**Facility Closure**

**Date of Implementation: [insert date]**

**Policy:**

If **[Enter Name]** were to require closure of the nursing home for any reason, **[Enter Name]** will follow state and federal guidance to issue notice to residents, their representatives, and authorities having jurisdiction such as the Iowa Department of Inspections, Appeals, and Licensing (DIAL) and the Long-Term Care Ombudsman.

**[Enter Name]** will assist with relocating residents of the program to another suitable location based on the resident’s preferences and alternate location acceptance.

**Procedures:**

**Develop a Plan:**

If **[Enter Name]** decides to relinquish their license and close, the nursing home shall develop a closure plan which will be submitted no later than 60 days prior to the effective date to the DIAL for approval. At a minimum, the plan shall include:

* The person(s) responsible for ensuring the plans and procedures are successfully carried out.
* Provide an orderly and safe transfer or discharge of each resident.
* Interview residents and their legal representatives or other responsible parties to determine each resident’s goals, preferences, and needs in planning for the services, location, and setting to which they will be moved.
* Offer to each resident (in a manner and a language they understand) the opportunity to obtain information regarding their community options, including setting and location.
* Assure that all residents are transferred to locations that are the most appropriate for individual residents, including but not limited to quality of care, services, and location and will take into consideration the needs, choices, and best interests of each resident.
* Make every reasonable effort to accommodate each resident’s goals, preferences, and needs regarding receipt of services, location, and setting.
* Offer and assist with providing counseling services by a licensed mental health professional prior to discharge of transfer.
* **[Enter Name]** will discuss with all receiving providers that they should formulate and implement a plan of care which takes into account the possible adverse effects the transfer may cause as a result of the closure.
* **[Enter Name]** will encourage utilization of the Long-Term Care Ombudsman program for residents and representatives to assist with any concerns that arise from the closure of the nursing home.

**Issue Notice of Closure:**

No later than 60 days prior to the closure, the nursing home will issue notice of the closure and the closure plan to DIAL.

Once the plan is submitted to DIAL for approval and no later than 60 days prior to closure, the nursing home will issue notice of closure and the plan for relocation of the resident to the resident and their responsible party in writing. The notice will be typed in no less than 12-point font and will contain:

* The reason for the transfer or discharge in writing and in a language and manner they understand.
* A copy of the notice shall be sent to DIAL and the Office of the Long-Term Care Ombudsman.
* Contain the effective date of the closure of the nursing home, which will be no less than 60 days from the date of the notice. In the event the State Medicaid Agency determines the facility’s license will be revoked, the State Medicaid Agency will determine the date of closure.
* A statement indicating that because the facility is ceasing to operate, the resident and/or their responsible party does not have appeal rights.
* Include (if known) the location to which the resident is being transferred or discharged to.
* The name, address (mailing and email) and telephone number of the State Long-Term Care Ombudsman.
* All residents with intellectual and developmental disabilities will include the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities.
* All residents with a mental disorder will contain the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder.
* Contact information for the primary contact responsible for the daily operation and management of the nursing home during the closure process.

No later than 60 days prior to closure, a notice of closure will be sent to the Long-Term Care Ombudsman, the Iowa Department of Human Services, the state Medicaid Agency, and the CMS Regional Office.

Contact Information for Notices:

State of Iowa Long-Term Care Ombudsman DIAL

321 E 12th St, 4th Floor 6200 Park Avenue Suite 100

Des Moines, Iowa 50319 Des Moines, Iowa 50321

sltco@hhs.iowa.gov [healthfacilities@dia.iowa.gov](mailto:healthfacilities@dia.iowa.gov)

866-236-1430 515-581-4115

Iowa Department of Human Services Iowa Medicaid Enterprise

Division of Mental Health and Disability Services 321 E. 12th Street

1305 E Walnut Street 5th Floor Des Moines, IA 50319

Des Moines, IA 50319-0114 1-800-972-2017

1-800-972-2017

CMS, Kansas City Regional Office

Richard Bolling Federal Building

601 E. 12th St, Room 355

Kansas City, MO 64106-2808

1-816-426-5233

The Administrator or designee shall also notify the following, in writing, of impending closure:

* The facility Medical Director
* Resident’s primary physician

While not required, the Administrator or designee may also notify other entities that may be impacted by the closure such as employees, vendors, contractors, community partners, hospitals, dialysis facilities, home health agencies, among other providers as soon as possible.

**Following the notice of residents and representatives and prior to actual discharge, the nursing home will:**

* Discuss with residents, their families, and/or legal representatives in order to provide a better understanding of the closure and their rights.
* The facility will not admit any additional residents effective on or after the date notice was issued about the impending closure. (Any residents that have left the facility on a temporary basis such as to an acute care setting and completed a bed hold will not be considered a new admission.)

**The Administrator’s Responsibilities During Closure:**

When a facility license is relinquished or revoked, the Administrator will ensure that:

* A closure plan and notice are issued in a timely fashion (no later than 60 days prior to closure) to DIAL, the residents and their responsible parties, the State of Iowa Long-Term Care Ombudsman, the CMS Regional office, the State Medicaid Agency, and the staff providing care and services to the resident.
* Staff will identify available settings in terms of quality, services, and location by taking into consideration each resident’s individual needs, choices, and best interests.
* The nursing home will continue to operate until each resident is transferred, relocated, or discharged in a safe and orderly manner to the most appropriate setting.
* The nursing home does not accept any new admissions.
* Nursing home staff communicate pertinent information about each resident as identified in the “Upon Discharge/Transfer” section of this policy and procedures, including copies of the complete medical record including archived files, MDS assessments, all orders, and recommendations or guidelines from the resident’s attending physician.
* Identify roles and responsibilities of the owners, administrators (or their designee/replacement), or temporary managers during the closure process and their contact information.
* Identify provisions for ongoing operations and management of the nursing home, its residents and staff during the closure process that include:
  + Payment of salaries and expenses to staff, vendors, contractors, and others;
  + Continuation of appropriate staffing and resources to meet the needs of each resident, including the provision of medications, services, supplies, and treatments as ordered by the physician/practitioner;
  + Ongoing accounting, maintenance, and reporting of resident personal funds;
  + Labeling, safekeeping, and appropriate transfer of resident personal belongings such as clothing, medications, furnishings, etc. at the time of transfer or relocation, including contact information for missing items after the nursing home has closed.
* Identify how the nursing home will ensure a safe and orderly transfer from the nursing home, including:
  + Interviewing residents and their legal or other responsible parties, to determine each resident’s goals, preferences, and needs in planning for the services, location, and setting to which they will be moved.
  + Offering each resident (in a manner and language they understand) the opportunity to obtain information regarding their community options, including the setting and location.
  + Providing residents with information or access to information pertaining to the quality of the providers and/or services they are considering.
  + Psychological preparation or counseling of each resident as necessary.
  + Making every reasonable effort to accommodate each resident’s goals, preferences, and needs regarding receipt of services, location, and setting.

If the nursing home transfers or discharges residents based on an emergency situation, this would not be regarded as a closure under these requirements. However, if the nursing home permanently closes based on the emergency situation, the administrator is required to provide proper notifications and follow procedures outlined.

**Upon Discharge/Transfer:**

**[Enter Name]** will implement all procedures noted in the discharge or transfer of a resident policy and procedures to ensure that adequate and appropriate communication of resident’s level of care, physician’s orders, care planning, and required services are continued by the receiving facility. Per federal regulations, the transfer/discharge paperwork will include at a minimum:

* Contact information of the practitioner responsible for the care of the residents;
* Resident representative information including contact information;
* Advance Directive information;
* All special instructions or precautions for ongoing care, as appropriate;
* Comprehensive care plan goals;
* All other necessary information, including a copy of the resident’s discharge summary and any other documentation as applicable, to ensure a safe and effective transition of care;
* Special instructions and/or precautions for ongoing care, as appropriate, which must include, but are not limited to:
  + Treatments and devices (oxygen, IV’s, tubes/catheters)
  + Precautions such as isolation
  + Special risks such as risk for falls, elopement, bleeding, or pressure injury and/or aspiration precautions
* All information necessary to meet the residents’ needs, which includes, but may not be limited to:
  + Resident status, including baseline and current mental, behavioral and functional status, reason for transfer, recent vital signs
  + Diagnosis and allergies
  + Medications (including when they were last received)
  + Most recent relevant labs, other diagnostic tests, and recent immunizations.

**References:**

CMS. (2025, Jul. 23). *State Operations Manual, Appendix PP – Guidance to Surveyor for Long Term Care Facilities* https://

Inspections and Appeals. *Iowa Admin. Code 481—58.40*. <https://www.legis.iowa.gov/docs/iac/chapter/481.58.pdf>