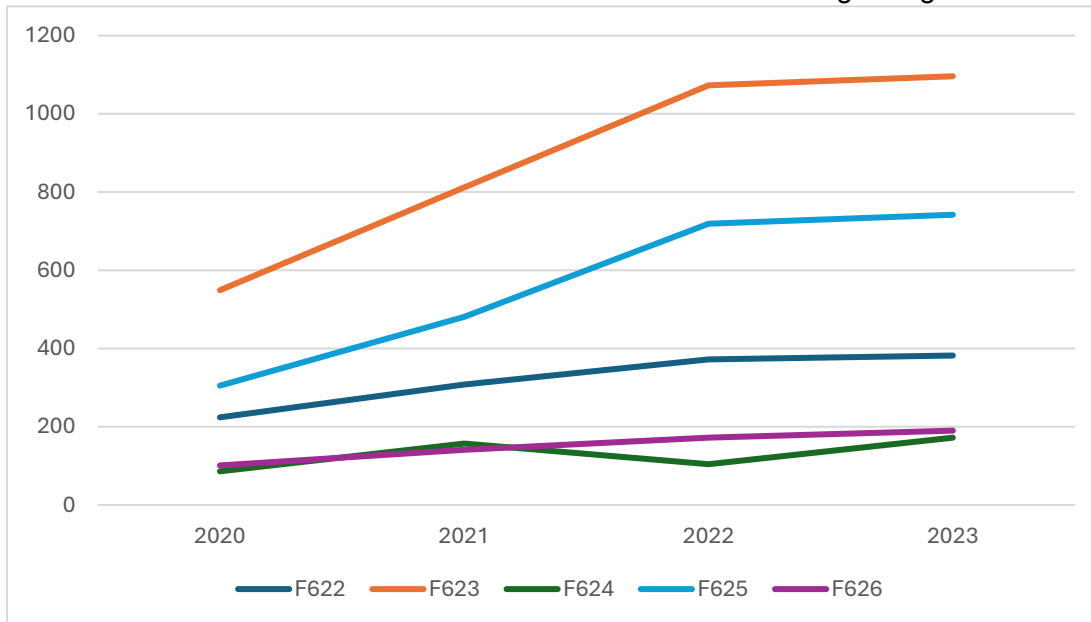




## Survey Tips- Transfer and Discharge (Part 2)

Transfer and Discharge deficiencies continue to rise each year and there is added scrutiny surrounding this topic with the Federal Monitoring [memo](#) including Admission, Transfer, and Discharge (§483.15) as one of the focus areas for the year. The graph below displays the number of national citations for each of the transfer and discharge f-tags.



As noted in the graph, F623, F625, and F622 are cited most frequently. Over the next several weeks, we will review citation trends noted for each of these F-tags and provide various tips to consider at your facility. We have listed below the components of the regulatory requirement for **F625- Notice of bed-hold policy and return.**

The regulation states, before a nursing home transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing home must provide written information to the resident or resident representative that specifies:

- The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
- The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;
- The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
- The information specific in paragraph (e)(1) of this section ([discussed in a previous survey tip](#)).

Tips to remain compliant with regulation regarding notice before transfer:

- ✓ The bed-hold policy must be provided to residents and, if applicable, their responsible party within 24 hours of any transfer, including emergency transfers.
- ✓ The bed-hold policy must be provided to all residents prior to and upon transfer, regardless of their payment source.
- ✓ Facilities should provide residents with the bed-hold policy information on admission and then again upon transfer.
- ✓ If the resident's payer source is Medicare, Medicare will not pay for the bed while the resident is hospitalized or takes a therapeutic leave. However, facility policies may allow the resident to pay privately to hold his or her bed.
- ✓ Facilities are encouraged to review the state specific requirements, related to the bed-hold policy, which is included in each state Medicaid plan.
- ✓ If a resident does not elect to pay to hold his or her bed, the resident must be permitted to return to the next available bed, consistent with the requirement at §483.15(e).
- ✓ Facilities are encouraged to document efforts to provide residents' responsible party with the bed-hold policy.

For additional tips, please see our webinar [Discharges- Making the Safest Transition for Your Residents](#). Email any questions to [regulatory@ahca.org](mailto:regulatory@ahca.org).