

## **Emergency Transfers from Facility**

Facility Name:	Month/Year:

	Skilled or LTC	Place Resident		Date Transfer		
Name of Resident	Resident?	Transferred to	Date of Transfer	Notice/Bed Hold	Date of Return	Reason for Transfer
				<u>Policy Given</u>		

Please send this document to the Office of the State Ombudsman, per 42 CFR 483.15(c)(4)(ii)(D), each month to <a href="mailto:ombudsman.notification@tn.gov">ombudsman.notification@tn.gov</a> with the subject line: Facility (county) Emergency Transfer.