

# Audit- Bed Hold and Return to Facility Notice

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## Audit: Bed Hold and Return to Facility Notice

Date of Transfer Leave	Resident Identifier	Type <input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Notice Given to Resident	Date of Notice Resident	Notice Given Resident Representative	Date of Notice Resident Representative	DC Location	Disposition <input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:
		<input type="checkbox"/> ER <input type="checkbox"/> Leave <input type="checkbox"/> Planned Medical	Y/N		Y/N			<input type="checkbox"/> Readmission <input type="checkbox"/> Other:



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