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Resident Relocation Sample Documents and Resources

The Department of Health Services developed the following materials to help and guide facilities through the resident relocation process. Facilities may use the sample notices to inform individuals, physicians, stakeholders, and staff. Consider using the information on relocation stress syndrome to educate staff and sample discharge planning forms to aid in the discharge planning process. All resources and samples may be modified to suit your individual facility needs. Refer to the [Resident Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf) for further instruction on how to utilize these samples and resources.

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Optional Sample Notices

Sample Notification Letter/Invitation to Informational Meeting

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.:

Due to , Click or tap here to enter text. has made the very difficult decision to Choose an item.. As required per state law, Click or tap here to enter text. submitted a Resident Relocation Plan to the State of Wisconsin on Click or tap to enter a date.. We anticipate that we can successfully help each individual relocate to an appropriate living arrangement. Please be assured that the facility will remain open until each resident is properly relocated, and that we will be working very closely with you throughout the planning of your move.

Please join us for an informational meeting at Click or tap here to enter text., Click or tap here to enter text. on Click or tap to enter a date., at Click or tap to enter a date.. At the meeting we will share all of the information you will want to know about this process, discuss the support that will be provided to you, and give you opportunities to ask questions.

During this transition period you can expect the following from us:

* A planning conference will be scheduled, at which time an individual relocation plan will be developed and will be monitored by the State Resident Relocation Team.
* A comprehensive assessment will be completed.
* You will have the opportunity to meet with representatives from various agencies who can provide information on current options that may be available to you for placement alternatives and will assist in your exercise of choice.
* Your physician will be consulted to assure your well-being and health.
* You will be given the opportunity to meet with representatives from other facilities including nursing homes, community-based residential facilities, adult family homes, other assisted living providers, and community settings that you are interested in.
* You will have the opportunity to visit proposed settings in-person or virtually.

We have designated Click or tap here to enter text. to be the facility Relocation Coordinator. They will oversee the relocation process and be available to answer any questions that you might have. The phone number is Click or tap here to enter text..

If you do not understand your rights regarding discharge, please contact Click or tap here to enter text. to assist you. They will help you exercise those rights. Your Ombudsman has also received a copy of this letter and can also help you through this process. Your Ombudsman is available to be present at your discharge planning conference if you desire. Below you will find contact information for the Ombudsman (for people over age 60) and Disability Rights Wisconsin (for people between ages 18-59).

Click or tap here to enter text., Long-Term Care Ombudsman

State of Wisconsin

Board on Aging and Long-Term Care

Click or tap here to enter text.

Click or tap here to enter text.

Phone: Click or tap here to enter text.

Disability Rights Wisconsin

Click or tap here to enter text.

Click or tap here to enter text.

Phone: Click or tap here to enter text.

Sincerely,

Click or tap here to enter text., Click or tap here to enter text.

Sample Notice to Physicians

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text. :

We are writing to inform you that due to Click or tap here to enter text., Click or tap here to enter text. has decided to Choose an item.. Click or tap here to enter text. plans to assist residents with relocation within Choose an item. days from the date of the approval of the Resident Relocation Plan. Please be assured that our staff will be working with all of our residents, including your patients as identified below, to help identify an appropriate alternate living arrangement and to make sure each resident’s move is as safe and pleasant as possible:

* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.

We ask for your assistance to help assure each resident’s continuity of care.

During the next few weeks, we will be consulting with you regarding each of your patients at Click or tap here to enter text. and the effects of the proposed relocation on their health. In the meantime, if you have any concerns or questions about our relocation plan, please contact me at Click or tap here to enter text..

Again, it is our goal to make this transition as pleasant as possible for each resident. We appreciate your assistance as we work toward this goal.

Sincerely,

Click or tap here to enter text., Administrator

Sample Notice to Community Stakeholders/County/Aging and Disability Resource Center/Managed Care Organizations

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.:

Due to Click or tap here to enter text., Click or tap here to enter text. is formally notifying you of our intent to Choose an item. Click or tap here to enter text. We have submitted a Resident Relocation Plan to the Wisconsin Department of Health Services for their review and received approval on Click or tap to enter a date.. We anticipate relocations to be complete within Choose an item. days of the date of approval of the relocation plan. We will be working with representatives from your organization to develop and implement individual relocation plans for our residents, as appropriate.

We have designated Click or tap here to enter text. as the Relocation Coordinator for the facility. Choose an item. will serve as your central point of contact and can be reached at Click or tap here to enter text..

It is our goal to make this transition as pleasant as possible for each resident. We appreciate your assistance as we work toward that goal. If you have any questions or concerns, please contact me at your convenience.

Sincerely,

Click or tap here to enter text., Click or tap here to enter text.

Sample Discharge Notice

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Choose an item. Click or tap here to enter text.:

This letter serves as a notice of discharge from Click or tap here to enter text..

The reason for discharge is Click or tap here to enter text.

The anticipated date of your discharge is Click or tap to enter a date..

The location to which you will be moving is Click or tap here to enter text..

You have a right to relocation assistance and to be prepared for and oriented to being discharged. A separate notice will be provided inviting you and others to a discharge planning conference.

You have a right to contact an advocate to discuss this notice and to seek assistance. You may call or write to an Ombudsman (for persons age 60 and older) or a representative from Disability Rights Wisconsin (for persons under age 60.)

Board on Aging and Long-Term Care

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

800-815-0015

Disability Rights Wisconsin

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

You may appeal this discharge decision by:

1. **Writing a letter** within seven days of having received this notice to the regional office of the Wisconsin Department of Health Services (DHS), Division of Quality Assurance (DQA) asking for a review of this discharge decision and stating why this discharge should not take place.
2. **Sending a copy** of the appeal letter to the administrator of this facility.
3. Within five days of having received your written appeal, the facility must provide written justification for the discharge to DHS, DQA.
4. If you have filed a written appeal within seven days of receiving this notice, you may not be discharged until DHS, DQA has completed its review and notified both you and the facility of its decision within 14 days of having received written justification from the facility.

The name, address, and phone number for the regional office of the DHS, DQA is:

DQA Regional Office

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

The name, address, and phone number of this facility’s administrator is:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Please contact me with any questions about this notice or your impending discharge from this facility.

Thank you,

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

cc: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Relocation Stress Syndrome

Sample Care Plan—Relocation Stress Syndrome

| Problem | Goal | Interventions |
| --- | --- | --- |
| Resident at risk for signs/symptoms of Resident Relocation Stress Syndrome (RSS) as evidenced by:   * Dependency * Confusion * Anger * Depression * Withdrawal * Behavioral changes | Resident will have any signs/symptoms of RSS prevented/mitigated.  Resident will choose placement in an appropriate alternate setting.  Resident will maintain current functional status. | 1. Encourage presence of resident support persons when closure is announced (for example, family, legal representative, caseworker). 2. Identify the facility relocation coordinator for the relocation process for the resident and representatives. 3. As indicated, provide a list of potential contacts such as advocates, county staff, Aging and Disability Resource Center (ADRC). 4. Provide the opportunity for residents and family to verbalize fears and concerns. 5. Acknowledge the resident’s right to choose their alternative living setting. 6. Ensure the resident is involved in all aspects of their relocation. 7. Assign a primary staff person for the resident to relate to during the relocation process. Provide for continuity of direct caregivers. 8. Update the interdisciplinary assessment/individual service plan to   reflect the resident’s desires and needs for consideration in relocation.   1. Coordinate the resident planning conference to identify potential relocation settings seeking an alternate living setting. 2. Coordinate visits and tours of potential facilities for relocation. Encourage the resident, family, and/or guardian to tour. 3. Monitor the resident for any changes in behavior related to the relocation process. 4. Identify the resident’s past coping techniques and, if indicated, determine a plan for using those in the current relocation situation. 5. Monitor the resident for any changes in physical status. 6. Coordinate the actual physical move to the new alternate living setting. Assign a staff person to accompany the resident and assist in settling them. As indicated, discuss with new staff the resident’s cares, specific needs, and unique characteristics. |

Relocation Stress Syndrome/Transfer Trauma—Staff Education

Note: The following content has been developed for staff education. Additional resources can be found in the [Resident Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf) beginning on page 38.

Goals of the training program:

1. Ensure the rights of each resident are observed during the relocation process and that each resident experiences a safe and appropriate relocation while minimizing negative outcomes for the resident (Hirdes J et al).
2. Ensure all staff are aware of what transfer trauma (TT) is and what their role in prevention and identification is.

Resident Rights

* Right of privacy
* Right to make choices about health care
* Right to be free from abuse
* Freedom from interference, coercion, and discrimination
* Right to voice grievances

Resident Rights—Relocation Process

* Right to adequate care and treatment in the least restrictive/most integrated setting
* Right to be informed and receive adequate notification of discharge decisions
* Right to reasonable accommodations of needs and preferences

Definition of Relocation Stress Syndrome/Transfer Trauma

1. A set of symptoms and negative outcomes that may result for a resident during the process of relocation from one environment to another (Hirdes J et al)
2. Physiologic and/or psychosocial disturbances as a result of transfer from one environment to another (“Role of the Long Term Care Ombudsman in Nursing Home Closures”)

Symptoms/Characteristics

Depression Hallucinations

Anger Unwillingness to move

Loss of trust Being upset

Insecurity Indecision

Anxiety Perceived loss of control

Fearfulness Delirium

Excess need of reassurance Sleep Disturbances

Thought intrusion Loss of immunocompetence

Despair Pressure sore formation

Crying Change in eating habits

Confusion Weight change (usually loss)

Loneliness Stomach problems

Withdrawal Falls

Resistance Increased complaints of pain

Aggressiveness

(Hirdes J et al and Ombudsman Program)

Important Note

1. Some symptoms or characteristics will be obvious and easily identified, such as changes in the resident’s health, personality, or behavior.
2. For some residents, the changes will be subtle so that it is important to report any and all changes to a nurse for further assessment and follow-up.

Strategies for Transferring Facility

* Assess resident and implement a temporary care plan to ensure the process is resident focused and the resident’s needs are met.
* Assess resident preferences.
* Ensure fluid communication to all involved parties regarding discharge developments and referral outcomes.
* Provide for the exchange of information between providers.
* Foster face-to-face meetings with the resident and their family/guardian.
* Encourage resident to be directly involved.
* Encourage family/guardian to be involved.
* Provide interdisciplinary team support.
* Educate staff on the process and what to expect.
* Provide the opportunity and time for the resident to talk and ask questions.
* Listen to the resident and their family/guardian.
* Maintain daily routines.
* Be flexible as the resident’s needs change.
* Be aware that resident feels loss of control.
* Encourage frequent one-on-one visits with familiar staff.
* Provide a list of possible relocation sites.
* Assist with scheduling visits to possible relocation sites.
* Once a relocation facility is chosen, assist with the transfer of information.
* Upon acceptance at a relocation facility, assist with paperwork transfer.
* Dress in “finest.”
* Allow time for resident to say farewell to staff and peers.
* Allow a “familiar face” to accompany the resident to new site.

Tips for Residents and Families

* Read admissions agreement.
* Share expectations.
* Communicate concerns as soon as possible.
* Contact Ombudsman as advocate.

Strategies for Receiving Facility

* Know resident may be experiencing emotional and physical symptoms.
* Provide primary contact for new resident and family/guardian.
* Address risk for TT (for example, falls, anxiety, and weight loss) in the admission care plan.
* Document resident’s reaction and concerns on the day of the move.
* Create a warm and friendly environment.
* Unpack with the resident.
* Introduce the resident to peers, volunteers, and families.
* Establish a routine.
* Assign consistent caregivers.

Assess for Risk of Relocation Stress Syndrome/Transfer Trauma

* Assess for changes in activities of daily living (ADL) performance.
* Assess for changes in behavior.
* Assess for changes in nutritional status, weight loss, change in appetite, risk for dehydration.
* Assess for behavior changes and depression.
* Use Minimum Data Set tools and risk assessment tools.

Care Plan Interventions

* Allow resident to verbalize.
* Keep resident actively involved.
* Monitor for changes in behavior.
* Monitor for changes in abilities (ADL, mobility).
* Monitor for decline in cognitive status.
* Monitor appetite intake and output.
* Document weekly weights and look for changes.
* Monitor for complaints of increased pain.

Optional Sample Forms

Discharge Information Packet Checklist

**Resident:** Click or tap here to enter text.

**Discharge Date:** Click or tap here to enter text.

Please verify that these documents are current and accurate. Initial and sign on the lines provided next to each item.

| Date |  | Initials |  | Items |
| --- | --- | --- | --- | --- |
|  |  |  |  | MD order to discharge to: |
|  |  |  |  | History and Physical |
|  |  |  |  | Copy of most recent physician progress note |
|  |  |  |  | Copy of PASRR |
|  |  |  |  | Copy of immunizations |
|  |  |  |  | Next MD appointment needed or made |
|  |  |  |  | Medications ordered to be sent with resident |
|  |  |  |  | Face sheet |
|  |  |  |  | Copy of Guardianship/Power of Attorney (POA)/Power of Attorney for Health Care (POAHC)/Case Worker paperwork |
|  |  |  |  | Social Service Discharge Assessment |
|  |  |  |  | Discharge summary and recapitulation |
|  |  |  |  | Behavior Check List |
|  |  |  |  | Behavioral treatment plans/contracts |
|  |  |  |  | Behavior target sheets |
|  |  |  |  | Social history |
|  |  |  |  | Nurses notes for the last four weeks |
|  |  |  |  | Most current physician orders |
|  |  |  |  | Current month’s med sheets |
|  |  |  |  | Current month’s treatment sheets |
|  |  |  |  | Copies of lab and diagnostic tests for the last three months |
|  |  |  |  | Most recent MDS (Date: ) |
|  |  |  |  | Financial Reconciliation |
|  |  |  |  | Possession Inventory |

Discharge Planning Process Checklist

**Resident:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Complete | Date Completed | Discharge Planning Process | Follow Up Needed/Comments |
|  | Click or tap to enter a date. | Facility closure notice given | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Initial planning conference meeting | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Schedule meeting  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Letter sent—Confirmation of meeting | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Waived meeting—return letter | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Meeting held \_\_\_\_ in person  \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Resident present | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Responsible party present | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Review of relocation process completed | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Review of discharge options completed | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Review of rights/appeal rights | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Release of information process reviewed | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Review of D/C goals | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Onsite visit scheduled—potential location | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Onsite visit completed—potential location | Click or tap here to enter text. |
|  | Click or tap to enter a date. | POA/Guardian in place | Click or tap here to enter text. |
|  | Click or tap to enter a date. | 30-day notice given—specific location | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Discharge planning conference scheduled | Click or tap here to enter text. |

Discharge Planning Process Checklist Sample—Page 2

|  |  |  |  |
| --- | --- | --- | --- |
| Complete | Date Completed | Discharge Planning Process | Follow Up Needed/Comments |
|  | Click or tap to enter a date. | Discharge planning conference held | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Arrangements made to transfer funds | Click or tap here to enter text. |
|  | Click or tap to enter a date. | PASRR completed and up to date \_\_\_\_\_\_\_\_\_\_ Date | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Day of move planned; scheduled moving of belongings and transportation for resident | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Determine support needs | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Equipment needs | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Adaptive equipment | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Wheelchair | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Other durable medical equipment | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Community placement needs  Home health  Therapy meals  Other | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Education completed  Medication administration  Treatments  Diagnosis  Nutrition  Leisure  Other | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Assessments Completed—Final  Nursing  Social services  Nutrition  Other | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Discharge Transportation Set | Click or tap here to enter text. |

Discharge Planning Process Checklist Sample—Page 3

|  |  |  |  |
| --- | --- | --- | --- |
| Complete | Date Completed | Discharge Planning Process | Follow Up Needed/Comments |
|  | Click or tap to enter a date. | Follow-up clinical appointments | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Documentation sent with resident  For D/C  Physician orders Rx, if needed  Medications sent  Nursing assessment  D/C summary  History and physical  Communicable disease statement  Immunization records  Electronically transfers in system care plan  Social Service Documentation  Other: | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Personal belongings inventory sent | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Relocation stress information sent to facility | Click or tap here to enter text. |

Discharge Planning Process Checklist Sample—Page 4

|  |  |  |  |
| --- | --- | --- | --- |
| Complete | Date Completed | Discharge Planning Process | Follow Up Needed/Comments |
|  | Click or tap to enter a date. | Final documentation completed  Nursing  Social services  MD | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Discharge summary completed | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Close medical record | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Post-discharge plan of care and follow up | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Notification of change of address  Post Office  Social Security, Medicare, Medicaid  Other | Click or tap here to enter text. |
|  | Click or tap to enter a date. | Place on discharge tracking log  Name  New address  Responsible Party Information  Case Worker Contact information | Click or tap here to enter text. |

Additional Notes: Click or tap here to enter text.

Completed By: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Discharge Planning Summary

**Resident:** Click or tap here to enter text.

MR# (if applicable): Click or tap here to enter text.

Discharged to (name and address):

Click or tap here to enter text.

Discharged With Whom/Relationship:

Click or tap here to enter text.

Discharge Date: Click or tap to enter a date.   
Time: Click or tap here to enter text.

Transportation:  Family ☐Friend ☐Medical Van   
☐Other: Click or tap here to enter text.

Home Health Agency: Click or tap here to enter text.

Agency Contact Person: Click or tap here to enter text.   
Phone: Click or tap here to enter text.   
Fax: Click or tap here to enter text.

**Nursing Skilled Services Recommended** (Check all that apply.)

Hospice wound care pain management

Med set up, IV

Tube feeding

Oxygen

Diabetic teaching and training

Other: Click or tap here to enter text.

**Rehabilitation Therapies**

Physical therapy

Occupational therapy

Speech

Home safety evaluation

Home health aides (Bath assist)

Social worker

Other: Click or tap here to enter text.

No skilled services indicated/requested

Date Discharge Order Received: Click or tap to enter a date.

**Equipment Recommended:** Click or tap here to enter text.

Primary Care Management Agency: Click or tap here to enter text.

Phone: Click or tap here to enter text.   
Start Date: Click or tap to enter a date.

Community Resources/Additional Information:

Click or tap here to enter text.

Family Contact: Click or tap here to enter text.   
Phone: Click or tap here to enter text.

Participation: Click or tap here to enter text.

Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date: Click or tap to enter a date.

Guide for Resident/Family/Guardian During Relocation Process

The relocation process is often an emotional and difficult task for residents, families, and guardians. These materials have been developed to assist and guide individuals through the process. Individuals will receive support from designated facility staff and from representatives at various agencies. It is important for individuals to participate in the person-centered discharge planning process to determine the most appropriate relocation options and to visit several potential residences, if possible. Be sure to use the Comparison of On-Site Visits Form during visits. At any time in the process, discuss concerns with and direct questions to facility representatives.

Facility Contact Name: Click or tap here to enter text.

Facility Contact Phone Number:  
Click or tap here to enter text.

Notes From the Resident/Family Meeting  
Click or tap here to enter text.

Tasks for the Resident, Family, and/or Guardian During the Relocation Process:

Discuss needs, wishes, and/or concerns with facility designee.

Participate in an initial planning conference.

Visit potential residences.

Use the Comparison for On-Site Visits guide.

Discuss visits with the facility designee to decide upon new residence.

Remove valuable or irreplaceable items (only at resident’s request/approval).

Add a list of items removed to the resident’s clinical record.

Ask questions and voice concerns throughout the process.

Participate in a final discharge planning conference to finalize the details of the move.

Assist the resident to complete a postal change of address.

Offer support to resident during transfer.

Complete the admission process at the new location.

Comparison of On-Site Visits

This guide can assist individuals in recording information and making informed decisions regarding a new residence. They are encouraged to carry the guide with them when visiting; it will help individuals compare multiple locations. Listed below are some areas individuals may want to be aware of during their visits as well as some questions they may want to ask. Not all questions are applicable to each type of relocation setting and the list is not all-inclusive.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of Residence |  | Contact Person |  | Phone Number |  | Date of Visit |
| A |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  | A Yes/No | B Yes/No | C Yes/No |
| --- | --- | --- | --- |
| 1. Is the general atmosphere warm, pleasant, and cheerful? |  |  |  |
| 1. Do staff show genuine interest in and affection for residents? |  |  |  |
| 1. Do residents look well cared for and generally content? |  |  |  |
| 1. Is the residence clean and orderly? |  |  |  |
| 1. Is the residence free of unpleasant odors? |  |  |  |
| 1. Does the residence offer designated smoking areas? |  |  |  |
| 1. Are call lights answered within a reasonable time frame? |  |  |  |
| 1. Does the food look appetizing with adequate serving sizes? |  |  |  |
| 1. Do residents who need help eating receive assistance? |  |  |  |
| 1. Does the residence offer activities that you would enjoy? |  |  |  |

|  | A Yes/No | B Yes/No | C Yes/No |
| --- | --- | --- | --- |
| 1. Are activities offered for residents who are relatively inactive, confined to their rooms, or cognitively impaired? |  |  |  |
| 1. Do residents have an opportunity to attend religious services and talk with their clergymen, both in and outside the home? |  |  |  |
| 1. Is fresh drinking water within reach of the resident? |  |  |  |
| 1. Do staff knock before entering a resident’s room? |  |  |  |
| 1. Is there a lounge where residents can chat, read, play games, watch television, or just relax away from their rooms? |  |  |  |
| 1. Does the residence have an outdoor area where residents can get fresh air and sunshine, and do residents use this area freely? |  |  |  |
| 1. Did the residence’s representative ask about your (or your family member’s) specific needs and preferences? |  |  |  |
| 1. Would you be satisfied living here? |  |  |  |
| 1. Do you have adequate information about this residence to make a decision? |  |  |  |

Suggestions for Supporting the Resident During Transfer

Once the resident is scheduled and prepared for relocation, the resident will need additional support during the transfer to the new residence. The resident’s medical and psychosocial status will be considered to determine the most appropriate mode of transportation. Family members and staff will be encouraged to escort the resident to their new residence. The following steps should be considered during resident transfer:

1. Check if the resident is prepared to go before the vehicle arrives (belongings packed, changed into clean clothes, last minute primping, etc.).
2. Inform the resident when the vehicle arrives.
3. Load the resident’s personal belongings into the vehicle.
4. Allow the resident ample time to say good-bye to other residents and staff.
5. Adjust the vehicle’s temperature for the resident (air conditioning or heat).
6. Escort the resident at the resident’s pace to the transfer vehicle.
7. Comfort the resident.
8. Talk calmly with the resident.
9. Use physical contact to calm the resident.
10. Offer reassurance to the resident about the move.
11. Go at the resident’s pace—do not rush the resident.
12. Indicate the location of the resident’s belongings (in the vehicle, family has them, etc.).
13. Reduce the noise within in the vehicle—consider comforting music.
14. If using a wheelchair lift:

* Show the resident how it works.
* Explain to the resident what to expect (noise, movement, etc.).
* Offer to ride on the lift with the resident, if acceptable to the driver.

1. When entering a bus or passenger van, point out the railings and steps to the resident.
2. If multiple residents are transferring on the same vehicle, consider staying on the bus with the residents while others are boarding.
3. Once at the new residence, assist the resident into the building.
4. Stay with the resident while their belongings are being unloaded.
5. Offer to assist the resident in setting up their room.