**Facility Closure**

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

**Policy:**

If [Facility name] were to require closure of the facility for any reason, [Facility name] will follow state and federal guidelines to issue notice to residents and their representatives as well as providing notice to DIA and the Long-Term Care Ombudsman.

[Facility name] will assist with relocating residents of the program to another suitable facility.

**Procedures:**

**Develop a Plan:**

If [Facility name] decides to relinquish their facility license and close, the facility shall develop a closure plan which will be submitted no later than 60 days prior to the effective date to the Iowa Department of Inspections and Appeals for approval. The plan shall include at a minimum:

* 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 facilities 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.
* [Facility name] will discuss with all receiving facilities 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 facility closure.
* [Facility 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 facility.

**Issue Notice of Closure:**

No later than 60 days prior to the closure, the facility will issue notice of the closure and the closure plan to DIA.

Once the plan is submitted to DIA for approval and no later than 60 days prior to closure, the facility 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 of the transfer or discharge in writing and in a language and manner they understand.
* A copy of the notice shall be sent to the Department of Inspections and Appeals and Office of the Long-Term Care Ombudsman.
* Contain the effective date of the closure of the facility, 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 facility 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 facility contact responsible for the daily operation and management of the facility during the facility’s closure process.

No later than 60 days prior to closure, the facility will issue notice of closure 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 Iowa Dept. of Inspections and Appeals

510 E. 12th Street Suite 2 312 E. 12th Street

Des Moines, Iowa 50319 Des Moines, Iowa 50319

515-725-3308 515-281-7102

866-236-1430

Iowa Department of Human Services Iowa Medicaid Enterprise

Division of Mental Health and Disability Services 611 5th Ave

1305 E Walnut Street 5th Floor Des Moines, IA 50309

Des Moines, IA 50319-0114 1-800-338-8366

1-800-972-2017

CMS, Kansas City Regional Office

601 E. 12th St

Kansas City, MO 64106

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 facility 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 the Iowa Department of Inspections and Appeals, 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.
* Facility 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 facility will continue to operate until each resident is transferred, relocated, or discharged in a safe and orderly manner to the most appropriate setting.
* The facility does not accept any new admissions.
* Facility 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 facility’s 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 facility and 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 facility has closed.
* Identify how the facility will ensure a safe and orderly transfer from the facility, 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, 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 facility transfers or discharges residents based on an emergency situation, this would not be regarded as a facility closure under these requirements. However, if the facility permanently closes based on the emergency situation, the administrator is required to provide proper notifications and follow procedures outlined.

**Upon Discharge/Transfer:**

[Facility name] will implement all procedures noted in the discharge or transfer of a resident policy and procedures to assure 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 or contact
  + Special risks such as risk for falls, elopement, bleeding, or pressure injury and/or aspiration precautions
* All information necessary to meet the resident’s 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 last received)
  + Most recent relevant labs, other diagnostic tests, and recent immunizations.

**Sources:**

CMS. (2017, Nov. 22). *State Operations Manual, Appendix PP, F622, F845, F846.* <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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