

## NOTICE OF TRANSFER / DISCHARGE

Resident Name: Cao, Hu Notification Date: 7/31/23  
Person Notified: Hu Cao / Huy Mark Hu Relationship: Resident / Son  
Effective Date: 8/1/23 Transfer/Discharge to: Board 9 (Caw: Starline Senior Community - 15442 / Columbia G Lane, High Terrace 92617 CA 92617 (914) 357-1379

This notice is to inform you that transfer/discharge is necessary for the following reason:

- ☐ The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility.
- ☒ The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer require services provided by the facility.
- ☐ The safety of individuals in the facility is endangered due to your clinical or behavioral status.
- ☐ The health of individuals in the facility would otherwise be endangered by your presence.
- ☐ You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medi-Cal) a stay at the facility.
- ☐ The facility is ceasing to operate.

*per family's request*  
**Please Note the Following:**

1. If you believe that the proposed transfer/discharge is inappropriate in your case, and is involuntary, you have the right to appeal. The appeal can be filed in writing to, or by calling the following:

**DHCS Office of Admin. Hearing & Appeals TDA/RTR Unit:** 3831 N. Freeway Blvd., Suite 200, Sacramento, CA 95834

Telephone: 916-322-5603

Fax: 916-323-4477

Email: OAHafax@dhcs.ca.gov

**State LTC Ombudsman Office:** Council on Aging, 2 Executive Circle, Suite 175, Irvine, CA 92614

Telephone: 714-479-0107

Fax: 714-479-0234

Email:

**State Agency for the Developmentally Disabled-Address:**

Telephone:

Fax:

Email:

**State Agency for the Mentally Ill-Address:**

Telephone:

Fax:

Email:

If you need assistance in obtaining or completing the form or submitting the appeal hearing request, you may contact \_\_\_\_\_ Telephone: \_\_\_\_\_

2. If you intend to file an appeal of this transfer/discharge, it is important that you do so within (10) ten calendar days of being notified. The decision regarding an appeal will normally be made within (30) thirty days, from the date of this Notice of Transfer/Discharge. The ability of the Department of Health to render a decision on the appeal, may be jeopardized if the appeal is not submitted within (10) ten calendar days.

3. Additional rights to the hearing include:

- You may represent yourself at the hearing, or use legal counsel, a relative, a friend, or other spokesperson; also, you may bring witnesses to the hearing.
- You or your representative must be allowed to review, prior to and during the appeal hearing, the content of your medical record and the documents to be used by the State at the hearing.

4. The facility may not transfer or discharge the resident while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.

5. You should be aware if the State upholds the discharge notice, you should be prepared to transfer/discharge at the end of the (30) thirty days from the date of this Notice of Transfer/Discharge.

Facility Representative's Signature / Date 8/1/23

Resident / Resident Representative's Signature-Optional

Copy to: ☒ State LTC Ombudsman Office-Date: 8/1/23

# TRANSMISSION REPORT

TIME : 08/01/2023 11:28  
 NAME : FULLERTON POST ACUTE  
 FAX : 7143331564  
 TEL : 17149925701  
 SER.# : BROG9J957938

DATE, TIME  
 FAX NO./NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

08/01 11:28  
 817144790234  
 00:00:00  
 00  
 BUSY  
 TALKING

BUSY

2222 N Harbor Blvd  
 Fullerton, CA 92835  
 Tel # 714.992.5701  
 Fax # 714.526-4884

**The Pavilion at  
 Sunny Hills**

# Fax

To: State LTC On-Discharge Clinic

From: SHEILA CORREA - Case Manager

Fax: (714) 479-0034

Pages: 2 INCLUDING COVER

Phone: (714) 479-0107

Date: 8/1/23

Re: CAO, [unclear]

cc:

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Recycle

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