Section 19.0 Rights of Residents

19.3 Each resident shall be treated and cared for with consideration, respect and dignity and shall be afforded his right to privacy to the extent consistent with providing adequate medical care and with efficient administration.

19.4 Each resident shall have the right to choose his or her own physician subject to the physician’s concurrence.

19.7 Each resident admitted to a facility shall be and remain under the care of a physician as specified in policies adopted by the governing body.

a) Each resident shall be informed by a physician of his medical condition unless medically contraindicated, (as documented by a physician in his medical record), and shall participate in the planning and selection of his medical treatment and care.

19.8 If it is proposed that a resident be used in any human experimentation project, the resident shall first be thoroughly informed in writing of such proposal and shall be offered the right to refuse to participate in such project. A resident who, after being thoroughly informed, wishes to participate must execute a written statement of informed consent. The informed consent documentation shall be maintained on file in the facility.

19.9 Residents shall be encouraged and assisted to voice their grievances through a documented grievance mechanism established by the facility, involving residents, staff and relatives of residents, which will insure resident’s freedom from restraints, interference, coercion, discrimination or reprisal.

19.9.1 There shall be prompt efforts by the facility staff to resolve resident’s grievances.

19.12 Residents may meet with and participate in activities of social, religious and community groups at their discretion unless medically contraindicated per written medical order.

19.13 Residents may associate and communicate privately with persons of their choice and shall be allowed freedom and privacy in sending and receiving mail.

a) Posted reasonable visiting hours must be maintained in each home, with a minimum of four hours daily. The facility must provide immediate access to residents by properly identified appropriate government personnel, family members, physicians, and relatives. However, the resident reserves the right to refuse visitation by any of the aforementioned.

b) i. All health care providers, as licensed under the provisions of Chapter 29 or 37 of Title 5 and all health care facilities, as defined in section 23-17-2(5) of the Rhode Island General Laws, as amended, shall be required to note in their residents’ permanent medical records, the name of individual(s) not legally related by blood or marriage to the resident, who the
resident wishes to be considered as immediate family member(s), for the purpose of granting extended visitation rights to said individual(s), so said individual(s) may visit the resident while he or she is receiving inpatient health care services in a health care facility.

ii. A resident choosing to designate said individual(s) as immediate family members for the purpose of extending visitation rights may choose up to five (5) individuals and do so either verbally or in writing. This designation shall be made only by the resident and can be initiated and/or rescinded by the resident at any time, either prior to, during, or subsequent to an inpatient stay at the health care facility.

iii. The full names of individual(s) so designated, along with their relationship to the resident, shall be recorded in the resident’s permanent medical records, both at the inpatient health care facility and with the resident’s primary care physician.

iv. In the event the resident has not had the opportunity to have said designation recorded in his or her medical records, a signed statement in the resident’s own handwriting attesting to the designation of said individual(s) as an immediate family member for the purpose of extending visitation right during the provision of health care services in an inpatient health care facility, along with their relationship to said individual(s) shall meet all the requirements of this section. The resident’s signature on said signed statement shall be witnessed by two individuals, neither of whom can be the designated individual(s). In the event such signed statement is not available, those designated as agents on a durable power of attorney for health care form shall be allowed visitation privileges.

v. This section shall not be construed to prohibit legally recognized members of the resident’s family from visiting the resident if they have not been so designated through the provisions of this section. No resident shall be required to designate individual(s) under the provisions of this section.

19.14 Residents shall have the right to obtain personal services or to purchase needs outside of the facility.

19.15 The resident’s right to privacy and confidentiality shall extend to all records pertaining to the resident. Release of any records shall be subject to the resident’s approval except as otherwise provided by law.

a) The right to privacy and confidentiality relates to the public dissemination of specific information contained within resident records and to the identification of specific individuals, but does not abrogate the responsibility of the licensing agency to review all resident records.

19.17 Residents shall be assured privacy for visits by the spouse or other partner. If both are residents in the facility, they may share a room unless medically contraindicated per written order of the physician and subject to the availability of such accommodations within the facility.

Family Councils
19.30 Upon the admission of a resident, the nursing facility shall inform the resident and the resident’s family members, in writing, of their right to form a family council, or if a family council already exists, of the date, time, and location of scheduled meetings.

19.31 If a family council exists, its role shall be to address issues affecting residents generally at the facility, not to pursue individual grievances.

19.32 The family council shall not be entitled to obtain information about individual residents or staff members, or any other information deemed confidential under state or federal law.

19.33 No licensed nursing facility may prohibit the formation of a family council.

19.34 When requested by a member of a resident’s family or a resident’s representative, a family council shall be allowed to meet in a common meeting room of the nursing facility at least once a month during mutually agreed upon hours.

19.35 The nursing facility administration shall notify the state long-term care ombudsman of the existence or planned formation of a family council at that facility.

19.36 The family council may exclude members only for good cause shown, subject to appeal by the excluded party to the state long-term care ombudsman. No member shall be excluded on the basis of race or color, religion, gender, sexual orientation, disability, age, or country of ancestral origin.

19.37 A facility shall provide its family council with adequate space in a prominent posting area for the display of information pertaining to the family council.

19.38 Staff or visitors may attend family council meetings at the council’s invitation.

19.39 The nursing facility shall provide a designated staff person who, at the request of the council, shall be responsible for providing assistance to the family council and for responding to recommendations and requests made by the family council.

19.40 The nursing facility shall consider the recommendations of the family council concerning issues and policies affecting resident care and life at the nursing facility.

19.41 A violation of the provisions of this section shall constitute a violation of the rights of nursing home residents.

Section 21.0 Physician Service

23.1 All residents shall remain or be under the care of a physician of his or her choice, subject to the physician’s concurrence.

23.3 Each facility shall establish and comply with policies governing medical care supervision. Such policies shall include no less than the following:

a) that every resident be under the continued medical supervision of a physician of his or her choice.
Section 27.0 Dietetic Services

27.8 All menus including alternate choices shall be planned at least one week in advance, to meet the standards for nutritional care in accordance with reference 12 and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of residents.

Section 29.0 Dental Services

29.1.1 Each resident shall have the right to receive dental services from a dentist of his/her choice.

Section 44.0 Resident Rooms and Toilet Facilities

...44.10 Complete privacy shall be provided to each resident in semi-private rooms by the use of overhead type fire resistive screens and/or cubicle fire resistive curtains suspended by inset overhead tracks in accordance with reference 16.

a) When overhead type screens and/or cubicle curtains are not provided, each semi-private room shall be equipped with a fire resistive portable screen.