CLIENT TRANSFER LABELS
Assisted Living Facility and Hospital Interface

- See DQA publication P-02067, *Assisted Living Facility and Hospital Interface,* and instructions below.*
- **NOTE: This form contains protected personal identifying and personal health information.**

ALF Transfer to Hospital
(To be completed by ALF staff)

Client Name:

Reason for Transfer to Hospital:

Facility Name:

Level of Care: ☐ SNF ☐ ALF ☐ Independent Living

☐ Other:

Client's Wing/Unit:

Direct Phone No.:

CODE STATUS: ☐ **DNR** ☐ **DNI** ☐ **Full Code**

Baseline Behavior: ☐ Cooperative ☐ Withdrawn

☐ Disruptive ☐ Agitated ☐ Wanders

☐ Other:

USUAL Mental Status:

☐ Alert / Oriented to:

☐ Alert / Disoriented; can follow instructions

☐ Alert / Disoriented; cannot follow instructions

USUAL Transfer: ☐ Independent ☐ Needs assistance

☐ Unable – Transfers with:

HCPOA Paperwork: ☐ Activated ☐ Not act. ☐ Not on file

Client's Emergency/Legal Representative Contact:

Name:

Phone No.:

Notified of Transfer to Hospital: ☐ Yes ☐ No

Preferred Transportation Option Upon Return to Facility:

☐ Family ☐ Taxi ☐ Ambulance ☐ Facility vehicle

Medications: ☐ Manages own meds ☐ MAR

Belongings: ☐ Glasses ☐ Hearing aids ☐ Dentures

☐ Other:

Pharmacy Name/Phone:

Documents to Include in Transfer Packet:

☐ ALF Client Face Sheet ☐ Progress notes (past 48 hrs.)

☐ MAR ☐ ALF capability form ☐ Code status

☐ POA Paperwork ☐ H&P

Hospital Discharge to ALF
(To be completed by hospital staff)

Admitting Client to Hospital
If discharging, skip to next section.

☐ Call facility; notify of patient status (inpatient vs. observation).

☐ Provide diagnosis and reason for admission.

☐ Send ALF admission "blue" packet to unit.

☐ Ensure belongings go with client to unit.

Discharging Client Back to ALF

☐ Call ALF to notify of client's expected return.

☐ Provide POC to determine if ALF has capability to accept client back (IV abx, dressing changes, etc.).

☐ HCPOA and/or family have been notified or ☐ N/A

☐ Exact location to transport client (building, wing, door, room):

☐ Preferred transport method:

☐ Arrange transportation.

☐ Prepare discharge packet contents; send in blue envelope:

    ☐ Hospital D/C Transfer (AVS) Report

    ☐ Physician note (if available)

    ☐ Signed medication prescriptions

    ☐ Signed prescription for DME orders

    ☐ Signed ambulance transfer form

☐ Ensure belongings return with client.

* There are two transfer labels provided on this form; one for ALF staff to complete and one for hospital staff to complete after a client has been seen in the hospital.

ALF staff should preprint and attach to the front of a blue envelope packet. It is recommended that ALF staff prepare a blue envelope packet for each client so that it is readily available whenever a transfer to a hospital becomes necessary.

Participating hospitals should complete the hospital portion when the client returns to the ALF. The hospital staff should also call the ALF and provide a verbal report prior to the client's return.

Because of the need to protect the confidential information included in this form and the packet, these materials are intended to be handed directly from one caregiver to another. If there are concerns about maintaining confidentiality, the transfer label can be attached to a blue sheet of paper and included in a sealed envelope to be given to hospital staff.