|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INVOLUNTARY DISCHARGE | | | | NO. | |
| POLICY: It is the policy of this facility that we will follow the procedure for involuntary discharge as described by the Illinois Department of Public Health and The Federal Government.  STATEMENT: This facility will involuntarily discharge a resident if they meet the following criteria:   1. The resident’s needs cannot be met in the facility. This will be documented in the clinical record by the physician. 2. The resident’s health has improved sufficiently so they no longer need the services provided by the facility, as documented in the clinical record by the physician. 3. The safety of individuals in the facility is endangered. 4. The health of individuals in the facility would be otherwise endangered, as documented in the clinical record by the physician. 5. The resident has failed, after reasonable and appropriate notice to pay for their stay at the facility. 6. Facility ceases to operate.   PROCEDURE:   1. If one of the above criteria is met the Administrator may initiate an involuntary transfer or discharge notice. 2. This notice must be given a minimum of 30 days prior to the discharge. 3. The facility will use the State of Illinois approved forms for the notice of involuntary discharge.   (See Attachments)  Attachments:  IDPH Notice of Involuntary Transfer or Discharge  IDPH Involuntary Transfer or Discharge Request for Hearing | | | | | |
| Approved: | Effective Date: | Revision Date:  3/17 | Change No.: | | Page:  1 of 1 |