

Unsafe Nursing Home Discharge Complaint Form

Use this form when a nursing home discharges or proposes to discharge a resident to a location that cannot meet the resident's health or safety needs. Examples of such a setting include: homeless shelter, hotel, storage unit, street, or home of a family member who has not agreed to AND/OR does not have the ability to provide necessary care and services. File with the State Survey Agency, usually the state health department.

For contact information for state & federal agencies, visit www.nursinghome411.org/learn/abuse-neglect-crime/.

State Agencies may have their own form for filing a complaint. However, federal policy dictates that you "may file a complaint with your State Survey Agency by any means available to you." Federal rules also provide strong protections against inappropriate discharge. For more information, see the Transfer & Discharge Rights fact sheets at www.nursinghome411.org/learn/facts/.

Be sure to file an appeal to any discharge notice given to you by the facility by the deadline. We also recommend contacting the Long Term Care Ombudsman Program for assistance.

1. Person Filing the Complaint

Name

Relationship to resident

Phone

Email

Mailing address

I request that my identity be kept confidential to the extent permitted by law.

2. Resident Information

Resident name

Date of birth or age

Current location

Medicare/Medicaid number (optional)

Resident consents to this complaint or I am the resident representative / legal representative.

3. Nursing Home Information

Facility name

Facility address

Facility phone

Admin/discharge planner/social worker

4. Discharge Status

- The facility has proposed the discharge, but it has not happened yet.
- The resident has already been discharged.

Discharge or proposed discharge date

Destination named by facility

Unsafe destination type:

- Homeless shelter
- Hotel / motel
- Storage unit
- Street / no fixed address
- Family/friend unable to provide care
- Other unsafe setting

What the facility told the resident/family and what written notice was provided

5. Why the Destination Cannot Meet the Resident's Care Needs

- 24-hour nursing or supervision
- Medication administration or monitoring
- Wound care / skin care
- Feeding tube / special nutrition
- Oxygen / respiratory care
- Dialysis / medical appointments / transportation
- Mobility assistance / fall risk precautions
- Cognitive impairment, dementia, or elopement risk
- Behavioral health needs
- Incontinence / toileting assistance
- Infection precautions
- Medical equipment not available at destination

Detailed explanation of unmet needs

Actual harm, serious risk, or why immediate action is needed

Briefly explain what harm has happened or could happen.

- Describe any harm already experienced (falls, missed meds, hospitalization, etc.)
- Explain the most serious risks if the discharge happens or continues
- Connect the risk to the resident's condition (e.g., dementia, mobility limits)
- Show urgency (e.g., "no supervision," "risk within hours/days")

Tip: Be specific about what could go wrong and how soon.

6. Immediate Relief Requested

- Open an immediate complaint investigation and treat the matter as potential Immediate Jeopardy.
- Require the nursing home to readmit the resident until a safe and compliant discharge can be done.
- Alternatively, require the facility to coordinate a transfer to a setting where the resident will be safe and needs will be met.
- If discharge has not occurred, require the facility to stop the discharge process unless and until it is safe and compliant.
- Implement immediate enforcement if the discharge location does not meet health/safety needs.
- Provide a written response and complaint intake number.

7. Documents Attached

- Discharge notice
- Care plan / MDS / physician orders
- Medication list
- Hospital records
- Photos or screenshots
- Witness statements
- Resident/family written objection
- Appeal/hearing documents
- Ombudsman notes
- Other

Other attachments or evidence

8. Complaint Summary and Urgent Request

Briefly summarize the problem and what you want the agency to do. Focus on key points — do not repeat details.

- State the issue: unsafe discharge to a setting that cannot meet needs
- Give 1–2 reasons why (key care needs unmet)
- Emphasize urgency (happening now or soon; risk of serious harm)
- Make a clear request: immediate investigation, readmission or safe transfer, and Immediate Jeopardy review
- (Optional) Note CMS guidance on unsafe discharges (see Important Note, below)

Tip: Keep to 3–5 sentences — a quick summary for the reviewer

Important Note: In January 2026, CMS revised the federal guidance for state surveyors, directing them to classify as **Immediate Jeopardy** all complaints "where a resident was discharged to an unsafe setting, or in a manner that place the resident at risk for serious harm (e.g. the resident still has medical needs but they cannot be supported in the setting they were discharged to)."

This is important because when a complaint raises Immediate Jeopardy concerns, the state "must initiate an onsite survey within 3 business days of receipt of the initial report."

9. Helpful References to Cite to Trigger Prompt Response From the State Agency

42 C.F.R. § 483.15(c)(7)

Facility must provide and document sufficient preparation and orientation to ensure a safe and orderly transfer or discharge. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.15>

CMS SOM Appendix PP, F627

If the resident's health/safety is threatened in the current setting, the plan of correction should require readmission until a safe, compliant discharge can be done, or transfer to a safe setting.

For discharge locations that do not meet health/safety needs, enforcement should be implemented immediately until readmission or a safe setting is arranged. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_tcf.pdf

CMS QSO-26-03-NH / SOM Ch. 5 § 5075.1

All complaints to the state "alleging eviction of a resident to an unsafe location" are to be prioritized as Immediate Jeopardy by the state survey agency. <https://www.cms.gov/files/document/qso-26-03-nh-original-release-date-2026-01-30.pdf>

Center for Medicare Advocacy, Apr. 30, 2026

Advocates recommend filing a complaint with the state survey agency, explaining why the unsafe location cannot meet care needs, citing the above CMS guidance, and seeking immediate readmission relief. <https://medicareadvocacy.org/how-to-challenge-unsafe-nursing-home-discharges/>

10. Filing Checklist and Submission Log

- Submit to State Survey Agency / health department complaint unit.
- Ask for an intake number and immediate review.
- Send a copy to the Long-Term Care Ombudsman.
- Keep proof of filing: date, time, person spoken to, email/fax confirmation, screenshots.
- If a discharge notice was issued, file the separate discharge appeal/hearing request by the deadline.
- Ask the facility in writing to stop the discharge or readmit the resident pending safe discharge planning.

Submitted to / agency

Date/time submitted

Method: phone / web / email / fax / mail

Intake or confirmation number

Agency contact person

Notes / follow-up promised

Note: This form is educational and is not legal advice. Deadlines for discharge appeals may be short and separate from filing a state survey complaint.