



# Emergency Transfer Log (SAMPLE)

**Facility:** Sunny Meadows Nursing Home

**Month/Year:** July 2018

Resident	Location of Transfer	Written Notification to Resident Date	Transfer Date	Return to Facility Date	Reason for Transfer
Jane Jackson	Sunrise Oaks Hospital	07/01/2018	07/01/2018	07/05/2018	Chest pains, kept for observation
John Smith	Trust Point Hospital	07/03/2018	07/03/2018	07/03/2018	Being assessed after a fall. No injuries.
Jake Johnson	Shady Tree Hospital	07/15/2018	07/15/2018	07/16/2018	UTI
James Doe	Sunrise Oaks Hospital	07/23/2018	07/23/2018	N/A	Had a stroke. Resident expired in hospital.

**\*Type into this document and e-mail it to the State Office as a Word Document.\***

Please e-mail this document to the Office of the State Ombudsman, per CMS Memo S&C: 17-27-NH, by the 15<sup>th</sup> of each month for the preceding month to [StateOmbudsman@goea.la.gov](mailto:StateOmbudsman@goea.la.gov) with the subject line: Facility Name—Emergency Transfer Log for month/year.

*Ex: Sunny Meadows Nursing Home—Emergency Transfer Log for January 2018*

**Note: If the facility discharges while the resident is hospitalized, the facility must follow facility-initiated discharge practices.**