

F#: (605) 606-0402 **P#:** (844) 250-7302

Placement

Placement Attempt

| Row Number | Contact (Placement Facility) | Placement Start Time | Placement Decision Time | Note | Placement Status | Why Not Accepted |
|------------|------------------------------|-------------------------|-------------------------|---|------------------|------------------|
| 1 | Transfer/Referral Facility | 12/18/2024 09:53 CST | 12/18/2024 12:55 CST | 09:53 -Spoke to _____, inquired about bed availability, they informed me they will review. Assessment faxed. -OSC 11:30 -Spoke with _____, requested update on placement, they informed me that they are still reviewing. - OSC 12:55: - Spoke with _____. informed that patient was accepted. - OSC, | Accept | |

Electronically Signed by

Name, RN 12/18/2024 10:24 CST

4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: Patient1, Test

DOB: 01/01/2024

Sex: Female/Male

Facility: City, State - Facility Name

F#: (605) 606-0402 **P#:** (844) 250-7302

| Row Number | Contact (Placement Facility) | Placement Start Time | Placement Decision Time | Note | Placement Status | Why Not Accepted |
|------------|------------------------------|-------------------------|-------------------------|--|------------------|------------------|
| 2 | Transfer/Referral Facility | 12/18/2024 09:54 CST | 12/18/2024 10:24 CST | 09:54 -Spoke to _____, inquired about bed availability, they informed me they will review. Assessment faxed. -OSC 11:35 -Spoke with _____, requested update on placement, they informed me that they are still reviewing. - OSC 13:00: Spoke with _____. Placement request canceled due to patient being accepted by Facility. - OSC | Not Accept | Other |

Electronically Signed by

Name, RN 12/18/2024 10:24 CST

4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: Patient1, Test

DOB: 01/01/2024

Sex: Female/Male

Facility: City, State - Facility Name

F#: (605) 606-0402 **P#:** (844) 250-7302

| Row Number | Contact (Placement Facility) | Placement Start Time | Placement Decision Time | Note | Placement Status | Why Not Accepted |
|------------|------------------------------|-------------------------|-------------------------|---|------------------|------------------|
| 3 | Transfer/Referral Facility | 12/18/2024 09:56 CST | 12/18/2024 09:57 CST | 09:56: Spoke to ____, inquired about bed availability, they informed me they are at capacity, OSC | Not Accept | No Bed |
| 4 | Transfer/Referral Facility | 12/18/2024 09:58 CST | 12/18/2024 09:59 CST | 09:58: Spoke to ____, inquired about bed availability, they informed me they are at capacity, OSC | Not Accept | No Bed |
| 5 | Transfer/Referral Facility | 12/18/2024 10:00 CST | 12/18/2024 10:01 CST | 10:00: Spoke to ____, inquired about bed availability, they informed me they are at capacity, OSC | Not Accept | No Bed |

Electronically Signed by

Name, RN 12/18/2024 10:24 CST

4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: Patient1, Test

DOB: 01/01/2024

Sex: Female/Male

Facility: City, State - Facility Name

F#: (605) 606-0402 **P#:** (844) 250-7302

| Row Number | Contact (Placement Facility) | Placement Start Time | Placement Decision Time | Note | Placement Status | Why Not Accepted |
|------------|------------------------------|-------------------------|-------------------------|---|------------------|------------------|
| 6 | Transfer/Referral Facility | 12/18/2024 10:05 CST | 12/18/2024 11:35 CST | 10:05: Spoke to _____, inquired about bed availability, they informed me they will review. Assessment faxed. -OSC 11:35: Spoke with _____, requested update on placement, they informed me patient is declined due to lack of appropriate beds. -OSC | Not Accept | Other |

Electronically Signed by | Name, RN 12/18/2024 10:24 CST