Worker made the required referrals? Has the care to be provided by the caregivers been coordinated? <ul style="list-style-type: none"> YES: by whom? _____ NO Have the caregivers been contacted and arrangements made so that resident receives the care needed? How will the resident access these needed services? _____ 	YES	NO
d) Care Instructions <ul style="list-style-type: none"> Does the plan documentation include specific written instructions about the care and handling of resident's medications? Other written educational instructions prepared for distribution to resident? 	YES	NO
e) Safe Transport <ul style="list-style-type: none"> Have steps been taken to assure the safe transport of the resident to the new facility? How and by whom will the resident be transported? Any special equipment required? <ul style="list-style-type: none"> If YES, has it been secured? Have steps been taken to ensure the safe removal of the resident's possessions at/or before the time of transfer? 	YES	NO

NOTES: _____

<p>OMBUDSMAN'S ASSESSMENT: DOES THIS DISCHARGE PLAN REPRESENT A SAFE DISCHARGE? YES NO</p> <ul style="list-style-type: none"> If NO, date and time of next Discharge Plan Meeting: _____
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Ombudsman: