



NOTIFICATION TO THE DEPARTMENT OF HEALTH REGARDING THE PROVISION OF END OF LIFE SERVICES TO A BASIC CARE RESIDENT

NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF HEALTH FACILITIES
 SFN 60907 (04-15)

Optional Service of End of Life Care for Basic Care residents who have elected Hospice services. Notification to the Department of Health must occur within 48 hours of the resident electing hospice services or upon discharge, transfer, death, or when the resident is no longer capable of self-preservation.

Provider's Name		Telephone Number	
Address	City	State	ZIP Code
Total number of residents receiving end of life services (including this resident)			

INITIAL NOTIFICATION

Provide the following dates:			
Date	When the physician identified the terminal illness.		
Date	When the resident elected Hospice.		
Date	When the hospice services were implemented in the basic care facility.		
Date	When the required training and competency evaluation was completed.		
Date	When the contract was signed with the Medicare Certified Hospice agency chosen by the resident or family members.		
Contact Person for the Medicare Certified Hospice Agency		Telephone Number	
Address	City	State	ZIP Code

THE RESIDENT IS NO LONGER CAPABLE OF SELF-PRESERVATION

On what date did the resident become no longer capable of self-preservation?	
Does the end of life plan of care provide for adequate 24 hour bedside care by facility staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Scores completed weekly and with a significant change in the resident's evacuation capability and facility staff adjusted accordingly.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL NOTIFICATION

Provide the date for the resident's:		
Discharge Date	Transfer Date	Date of Death
Administrator's Signature		Date

Submit completed form to: North Dakota Department of Health
 Division of Health Facilities
 600 E Boulevard Ave, Dept. 301
 Bismarck, North Dakota 58505-0200
 Fax: 701.328.1890