# SAMPLE Emergency Relocation/Termination Justification Form

**Facility Name:** Seaside Assisted Living

**Facility Address:** 123 Coastal Way, Jacksonville, FL 32250

**Contact Person:** Diana Green

**Title:** Director of Resident Care

**Contact Number:** (904) 555-0198

**Email:** dgreen@seasideal.com

**Resident Name:** Edward Larson

**Date of Birth:** 06/03/1939

**Room Number:** 210B

**Primary Physician (if applicable):** Dr. Richard Nguyen

**Guardian (if applicable):** Sarah Larson

**Guardian Contact Information:** (904) 555-0234

**Reason for Emergency Action:** Behavior Warranting Immediate Action

**Detail the Behavior:** Edward has displayed increasingly aggressive behavior towards both staff and other residents over the past month, including verbal threats and two instances of physical confrontation.

**Documentation and Justification:** On 09/10/2024, Edward became verbally aggressive towards a caregiver, escalating to a physical altercation. On 09/15/2024, he was involved in another confrontation with a fellow resident during a communal dining time, resulting in minor injuries.

**Regulatory Basis for Emergency Action:** Florida Statutes allow for the relocation or termination of residency without the standard 45-day notice under certain conditions, such as when a resident's behavior poses a direct threat to the safety and well-being of the community.

**Justification for Emergency Action without 45 Days’ Notice:** The severity and immediacy of the risk presented by Edward's actions necessitate immediate relocation to ensure the safety of all residents and staff.

**Facility Representative Signature:** Name: Diana Green

**Signature:** [Diana Green's Signature]

**Date:** 09/18/2024  
  
  
  
  
