



HOSPITAL DISCHARGE LETTER

**Human Resources  
Administration**  
Department of  
Social Services

**Adult Protective  
Services**

**Steven Banks**  
Commissioner

**Daniel Tietz**  
Chief Special Services  
Officer

**Lin Saberski**  
Deputy Commissioner

Date:

From:

To:

Hospital:

This letter is in response to notification that your facility intends to discharge a client of Adult Protective Services (APS) back to the community. Please be advised that APS believes such a discharge would violate New York State Health Regulations, because the services necessary to ensure a safe discharge cannot be provided at this time. APS is therefore requesting that the discharge of \_\_\_\_\_ be postponed until such time as the necessary services are reasonably available.

Pursuant to 10 NY CRR Part 405.9 (f) (1) it is your facility's responsibility to ensure that every patient discharged from this facility can return to the community with all the services necessary to ensure their safety. The regulations state:

*"The hospital shall ensure that each patient has a discharge plan which meets the patient's post-hospital care needs. No patient who requires continuing health care services in accordance with such patient discharge plan may be discharged until such services are secured or determined by the hospital to be reasonably available to the patient."*

In the case of \_\_\_\_\_, the services necessary to meet his/her continuing health care needs are: (list services needed)

These services cannot currently be secured or made available because:

Therefore, this discharge cannot take place under the current conditions.

APS remains committed to assisting you in returning to the community. However, discharge to APS, in the absence of other necessary services does not constitute an acceptable discharge plan. APS is opposed to discharging \_\_\_\_\_ until such time the services necessary to ensure a safe discharge are available.

Sincerely,

	Print Name	Signature	Date
Director/ Deputy Director:			

## NOTICE OF UNSAFE NURSING HOME DISCHARGE

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

This letter is in response to notification that your facility intends to discharge a client of Adult Protective Services (APS) back to the community. Please be advised that APS believes that such a discharge would violate New York State Health Regulations because the services necessary to ensure a safe discharge cannot be provided at this time. APS is therefore requesting the discharge of be postponed until such time as necessary services are reasonably available.

Pursuant to 10 NYCRR 415.3(h)(1) it is your facility's responsibility to ensure that every patient discharged from the facility can return with all of the services necessary to ensure their safety. The regulations state:

"With regard to the transfer or discharge of residents, the facility shall: permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless such transfer or discharge is made in recognition of the resident's rights to receive considerate and respectful care, to receive necessary care and services, and to participate in the development of the comprehensive care plan and in recognition of the rights of other residents in the facility. The resident may transferred only when the interdisciplinary care team, in consultation with the resident or the resident's designated representative determines that: the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met after reasonable attempts at accommodation in the facility; the transfer or discharge is appropriate because the resident's safety health has improved sufficiently so the resident no longer needs the services of the facility; or the health and of the individuals in the facility would otherwise be endangered, the risk to others is more then theoretical and all reasonable alternatives to transfer or discharge have been explored and have failed to safely discharge have been explored and have failed to safely address the problem."

In the case of \_\_\_\_\_, the services necessary to meet his/her continuing health care needs are (list services needed):

These services cannot currently be secured or made available because:

Therefore, this discharge cannot take place under the current conditions.

APS remains committed to assisting you in returning \_\_\_\_\_ to the community once a safe discharge plan has been established. However, discharge to APS, in the absence of other necessary services, does not constitute an acceptable discharge plan. APS is opposed to discharging until such time the services necessary to ensure a safe discharge are available.

	Print	Signature	Phone	Date
<b>Caseworker</b>				
<b>Supervisor</b>				