## **DISCHARGE PLAN/DISCHARGE PLAN REVIEW**

RESIDENT/RESIDENT REPRESENTATIVE GOAL/EXPECTATION FOR DISCHARGE    RESIDENT STATUS UPON ADMISSION	RESIDENT/RESIDENT REPRESENTATIVE GOAL/EXPECTATION FOR DISCHARGE    RESIDENT STATUS UPON ADMISSION	Admitting/Current Diagno	ANTICIPATED	LENGTH OF STAY	
RESIDENT STATUS UPON ADMISSION	RESIDENT STATUS UPON ADMISSION  Mental Status    Defended   Cooperative   Impairments   Pearing	Admitting/ Current Diagno	Ses Onset Date (if known)	Admitting/Current Diagnos	Ses Onset Date (if
Mental Status	Mental Status	RESIDENT/RESIDENT REI	PRESENTATIVE GOAL/EXPECTAT	ION FOR DISCHARGE	
Mental Status	Mental Status		DESIDENT STATI	IS LIBON ADMISSION	
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O Confused	Oconfused		<u>'</u>		
Withdrawn   Walker   Vision   Social   Wheelchair   Wheelchair   Meelchair	Progetful   Withdrawn   Walker   Vision   Vision   Social   Wheelchair   Walker   Walker   Vision   Social   Wheelchair   Wheelchair   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing   Ground   Bed to wheelchair/chair to tolled   Upper extremities   Trunk   Trunk   Trunk   Dressing   Wheelchair/chair to tub   Wheelchair/chair to tub   Trunk   Dressing   Wheelchair/chair to tub   Wheelchair/chair to tub   Trunk   Dressing   Wheelchair/chair to tub   Upper extremities   Wheelchair/chair to tub   Wheelchair/chair to tub   Wheelchair/chair to tub   Upper extremities   Wheelchair/chair to tub   Upper extremities   Upper extremities   Upper extremities   Upper extremities   Wheelchair/chair to tub   Upper extremities   Upper extr		•		., 0 /
Social   Wheelchair   Diet   Suicidal   Wheelchair   Dressing/Clothing   Dressing/Cl	Social   Wheelchair   Dressing/Clothing   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing   Ground   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing   Office   Ground   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing   Office		1///	162	
Suicidal   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing	Diet    Geoular				
D Regular  Ground  Gro	Regular   Substance Use Disorder (SUD)   Transfer   Dressing/Clothing   Ground   Sed to wheelchair/chair   Independent   Assist   Independent   Assist   Independent   I	Diet			
O Ground O Pureed Care Status O Tube fed O Bed O Lohair O	Ground				Dressing/Clothing
Pureed  Care Status  Wheelchair/chair to toilet  Dipper extremities  Trunk  Chair  Chair  If up daily, how long?  Independent  Assisted  Incontinence/B&B Status  Bathing  Adaptive Equipment  Catfieter  Catfieter  Care Status  Wheelchair/chair to toilet  Wheelchair/chair to toilet  Chair	Pureed				
D Tube fed D Bed D here on assist D here on assist D hower extremities D lindependent D Assisted D Fed D Bladder D Bathing D Oral D Catheter D Assimpt D Ostomy D Shaving D No Potential D Terminal Status	O Tube fed  O Tube fed  O Hair  O Chair  O Tupe's on assist  O Lower extremities  If up daily, how long?  O Independent  O Assisted  Incontinence/B&B Status  O Fed  O Adaptive Equipment  O Stormy  O Stormy  O Stormy  O Stormy  O Stormy  O Shaving  O No Potential  O Terminal Status  PHYSICIAN'S INPUT REGARDING DISCHARGE  Referral to local contact agency?  O Yes, date  O No: explain why_  INDIVIDUAL COMPLETING DISCHARGE PLAN		<del></del>	<del>                                     </del>	·
Chair  Ch	Community and referral to local contact agency?  O chair		10,110		
If up daily, how long?   2 person assist   Prosthesis-type:   Dindependent   Di	COMMUNITY AND REFERRAL RESOURCES RE: RESIDENT'S DISCHARGE  Referral to local contact agency?				
D Independent D Assisted D Assisted D Fed D Bladder D Bowel D Catheter D Ostomy D Hair D No Potential D Terminal Status D HYSICIAN'S INPUT REGARDING DISCHARGE	Dindependent Discrete				<del>- ( )</del>
D Assisted D Fed D Fed D Bladder D Bowel D Catheter D Shaving D Shaving D No Potential D Terminal Status D Hygiene, Assist with D Potential for Discharge D Good D D D Oral D Poor/Guarded D No Potential D Terminal Status D Terminal Status	Assisted Incontinence/B&B Status Hygiene, Assist with Defended Bladder Bladder Defended Good Good Good Good Defended Good Good Good Good Good Good Good G				
D Fed Bladder Bathing Potential for Discharge Good Good Good Good Good Good Good Goo	Potential for Discharge  Adaptive Equipment  Bowel  Catheter  Cath	•		1 0	
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Referral to local contact agency? O Yes, date O No: explain why	Signature/Title Date	Referral to local contact ag	3 DISCHARGE PLAN		

## **DISCHARGE PLAN REVIEW**

**INSTRUCTIONS:** §483.15(c) requires the location the resident is discharging to meets the resident's needs, provides them with necessary supports and resources, and is a location that is selected based on resident preferences. If the resident is discharging with a caregiver, this requirement expects the caregiver has the availability and capacity to meet such needs. Discharge planning also requires consideration of the resident's ability or inability to provide self care. The interdisciplinary team should consider each aspect of the regulatory standards while reviewing and planning for a safe and orderly resident discharge.

DATE REVIEWED:	NEXT REVIEW:
Referral to local contact agency? O Yes, date	O No: explain why
REVIEWING INDIVIDUAL_ Signature/Title	Date
DATE REVIEWED:	VANT TO DISCHARGE PLAN  NEXT REVIEW:
Referral to local contact agency? Yes, date	O No: explain why
REVIEWING INDIVIDUAL Signature/Title	Date
DATE REVIEWED:	VANT TO DISCHARGE PLAN  NEXT REVIEW:
Referral to local contact agency? Yes, date	No: explain why
REVIEWING INDIVIDUAL Signature/Title COMMENTS RELE	Date VANT TO DISCHARGE PLAN
DATE REVIEWED:	NEXT REVIEW:
Referral to local contact agency? O Yes, date	O No: explain why
REVIEWING INDIVIDUAL_ Signature/Title	Date
NAME-Last First Middle	Attending Physician Record No. Room/Bed