Cover Sheet for Notices from Skilled Nursing Facilities (SNF) to the Office of Ombudsman for Long-Term Care ("OOLTC")

General Inf	ormation
Date of Notice	to OOLTC:
Name of Skille	ed Nursing Facility:
SNF Physical A	address:
HFID Number:	
Staff Name an	d Contact:
Type of No	tice (select one type of notice per submission):
Notice of Facil	ity-initiated discharge/transfer §483.15(c) (please check one)
	The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
	The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
	The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
	The health of individuals in the facility would otherwise be endangered.
	The resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility.
Notice of facili	ity closure §483.15(c)(8) (please check one)
	Notice is being provided not less than 60 days prior to intended closure Our closure plan has not yet been approved by MDH Our closure plan has been approved by MDH Shortened notice is being provided due to involuntary termination of our participation in the
Timing of t	Medicare/Medicaid program he notice (select one):
	Notice is being provided at least 30 days before the resident is transferred or discharged
	A shortened notice is being provided consistent with applicable state and federal regulations

Reminder:

- The requirements of 42 CFR 483.15(c) should be met for all notices
- Notices must contain the information required under 42 CFR 483.15(c)(5)
- Please do not include protected personal information, such as a Social Security Number or date of birth in the notice.

Please send the required notice with this cover sheet: Send by Fax: 651-431-7452, or

Email: MBA.OOLTC@state.mn.us to the Office of Ombudsman for Long- Term Care ("OOLTC")

Questions? Phone: 651-431-2555 or 1-800-657-3591