Effective Date: 04/03/91

Title: Section 415.1 - Basis and scope

(a) Statement of purpose. New York’s residential health care facilities are responsible for the health and well-being of more than 100,000 residents ranging from infants with multiple impairments to young adults suffering from the sequelae of traumatic brain injury to the frail elderly with chronic disabilities. For the vast majority of residents, the residential health care facility is their last home. A license to operate a nursing home carries with it a special obligation to the residents who depend upon the facility to meet every basic human need. Each resident comes to the nursing home with unique life experiences, values, attitudes and desires, and a singular combination of clinical and psychosocial needs. In order to assure the highest practicable quality of life, the individuality of the nursing home resident must be recognized, and the exercise of self-determination protected and promoted, by the operator and staff of the facility. The physical environment, care policies and staff behavior must at once acknowledge the dependence of the residents while fostering their highest possible level of independence. In writing a code of minimum operating standards for nursing homes, it is also critical that the regulator recognize the infinite diversity of the nursing home population. A code intended to assure the highest possible quality of care and most meaningful quality of life for all residents must not only accept, but in fact invite variety in nursing home environments, policies and practices, and encourage creativity among nursing home managers and staff. In order to meet obligations to nursing home residents, this set of requirements, to the extent possible, expresses expectations for facility operation in terms of performance and outcomes rather than by dictating structure and process. It is the intent of these requirements to grant a high degree of latitude and flexibility to administrators and staff while insisting upon conformance to fundamental principles of individual rights and to accepted professional standards. In those areas where a detailed process or procedure is mandated, it is based upon a firm belief that experience has proven the specific practice to be necessary in all cases to assure the high quality of care we expect nursing homes to provide. In addition to the emphasis on individuality and self determination, the code reflects certain precepts: that nursing homes should be viewed as homes as much as medical institutions, with the resident's psychosocial needs deserving a prominence at least equal to medical condition; that clinical interventions for the nursing home resident must be part of a comprehensive approach planned and provided by an interdisciplinary care team, with the participation of the resident, rather than through a physician-directed acute care orientation; and that quality assurance is a work ethic rather than an oversight method or a department.

Effective Date: 07/30/97

Section 415.11 - Resident assessment and care planning

...(c) Comprehensive care plans.
...(2) A comprehensive care plan shall be:

...(ii) prepared by an interdisciplinary team that includes the attending physician, a registered professional nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and with the participation of the resident and the resident's family or legal representative to the extent practicable; and

Section 415.14 - Dietary services
...(c) Menus and nutritional adequacy.

(1) Menus shall meet the nutritional needs of residents in accordance with dietary allowances that meet generally recognized standards of care and shall take into account the cultural background and food habits of residents.

415.26 Organization and administration.

(a) Administration.

(1) ...The administrator shall:

... (ii) involve the Resident Council in addressing the need to seek compromises between conflicting resident and staff interests and needs;

(iii) encourage professional and respectful behavior on the part of the staff toward residents

...(4) In addition to the other responsibilities delineated herein, the administrator shall:

... (iii) assure that the residents' council:

(a) meets as often as the membership deems necessary;

(b) is directed by the residents and is chaired by a resident or another person elected by the membership; and

(c) may meet with any member of the supervisory staff provided that reasonable notice of the council's request is given to such staff;

... (vi) assure that except in extraordinary circumstances such as health emergencies, the facility has visiting hours encompassing at least 10 hours within a 24 hour period, including at least two meal periods, and that a statement as to the visiting hours is posted in a public place such as the main lobby or the residents' dining room.

(b) Governing Body. The nursing home shall have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The governing body shall:

... (8) assure that the facility establishes a residents' council.

Title: Section 415.3 - Residents' rights
(a) The facility shall ensure that all residents are afforded their right to a dignified existence, self-determination, respect, full recognition of their individuality, consideration and privacy in treatment and care for personal needs and communication with and access to persons and services inside and outside the facility. The facility shall protect and promote the rights of each resident, and shall encourage and assist each resident in the fullest possible exercise of these rights as set forth in subdivisions (b) - (h) of this section. The facility shall also consult with residents in establishing and implementing facility policies regarding residents' rights and responsibilities.

... (c) Protection of Legal Rights.

(1) Each resident shall have the right to:

...(viii) exercise his or her civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, which shall not be infringed; and

(d) Right to Privacy. Each resident shall have the right to:

(1) personal privacy and confidentiality of his or her personal and clinical records which shall reflect:

(i) accommodations, medical treatment, written and telephone communications, personal care, associations and communications with persons of his or her choice, visits, and meetings of family and resident groups. Resident and family groups shall be provided with private meeting space and residents shall be given access to a private area for visits or solitude. Such requirement shall not require the facility to provide a private room for each resident

(e) Right to Clinical Care and Treatment.

(1) Each resident shall have the right to:

(ii) refuse to participate in experimental research and to refuse medication and treatment after being fully informed and understanding the probable consequences of such actions;

(iii) choose a personal attending physician from among those who agree to abide by all federal and state regulations and who are permitted to practice in the facility;

(v) participate in planning care and treatment or changes in care and treatment. Residents adjudged incompetent or otherwise found to be incapacitated under the laws of the State of New York shall have such rights exercised by a designated representative who will act in their behalf in accordance with State law; and

(f) Residential Rights. Each resident shall have the right to:

(3) share a room with his or her spouse, relative or partner when these residents live in the same facility and both consent to the arrangement. If a spouse, relative or partner resides in a location out of the facility, the resident shall be assured of privacy for visits; (4) participate in the established residents' council;
(5) meet with, and participate in activities of social, religious and community groups at his or her discretion; and

(6) receive, upon request, kosher food or food products prepared in accordance with the Hebrew orthodox religious requirements when the resident, as a matter of religious belief, desires to observe Jewish dietary laws.

**Title:** Section 415.4 - Resident behavior and facility practices

The facility shall provide each resident with considerate and respectful care designed to promote the resident’s independence and dignity in the least restrictive environment commensurate with the resident’s preference and physical and mental status.

**Effective Date:** 04/17/96

**Title:** Section 415.5 - Quality of life

The facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident’s quality of life.

(a) Dignity. The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality.

(b) Self-determination and participation. The resident shall have the right to:

(1) choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care;

(2) interact with members of the community both inside and outside the facility; and

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

(c) Participation in resident and family groups.

(1) A resident shall have the right to organize and participate in resident groups in the facility;

(2) A resident’s family shall have the right to meet in the facility with the families of other residents in the facility;

(3) The facility shall provide a resident or family group, if one exists, with private space;

(4) Staff or visitors shall be allowed to attend meetings at the group’s invitation;

(5) The facility shall provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;

(6) When a resident or family group exists, the facility shall listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

(d) Participation in other activities.

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

(2) The facility shall arrange for opportunities for religious worship and counseling for any residents requesting such services.

(f) Activities.

(1) The facility shall provide for an ongoing program of activities designed to meet, in accordance with the comprehensive resident assessment, the interests and the physical,
mental and psychosocial well-being of each resident. The activities program shall:
(i) encourage the resident’s voluntary choice of activities and participation; and
(ii) promote and maintain the resident’s sense of usefulness to self and others, make his or
her life more meaningful, stimulate and support the desire to use his or her physical and
mental capabilities to the fullest extent and enable the resident to maintain a sense of
usefulness and self-respect.

SUBPART 713-1 STANDARDS OF CONSTRUCTION FOR NEW EXISTING NURSING HOMES

713-1.3 Nursing units.

Each nursing unit shall include the following service areas and shall meet the following
minimum requirements:

... (2) All beds in multi-resident rooms shall have flame-retardant cubicle curtains for
resident privacy.

SUBPART 713-2 STANDARDS FOR NURSING HOME CONSTRUCTION PROJECTS
COMPLETED OR APPROVED BETWEEN AUGUST 25, 1975 AND JULY 1, 1990 Title: Section
713-2.5 - Nursing units

713-2.5 Nursing units.

... (8) Visual privacy shall be provided for each resident in multi-bed rooms with non-
combustible cubicle curtains.

SUBPART 713-3 STANDARDS FOR NURSING HOME CONSTRUCTION PROJECTS
COMPLETED OR APPROVED BETWEEN JULY 2, 1990 AND DECEMBER 31, 2010

... (e) The resident use areas such as bedrooms, dining areas, lounges and recreational areas
shall be designed to facilitate resident identification with surroundings while promoting
privacy, dignity, self-identity and self-determination. The interior design of resident use
areas shall consider lighting, the use of finish materials, furniture arrangement and
equipment, and shall specify ergonomically designed furnishings and equipment in order to
promote resident independence and self-propelled ambulation, commensurate with the
physical and mental capacity of the residents. Resident toilet rooms shall be provided in
close proximity to these areas and shall be accessible to the physically handicapped. The
configuration of these areas shall allow for self-determined socialization and leisure
activities. The spaces shall be planned to promote resident use.

Title: Section 713-3.4 - Nursing units

713-3.4 Nursing units.

...(7) Visual privacy shall be provided for each resident in multi-bed rooms through the use
of non-combustible cubicle curtains.