CHAPTER 10 – RESIDENTS’ RIGHTS

10.C. Exercise of 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. A facility must protect and promote the rights of each resident, including the following:

10.C.7. The resident has the right to limit and/or refuse treatment, and to refuse to participate in experimental research.

10.F. Free Choice

The resident has the right to:


10.F.2. Choose a provider pharmacy.

10.F.3. Be fully informed in advance about care and treatment that may affect the resident’s well-being.

10.F.4. Participate in planning care and treatment or changes in care and treatment, unless adjudicated incompetent or otherwise found to be incapacitated under the laws of the State.

10.G. Privacy

10.G.1. The resident has the right to personal privacy and confidentiality of his/her personal and clinical records.

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

...10.L. Access and Visitation Rights

The resident has the right to receive visitors. The facility must allow access to the resident for such visitors at any reasonable hour.

...10.O. Married Couples

The resident has the right to share a room with his/her spouse when married residents live in the same facility and both spouses consent to the arrangement.

...10.T. The resident has the right to:

10.T.1. Choose activities, schedules, and health care consistent with his/her interests, assessments, and plans of care.
10.T.2. Interact with members of the community both inside and outside the facility.

10.T.3. Make choices that are significant to the resident about aspects of his/her life in the facility.

10.U. Organization and Participation

10.U.1. A resident has the right to organize and participate in resident groups in the facility.

10.V. Residents' Council

10.V.1. Establishment and Composition

a. The facility shall inform residents of their right to establish a council. This information shall be given to all residents or a family member or designated representative.

b. The residents have the right to have assistance in establishing a council. The council shall select a staff member, not related to the administrator, to assist the residents' council.

c. If there is no council, the facility must offer the residents, at least once a year, the choice to establish one by majority vote.

d. Records of council meetings and decisions, if prepared, shall be disseminated by the council and kept on file in the facility.

e. No employee or representative of the facility may be a member of the council or attend a meeting, unless requested by the group.

f. Family members may sit in on the council, at the group's invitation, but shall not be members.

g. Staff or visitors may attend meetings at the group's invitation.

10.W. Participation in Other Activities

A resident has the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the facility.

**STATUTORY AUTHORITY:** Title 1, Chapter 13, Section 401, 402, 407, 408;

Title 22, Chapter 1, Section 3,6,42,47; Chapter 405, Sections 1811-1818, 1820, 1822, 1824-1830; Chapter 958-A, Sections 3477-3479; Chapter 1666, Sections 7921-7925; Chapter 1666A, Sections 7931-7938; Chapter 1666B, Sections 7941-7949; Chapter 1678, Sections 8551-8552; Title 32, Chapter 2, Sections 61, 7905; Title 5, Chapter 375, Subchapter 11-A, Section 1;22 MRSA §802, sub §4 Section 2;22 MRSA §802, sub §5; Title 22, §7944.

**CHAPTER 12 - PRE-ADMISSION SCREENING, COMPREHENSIVE ASSESSMENTS AND PLANS OF CARE**

12.C. Comprehensive Care Plan
...12.C.2. Each resident shall have an integrated comprehensive care plan that is developed by a multidisciplinary team (including the resident and/or guardian) and which is based on a comprehensive assessment using the MDS resident assessment protocols, the utilization guidelines and other assessments as necessary.

12.C.3. The comprehensive care plan shall be developed by a multidisciplinary team consisting of physician, registered Professional Nurse, and other appropriate staff in conjunction with the resident, resident’s family or legal representative as appropriate.

Chapter 15 – Activities

15.A.7. Community Activities

Transportation shall be provided or arranged by the facility for the residents' participation in facility planned community based activities.

STATUTORY AUTHORITY: Title 1, Chapter 13, Section 401, 402, 407, 408;
Title 22, Chapter 1, Section 3,6,42,47; Chapter 405, Sections 1811-1818, 1820, 1822, 1824-1830; Chapter 958-A, Sections 3477-3479; Chapter 1666, Sections 7921-7925; Chapter 1666A, Sections 7931-7938; Chapter 1666B, Sections 7941-7949; Chapter 1678, Sections 8551-8552; Title 32, Chapter 2, Sections 61, 7905; Title 5, Chapter 375, Subchapter 11-A, Section 1; 22 MRSA §802, sub §4 Section 2; 22 MRSA §802, sub §5; Title 22, §7944.

CHAPTER 20-PHYSICAL PLANT

20.E. Residents’ Bedrooms

... l. For newly constructed or renovations of facilities planned July 1, 1994, each bed shall have ceiling suspended curtains which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.

CHAPTER 23 - ALZHEIMER’S/DEMENTIA CARE UNITS

The purpose of this Chapter is to establish standards for Alzheimer’s/Dementia Care Units and to establish criteria for the Units, which provide Alzheimer’s/Dementia patients or residents with a positive quality of life, consumer protection and maximum individualized care that promotes rights, dignity, comfort and independence in the least restrictive environment.

23.C.4. Assessments and Individual Care Plans

Specific methods and interventions to be used to accomplish the desired outcomes shall be disclosed in the care plan. Interventions used may include support groups, recreational therapy, occupational therapy, physical therapy and a variety of treatment modalities as indicated by the resident’s particular needs. Outcomes for the individual care of each resident shall include:
a. Promoting remaining abilities for self-care;
b. Encouraging independence while recognizing limitations;
d. Maintaining dignity by respecting the need for privacy, treating the resident as an adult and avoiding talking as if the resident is not present; and

**STATUTORY AUTHORITY:** Title 1, Chapter 13, Section 401, 402, 407, 408;
Title 22, Chapter 1, Section 3,6,42,47; Chapter 405, Sections 1811-1818, 1820, 1822, 1824-1830; Chapter 958-A, Sections 3477-3479; Chapter 1666, Sections 7921-7925; Chapter 1666A, Sections 7931-7938; Chapter 1666B, Sections 7941-7949; Chapter 1678, Sections 8551-8552; Title 32, Chapter 2, Sections 61, 7905; Title 5, Chapter 375, Subchapter 11-A, Section 1;22 MRSA §802, sub §4 Section 2;22 MRSA §802, sub §5; Title 22, §7944.