



Notification to Ombudsman of Resident Discharge

Nursing facilities are required to notify the Office of the State Long-Term Care Ombudsman (SLTCO) of resident discharges by 42 CFR §483.15(c)(3) Notice of Transfer or Discharge. To complete the notification, the Ombudsman **requests facilities submit this completed form along with a copy of the discharge notice to the SLTCO. This form does not replace a written discharge notice used to meet discharge notification requirements to the resident nor does it serve as evidence a discharge notice was sent to the Ombudsman.**

Process for notifying the SLTCO of a discharge notice:

Send discharge notifications by email to OhioOmbudsman@age.ohio.gov with the following attachments:

- This completed Notification to Ombudsman of Resident Discharge form
- A copy of the discharge notice issued to the resident

Notification to the SLTCO should occur on the same date that the discharge notice is issued to the resident.

Copies of notices for emergency transfers (e.g. hospital transfers) must also still be sent to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices at §483.15(c)(5). This form need not be included for transfer notifications.

ISSUING FACILITY NAME:	
RESIDENT NAME:	
DISCHARGE DATE:	
DISCHARGE TYPE:	<input type="checkbox"/> 30-Day <input type="checkbox"/> Emergency Discharge <input type="checkbox"/> Resident Request
DISCHARGE SETTING TYPE:	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Home in the Community <input type="checkbox"/> Other: _____
REASON FOR DISCHARGE	
<input type="checkbox"/> Health Improved <input type="checkbox"/> Failure to Pay <input type="checkbox"/> Safety Endangered <input type="checkbox"/> Health Endangered <input type="checkbox"/> Welfare and Needs Cannot be met	<input type="checkbox"/> The Home Is Closing <input type="checkbox"/> The Home's License Has Been Revoked <input type="checkbox"/> Participation in Medicare or Medicaid is Terminated or Denied

CONTACT INFORMATION	
Administrator Name:	Direct Phone Line:
Administrator Email Address:	Other Staff Contact:
Best Way to Contact the Resident and Resident Representative, If Applicable:	
Other Pertinent Information:	

Find contact information for your local ombudsman office here: <https://aging.ohio.gov/care-and-living/ombudsman/get-help/get-help>

Locate an electronic copy of this form and other resources at <https://aging.ohio.gov/care-and-living/ombudsman>

For more information and guidance on discharge practice and discharge notification requirements, refer to Sections 3721.16 through 3721.162 and 3721.13 of the Ohio Revised Code, 3701-61-02 through 3701-61-05 of the Ohio Administrative Code, 42 CFR 483.15, 42 CFR 483.21(c) and the State Operations Manual Appendix PP Revised 7/23/2025.