(Facility letterhead)

(Date)

(Name and address of resident)

            Re:       Involuntary Discharge

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            This letter is written pursuant to 481 I.A.C. §58.40(1) and 42 C.F.R. 483.15(c) relating to involuntary discharge or transfer.  (Name of Facility) is seeking to discharge you (insert date) from the Facility because your discharge is mandated to protect the health, safety and welfare of other residents and/or staff.  Specifically, you have exhibited aggressive and violent behaviors including (describe behaviors, e.g. strike, kick, punch and twist the fingers of staff members)

            It is our intent to discharge you into the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, unless we can identify a nursing facility that is willing to accept your admission.

You have a right to appeal the facility’s decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing, in writing or verbally, with the Iowa department of inspections and appeals (hereinafter referred to as “department”) within 7 days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice. If you request a hearing, it will be held no later than 14 days after the department’s receipt of your request and you will not be transferred before a final decision is rendered. Extension of the 14-day requirement may be permitted in emergency circumstances upon request to the department’s designee. If you lose the hearing, you will not be transferred before the expiration of either (1) 30 days following your receipt of the original notice of the discharge or transfer, or (2) 5 days following final decision of such hearing, including the exhaustion of all appeals, whichever occurs later. To request a hearing or receive further information, call the department at (515)281-4115, or write to the department to the attention of: Administrator, Division of Health Facilities, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083, or contact the Department via email: (insert email address of program coordinator:  [\_\_\_\_\_\_\_\_\_\_\_\_\_\_@dia.iowa.gov](mailto:______________@dia.iowa.gov).

**LONG TERM CARE OMBUDSMAN**

510 E 12th Street, Suite 2  
Des Moines, IA 50319-9025

[cynthia.pederson@iowa.gov](mailto:cynthia.pederson@iowa.gov)

1-800-532-3213 (toll free)

**DISABILITY RIGHTS IOWA**

Provides protection and advocacy for persons with mental illness or disabilities

666 Walnut Street

Suite 1440

Des Moines, IA 50309

[info@DRIowa.org](mailto:info@DRIowa.org)

515-278-2502

Sincerely,

Administrator

cc:        (name and address of legal representative/family member of resident - mailed certified, return receipt)

            Treating Physician

**(address)**

            State Long-Term Care Ombudsman's Office   
            510 E 12th Street, Suite 2  
            Des Moines, IA 50319

            Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Program Coordinator

            Department of Inspections and Appeals

            Division of Health Facilities

            Lucas State Office Building

            Des Moines, IA 50319