

Notice of Emergency Transfer

This notice is to confirm that on _____
(date)

resident _____ was transferred from
(resident name)

_____ on emergent basis to
(name of facility)

(name of hospital/acute care facility)

The reason for the transfer was:

If the resident or his/her representative disagree with this transfer, the resident and/or representative may contact the following entity:

NJ Long-Term Care Ombudsman

P.O. Box 852

Trenton, NJ 08625-0852

Toll Free: 1-877-582-6995

Fax: 1-609-943-3479

Email: ombudsman@ltco.nj.gov

Note to facility staff:

A copy of this notice must be provided to the resident /resident representative, as well as to the Office of the Ombudsman (via the fax number listed above), with confirmation of fax transmission placed in the resident's chart.