[Logo]

**Notification of Emergency Relocation**[[1]](#footnote-1)

Resident name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of emergency relocation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named resident was transferred to:

* Acute hospital
* Inpatient psychiatric stay
* Skilled nursing facility
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location the resident was transferred to/contact information/any new service provider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason the resident was transferred:

* Altered mental status  Fall with injury (fracture, swelling, head trauma)
* Infection  Fever of unknown source
* Difficulty breathing  Cardiac concerns (chest pain, CHF)
* Abnormal labs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated length of stay:

* Return date is unknown
* Estimated length of stay 1-3 days
* Estimated length of stay 4-7 day

If a resident is absent from a facility for any reason, including an emergency relocation, the facility shall not refuse to allow a resident to return if a termination of housing has not been effectuated. If for any reason the facility is unable to provide housing or services after the transfer/relocation, the resident has the right to appeal this decision under Assisted Living statute 144G.54.

Appeals: The Office of Administrative Hearings must conduct an expedited hearing as soon as practicable under this section, but in no event later than 14 calendar days after the office receives the request, unless the parties agree otherwise or the chief administrative law judge deems the timing to be unreasonable, given the complexity of the issues presented.

Notifications made:

* Resident
* Resident legal representative (if there is a legal representative)
* Resident designated representative (if there is a designated representative)
* Case Manager for residents who receive home and community-based waiver services
* Ombudsman for LTC (required if not returned within 4 days)
* Ombudsman for Mental Health (required if not returned within 4 days)

**You may contact the Ombudsman for Long-Term Care for questions about your rights as an assisted living facility resident and to request advocacy services. As an assisted living facility resident, you may contact the Ombudsman for Mental Health and Developmental Disabilities to request advocacy regarding your rights, concerns, or questions on issues relating to services for mental health, developmental disability, or substance use disorder.**

Contact Information:

**Office of Ombudsman for Long-Term Care**

P.O. Box 64971

St. Paul, MN 55164-097

Telephone: 651-431-2555

**Office of the Ombudsman for Mental Health and Developmental Disabilities**

121 7th Place East

Suite 420 Metro Square Building

St. Paul, Minnesota 55101-2117

**Office of Administrative Hearings**

Telephone: 651-757-1800

(651) 361-7900

oah.webmaster@state.mn.us

Please contact your Licensed Assisted Living Director or Clinical Nurse Supervisor if you have any questions.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title

1. A facility may remove a resident from the facility in an emergency [unplanned] if necessary due to a resident’s urgent medical needs or an imminent risk the resident poses to the health or safety of another resident or facility staff member. An emergency relocation is not a termination. [↑](#footnote-ref-1)