DEPARTMENT OF HEALTH

Discharged or Deceased Resident Roster: State Evaluations

ASSISTED LIVING PROVIDERS

Provider Name: HFID: Date:

List all discharged or deceased residents for the past six months.

Name of Resident Room#/unit	Housing Only, No Services	Start of Services	Primary Diagnosis	Date of Discharge or Death	Place of death occurred (NH, AL, Hospital, etc)	Discharged to: (NH, AL, Hospital, Home)	Was termination of services notice and AL contract termination notice provided? y/n

State Evaluations
Health Regulation Division P.O. Box 3879 St. Paul, MN 55101
Phone 651-201-4200 | Fax 651-215-9697
Assisted Living (https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html)

06/30/2021

To obtain this information in a different format, call: 651-201-4200.