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Residents’ Bill of Rights

**1. Residents Rights.** The resident has a right to a dignified existence, self- determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

 (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident’s individuality. The facility must protect and promote the rights of the resident.

 (2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

**2. Exercise of Rights**. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

 (1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility

 (2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

 (3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident’s rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.

 (i) The resident representative has the right to exercise the resident’s rights to the extent those rights are delegated to the resident representative.

 (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.

 (4) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident’s behalf. The court-appointed resident representative exercises the resident’s rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law

 (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative’s authority.

 (ii) The resident’s wishes and preferences must be considered in the exercise of rights by the representative.

 (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.

**3. Planning and Implementing Care.** The resident has the right to be informed of, and participate in, his or her treatment, including:

 (1) The right to be fully informed in language that he or she can understand of his or her total health status including but not limited to, his or her medical condition.

 (2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

 (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

 (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

 (iii) The right to be informed, in advance, of changes to the plan of care.

 (iv) The right to receive the services and/or items included in the plan of care.

 (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

 (3) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.

 (4) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

 (5) The right to request, refuse, and/ or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

 (6) The right to self-administer medications if the interdisciplinary team, has determined that this practice is clinically appropriate.

**4. Choice of Attending Physician**. The resident has the right to choose his or her attending physician.

 (1) The physician must be licensed to practice, and

 (2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation to assure provision of appropriate and adequate care and treatment.

**5. Respect and Dignity.** The resident has a right to be treated with respect and dignity, including:

 (1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident’s medical symptoms, consistent with §483.12(a)(2).

 (2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

 (3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.

 (4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

 (5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.

 (6) The right to receive written notice, including the reason for the change, before the resident’s room or roommate in the facility is changed.

 (7) The right to refuse to transfer to another room in the facility, if the purpose of the transfer is:

 (i) To relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or

 (ii) to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.

 (iii) solely for the convenience of staff.

**6. Self-Determination.** The resident has the right to and the facility must promote and facilitate resident self- determination through support of resident choice, including but not limited to the rights specified herein:

 (1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.

 (2) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.

 (3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.

 (4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

 (5) The resident has a right to organize and participate in resident groups in the facility.

 (6) The resident has a right to participate in family groups.

 (7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.

 (8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.

 (9) The resident has a right to choose to or refuse to perform services for the facility and the facility must not require a resident to perform services for the facility. The resident may perform services for the facility, if he or she chooses, when—

 (i) The facility has documented the resident’s need or desire for work in the plan of care;

 (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;

 (iii) Compensation for paid services is at or above prevailing rates; and

 (iv) The resident agrees to the work arrangement described in the plan of care.

 (10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident’s personal funds.

 (i) The facility must not require residents to deposit their personal funds with the facility.

**7. Information and Communication.**

 (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.

 (2) The resident has the right to access personal and medical records pertaining to him or herself.

 (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and

 (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies,

 (3) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:

 (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes—

 (A) A description of the manner of protecting personal funds,

 (B) A description of the requirements and procedures for establishing eligibility for Medicaid,

 (ii) Information and contact information for State and local advocacy organizations, including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program and the protection and advocacy system;

 (iii) Information regarding Medicare and Medicaid eligibility and coverage;

 (iv) Contact information for the Aging and Disability Resource Center or other No Wrong Door Program

 (v) Contact information for the Medicaid Fraud Control Unit; and

 (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

 (4) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident’s own expense.

 (5) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:

 (i) Privacy of such communications consistent with this section; and

 (ii) Access to stationery, postage, and writing implements at the resident’s own expense.

 (6) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for Internet research.

 (i) If the access is available to the facility

 (ii) At the resident’s expense, if any additional expense is incurred by the facility to provide such access to the resident.

 (iii) Such use must comply with state and federal law.

 7) The resident has the right to— (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

**8. Privacy and Confidentiality.** The resident has a right to personal privacy and confidentiality of his or her personal and medical records.

 (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

 (2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.

 (3) The resident has a right to secure and confidential personal and medical records.

 (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.

 (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident’s medical, social, and administrative records in accordance with State law.

**9. Safe Environment.** The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

**10. Grievances.**

 (1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents; and other concerns regarding their LTC facility stay.

 (2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.

**11. Contact with External Entities**. A facility must not prohibit or in any way discourage a resident from communicating with federal, state, or local officials, including, but not limited to, federal and state surveyors, other federal or state health department employees, including representatives of the Office of the State Long-Term Care Ombudsman, and any representative of the agency responsible for the protection and advocacy system for individuals with mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000 (42 U.S.C. 10801 et seq.), regarding any matter, whether or not subject to arbitration or any other type of judicial or regulatory action.

I acknowledge receiving a copy of the Resident’s Bill of Rights

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Resident (or Resident Representative) Date

 (The Facility should retain a photo copy of this signed page only for its files.)