420-5-10-.05 Resident Rights.

... (3) Notice of rights and services

...(d) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (h) of this section.

...(h) The facility must maintain written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives.

...(l) The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member where there is:

1. A change in room or roommate assignment.

...(v) Free choice. The resident has the right to:

1. Choose a personal attending physician;

2. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and

3. Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

420-5-10-.08 Quality of Life.

(1) Quality of Life. A facility must 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 must 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 has 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 is significant to the resident.

(c) Participation in resident and family groups.

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

2. A resident's family has the right to meet in the facility with the families of other residents in the facility;

3. The facility must provide a resident or family group, if one exists, with private space;

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

5. The facility must 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 must 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. 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.

(e) Accommodation of needs. A resident has the right to:

1. Reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

2. Receive notice before the resident’s room or roommate in the facility is changed.

Author: Jimmy D. Prince

Author: Rick Harris
420-5-10-.09 Resident Assessment

... (11) A comprehensive care plan must be--

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

Author: Patricia E. Ivie


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ALASKA

07 AAC 012.285. Activity Program.

A nursing facility must provide an activity program ...the program must encourage self-determination and well-being of the residents.

7 AAC 12.670 NURSING SERVICE.

(a) A licensed nurse shall write a patient care plan for each patient in consultation with other patient care personnel and the patient.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 8/2/2000, Register 155

Authority: AS 18.05.040, AS 18.20.010, AS 18.20.060

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ARIZONA

R9-10-901. Definitions
In addition to the definitions in A.R.S. § 36-401 and Title 9, Chapter 10, Article 1, the following definitions apply in this Article:

...23. “Dignity” means the quality or condition of esteem or worth.

...79. "Resident group" means residents or residents' family members who:

a. Plan and participate in resident activities; or

b. Meet to discuss nursing care institution issues and policies.

**R9-10-907. Resident Rights**

An administrator shall ensure that:

1. A resident:
   
a. Is treated with consideration, respect, and dignity, and receives privacy in:
   
   iii. Room accommodations, and
   
   iv. Visits or meetings with other residents or individuals,
   
   ... d. May formulate a health care directive;
   
   e. May refuse to be photographed or refuse to participate in research, education, or experiments;
   
   ...g. May choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
   
   h. May participate in social, religious, political, and community activities that do not interfere with other residents;
   
   ... j. May share a room with the resident’s spouse if space is available and the spouse consents.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

2. A resident or the resident's representative:

   a. Participates in the planning of, or decisions concerning treatment;
   
   b. Consents to or refuses examination and treatment;
   
   c. Participates in developing the resident's care plan;
...e. May choose the resident's attending physician. If the resident's insurance or payor does not cover the cost of the medical services provided by the attending physician or the attending physician's designee, the resident is responsible for the costs;

...h. Has access to and may communicate with any individual, organization, or agency;

i. May participate in a resident group.

... l. May select a pharmacy of choice if the pharmacy complies with nursing care institution policies and procedures and does not pose a risk to the resident;

Historical Note

 Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1)

R9-10-914. Physical Plant Standards

An administrator shall ensure that:

...4. A resident room has a window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;

...8. A resident room that has more than one bed has a curtain or similar type of separation between the beds for privacy.

ARKANSAS

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427 STANDARD PATIENT ROOM AND TOILET DESIGN

...427.3 To ensure privacy in multi-patient rooms, each bed shall be provided with fixed flame retardant cubicle curtain.

451 FURNISHINGS

... 451.3 To ensure privacy in multi-patient rooms, each bed shall be provided with flame retardant cubicle curtains; in existing facilities, partitions or free-standing folding screens may be used.

903 ASSESSMENTS [Alzheimer’s Special Care Unit]
...c. Individual Support Plan (ISP)

1. The ISP shall include a family and social history. If the family and social history cannot be obtained, the ASCU personnel shall document attempts to obtain the information, including but not limited to, the names and telephone numbers of individuals contacted, or whom the facility attempted to contact, and the date and time of the contact or attempted contact.

...3. The ISP shall include:

...F. The resident’s likes, dislikes, and if appropriate, his or her choices.

...5. The ISP shall be implemented only with the documented, written consent of the resident or his or her responsible party.

3000 RESIDENTS' RIGHTS

3011 Each resident admitted to the facility shall be fully informed by a physician of his medical condition. The resident shall be afforded the opportunity to participate in the planning of his total medical care and may refuse experimental treatment.

3012 Total resident care includes medical care, nursing care, rehabilitation, restorative therapies, and personal cleanliness in a safe and clean environment. Residents shall be advised by appropriate professional providers of alternative courses of care and treatments and the consequences of such alternatives when such alternatives are available.

3021 Residents shall have the right to free exercise of religion including the right to rely on spiritual means for treatment.

3023 Each resident may retain and use personal clothing and possessions as space and regulations permit.

3024 A representative resident council shall be established in each facility. The resident council’s duties shall include:

a. Review of policies and procedures required for implementation of resident rights.

b. Recommendation of changes or additions in the facility’s policies and procedures, including programming.

c. Representation of residents in their complaints to the Office of Long Term Care or any other person or agency.

d. Assist in identification of problems and orderly resolution of same.

3025 The facility administrator shall designate a staff coordinator and provide suitable accommodations within the facility for the residents’ council. The staff coordinator shall assist the council in scheduling regular meetings and preparing written reports of meetings for dissemination to residents of the facility. The staff coordinator may be excluded from any meeting of the council.
3026 The facility shall inform residents’ families of the right to establish a family council within the facility. The establishment of such council shall be encouraged by the facility.

This family council shall have the same duties and responsibilities as the resident council and shall be assisted by the staff coordinator designated to assist the resident council.

3036 Each resident will be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and care for personal needs.

3037 Staff shall display respect for residents when speaking with, caring for, or talking about residents, and shall seek to engage in the constant affirmation of resident individuality and dignity as a human being.

3038 Schedules of daily activities shall provide maximum flexibility and allow residents to exercise choice in participation. Residents’ individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, and entertainment will be elicited and respected by the facility.

3039 Residents shall be examined or treated in a manner that maintains and ensures privacy. A closed door or a drawn curtain shall shield the resident from passers-by. People not involved in the care of the residents are not to be present during examination or treatment without the residents’ consents.

3040 Privacy will be afforded residents during toileting, bathing, and other activities of personal hygiene.

3041 Residents may associate or communicate privately with persons of their choice, and may send or receive personal mail unopened, unless medically contraindicated and documented by the physician in the medical record.

3042 Policies and procedures shall permit residents to receive visits from anyone they wish; provided a particular visitor may be restricted for the following reasons:

a. The resident refuses to see the visitor.

b. The resident’s physician specifically documents that such a visit would be harmful to the resident’s health.

c. The visitor’s behavior is unreasonably disruptive to the facility. This does not include those individuals who, because they advocate administrative change to protect resident rights, are considered a disruptive influence by the administrator.

3043 Decisions to restrict a visitor shall be reviewed and evaluated each time the resident’s plan of care or medical orders are reviewed by the physician or nursing staff, or at the resident’s request.

3044 Accommodations will be provided for residents to allow them to receive visitors in reasonable comfort and privacy.

SYNOPSIS OF RESIDENTS’ BILL OF RIGHTS
AS A RESIDENT, YOU HAVE THE RIGHT TO:

- Choose, at your own expense, a personal physician and pharmacist.
- Be given the opportunity to participate in planning your total care and medical treatment.
- Be given the opportunity to refuse treatment.
- Be given the opportunity to refuse to participate in experimental research.
- Be advised by physician or appropriate professional staff of alternative courses of care and treatments and their consequences.
- Receive medical care, nursing care and personal cleanliness in a safe and clean environment.

EXERCISING RIGHTS

AS A RESIDENT, YOU ARE ENCOURAGED OR WILL BE ASSISTED TO:

- Exercise your religious beliefs including the right to rely on spiritual means for treatment.
- Participate in the Resident Council and be informed of its activities and recommendations to the facility.

PRIVACY

EVERY RESIDENT HAS THE RIGHT TO:

- Considerate and respectful care. Every resident will be treated with consideration, respect and full recognition of his dignity and individuality.
- Privacy during treatment and care of personal needs. People not involved in the care of residents shall not be present without the consent from the resident during examinations and treatment.
- Know that he is assured confidential treatment of all information contained in his medical records and that his or his legal appointee’s written consent is required for the release of information to persons not otherwise authorized to receive it.
- Know that photographs and interviews shall not be released without written consent of the resident or his responsible party.
- Privacy during visits with spouse.
- Share a room, in the case of married residents, unless medically contraindicated by a physician in writing.

ACTIVITIES

AS A RESIDENT, YOU HAVE THE RIGHT TO:
• Participate in activities of social, religious, and community groups unless medically contraindicated in writing by your physician.

• Refuse to participate in activities.

• Be provided a schedule of daily activities that allow flexibility in what you will do and when you will do it.

• Individual preferences regarding such things as food, clothing, religious activities, friendships, activity programs and entertainment. Such preferences shall be elicited and respected by the nursing home staff.

PERSONAL POSSESSIONS

EVERY RESIDENT HAS THE RIGHT TO:

• Associate and communicate privately with persons of his choice, and send and receive personal mail unopened unless medically contraindicated and documented by the physician in the medical record.

• Space to receive visitors in reasonable comfort and privacy.

• Retain and use personal possessions and clothing as space permits.

IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED BY THE LONG TERM CARE FACILITY CALL THE OFFICE OF LONG TERM CARE AT 501-682-8430 OR YOUR LOCAL NURSING HOME OMBUDSMAN AT THE LOCAL AREA AGENCY ON AGING (LISTED IN YOUR TELEPHONE DIRECTORY) OR THE ADULT PROTECTIVE SERVICES AT 501-682-8491.

CALIFORNIA

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§ 72315. Nursing Service -Patient Care.
...(b) Each patient shall be treated as individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.
(l) Each patient shall be provided visual privacy during treatments and personal care.
Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference; Section 1275, Health and Safety Code.

72381. Activity Program – Requirements.

(b) The activity program shall consist of individual, small and large group activities which are designed to meet the needs and interests of each patient and which include, but are not limited to:
(5) Opportunity for patient involvement for planning and implementation of the activity program.

§ 72453. Special Treatment Program Service Unit - Rights of Patients.

(a) Each patient admitted to a special treatment program in a skilled nursing facility shall have the following rights, a list of which shall be prominently posted in English and Spanish in all facilities providing such services. The rights shall also be brought to the patient's attention by additional, appropriate means:

... (6) To refuse shock treatment.

(7) To refuse lobotomy services.

§ 72517. Staff Development.

(a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include, but not be limited to:

(7) Preservation of patient dignity, including provision for privacy.


§ 72527. Patients' Rights

(4) To consent to or to refuse any treatment or procedure or participation in experimental research.

(5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 72528(b).

... (7) To be encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end to voice grievances and recommend changes in policies and services to facility staff and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal.

(11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.

... (13) To associate and communicate privately with persons of the patient's choice, and to send and receive personal mail unopened.

... (16) If married, to be assured privacy for visits by the patient's spouse and if both are patients in the facility, to be permitted to share a room.
... (20) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1320, 1599, 1599.1, 1599.2 and 1599.3, Health and Safety Code; and Cobbs v. Grant (1972) 8 Cal.3d 229.

s 72615. Provision for Privacy.

Visual privacy for each patient shall be provided to meet the requirements of Section T17-070 of Title 24. Doors providing access to the corridor shall not be considered as meeting this requirement.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

COLORADO

PART 5 – RESIDENT CARE

... 5.1.1 QUALITY OF LIFE.

Residents shall be provided: a safe, supportive, comfortable, homelike environment; freedom and encouragement to exercise choice over their surroundings, schedules, health care, and life activities; the opportunity to be involved with the members of their community inside and outside the nursing home; and treatment with dignity and respect.

5.1.8 WEIGHT CHANGES.

The facility shall:

...(4) provide reasonable choices of foods to meet personal preferences and religious needs.

5.1.9 GROOMING.

(1) The facility shall assist the resident to obtain appropriate materials for personal care for the resident, provide personal care in a manner that preserves resident dignity and privacy, and provide social services intervention, if needed.

5.1.12 PERSONAL ENVIRONMENT.

The facility shall allow for personalization of rooms through the use of resident's personal furniture, appliances, decorations, plants, and memorabilia. The facility may limit the number of furniture items in resident rooms if to do so is necessary to accommodate roommate preferences, fire codes, housekeeping, or safe movement in the room.

5.1.13 PERSONAL CHOICE.
The facility shall:

(1) make reasonable efforts to accommodate preferences of roommate, including the right of each resident so requesting to be assigned to a room with non-smokers;

(2) allow residents flexibility in times to eat main meals, consistent with requirements of Section 11.2 and with its own reasonable staffing and scheduling requirements;

(3) allow residents flexibility in times to bathe, rise and retire, consistent with its own reasonable staffing and scheduling requirements;

(4) provide at least one alternative menu choice for each meal of similar nutritive value. The same alternative shall not be used for two consecutive meals.

5.5 ACTIVITIES CARE PLANNING.

Activities staff shall assess activities needs within one week of admission and shall develop an activities care plan to meet each resident's needs.

5.7 INTERDISCIPLINARY CARE PLANNING.

...5.7.3 The interdisciplinary team shall consist of representatives of resident services inside and outside the facility, as appropriate, including at least nursing, social services, activities, and dietetic staff. Other persons, such as medical, pharmacy, and special therapies, shall be included as appropriate. Residents and their representatives shall be invited to participate in care planning. Refusal to participate shall be documented.

PART 9 – RESIDENT ACTIVITIES

9.1 ACTIVITIES PROGRAM.

The facility shall offer a program of organized activities that promotes residents' physical, social, mental, and intellectual well-being, encourages resident independence and pursuit of interests, maintains an optimal level of psycho-social functioning, and retains in residents a sense of continuing usefulness to themselves and the community.

...9.3 RELIGIOUS SERVICES.

The facility shall assist residents who are able and wish to do so to attend religious services of their choice. The facility shall honor resident requests to see their clergy and provide private space for such visits.

PART 11 – DIETARY SERVICES

11.6 NUTRITIONAL ASSESSMENT AND PROGRESS NOTES.

...11.6.2 The facility shall reasonably accommodate individual resident preferences in meals by offering appropriate and nutritionally adequate substitutes. (See Section 5.1.13(4).)

...11.8 MENUS. Menus shall meet the requirements of the Dietary Guidelines for Americans, 2005, U.S. Department of Health and Human Services and U.S. Department of Agriculture, 6th Edition. Menus shall be written, approved by a dietitian and planned at least one week
in advance, with consideration given to residents’ personal tastes, desires, and cultural patterns.

PART 12 – RESIDENTS’ RIGHTS

12.1 RESIDENTS’ RIGHTS.

12.1.2 The right to civil and religious liberties, including:

(1) Knowledge of available choices and the right to independent personal decisions, which will not be infringed upon;

(4) The right to participate in activities of the community both inside and outside the facility;

12.1.3 The right to present grievances on behalf of him/herself or others to the facility’s staff or administrator, to governmental officials, or to any other person, without fear of reprisal, and to join with other patients or individuals within or outside of the facility to work for improvements in resident care, including:

(1) The right to participate in the resident council;

12.1.6 The right to be adequately informed of his or her medical condition and proposed treatment unless otherwise indicated by his or her physician, and to participate in the planning of all medical treatment, including:

(1) The right to refuse medication and treatment, unless otherwise indicated by his or her physician, and to know the consequences of such action;

(2) The right to participate in discharge planning

12.1.7 The right to have private and unrestricted communications with any person of his or her choice; including

(1) The right to privacy for telephone calls;

(2) The right to receive mail unopened;

(3) The right to private consensual sexual activity;

12.1.9 The right to freedom of choice in selecting a health care facility;

... 12.1.12 The right to have privacy in treatment and in caring for personal needs, confidentiality in the treatment of personal and medical records, and security in storing and using personal possessions;

12.1.13 The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement of the services provided by the facility, including those required to be offered on an as-needed basis;

12.5 RESIDENT ADVISORY COUNCIL. Each facility shall establish a resident advisory council consisting of no less than five members selected from the facility's residents.
12.5.1 The council shall be conducted by residents. It shall have the opportunity to meet without staff present and shall meet at least monthly with the administrator and a staff representative to make recommendations concerning facility policies. Staff shall respond to these suggestions in writing by the next meeting. Minutes of council meetings shall be maintained and posted or otherwise available to residents.

12.5.2 The council may present grievances to the grievance committee on behalf of residents.

12.5.3 The council shall elect its officers and establish a process for obtaining views of all facility residents.

Part 18. RESIDENT CARE UNIT

...18.2 PRIVATE AND MULTIPLE BEDROOMS. The long-term care facility shall provide private and multiple bedrooms to meet resident needs. There shall be no more than four beds per room.

18.2.2 * Privacy shall be provided for each resident in a multiple bedroom by the installation of opaque flame retardant cubicle curtains or movable screening.

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**CONNECTICUT**

Downloaded January 2011

**19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision**

... (q) Dietary services.

...3. The facility shall ensure that the dietary service:

A. Considers the patients’ cultural backgrounds, food habits, and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subdivisions (2)(A) and (2) (B) of this subsection.

...(v) Physical plant.

.. (7) Patient rooms.

...(G) Curtains that allow for complete privacy for each individual in multi-bed rooms shall be provided.

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**DELAWARE**
6.3 Nursing Administration

...6.3.6 A comprehensive care plan shall be developed to address medical, nursing, nutritional and psychosocial needs within 7 days of completion of the comprehensive assessment. Care plan development shall include the interdisciplinary team that includes the attending physician, an RN/LPN and other appropriate staff as determined by the resident’s needs. With the resident’s consent, the resident, the resident’s family or the resident’s legal representative may attend care plan meetings.

7.7.3 The facility shall provide cubicle curtains around each bed in bedrooms occupied by more than one resident.

3213 RESTORATIVE NURSING CARE PROGRAM

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

(d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident’s choices;

3230 RESIDENT ACTIVITIES

3230.4 Each facility shall provide the following:

(d) Opportunity for interested family members and friends of residents to participate in facility activities that are specifically designed to include interested family members and friends;

(e) Opportunity to participate in community activities

3246. RESIDENT BEDROOMS

3246.1 Each resident bedroom shall be designed and equipped for providing adequate nursing care, comfort, and privacy of residents

...3246.5 If the room is not for single occupancy, each bed shall have flameproof ceiling suspended curtains which extend around each bed in order to provide the resident total visual privacy, in combination with adjacent walls and curtains.
59A-4.109 Resident Assessment and Care Plan.

...(3) At the resident’s option, every effort shall be made to include the resident and family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the resident plan of care.

400.022 Residents’ rights.

(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident’s choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident’s losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

...(e) The right to organize and participate in resident groups in the facility and the right to have the resident’s family meet in the facility with the families of other residents.

(f) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

...(m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident’s body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents’ personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).

(n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.

...(q) The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident’s choice, at the resident’s own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in, community-based activities programs, unless
medically contraindicated as documented by a physician in the resident's medical record. If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

GEORGIA

290-5-8-.03 Administration.

...(6) In response to a reasonable request by a patient or visitor, privacy shall be afforded for conversation and/or consultations

Residents' Rights

Georgia law provides for the rights of residents concerning admission, transfer, discharge and care in the facility, and provides remedies for residents when those rights have been violated. These rights include:

- the right to enjoy one's own privacy (for example, the resident can close doors and draw curtains);
- the right to respect privacy in provision of personal services;
- the right to practice religious beliefs, as well as the right to abstain from religious beliefs or practices;
- the right to refuse medical/dental treatment;
- the right to participate in one's care plan;
- the right to form a resident council
- the right to interact with members of the community and to participate fully in the life of the community.

HAWAII

§11-94-8 Construction requirements.
(c) Toilet and bath facilities.

... (5) Curtains or doors to ensure privacy shall be provided.

(d) Patient bedrooms

... (2) Windows in each habitable room shall have adequate means of ensuring privacy.

(3) Patient bedrooms shall have not more than four beds.

... (6) Bedside screens or curtains shall be provided in multi-bed rooms to ensure privacy for each patient.


§11-94-9 Dental services.

(b) The patient or patient’s guardian shall select the dentist of their choice.


§§11-94-26 Patients’ rights.

(a) Written policies regarding the rights and responsibilities of patients during their stay in the facility shall be established and shall be made available to the patient, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:

(3) Be advised that patients have a right to have their medical condition and treatment discussed with them by a physician of their choice, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of their medical treatment and to refuse to participate in experimental research.

(4) Have the right to refuse treatment after being informed of the medical benefits of treatment and the consequences of refusal.

(6) Be encouraged and assisted throughout their period of stay to exercise their rights as patients, and to this extent voice grievances and recommend changes in policies and services to the facility's staff and outside representatives of their choice free from restraint, interference, coercion, discrimination, or reprisal.

(10) Be treated with consideration, respect and in full recognition of their dignity and individuality, including privacy in treatment and in care.

(12) Have the right to associate and communicate privately with persons of their choice, and to send and receive their personal mail unopened. At their request to be visited by members of the clergy at any time.

(13) Have the right to meet with and participate in activities of social, religious, and community groups at their discretion.
...(15) Be assured of privacy for visits. If a married couple are both patients in a facility, they are permitted to share a room.


IDAHO

100.ADMINISTRATION.

03. Patient/Resident Rights and Responsibilities. The administrator, on behalf of the governing body of the facility, shall establish written policies regarding the rights and responsibilities of patients/residents and responsibility for development of, and adherence to, procedures implementing such policies. (1-1-88)

c. These patients'/residents' rights, policies and procedures ensure that, at least, each patient/resident admitted to the facility: (1-1-88)

iii. Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;

v. Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient/resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; (1-1-88)

ix. Is treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; (1-1-88)

xi. May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xii. May meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xiv. If married, is assured privacy for visits by his/her spouse; if both are patients/residents in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record). (1-1-88)

11. Religious Activities. Every patient/resident shall have the freedom of attending the church service of his choice. Attendance at religious services held in the facility shall be on a completely voluntary basis. (1-1-88)
121. NEW CONSTRUCTION STANDARDS.

...05. Patient/Resident Care Unit.

d. Each patient/resident room shall meet the following requirements: (1-1-88)

...x. Cubicle curtains of fire retardant material, capable of enclosing the bed shall be provided in multiple-bed rooms to insure privacy for the patients/residents. Alternatives to this arrangement may be allowed if the alternative provides the same assurance of privacy; (1-1-88)

122. FURNISHINGS AND EQUIPMENT.

...02. General Requirements.

a. Cubicle curtains of fire-retardant material which are designed to enclose the bed shall be provided in multiple-bed rooms to ensure privacy for the patients/residents. Alternatives may be provided if equivalent privacy is allowed. (1-1-88)

154. MEDICAL DIRECTION.

02. Physician Supervision. (7-1-93)

a. Each patient/resident shall be under the direct and continuing supervision of a physician of his own choice licensed by the Idaho Board of Medicine. (1-1-88)

ILLINOIS

Section 300.510 Administrator

... d) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents’ advisory council.

Section 300.640 Residents’ Advisory Council

a) Each facility shall establish a residents' advisory council consisting of at least five resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives
shall take the place of the required number of residents. The administrator shall designate another member of the facility staff other than the administrator to coordinate the establishment of, and render assistance to, the council. (Section 2-203 of the Act)

b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:

1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the council;

2) the establishment of a separate community advisory group with persons of the residents' choosing; or

3) finding a church or civic group to "adopt" the facility.

c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council.

d) In facilities of 50 or fewer beds, the council may consist of all of the residents of the facility, if the residents choose to operate this way.

e) All residents' advisory councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance.

f) Some facilities may wish to establish mini-residents' advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in subsection (a) of this Section.

g) All residents' advisory council meetings shall be open to participation by all residents and by their representatives.

h) No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the nonmembers when invited by a majority of the officers of the council. (Section 2-203(a) of the Act)

i) The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the administrator, and the staff. (Section 2-203(b) of the Act)

j) Records of the council meetings shall be maintained in the office of the administrator. (Section 2-203(c) of the Act)

k) The residents' advisory council may communicate to the administrator the opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions
which will strengthen the facility’s policies and procedures as they affect residents’ rights and facility responsibilities. (Section 2-203(d) of the Act)

l) The council shall be a forum for:

1) Obtaining and disseminating information;

2) Soliciting and adopting recommendations for facility programming and improvements;

3) Early identification of problems;

4) Recommending orderly resolution of problems. (Section 2-203(e) of the Act)

m) The council may present complaints on behalf of a resident to the Department, or to any other person it considers appropriate. (Section 2203(f) of the Act)

n) Families and friends of residents who live in the community retain the right to form family councils.

1) If there is a family council in the facility, or if one is formed at the request of family members or the ombudsman, a facility shall make information about the family council available to all current and prospective residents, their families and their representatives. The information shall be provided by the family council, prospective members or the ombudsman.

2) If a family council is formed, facilities shall provide a place for the family council to meet.

(Source: Amended at 31 Ill. Reg. 8813, effective June 6, 2007)

Section 300.1010 Medical Care Policies

d) All residents, or their guardians, shall be permitted their choice of a physician.

Section 300.1035 Life-Sustaining Treatments

a) Every facility shall respect the residents’ right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit any life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:

4) Procedures detailing staff’s responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept or reject available life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;

... d) Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident’s medical record. Any subsequent changes or modifications must also be recorded in the medical record.
e) The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]

f) The resident, agent, or surrogate may change his or her decision regarding life-sustaining treatment by notifying the treating facility of this decision change orally or in writing in accordance with State law.

g) The physician shall confirm the resident’s choice by writing appropriate orders in the patient record or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act.

(Source: Added at 17 Ill. Reg. 16194, effective January 1, 1994)

Section 300.1410 Activity Program

g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident’s functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident’s needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.

h) The activity program shall be multifaceted and shall reflect each individual resident’s needs and be adapted to the resident’s capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident’s self-respect by providing, for example, activities that support self-expression and choice.

Section 300.2420 Equipment and Supplies

...b) Privacy Screens and Curtains

1) There shall be at least one privacy screen available in the facility for emergency use when resident privacy is needed.

2) Each multiple-bed resident room must be designed or equipped to assure full visual privacy for each resident. Full visual privacy means that residents have a means of completely withdrawing from view while occupying their beds (e.g., curtains, movable screens).
Section 300.2860 Nursing Unit

...8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.

Section 300.3210 General

l) A resident shall be permitted the free exercise of religion. Upon a resident's request, and if necessary at his expense, the facility administrator shall make arrangements for a resident's attendance at religious services of the resident's choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any resident. (Section 2-109 of the Act)

(Source: Amended at 17 Ill. Reg. 19279, effective October 26, 1993)

Section 300.3220 Medical and Personal Care Program

d) All resident shall be permitted to participate in the planning of their total care and medical treatment to the extent that his condition permits. (Section 2-104(a) of the Act)

(Source: Amended at 15 Ill. Reg. 554, effective January 1, 1991)

Section 300.3250 Communication and Visitation

a) Every resident shall be permitted unimpeded, private and uncensored communication of his choice by mail, public telephone or visitation. (Section 2-108(a) of the Act)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.3270 Residents' Advisory Council

Each resident shall have the right to participate in a residents' advisory council as indicated in Section 300.640.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.7020 Assessment and Care Planning [Alzheimer's Special Care]

... b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.
1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.

...8) The resident and the resident’s representative shall be given the opportunity to participate in care plan development and modification. If they are unable to attend, a copy or summary of the care plan or modifications shall be provided to the resident and resident's representative.

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**INDIANA**

**Rule 3.1. Comprehensive Care Facilities**

**410 IAC 16.2-3.1-3 Residents' rights**

**Authority:** IC 16-28-1-7; IC 16-28-1-12

**Affected:** IC 16-28-5-1

**Sec. 3.**

(a) 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 each of the following rights:

(g) A resident has the right to organize and participate in resident groups in the facility.

(i) The facility must provide a resident or family group, if one exists, with private space.

(j) Staff or visitors may attend meetings only at the group’s invitation.

(k) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

(l) When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families and report back at a later time in accordance with facility policy.

(m) 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.

(n) The resident has the right to the following:
(1) Choose a personal attending physician and other providers of services. If a physician or other provider of services, or both, of the resident’s choosing fails to fulfill a given federal or state requirement to assure the provisions of appropriate and adequate care and treatment, the facility will have the right, after consulting with the resident, the physician, and the other provider of services, to seek alternate physician participation or services from another provider.

(3) Participate in planning care and treatment or changes in care and treatment unless adjudged incompetent or otherwise

(o) The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(p) Personal privacy includes the following:

(1) Accommodations.

(2) Medical treatment.

(3) Written and telephone communications.

(4) Personal care.

(5) Visits.

(6) Meetings of family and resident groups. This does not require the facility to provide a private room for each resident.

(t) The resident has the right to be cared for 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.

(u) The resident has the right to the following:

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

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

(Indiana State Department of Health; 410 IAC 16.2-3.1-3; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1528, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3988)

410 IAC 16.2-3.1-4 Notice of rights and services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 16-36-1-3; IC 16-36-1-7; IC 16-36-4-7; IC 16-36-4-13; IC 30-5-7-4

Sec. 4
(e) The resident has the right to refuse participation in experimental research. All experimental research must be conducted in compliance with state, federal, and local laws and professional standards.

(Indiana State Department of Health; 410 IAC 16.2-3.1-4; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1529, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; errata filed Jun 4, 1997, 1:47 p.m.: 20 IR 2789; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3989)

410 IAC 16.2-3.1-8 Access and visitation rights

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 8.

(a) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours which should include at least nine (9) hours a day. The hours shall be posted in a prominent place in the facility and made available to each resident. Policies shall also provide for emergency visitation at other than posted hours.

410 IAC 16.2-3.1-10 Living arrangements

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 10.

(a) The resident has the right to share a room with his or her spouse when:

(1) married residents live in the same facility and both spouses consent to the arrangement; and

(2) a room is available for residents to share.

(b) The facility shall have written policy and procedures to address the circumstances in which persons of the opposite sex, other than husband and wife, will be allowed to occupy a bedroom, if such an arrangement is agreeable to the occupants.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-10; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1533, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-19 Environment and physical standards

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 19

(k) Resident rooms must be designed and equipped for adequate nursing care, comfort, and full visual privacy of residents.
(I) Requirements for bedrooms must be as follows:

... (6) Be designed or equipped to assure full visual privacy for each resident in that they have the means of completely withdrawing from public view while occupying their beds.

(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flame-retardant material, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.

10 IAC 16.2-3.1-35 Comprehensive care plan

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 35.

...(c) A comprehensive care plan must be:

... (2) prepared by an interdisciplinary team that includes:

... (C) other appropriate staff in disciplines as determined by the resident’s needs; and to the extent practicable with the participation of the resident and the resident’s family.

IOWA

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481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:

...58.20(4) Develop and implement a written health care plan in cooperation with, to the extent practicable, the resident, the resident’s family or the resident’s legal representative, and others in accordance with instructions of the attending physician...

481—58.24(135C) Dietary

...58.24 (3) Nutrition and menu planning.

a. Menus shall be planned and followed to meet the nutritional needs of each resident in accordance with the physician’s orders and in consideration of the resident’s choices and preferences. (II, III)

481—58.27 (135C) Resident advocate committee. Each facility shall have a resident advocate committee in accordance with Iowa Code section 135C.25, which shall operate
within the scope of the rules for resident advocate committees promulgated by the
department of elder affairs. (II)

58.35(4) Bedrooms.

a. . . . A resident shall have the right to sleep in a chair per the resident’s request and to have
the bed removed from the room to allow for additional space. (III)

...d. There shall be a comfortable chair, either a rocking chair or armchair, per resident bed.
The resident’s personal wishes shall be considered. (III)

481—58.39(135C) Residents’ rights in general.

58.39(9) Each resident or responsible party shall be fully informed by a physician of the
resident’s health and medical condition unless medically contraindicated (as documented
by a physician in the resident’s record). Each resident shall be afforded the opportunity to
participate in the planning of the resident’s total care and medical treatment, which may
include, but is not limited to, nursing care, nutritional care, rehabilitation, restorative
therapies, activities, and social work services. Each resident only participates in
experimental research conducted under the U.S. Department of Health and Human Services
protection from research risks policy and then only upon the resident’s informed written
consent. Each resident has the right to refuse treatment except as provided by Iowa Code
chapter 229. In the case of a confused or mentally retarded individual, the responsible
party shall be informed by the physician of the resident’s medical condition and be afforded
the opportunity to participate in the planning of the resident’s total care and medical
treatment, to be informed of the medical condition, and to refuse to participate in
experimental research. (II)

481-58.45(135C) Dignity preserved

The resident shall be treated with consideration, respect, and full recognition of dignity and
individuality, including privacy in treatment and in care for personal needs. (II)

58.45(1) Staff shall display respect for residents when speaking with, caring for, or talking
about them, as constant affirmation of their individuality and dignity as human beings. (II)

58.45(2) Schedules of daily activities shall allow maximum flexibility for residents to
exercise choice about what they will do and when they will do it. Residents’ individual
preferences regarding such things as menus, clothing, religious activities, friendships,
activity programs, entertainment, sleeping and eating, also times to retire at night and arise
in the morning shall be elicited and considered by the facility. (II)

58.45(3) Residents shall be examined and treated in a manner that maintains the privacy of
their bodies. A closed door or a drawn curtain shall shield the resident from passerby.
People not involved in the care of the residents shall not be present without the resident's consent while the resident is being examined or treated. (II)

58.45(4) Privacy of a resident's body also shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. (II)

58.45(5) Staff shall knock and be acknowledged before entering a resident’s room unless the resident is not capable of a response. This shall not apply in emergency conditions. (II)

481-58.47(135C) Communications

Each resident may communicate, associate, and meet privately with persons of the resident’s choice, unless to do so would infringe upon the rights of other residents, and may send and receive personal mail unopened. (II)

58.47(1) Subject to reasonable scheduling restrictions, visiting policies and procedures shall permit residents to receive visits from anyone they wish. Visiting hours shall be posted. (II)

58.47(2) Reasonable, regular visiting hours shall not be less than 12 hours per day and shall take into consideration the special circumstances of each visitor. A particular visitor(s) may be restricted by the facility for one of the following reasons:

a) The resident refuses to see the visitor(s). (II)

b) The resident’s physician documents specific reasons why such a visit would be harmful to the resident’s health. (II)

c) The visitor’s behavior is unreasonably disruptive to the functioning of the facility (this judgment must be made by the administrator and the reasons shall be documented and kept on file). (II)

58.47(3) Decisions to restrict a visitor are reviewed and reevaluated: each time the medical orders are reviewed by the physician; at least quarterly by the facility's staff; or at the resident’s request. (II)

58.47(4) Space shall be provided for residents to receive visitors in reasonable comfort and privacy. (II)

...58.47(8) Residents shall not have their personal lives regulated beyond reasonable adherence to meal schedules, bedtime hours, and other written policies which may be necessary for the orderly management of the facility and as required by these rules. However, residents shall be encouraged to participate in recreational programs. (II)

481-58.48(135C) Resident activities

Each resident may participate in activities of social, religious, and community groups at the resident’s discretion unless contraindicated for reasons documented by the attending
physician or qualified mental retardation professional as appropriate in the resident's record. (II)

58.48(1) Residents who wish to meet with or participate in activities of social, religious, or other community groups in or outside of the facility shall be informed, encouraged, and assisted to do so. (II)

58.48(2) All residents shall have the freedom to refuse to participate in these activities. (II)

481-58.50(135C) Family visits

Each resident, if married, shall be ensured privacy for visits by the resident's spouse; if both are residents in the facility, they shall be permitted to share a room if available. (II)

58.50(1) The facility shall provide for needed privacy in visits between spouses. (II)

58.50(2) Spouses who are residents in the same facility shall be permitted to share a room, if available, unless one of their attending physicians documents in the medical record those specific reasons why an arrangement would have an adverse effect on the health of the resident. (II)

58.50(3) Family members shall be permitted to share a room, if available, if requested by both parties, unless one of their attending physicians documents in the medical record those specific reasons why such an agreement would have an adverse effect on the health of the resident. (II)

481-58.51(135C) Choice of physician and pharmacy

Each resident shall be permitted free choice of a physician and a pharmacy, if accessible. The facility may require the pharmacy selected to utilize a drug distribution system compatible with the system currently used by the facility.

A facility shall not require the repackaging of medications dispensed by the Veterans Administration or an institution operated by the Veterans Administration for the purpose of making the drug distribution system compatible with the system used by the facility. (II)

61.5(7) Resident rooms shall meet at least the following requirements:

...m. Full visual privacy for each resident shall be provided in multibed rooms. Portable screens are not acceptable. (III)
26-39-103. Resident rights in adult care homes.

...free choice. The administrator or operator shall ensure that each resident, or resident’s legal representative on behalf of the resident, is afforded the right to perform the following:

(1) Choose a personal attending physician;

(2) participate in the development of an individual care plan or negotiated service agreement;

(3) refuse treatment;

(4) refuse to participate in experimental research; and

(5) choose the pharmacy where prescribed medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.

...privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records.

(1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.

...(p) Married couples. The administrator or operator shall ensure that each resident is afforded the right to share a room with the resident’s spouse if married residents live in the same adult care home and both spouses consent.


...(h) Comprehensive care plans.

... (2) The comprehensive care plan shall be:

...(B) prepared by an interdisciplinary team including the attending physician, a registered nurse with responsibility for the care of the resident, and other appropriate staff in other disciplines as determined by the resident’s needs, and with the participation of the resident, the resident’s legal representative, and the resident’s family to the extent practicable.


(a) Activities of daily living. Based on the comprehensive assessment of the resident, the facility shall ensure all of the following:
Any resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility shall ensure all of the following:

Residents are dressed and groomed in a manner that preserves personal dignity.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended Oct. 8, 1999.)


Each nursing 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. Each facility shall promote respect of each resident and shall fully recognize each resident's individuality.

(b) Self-determination and participation. The nursing facility shall afford each resident the right to:

1. Choose activities, schedules, and health care consistent with resident's interests, assessments and care plans;

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

3. make choices about aspects of the resident's life that are significant to the resident.

(c) Participation in resident and family groups.

1. The facility shall afford each resident the right to organize and participate in resident groups in the facility.

2. The nursing facility shall afford each resident's family the right to meet in the facility with the families of other residents in the facility.

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

4. The facility shall designate a staff person responsible for providing assistance and responding to written requests that result from group meetings.

5. When a resident or family group exists, the facility shall consider the views, grievances, and recommendations of residents and their families concerning proposed policy and operational decisions affecting resident care and life in the facility. The nursing facility shall maintain a record of the written requests and the facility responses or actions.

(d) Participation in other activities. The nursing facility shall afford each resident the right to:

1. Participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and
(2) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.


...(b) Nursing unit.

(1) Resident rooms. Each resident room shall meet the following requirements.

... (D) Each bed in a multi-bed room shall have ceiling-suspended curtains that extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.

KENTUCKY

902 KAR 20:300. Operation and services; nursing facilities.

Section 3. Resident 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 each of the following rights:

(2) Notice of rights and services.

(d) The resident shall have the right to refuse treatment, and to refuse to participate in experimental research; and

(4) Free choice. The resident shall have the right to:

(a) Choose a personal attending physician;

(b) Be fully informed in advance about care and treatment of any changes in that care or treatment that may affect the resident’s wellbeing; and
(c) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of 
the state, participate in planning care and treatment or changes in care and treatment.

(5) Privacy and confidentiality of personal and clinical records. The resident shall have the 
right to personal privacy and confidentiality of his personal and clinical records.

(a) 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;

...(13) Married couples. The resident shall have 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.

Section 6. Quality of Life.

A 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.

(1) 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.

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

(a) Choose activities, schedules, and health care consistent with his or her interests, 
assessments and plans of care:

(b) Interact with members of the community both inside and outside the facility; and

(c) Make choices about aspects of his or her life in the facility that is significant to the 
resident.

(3) Participation in resident and family groups.

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

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

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

(d) Staff or visitors may attend meetings at the group's invitation;

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

(f) 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.
(8) Participation in other activities. 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.

Section 7. Resident Assessment.

(4) Comprehensive care plans.

(b) A comprehensive care plan shall be:

2. Prepared by an interdisciplinary team, that includes the attending physician, a registered 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, the resident's family or legal representative, to the extent practicable; and

902 KAR 20:310. Facility specifications; nursing facility.

Section 7. Nursing Unit.

(1) Patient rooms. Each patient room shall meet the following requirements:

(f) Cubicle curtains, or equivalent built-in devices for complete privacy for each patient in each multibed room and in tub, shower and toilet rooms;

Subchapter C. Resident Rights

§9733. Statement of Rights and Responsibilities

A. In accordance with R.S. 40:2010.8 et seq., all nursing homes shall adopt and make public a statement of the rights and responsibilities of the residents residing therein and shall treat such residents in accordance with the provisions of the statement. The statement shall assure each resident the following:

1. the right to civil and religious liberties including, but not limited to, knowledge of available choices; the right to independent personal decision; and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these civil and religious rights;

2. the right to private and uncensored communications including, but not limited to, receiving and sending unopened correspondence; access to a telephone; visitation with any person of the resident’s choice; and overnight visitation outside the facility with family and friends in accordance with nursing home policies and physician's orders without the loss of his bed;
6. the right to be adequately informed of his medical condition and proposed treatment, unless otherwise indicated by the resident’s physician; to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident’s physician; and to be informed of the consequences of such actions;

...8. the right to have privacy in treatment and in caring for personal needs:

a. to have closed room doors, and to have facility personnel knock before entering the room, except in case of an emergency or unless medically contraindicated;

b. to have confidentiality in the treatment of personal and medical records;

c. to be secure in storing and using personal possessions, subject to applicable state and federal health and safety regulations and the rights of other residents; and

d. privacy of the resident’s body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance;

9. the right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and oral explanations of the services provided by the home, including statements and explanations required to be offered on an as-needed basis;

12. the right to select a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident’s choice, at the resident’s own expense; and to obtain information about, and to participate in, community-based activities and programs, unless medically contraindicated, as documented by the attending physician in the medical record, and such participation would violate infection control laws or regulations;

...18. the right to refuse to serve as a medical research subject without jeopardizing access to appropriate medical care;

19. the right to use tobacco, at his own expense, under the home’s safety rules and under applicable laws and rules of the state, unless the facility’s written policies preclude smoking in designated areas;

20. the right to consume a reasonable amount of alcoholic beverages, at his own expense, unless:

a. not medically advisable, as documented in his medical record by the attending physician; or

b. unless alcohol is contraindicated with any of the medications in the resident’s current regime; or

c. unless expressly prohibited by published rules and regulations of a nursing home owned and operated by a religious denomination which has abstinence from the consumption of alcoholic beverages as a part of its religious belief;
21. the right to retire and rise in accordance with his reasonable requests, if he does not disturb others and does not disrupt the posted meal schedules and, upon the home's request, if he remains in a supervised area unless retiring and rising in accordance with the resident's request is not medically advisable, as documented in his medical record by the attending physician.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:2009.1-2116.4.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:50 (January 1998).

**§9803. Physician Supervision**

A. A resident shall be admitted to the nursing home only with an order from a physician licensed to practice in Louisiana.

1. Each resident shall remain under the care of a physician licensed to practice in Louisiana and shall have freedom of choice in selecting his/her attending physician.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:2009.1-2116.4.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:55 (January 1998).

**§9819. Menus and Nutritional Adequacy**

A. Menus shall be planned, approved, signed and dated..., taking into account the cultural background and food habits of residents...

**Subchapter E. Activity Services**

**§9843. Activities Program.**

B. The activities program encourages each resident's voluntary participation and choice of activities based upon his/her specific needs and interest.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:2009.1-2116.4.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:61 (January 1998).

**Subchapter A. Physical Environment**

**§9907. Resident Room Furnishings**
... B. Screens or noncombustible ceiling-suspended privacy curtains which extend around the bed shall be provided for each bed in multiresident bedrooms to assure resident privacy. Total visual privacy without obstructing the passage of other residents either to the corridor, closet, lavatory, or adjacent toilet room nor fully encapsulating the bedroom window must be provided.

MAINE

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
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.

MARYLAND

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10.07.02

.15 Pharmaceutical Services.

B. Composition of Pharmaceutical Services Committee.

(3) Policies and procedures developed by the pharmaceutical services committee may not prohibit or restrict a resident from receiving medications from the pharmacy of the resident's choice except that, when the cost of any medication obtained from the pharmacy selected by the resident exceeds the cost of the same or equivalent medication available through a pharmacy that the facility has contracted with to provide pharmaceutical services, the resident shall be responsible for the excess amount. The committee may not require the pharmacy to provide drugs by way of a specific drug distribution system such as unit dose or utilization of a particular packaging system.

**Administrative History:** Effective date: June 30, 1978 (5:13 Md. R. 1053)
Regulation .15 amended effective January 26, 1987 (14:2 Md. R. 128)


10.07.02.28 Resident Bedroom and Toilet Facilities.

B. Bedroom Accommodations. The following requirements shall be met:

(7) In new construction, cubicle curtains and tracks shall be provided in multiple occupancy bedrooms between beds to insure privacy of patients when necessary.

Agency Note: In existing facilities, curtains or screens shall be acceptable.

... D. Furnishings. The following shall be provided:

...(5) Windows shall be provided with shades or draperies adequate to control glare and maintain privacy.

10.07.02.37 Care Planning.

... C. A facility shall give a family member or resident's representative 7 calendar days advance notice, in writing, of the location, date, and time of the care planning conference for a resident for whom a family member or representative is interested. The notification shall include an invitation for the family member or resident's representative to attend the conference.

Chapter 09 Residents' Bill of Rights: Comprehensive Care Facilities and Extended Care Facilities

Authority: Health-General Article, §§19-343—19-347 and 19-349—19-352, Annotated Code of Maryland

10.07.09.08 Resident's Rights and Services.

A. A nursing facility shall provide care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect, and in full recognition of the resident's individuality.

C. A resident has the right to:

(2) Receive treatment, care, and services that are in an environment that promotes maintenance or enhancement of each resident's quality of life;

(3) A dignified existence, self-determination, and communication with and access to individuals and services inside and outside the nursing facility;

(9) Participate in planning care and treatment, or changes in care or treatment;
(32) Participate in social, religious, and community activities if the activities do not interfere with the rights of other residents in the nursing facility.

D. A resident has the right to participate or refuse to participate in experimental research. When the resident is incapable of making this decision, the resident’s appropriate representative may consent for participation in therapeutic experimental research only.

F. Resident and Family Groups.

(1) A resident has the right to organize and participate in resident groups in the nursing facility.

Administrative History: Effective date: December 30, 1977 (4:27 Md. R. 2107)

10.07.09.09 Implementation of Residents' Bill of Rights.

A nursing facility shall:

A. Ensure that:

(1) The rights of residents as set forth in the Residents' Bill of Rights are protected, including but not limited to informing each resident of the resident's right to select a physician and pharmacy of the resident's choice;

Administrative History: Effective date: December 30, 1977 (4:27 Md. R. 2107)

MASSACHUSETTS

105 CMR 150.000: LICENSING OF LONG-TERM CARE FACILITIES

150.006: Other Professional Services and Diagnostic Services

(A) Each patient or resident or (if he is not competent) his next of kin or sponsor shall have the right to designate other licensed practitioners of their choice.

150.007 Nursing Services

(D) Nursing Care.

(2) Nursing Care Plan: In facilities that provide Level I, II or III care, the nursing care shall include a comprehensive, nursing care plan for each patient developed by the nursing staff in relation to the patient’s total health needs.

(f) The plan shall reflect the patient's psycho-social needs and ethnic, religious, social, cultural or other preferences.
(G) Nursing and Supportive Routines and Practices.

(1) All facilities shall provide sufficient nursing care and supportive care so that each patient or resident:

(e) Is treated with kindness and respect.

**150.008: Pharmaceutical Services and Medications**

(A) All facilities shall maintain current written policies and procedures regarding the procurement, storage, dispensing, administration and recording of drugs and medications.

...(2) Provision shall be made for the prompt and convenient acquisition of prescribed drugs from licensed community, institutional or hospital pharmacies. Facilities shall make no exclusive arrangements for the supply or purchase of drugs; and patients or residents, their next of kin or sponsor may arrange for the purchase of prescribed medications from pharmacies of their own choice provided medications are dispensed and labeled as specified in 105 CMR 150.000.

**150.015: Patient Comfort, Safety, Accommodations and Equipment**

(A) All facilities shall provide for the comfort, safety and mental and physical well-being of patients or residents.

(B) Personal Care.(1) Every patient or resident shall have a reasonable amount of privacy in routine daily living, during visiting hours, in time of crisis or when seriously ill.

(2) Patients and residents shall be treated with dignity and kindness at all times.

(3) Patients’ or residents’ personal effects shall be treated with respect and care.

**151.320: Patient Bedrooms -- Nursing Care Units**

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**MICHIGAN**

**333.20201** Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient’s representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients’ rights; definitions.

**Sec. 20201**

(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following:
(d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.

(g) A patient or resident is entitled to exercise his or her rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the health facility or agency staff, to governmental officials, or to another person of his or her choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination, or reprisal. A patient or resident is entitled to information about the health facility's or agency's policies and procedures for initiation, review, and resolution of patient or resident complaints.

(h) A patient or resident is entitled to information concerning an experimental procedure proposed as a part of his or her care and has the right to refuse to participate in the experimental procedure without jeopardizing his or her continuing care.

(k) A patient or resident is entitled to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented by the attending physician in the medical record. A patient's or resident's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the health facility or agency shall encourage and assist in the fullest possible exercise of these rights. A patient or resident may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion, unless medically contraindicated as documented by the attending physician in the medical record.

(3) The following additional requirements for the policy described in subsection (2) apply to licensees under parts 213 and 217:

(b) Each nursing home patient may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall be not less than 8 hours per day, and which shall take into consideration the special circumstances of each visitor, shall be established for patients to receive visitors. A patient may be visited by the patient’s attorney or by representatives of the departments named in section 20156, during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient. Each patient shall have reasonable access to a telephone. A married nursing home patient or home for the aged resident is entitled to meet privately with his or her spouse in a room that assures privacy. If both spouses are residents in the same facility, they are entitled to share a room unless medically contraindicated and documented by the attending physician in the medical record.

(d) A nursing home patient or home for the aged resident is entitled to the opportunity to participate in the planning of his or her medical treatment. A nursing home patient shall be fully informed by the attending physician of the patient's medical condition unless medically contraindicated as documented by a physician in the medical record. Each nursing home patient shall be afforded the opportunity to discharge himself or herself from the nursing home.

Popular name: Act 368

Popular name: Patient Rights

333.21763 Access to nursing home patients; purposes; requirements; termination of visit; confidentiality; complaint; determination; prohibited entry.

Sec. 21763. (1) A nursing home shall permit a representative of an approved organization, who is known by the nursing home administration to be authorized to represent the organization or who carries identification showing that the representative is authorized to represent the organization, a family member of a patient, or a legal representative of a patient, to have access to nursing home patients for 1 or more of the following purposes:

(a) Visit, talk with, and make personal, social, and legal services available to the patients.

(b) Inform patients of their rights and entitlements, and their corresponding obligations, under federal and state laws by means of the distribution of educational materials and discussion in groups and with individual patients.

(c) Assist patients in asserting their legal rights regarding claims for public assistance, medical assistance, and social services benefits, as well as in all matters in which patients are aggrieved. Assistance may be provided individually or on a group basis and may include organizational activity and counseling and litigation.

(d) Engage in other methods of assisting, advising, and representing patients so as to extend to them the full enjoyment of their rights.


Popular name: Act 368

333.22210 Certificate of need for short-term nursing care program; application; criteria; modification; fee prohibited; compliance; discrimination prohibited; exercise of rights; written acknowledgment; forms; additional rights; variation; rules; violation; penalty; certificate required.

Sec. 22210.

(3) A hospital that is granted a certificate of need for a short-term nursing care program under subsection (1) shall comply with all of the following:

(k) As part of the hospital’s policy describing the rights and responsibilities of patients admitted to the hospital, as required under section 20201, incorporate all of the following additional rights and responsibilities for patients in the short-term nursing care program:

(ii) Each short-term nursing care patient may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall take into
consideration the special circumstances of each visitor, shall be established for short-term nursing care patients to receive visitors. A short-term nursing care patient may be visited by the patient's attorney or by representatives of the departments named in section 20156 during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a short-term nursing care patient who shares a room with another short-term nursing care patient. Each short-term nursing care patient shall have reasonable access to a telephone.

(iv) A short-term nursing care patient is entitled to the opportunity to participate in the planning of his or her medical treatment. A short-term nursing care patient shall be fully informed by the attending physician of the short-term nursing care patient's medical condition, unless medically contraindicated, as documented by a physician in the medical record. Each short-term nursing care patient shall be afforded the opportunity to discharge himself or herself from the short-term nursing care program.


**Popular name:** Act 368

R 325.20501 Care in general.

Rule 501. The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel.

History: 1981 AACS.

R 325.20709 Patient care planning.

... (5) The nursing home shall make reasonable efforts to discuss the patient care plan with the patient, next of kin, guardian, or designated representative so that such parties can contribute to the plan's development and implementation.

R 325.20711 Equipment and supplies.

Rule 711.

(1) Each patient shall be provided with all of the following:

...(c) A flameproof cubicle curtain or its equivalent which shall be used to ensure privacy.

...(4) Each patient shall be provided linen sufficient to meet his or her needs for comfort and privacy ...

R 325.20714 Patient councils.
Rule 714.

(1) The home shall permit the formation of a patient council by interested patients and, at the time of admission to the home, shall inform patients and their representatives of either the right to establish a patient council if one does not exist or to participate in the activities of an operating patient council in the home.

(2) The patient council shall be entitled to meet privately or to invite members of the home’s staff, members of patients’ families, patients’ friends, and members of community organizations to participate in meetings of the patient council.

(3) The home shall designate a staff person to serve as liaison to the patient council, to attend council meetings as requested, and to make available support services and assistance to the council, such as the typing of minutes and correspondence; provision of policies, procedures, and other documents related to the operation of the home; and such other assistance as may be reasonably requested. The home shall provide space for meetings and necessary assistance to patients requiring assistance to attend meetings.

History: 1981 AACS; 1983 AACS.

R 325.21309 Patient rooms. Rule 1309.

... (10) A bed in a multibed patient room shall have flameproof cubicle curtains or their equivalent.
Subp. 6. Permitted smoking. Smoking is permitted in the nursing home only as provided by Minnesota Statutes, sections 16B.24, subdivision 9, and 144.411 to 144.417.

4658.0210 ROOM ASSIGNMENTS.

Subpart 1. Room assignments and furnishings.

A nursing home must attempt to accommodate a resident's preferences on room assignments, roommates, and furnishings whenever possible.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196

Current as of 01/19/05

4658.0405 COMPREHENSIVE PLAN OF CARE.

Subpart 1. Development.

A nursing home must develop a comprehensive plan of care for each resident within seven days after the completion of the comprehensive resident assessment as defined in part 4658.0400. The comprehensive plan of care must be developed by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident’s needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.0520 ADEQUATE AND PROPER NURSING CARE

Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include:

A. Evidence of adequate care and kind and considerate treatment at all times. Privacy must be respected and safeguarded.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.0530 ASSISTANCE WITH EATING.
Subpart 1. Nursing personnel.

Residents needing help in eating must be promptly assisted upon receipt of the meals and the assistance must be unhurried and in a manner that maintains or enhances each resident's dignity and respect.

**STAT AUTH:** MS s 144A.04; 144A.08; 256B.431

**HIST:** 20 SR 303

Current as of 01/19/05

4658.0620 FREQUENCY OF MEALS.

Subp. 4. Dining room.

Meals are to be served in a specified dining area consistent with the resident's choice and plan of care.

**STAT AUTH:** MS s 144A.04; 144A.08; 256B.431

**HIST:** 19 SR 1803; 21 SR 196

Current as of 01/19/05

4658.0625 MENUS.

Subp. 2. Food habits and customs. There must be adjustment to the food habits, customs, likes, and appetites of individual residents including condiments, seasonings, and salad dressings. There must be resident involvement in menu planning.

4658.0900 ACTIVITY AND RECREATION PROGRAM.

Subpart 1. General requirements. A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident's interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program.

**STAT AUTH:** MS s 144A.04; 144A.08

**HIST:** 21 SR 196

Current as of 01/19/05

4658.4105 BEDROOM DESIGN; NEW CONSTRUCTION.

Subpart 1. Design. Each bedroom must be designed and equipped for adequate nursing care, comfort, and privacy of residents, including full visual privacy of residents.
4658.5000 BEDROOM DESIGN, EXISTING CONSTRUCTION.

Subpart 1. Design. Each resident bedroom must be designed and equipped for adequate nursing care, comfort, and privacy of residents, including full visual privacy of residents.

MISSISSIPPI

102 ASSESSMENT AND INDIVIDUAL CARE PLANS [Alzheimer's Disease/Dementia Care Unit]

...102.03 Family Involvement. Whenever possible and appropriate, the family shall be involved in the development of a resident's care plan. The family shall be provided with information regarding social services, such as support groups for families and friends. A designated family member shall be notified in a timely manner of care plan sessions. Documentation of such notification shall be kept by the licensed facility.

116.02 Residents' Rights.

The residents' rights policies and procedures ensure that each resident admitted to the facility:

...3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

...5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

...10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

...12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically
contraindicated (as documented by his physician or nurse practitioner in his medical record); 

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner in his medical record); 

...15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner in the medical record); and 

16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.

**Note:** All rights and responsibilities specified in paragraph (1) through (16) of Section 116.02, as they pertain to (1) a resident adjudicated incompetent in accordance with State law, (2) a resident who is found by his physician or nurse practitioner to be medically incapable of understanding these rights, or (3) a resident who exhibits a communication barrier, devolve to and shall be exercised by the resident’s guardian, next of kin, sponsoring agencies, or representative payee (except when the facility is representative payee).

118 PHYSICAL FACILITIES

118.02 Bedrooms.

...3. Provisions for Privacy.

a. Existing Facilities. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms.

b. Initial Licensure, New Construction, Additions and Renovations. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms. Cubicle curtains shall completely enclose the bed from three (3) sides.
19 CSR 30-85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

...(44) Multi-bed resident rooms shall have screens or curtains, either portable or permanently affixed, available and used to provide privacy as needed or as requested. III

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

...(11) Regular daily visiting hours shall be established and posted. Relatives or guardians and clergy, if requested by the resident or family, shall be allowed to see critically ill residents at any time unless the physician orders otherwise in writing. II/III

...(69) Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III

19 CSR 30-88.010 Resident Rights

...(13) Each resident shall be afforded the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment and to participate in experimental research only upon his or her informed written consent. If a resident refuses treatment, this refusal shall be documented in the resident's record and the resident, his or her legally authorized representatives or designees, or both, shall be informed of possible consequences of not receiving treatment. II

(14) Each resident shall have the privilege of selecting his or her own physician who will be responsible for the resident's total care. II

...(29) Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III

...(31) Each resident shall be permitted to communicate, associate, and meet privately with persons of his or her choice whether on the resident's initiative or the other person's initiative, unless to do so would infringe upon the rights of other residents. The person(s) may visit, talk with, and make personal, social, or legal services available, inform residents of their rights and entitlements by means of distributing educational materials or discussions, assisting residents in asserting their legal rights regarding claims for public assistance, medical assistance and Social Security benefits, and engaging in any other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights. The facility, however, may place reasonable limitations on solicitations. II/III
(32) The facility shall permit a resident to meet alone with a person or persons of his or her choice and provide an area which assures privacy. II/III

...(35) Each resident shall be permitted to participate, as well as not participate, in activities of social, religious, or community groups at his/her discretion, both within the facility, as well as outside the facility, unless contraindicated for reasons documented by physician in the resident's medical record. II/III

...(37) Each married resident shall be assured privacy for visits by his or her spouse. II/III

(38) If both husband and wife are residents, they shall be allowed the choice of sharing or not sharing a room. III

(39) If siblings and/or a parent and his or her child are both residents, the facility shall allow the family members the choice of sharing or not sharing a room upon availability of room(s) appropriate to accommodate the residents. III

...(41) Residents shall not have their personal lives regulated or controlled beyond reasonable adherence to meal schedules and other written policies which may be necessary for the orderly management of the facility and the personal safety of the residents. II

MONTANA

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50-5-1104. Rights of long-term care facility residents.

...(2) In addition to the rights adopted under subsection (1), the state adopts for all residents of long-term care facilities the following rights:

...(c) Residents have the right to organize, maintain, and participate in resident advisory councils. The facility shall afford reasonable privacy and facility space for the meetings of the councils.

...(f) During a resident's stay in a long-term care facility, the resident retains the prerogative to exercise decision making rights in all aspects of the resident's health care, including placement and treatment issues such as medication, special diets, or other medical regimens.

...(i) Each resident has the right to privacy in the resident's room or portion of the room. If a resident is seeking privacy in the resident's room, staff members should make reasonable efforts to make their presence known when entering the room.

...(k) If clothing is provided to the resident by the facility, it must be of reasonable fit.
12-006 STANDARDS OF OPERATION, CARE, AND TREATMENT:

12-006.02 Administration: The administrator is responsible for:

4. The facility’s protection and promotion of residents’ health, safety and wellbeing; promotion of resident individuality, privacy and dignity; and resident participation in decisions regarding care and services;

12-006.05 Resident Rights: The facility must inform residents of their rights in writing. The operations of the facility must afford residents the opportunity to exercise their rights, which must include, but are not limited to, the following. Residents must have the right to:

4. Participate in the planning of his or her total care and medical treatment, or to refuse treatment. A resident may participate in experimental research only upon informed written consent;

...12. Privacy in written communication including sending and receiving mail;

13. Receive visitors as long as this does not infringe on the rights and safety of other residents in the facility. The administrator may refuse access to any person for any of the following reasons:

a. The resident refuses to see the visitor;

b. The presence of that person would be injurious to the health and safety of a resident, especially as documented by the attending physician;

c. The visitor’s behavior is unreasonably disruptive to the facility and this behavior is documented by the facility;

d. The presence of that person would threaten the security of a resident’s property or facility property; or

e. The visit is for commercial purposes only.

Any person refused access to a facility may, within 30 days of such refusal, request a hearing by the Department. The wrongful refusal of a nursing home to grant access to any person as required in Neb. Rev. Stat. §§ 71-6019 and 71-6020 constitutes a violation of the Nebraska Nursing Home Act. A nursing home may appeal any citation issued pursuant to this section as provided in 175 NAC 12-008.02;

...17. Form and participate in an organized resident group that functions to address facility issues;
...21. Be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in care for his or her personal needs.

12-007.03R Privacy: In multiple bed resident rooms, visual privacy and window curtains must be provided for each resident. In new facilities, the curtain layout must totally surround each care and treatment location and not restrict access to the entrance to the room, lavatory, toilet, or enclosed storage.

NEVADA

NAC 449.74439 Comprehensive plan of care. (NRS 449.037)

...3. A comprehensive plan of care must be:

... (b) Prepared by an interdisciplinary team that includes the patient’s attending physician, a registered nurse who is responsible for the care of the patient and such other members of the staff of the facility as are appropriate to provide services in accordance with the needs of the patient. To the extent practicable, the patient, his legal representative and members of his family must be allowed to participate in the development of the plan of care.

Rights of Patients

NAC 449.74445 Generally. (NRS 449.037)

...2. In addition to the rights set forth in NRS 449.710 and 449.720, a patient in a skilled nursing facility has the right to:

(a) Receive care in a manner and environment that maintains and enhances each patient’s dignity with respect to each patient’s individuality.

...(c) Choose his attending physician.

...(e) Participate in decisions relating to his health care, unless he is unable to do so because he is incompetent or incapacitated.

...(g) Privacy in relation to his accommodations, personal care, written and oral communications and meetings with other persons. The provisions of this paragraph do not require a facility for skilled nursing to provide a private room to each patient.

... (k) Share a room with his or her spouse if both spouses reside in the facility and consent to the arrangement.

NAC 449.74457 Policies and procedures for advance directives by patient; information to be furnished regarding physicians. (NRS 449.037)
1. A facility for skilled nursing shall adopt written policies and procedures authorizing the patients in the facility to establish advance directives for their treatment.

2. The policies and procedures must require that written information be given to adult patients concerning their right to accept or refuse treatment and to establish advance directives for their treatment.

3. A facility for skilled nursing shall inform each patient in the facility of the name and specialty of the physician responsible for his care and the manner in which the physician may be contacted.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Physical Environment

NAC 449.74539 General requirements. (NRS 449.037) A facility for skilled nursing shall:

1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public;

2. Care for each patient in the facility in a manner that promotes the dignity of the patient and his quality of life;

NEW HAMPSHIRE

He-P 803.14 Duties and Responsibilities of All Licensees.

...(aa) Except as required to protect the health, safety, and well-being of the resident or other residents, prior to a resident room or bed location change, the facility shall:

...(2) Provide verbal notice to the resident and/or the resident’s guardian or agent, as applicable, including performing the following:

a. Learning the resident’s preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes;

b. Explaining to the resident the reason for the move; and

c. Providing the opportunity to see the new location, meet the new roommate, and ask questions about the move.
He-P 803.15 Required Services.

... (q) A resident may refuse all care and services.

(r) When a resident refuses care or services that could result in a threat to their health, safety or wellbeing, or that of others, the licensee or their designee shall:

(1) Inform the resident and guardian of the potential results of their refusal;

(2) Notify the licensed practitioner of the resident’s refusal of care;

(3) Notify the agent, as applicable, unless the resident objects; and

(4) Document in the resident’s record the refusal of care and the resident’s reason for the refusal, if known.

NEW JERSEY

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SUBCHAPTER 4. MANDATORY RESIDENT RIGHTS

8:39-4.1 Resident rights

(a) Each resident shall be entitled to the following rights:

...1. To retain the services of a physician or advanced practice nurse the resident chooses, at the resident’s own expense or through a health care plan;

3. To participate, to the fullest extent that the resident is able, in planning his or her own medical treatment and care;

4. To refuse medication and treatment after the resident has been informed, in language that the resident understands, of the possible consequences of this decision. The resident may also refuse to participate in experimental research, including the investigations of new drugs and medical devices. The resident shall be included in experimental research only when he or she gives informed, written consent to such participation;
...12. To be treated with courtesy, consideration, and respect for the resident's dignity and individuality;

16. To have physical privacy. The resident shall be allowed, for example, to maintain the privacy of his or her body during medical treatment and personal hygiene activities, such as bathing and using the toilet, unless the resident needs assistance for his or her own safety;

17. To have reasonable opportunities for private and intimate physical and social interaction with other people, including arrangements for privacy when the resident's spouse visits. If the resident and his or her spouse are both residents of the same nursing home, they shall be given the opportunity to share a room, unless this is medically inadvisable, as documented in their records by a physician or advanced practice nurse;

...21. To stay out of bed as long as the resident desires and to be awakened for routine daily care no more than two hours before breakfast is served, unless a physician recommends otherwise and specifies the reasons in the resident's medical record;

23. To meet with any visitors of the resident's choice between 8:00 A.M. and 8:00 P.M. daily. If the resident is critically ill, he or she may receive visits at any time from next of kin or a guardian, unless a physician or advanced practice nurse documents that this would be harmful to the resident's health;

24. To take part in nursing home activities, and to meet with and participate in the activities of any social, religious, and community groups, as long as these activities do not disrupt the lives of other residents;

27. To request visits at any time by representatives of the religion of the resident's choice and, upon the resident's request, to attend outside religious services at his or her own expense. No religious beliefs or practices shall be imposed on any resident;

28. To participate in meals, recreation, and social activities without being subjected to discrimination based on age, race, religion, sex, nationality, or disability. The resident's participation may be restricted or prohibited only upon the written recommendation of his or her physician or advanced practice nurse;

29. To organize and participate in a Resident Council that presents residents’ concerns to the administrator of the facility. A resident’s family has the right to meet in the facility with the families of other residents in the facility;

SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES

8:39-7.3 Mandatory resident activity services

(g) Resident activities programs shall be developed and modified on the basis of input from residents, as well as staff, family, and others.

SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.6 Mandatory policies and procedures for advance directives
A resident shall be transferred to another health care facility only for a valid medical reason, in order to comply with other applicable laws or Department rules, to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., in the instance of private, religiously affiliated health care institutions who establish policies defining circumstances in which it will decline to participate in the implementation of advance directives. Such institutions shall provide notice to residents or their families or health care representatives prior to or upon admission of their policies. A timely and respectful transfer of the individual to another institution which will implement the resident’s advance directive shall be affected. The facility’s inability to care for the resident shall be considered a valid medical reason. The sending facility shall receive approval from a physician or advanced practice nurse and the receiving health care facility before transferring the resident.

At least one education or training program each year shall be held and documented for all administrative and resident care staff regarding the rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act (P.L. 1991, c.201) and the Federal Patient Self Determination Act (P.L. 101-508), and internal facility policies and procedures to implement these laws.

SUBCHAPTER 13. MANDATORY COMMUNICATION

8:39-13.2 Mandatory resident communication services

(a) Residents and their families shall be given the opportunity to participate in the development and implementation of the care plan, and their involvement shall be documented in the resident’s medical record.

8:39-13.3 Mandatory staff communication qualifications

(a) Staff shall always communicate with residents and families in a respectful way, and shall introduce and identify themselves to residents as required and necessary.

SUBCHAPTER 14. ADVISORY COMMUNICATION

8:39-14.1 Advisory resident services

...(b) Periodic meetings are open to all staff, residents, and families to discuss any problems, encourage the resident to reach his or her potential, examine the goals and expectations of different individuals, describe how questions and complaints can be presented, and review the concept of interdisciplinary care.

(c) Provision is made for residents to retain membership, join, and/or participate in community activities. These should include organizations, community projects, holiday observances, or charitable events.
8:39-17.4 Mandatory resident dietary services

(a) Each resident shall receive a diet which:

1. Corresponds to the physician's or advanced practice nurse's order, the dietitian's instructions, and resident's food preferences;

...(e) The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents.

SUBCHAPTER 18. ADVISORY DIETARY SERVICES

8:39-18.4 Advisory resident dietary services

...(e) Residents are offered a selective menu consisting of at least three main entrees at each meal.

(f) A menu committee composed of residents participates in meal planning.

SUBCHAPTER 27. MANDATORY QUALITY OF CARE

8:39-27.3 Mandatory general resident services

... (d) Residents shall be encouraged and helped to select the clothing they will wear each day.

8:39-27.4 Mandatory post-mortem policies and procedures

(a) Deceased residents shall be removed in a timely fashion from rooms where other residents are staying and transported within the facility in a dignified manner.

SUBCHAPTER 28. ADVISORY QUALITY OF CARE

8:39-28.1 Advisory policies and procedures for resident care

(a) The facility conducts scheduled interdisciplinary staff discussions, and discussions with residents and families, about the right of residents to die with dignity.

SUBCHAPTER 36. ADVISORY MEDICAL RECORDS

8:39-36.1 Advisory policies and procedures for medical records

(a) The name by which the resident wishes to be called is entered on the cover or first page of the medical record.

SUBCHAPTER 46. ALZHEIMER’S/DEMENTIA PROGRAMS ADVISORY STANDARDS
8:39-46.4 Advisory activity programming

The Alzheimer's/dementia program provides a daily schedule of special activities, seven days a week and at least two evenings per week, designed to maintain residents’ dignity and personal identity, enhance socialization and success, and to accommodate the various cognitive and functional abilities of each resident.

8:39-46.5 Advisory nutrition [Alzheimer's/dementia programs]

(a) The Alzheimer's/dementia program provides nutritional intervention as needed, based upon assessment of the eating behaviors and abilities of each resident. Interventions may include, but are not limited to, the following:

...3. Simplified choices of foods or utensils

NEW MEXICO

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7.9.2.22 RIGHTS OF RESIDENTS:

Every resident shall have the right to:

F. TREATMENT: Be treated with courtesy, respect, and full recognition of one's dignity and individuality by all employees of the facility and by all licensed, certified, and registered providers under contract with the facility

G. PRIVACY:

Have physical and emotional privacy in treatment, living arrangements, and in caring for personal needs, including, but not limited to:

(1) Privacy for visits by spouse. If both spouses are residents of the same facility, they shall be permitted to share a room unless medically contra-indicated as documented by the resident's physician in the resident's medical record.
N. CHOICE OF PROVIDER: Use the licensed, certified or registered provider of health care and pharmacist of the resident's choice. The pharmacist of choice must be able to supply drugs and/or Biologicals in such a manner as is consistent with the facility's medication delivery system.

O. CARE PLANNING: Be fully informed of one's treatment and care and participate in the planning of that treatment and care, unless contra-indicated by physician order.

P. RELIGIOUS ACTIVITY: Participate in religious activities and services, of resident's choice and meet privately with clergy.

[5-2-89; 7.9.2.22 NMAC – Rn, 7 NMAC 9.2.22, 8-31-00]

7.9.2.49 PHYSICIAN SERVICES IN ALL FACILITIES:

The facility shall assure that the following services are provided:

A. ATTENDING PHYSICIANS: Each resident shall be under the supervision of a physician of the resident’s or guardian’s choice who evaluates and monitors the resident’s immediate and long-term needs and prescribes measures necessary for the health, safety and welfare of the resident. Each attending physician shall make arrangements for the medical care of the physician's residents in the physician's absence.

[7-1-60, 5-2-89; 7.9.2.49 NMAC – Rn, 7 NMAC 9.2.49, 8-31-00]

7.9.2.52 DIETARY SERVICE:

...C. MENUS:

... (4) The facility shall make reasonable adjustments to accommodate each resident's preferences, habits, customs, appetite, and physical condition.

7.9.2.72 RESIDENTS’ ROOMS:

...I. CUBICLE CURTAINS: Each bed in a multiple-bed room shall have a flame retardant or flameproof cubicle curtain or an equivalent divider that will assure resident privacy.

NEW YORK

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
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.

NORTH CAROLINA

10A NCAC 13D.2301

PATIENT ASSESSMENT AND CARE PLANNING

(c) The facility shall develop a comprehensive care plan for each patient and shall include measurable objectives and timetables to meet needs identified in the comprehensive assessment. The facility shall ensure the comprehensive care plan is developed within seven days of completion of the comprehensive assessment by an interdisciplinary team that includes a registered nurse with responsibility for the patient and representatives of other appropriate disciplines as dictated by the needs of the patient. To the extent practicable,
preparation of the comprehensive care plan shall include the participation of the patient and the patient's family or legal representative. The physician may participate by alternative methods, including, but not limited to, telephone or face-to-face discussion, or written notice.

**History Note:** Authority G.S. 131E-104; RRC objection due to lack of statutory authority Eff. July 13, 1995; Eff. January 1, 1996.

### 10A NCAC 13D .2502 PRIVATE PHYSICIAN

(a) Each patient or legal representative shall be allowed to select his or her private physician except in those facilities affiliated with medical teaching programs and having written policies requiring all patients to participate in the medical teaching program.

**History Note:** Authority G.S. 131E-104; Eff. January 1, 1996.

### 10A NCAC 13D .3202 FURNISHINGS

... (b) Flame resistant privacy screens or curtains shall be provided in multi-bedded rooms.

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### NORTH DAKOTA

33-07-03.2-16 Dietetian services.

...d. Menus must be adjusted to address the requests of the residents when possible.

**33-07-03.2-20. Activity Services.**

7. Resident's request to see clergy must be honored and space must be provided for privacy during these visits.

**History:** Effective July 1, 1996.
**General Authority:** NDCC23-01-03, 28-32-02
**Law Implemented:** NDCC23-16-01, 28-32-02

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### OHIO

3701-17-09 Activities; social services; chaplain services; visiting hours; telephone service; pets, mail.

(C) All nursing homes shall provide, facilitate or arrange for services to meet the spiritual preferences of their residents.
3701-17-14 Plan of care; treatment and care: discharge planning.

(A) ... The plan shall be prepared by an interdisciplinary team that includes the attending physician or the attending advance practice nurse, or both, a registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the needs of the resident and, to the extent practicable, the resident and the family or sponsor of the resident unless the resident does not wish them to be involved.

3701-17-16 Equipment and supplies.

...(B) rooms shall be designed or equipped to assure full visual privacy for each resident except nursing homes in operation on the effective date of this rule have one year to comply with this requirement. For the purposes of this paragraph, “full visual privacy” means that the resident has a means of completely withdrawing from public view while occupying their bed through such means as a curtain, moveable screens or private room.

3701-17-17 Medicines and drugs.

(A) The nursing home shall provide or obtain routine and emergency medicines, drugs and biologicals for its residents except if prohibited by state or federal law. The nursing home shall permit residents to use and continue to obtain medicines, drugs and biologicals dispensed to them from a pharmacy of choice provided the medicines, drugs and biologicals meet the standards of this rule.

Effective Date: October 20, 2001 R.C. 119.032 Review Date: 9/1/00; 10/1/06 Certified by: Jodi Govern, Secretary, Public Health Council 10/10/01 Date Rule promulgated under: RC Chapter 119 Rule authorized by: RC 3721.04 Rule amplifies: RC 3721.011, 3721.04, 3721.10, 3721.14 Prior effective dates: 12/21/92; 5/2/66

3701-17-18 Food and nutrition.

(B) The nursing home shall accommodate a resident's preference or medical need to eat at different intervals.

Replaces: 3701-17-18

Effective Date: October 20, 2001 R.C. 119.032 Review Date: 9/1/00; 10/1/06 Certified by: Jodi A. Govern, Secretary, Public Health Council Rule promulgated under: RC Chapter 119 Rule authorized by: RC 3721.04 Rule amplifies: RC 3721.01 to 3721.19 Prior effective dates: 12/21/92; 10/8/86; 5/2/66

OKLAHOMA

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310:675-5-3. Nursing unit

Each nursing unit shall provide the following:
(1) Resident room with a maximum capacity of four residents.

(6) Visual privacy shall be provided each resident in multi-bed rooms. Design for privacy shall not restrict resident access to entry, lavatory, or toilet.

310:675-7-7.1. Resident’s advisory council

(a) Each facility shall establish a residents advisory council.

(b) Members of the residents advisory council shall consist of all current nursing facility residents or their designated representative. The administrator shall designate a member of the facility staff to coordinate the council and render assistance to the council, and respond to the requests from the council’s meetings.

(c) No employee or affiliate of the facility shall be a member of the council. The facility shall provide the council with private meeting space.

(d) Minutes of the residents advisory council meetings shall be prepared by the facility staff and maintained in the facility. A copy of the meeting minutes shall be provided to those residents or representatives requesting them. Information identifying a resident shall not be included in the minutes.

(e) The residents advisory council shall communicate to the administrator the residents’ opinions and concerns known to the council.

(f) The residents advisory council shall be a forum for:

(1) Early identification of problems and recommendations for orderly problem resolution.

(2) Soliciting and adopting recommendations for facility programs and improvements.

(3) Obtaining information from, and disseminating information to, the residents.

(g) The residents advisory council may present complaints to the Department on behalf of a resident.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-1.1. Nursing and personal care services

(b) Basic nursing and personal care shall be provided for residents as needed.

(2) Personal care shall include, but not be limited to:

(D) Ensuring that residents are dressed appropriately for activities in which they participate; bedfast/chairfast residents shall be appropriately dressed and provided adequate cover for comfort and privacy.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]
Assessment and care plans

... (c) Efforts shall be made to include the resident and resident's representative in development and implementation of the care planning process.

### OREGON

**411-085-0000 Statement of Purpose**

(Effective 08/01/2004)

The purpose of these rules (OAR Chapter 411, Divisions 85 through 89) is to establish requirements for nursing facilities that promote quality care and maximization of personal choice and independence for residents. Whenever possible, care shall be directed toward returning the resident to his/her own residence or to the least restrictive alternative environment within the shortest time possible.

**Stat. Auth.:** ORS 410 & ORS 441

**Stats. Implemented:** ORS 441.055 & ORS 441.615

### 411-085-0310 Residents' Rights: Generally

The facility must protect, encourage and assist the resident in exercising the rights identified in OAR 411-085-0300 through 411-085-0350. Each resident and his/her legal representative, as appropriate, has the right to:

1. Be fully informed of his/her total health status, including but not limited to medical status. The resident must be informed of the right to choose his/her own physician and to be fully informed in advance of any changes in care or treatment. The facility staff must encourage the resident to exercise the right to make his/her own decisions and fully participate in care and care planning unless the resident has been found legally incapable of doing so.

2. Refuse any medication, treatment, care or any participation in experimental research unless the resident has been found legally incapable of doing so.

3. Be treated with consideration, respect and dignity and assured complete privacy during treatment and when receiving personal care.

4. Associate and communicate privately with persons of the resident’s choice, to send and receive personal mail unopened and to have regular access to the private use of a telephone.

5. Be provided privacy for visits when requested, including meetings with other residents and family groups.

6. Participate in social, religious, and community activities at the discretion of the resident.
Both the resident and facility management may have keys.

Stat. Auth.: ORS 410 & ORS 441

Stats. Implemented: ORS 441.055, ORS 441.600, ORS 441.610, ORS 441.615 & ORS 441.700

411-085-0330 Residents’ Rights: Visitor Access

(1) DEFINITION. As used in this rule, “full and free access” means access to the fullest extent possible without undue adverse interference on the operation of the facility.

(2) FULL ACCESS. The facility must permit individuals and groups full and free access to:

(a) Visit, talk with and make personal, social and legal services available to all residents;

(b) Inform residents of their rights and entitlements, and their corresponding obligations, under federal and state laws by means of distribution of educational materials and discussion in groups and with individual residents;

(c) Assist, advise and represent residents in obtaining public assistance, medical assistance, social security benefits and in asserting resident rights. Assistance may be provided to residents individually or in groups.

(3) RIGHT TO REFUSE. The resident has the right to refuse contact with any individual or group who otherwise has access to the facility under this rule. The refusal to communicate with any individual or group must be made directly by the resident unless the resident’s medical record clearly documents the reasons for not doing so.

(4) SOLICITATION. This rule is not intended to allow access to persons or organizations whose primary purpose is to solicit purchase of services or products, or solicit contributions, from the residents or staff.

Stat. Auth.: ORS 410 & 441
Stats. Implemented: ORS 441.055, 441.605 & 441.615
Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90; SPD 26-2004, f. 7-30-04, cert. ef. 8-1-04

411-085-0340 Residents’ Rights: Pharmaceutical Services, Charges for Drugs

(1) CHOICE OF SUPPLIERS:

(a) The resident must have a choice from among prescription/nonprescription drug delivery systems so long as the system selected:

(A) Provides for timely delivery of drugs;

(B) Provides adequate protection to prevent tampering with drugs;
(C) Provides that drugs are delivered in a unit of use compatible with the established system of the facility for dispensing drugs, whether that system is provided by a facility pharmacy or by a contract with a pharmacy; and

(D) Provides a 24-hour emergency service procedure either directly or by contract with another pharmacy.

(b) The resident must have a choice from among suppliers of nonprescription medication, but no facility is required to accept any opened container of such medication;

(d) The resident must have a choice from among suppliers of nonprescriptive sickroom supplies so long as any items supplied can be maintained in a clean manner with equipment available at the facility;

Stat. Auth.: ORS 410 & ORS 441

Stats. Implemented: ORS 441.055, ORS 441.083, ORS 441.084 & ORS 441.615

411-086-0060 Comprehensive Assessment and Care Plan

(2) CARE PLAN PREPARATION and IMPLEMENTATION. The facility, through the nursing services department and the interdisciplinary staff, shall provide services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in accordance with a written, dated, care plan.

(c) The plan shall provide for and promote personal choice and independence of the resident.

(f) The plan shall be prepared and implemented with participation of the resident and in accordance with the resident's wishes.


Stats. Implemented: ORS 441.055 & 441.615

411-086-0140 Nursing Services: Problem Resolution & Preventive Care

(1) PROBLEM RESOLUTION and PREVENTION.

(a) Conditions to be Prevented. The licensee shall take all reasonable measures consistent with resident choice to resolve and to prevent undesirable conditions such as:

(I) Loss of self-esteem or dignity.

(2) SAFE ENVIRONMENT. The licensee shall ensure the provision of a safe environment to protect residents from injury. Actions taken by the facility staff shall be consistent with each resident's right to fully participate in his or her own care planning and shall not limit any resident's ability to care for herself/himself.
(3) RESTRAINTS. The licensee shall ensure that, except when required in an emergency, physical and chemical restraints are only applied in accordance with the resident’s care plan. Restraints may be used only to ensure the physical safety of the resident or other residents.

(a) Freedom of Choice. When restraints are considered in the interdisciplinary care planning conference to reduce the risk of injury related to falls, the resident or his/her legal guardian or person acting under the resident’s power of attorney for health care must be informed of the potential risks of falling and the risks associated with restraints.

Stats. Implemented: ORS 441.055 & 441.615

411-086-0230 Activity Services

(1) ACTIVITY PROGRAM: The facility shall have an activity program available to all residents which encourages each resident to maintain normal activity and to return to self-care. The program shall address the intellectual, social, spiritual, creative, and physical need(s), capabilities, and interests of each resident, and shall encourage resident self-direction.

(c) The program shall include activities meaningful to the residents at least six days per week, including:

(B) Individual self-care activities designed to enhance personal responsibility and choice (e.g., dressing, personal hygiene);

411-086-0360 Resident Furnishings, Equipment

...(3) Privacy. In multiple-bed rooms, opportunity for privacy shall be provided by flame retardant curtains or screens. Cubicle curtains or screens are not required for beds assigned to pediatric residents.

411-087-0130 Resident Care Unit

...(e) Privacy. The facility shall provide full visual privacy by means of cubicle curtains for each resident in multi-bed rooms. Design for privacy shall not restrict the exit/access of other residents from/to the resident room, handwash sink, or toilet. "Full visual privacy" in a multi-bed room means curtains which prevent staff, visitors and other residents from seeing a resident in bed, but which allow staff, visitors and other residents access to the toilet room, handwash sink and entrance;

PENNSYLVANIA

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§ 201.29. Resident rights.
(i) The resident shall be encouraged and assisted throughout the period of stay to exercise rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to the facility staff or to outside representatives of the resident's choice. The resident or resident's responsible person shall be made aware of the Department's Hot Line (800) 254-5164, the telephone number of the Long-Term Care Ombudsman Program located within the Local Area Agency on Aging, and the telephone number of the local Legal Services Program to which the resident may address grievances. A facility is required to post this information in a prominent location and in a large print easy to read format.

(j) The resident shall be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for the necessary personal and social needs.

(o) Experimental research or treatment in a nursing home may not be carried out without the approval of the Department and without the written approval of the resident after full disclosure. For the purposes of this subsection, “experimental research” means an experimental treatment or procedure that is one of the following:

(2) Exposes the resident to pain, injury, invasion of privacy or asks the resident to surrender autonomy, such as a drug study.

Authority: The provisions of this § 201.29 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


Notes of Decisions: A survey team found a deficiency at a nursing care facility with regard to the ownership and management regulations which require a patient be treated with consideration and dignity, where a patient was assisted to the toilet in full view from the hallway and patients were improperly dressed or dressed in night clothes in the middle of the day. Department of Health v. Brownsville Golden Age Nursing Home, Inc., 516 A.2d 87 (Pa. Cmwlth. 1986).

§ 211.9. Pharmacy services.

(f) Residents shall be permitted to purchase prescribed medications from the pharmacy of their choice. If the resident does not use the pharmacy that usually services the facility, the resident is responsible for securing the medications and for assuring that applicable pharmacy regulations and facility policies are met. The facility:

(1) Shall notify the resident or the resident's responsible person, at admission and as necessary throughout the resident's stay in the facility, of the right to purchase medications from a pharmacy of the resident's choice as well as the resident's and pharmacy's
responsibility to comply with the facility’s policies and State and Federal laws regarding packaging and labeling requirements.

Authority: The provisions of this § 211.9 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


§ 211.11. Resident care plan.

(e) The resident, when able, shall participate in the development and review of the care plan.

Authority: The provisions of this § 211.11 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).


RHODE ISLAND

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.
803. Individual Care Plan (ICP) (II)

A. The facility shall develop an ICP with participation by, and as evidenced by the signatures of the resident or responsible party, or documentation that the facility attempted to obtain the signatures, and an interdisciplinary team of qualified individuals, within fourteen (14) days of admission. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than quarterly by the interdisciplinary team.

SECTION 1000 - RESIDENT CARE AND SERVICES

1001. General

...G. The provision of care, treatment, and services shall be resident-centered and resident-directed to the fullest extent possible. Such care, treatment, and services to residents shall be guided by the recognition of and respect for cultural differences and personal preferences to assure reasonable accommodations shall be made for residents with regard to differences, such as, but not limited to, religious practices and dietary preferences.

H. Opportunities for participation in religious services shall be available. Reasonable assistance in obtaining pastoral counseling shall be provided upon request by the resident.

1003. Recreation

...F. Residents shall retain autonomous control over a wide range of activities and shall not be compelled to participate in any activity. Activities provided shall be in accordance with the ICP.

...H. Religious services shall be considered resident activities. Every resident shall have the freedom to attend the church service of his or her choice.

...J. Visiting by relatives and friends shall be encouraged, with minimum restrictions. Visiting hours shall be posted in accordance with facility policies and procedures. Reasonable exceptions to these hours shall be granted.

SECTION 1100 - RIGHTS AND ASSURANCES

1101. General (II)

...D. Achievement of the highest level of self-care, independence and choice by residents shall be reflected in the manner in which the facility provides and promotes resident care and how the facility honors reasonable requests.

E. Residents shall be given the opportunity to provide input concerning changes in facility operational policies, procedures, services, e.g., resident councils.
N. The facility shall inform residents of the resident councils (See Section 1102).

1102. Resident and Family Councils (II)

A. The facility shall allow residents to form and participate in resident councils to discuss and resolve concerns.

B. Adequate notification shall be provided to family members or to the responsible party of the resident concerning pertinent information pertaining to the operation or interest of the family council in accordance with facility policies and procedures.

C. Should there be a council, the facility administrator shall designate a staff coordinator and provide suitable private accommodations within the facility for these council(s). The staff coordinator shall assist the council(s) in scheduling regular meetings and preparing written reports of meetings for dissemination to residents of the facility.

SECTION 1400 - MEAL SERVICE

1404. Meals and Services (II)

...C...Residents shall be allowed to choose between a variety of foods offered. Personal preferences as to the times residents receive their meals may be honored. This may include offering smaller, more frequent meals, or snacks, or postponing meals to honor a resident's request, e.g., to sleep or not to eat. The condition of the resident shall dictate the manner in which meal service is adjusted to suit personal preferences. Meal service systems, e.g., four-meal plans and/or buffet dining, may be offered in order to facilitate the resident receiving a variety of foods.

2802. Resident Rooms

...L. Cubicle curtains with built-in curtain tracks shall be provided in all multiple bed rooms, which will shield each bed from other beds and also shield each bed from view from the corridor when the room door to the corridor is open. (II)

M. Consideration shall be given to resident compatibility in the assignment of rooms for which there is multiple occupancy.

SOUTH DAKOTA

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44:04:02:18. Area requirements for currently licensed patient/resident rooms.

Facilities must be constructed, equipped, and operated to maintain the privacy and dignity of all patients or residents. In multi-bed rooms, each bed must be able to be separated from the other beds by privacy curtains.
44:04:06:05. Patient or resident care plans and programs. The care plan for nursing facility residents must be based on the resident assessments required in §§ 44:04:06:15 and 44:04:06:16 and must be developed and approved by the resident's physician; the resident, the resident's family, or the resident's legal representative.

Law Implemented: SDCL 34-12-13.

44:04:12:04. Spiritual needs. The facility must provide for the spiritual needs of the patients or residents. Patient or resident requests to see a clergyman must be honored. No specific religious beliefs or practices may be imposed on any patient or resident contrary to the patient's or resident's choice.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 29 SDR 81, effective December 11, 2002.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:13:02. Patient or resident rooms.

A patient or resident room must meet the following requirements:

(3) Each bed in two-bed rooms must have cubicle curtains or equivalent built-in devices for full visual privacy that allow access to the toilet room and corridor without entering the roommate's space.


General Authority: SDCL 34-1-17, 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:17:02. Facility to inform resident of rights. Prior to or at the time of admission, a facility must inform the resident, both orally and in writing, of the resident's rights and of the rules governing the resident's conduct and responsibilities while living in the facility. The resident must acknowledge in writing that the resident received the information.
During the resident’s stay the facility must notify the resident, both orally and in writing, of any changes to the original information. The information must contain the following:

(6) The resident’s right to refuse treatment and to refuse to participate in experimental research. A resident’s right to refuse treatment does not absolve a facility from responsibility to provide for necessary medical services and treatment. Residents who refuse treatment must be informed of the results of that refusal, plus any alternatives that may be available;

...(8) The resident's right to receive visitors. Visiting hours and policies of the facility must permit and encourage the visiting of residents by friends and relatives.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 19 SDR 95, effective January 7, 1993; subdivision (8) transferred from § 44:04:12:03, 22 SDR 70, effective November 19, 1995; 27 SDR 59, effective December 17, 2000.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:17:07. Choice in planning care. A resident may choose a personal attending physician, be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being, and, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state, participate in planning care and treatment or changes in care or treatment.

Source: 19 SDR 95, effective January 7, 1993; 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.


44:04:17:08. Privacy and confidentiality. A facility must provide for privacy and confidentiality for the resident, including the resident's accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. A facility is not required to provide a private room for each resident. A facility must permit residents to perform the following:

...(3) To visit a spouse or, if both are residents of the same facility, to share a room with the spouse, within the capacity of the facility, upon the consent of both spouses;

...(5) To have only authorized staff present during treatment or activities of personal hygiene;
... (7) To meet, associate, and communicate with any person of the resident's choice in a private place within the facility;

(8) To participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and

Source: 19 SDR 95, effective January 7, 1993; 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

Cross-Reference: Written policies and confidentiality of records, § 44:04:09:04.

44:04:17:09. Quality of life. A facility must provide care and an environment that contributes to the resident's quality of life, including:

(2) Maintenance or enhancement of the resident's ability to preserve individuality, exercise self-determination, and control everyday physical needs;


General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

Cross-Reference: Care policies for nursing facilities, § 44:04:04:11.
(e) To privately talk and/or meet with and see anyone;

(i) To meet with members of and take part in activities of social, commercial, religious and community groups. The administrator may refuse access to the facility to any person if that person’s presence would be injurious to the health and safety of a resident or staff, or would threaten the security of the property of the resident, staff or facility;

(j) To form and attend resident council meetings. The facility shall provide space for meetings and reasonable assistance to the council when requested;

(m) To be fully informed by a physician of his/her health and medical condition. The facility shall give the resident and family the opportunity to participate in planning the resident’s care and medical treatment;

(n) To refuse treatment. The resident must be informed of the consequences of that decision. The refusal and its reason must be reported to the physician and documented in the medical record;

(o) To refuse experimental treatment and drugs. The resident’s written consent for participation in research must be obtained and retained in the medical record;

...(t) To exercise his/her own independent judgment by executing any documents, including admission forms;

(u) To have a free choice of providers of medical services, such as physician and pharmacy. However, medications must be supplied in packaging consistent with the medication system of the nursing home;

(w) To voice grievances and complaints, and to recommend changes in policies and services to the facility staff or outside representatives of the resident’s choice. The facility shall establish a grievance procedure and fully inform all residents and family members or other representatives of the procedure;

...(y) To be involved in the decision making of all aspects of their care.


RULE §19.802 Comprehensive Care Plans

... (b) The comprehensive care plan must be:

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

SUBCHAPTER K. QUALITY OF CARE

Sec. 242.401. QUALITY OF LIFE.

(a) An institution shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life and dignity. An institution that admits a resident who is younger than 18 years of age must provide care to meet the resident's unique medical and developmental needs.

SUBCHAPTER L. RIGHTS OF RESIDENTS

Sec. 242.501. RESIDENT'S RIGHTS.

(a) The department by rule shall adopt a statement of the rights of a resident. The statement must be consistent with Chapter 102, Human Resources Code, but shall reflect the unique circumstances of a resident at an institution. At a minimum, the statement of the rights of a resident must address the resident's constitutional, civil, and legal rights and the resident's right:

(3) to be treated with courtesy, consideration, and respect;

... (6) to privacy, including privacy during visits and telephone calls;

... (9) to retain the services of a physician the resident chooses, at the resident's own expense or through a health care plan, and to have a physician explain to the resident, in language that the resident understands, the resident's complete medical condition, the recommended treatment, and the expected results of the treatment, including reasonably expected effects, side effects, and risks associated with psychoactive medications;

(10) to participate in developing a plan of care, to refuse treatment, and to refuse to participate in experimental research;

(16) to receive visitors;

... (18) to participate in activities inside and outside the institution;

Sec. 242.602. PHARMACIST SERVICES.

... (b) The institution shall allow residents to choose their pharmacy provider from any pharmacy that is qualified to perform the services.
Sec. 242.902. FAMILY COUNCIL. A family council may:

(1) make recommendations to the institution proposing policy and operational decisions affecting resident care and quality of life; and

(2) promote educational programs and projects that will promote the health and happiness of residents.

Sec. 242.903. DUTIES OF INSTITUTION.

(a) An institution shall consider the views and recommendations of the family council and make a reasonable effort to resolve the council's grievances.

(b) An institution may not:

(1) prohibit the formation of a family council;

(2) terminate an existing family council;

(3) deny a family council the opportunity to accept help from an outside person;

(4) limit the rights of a resident, family member, or family council member to meet with an outside person, including:

(A) an employee of the institution during nonworking hours if the employee agrees; and

(B) a member of a nonprofit or government organization;

(5) prevent or interfere with the family council receiving outside correspondence addressed to the council;

(6) open family council mail; or

(7) wilfully interfere with the formation, maintenance, or operation of a family council, including interfering by:

(A) discriminating or retaliating against a family council participant; and

(B) wilfully scheduling events in conflict with previously scheduled family council meetings if the institution has other scheduling options.

(c) On admission of a resident, an institution shall inform the resident's family members in writing of:

(1) the family members' right to form a family council; or

(2) if a family council already exists, the council's:

(A) meeting time, date, and location; and
(B) contact person.

(d) An institution shall:

(1) include notice of a family council in a mailing that occurs at least semiannually;

(2) permit a representative of a family council to discuss concerns with an individual conducting an inspection or survey of the facility;

(3) provide a family council with adequate space on a prominent bulletin board to post notices and other information;

(4) provide a designated staff person to act as liaison for a family council; and

(5) respond in writing to a written request by a family council within five working days.

Added by Acts 2007, 80th Leg., R.S., Ch. 798, Sec. 3, eff. September 1, 2008.

Sec. 242.904. MEETINGS.

(a) On written request, an institution shall allow a family council to meet in a common meeting room of the institution at least once a month during hours mutually agreed upon by the family council and the institution.

(b) Institution employees or visitors may attend a family council meeting only at the council's invitation.

Added by Acts 2007, 80th Leg., R.S., Ch. 798, Sec. 3, eff. September 1, 2008.

Sec. 242.905. VISITING. A family council member may authorize in writing another member to visit and observe a resident represented by the authorizing member unless the resident objects.

Added by Acts 2007, 80th Leg., R.S., Ch. 798, Sec. 3, eff. September 1, 2008.

SUBCHAPTER D

FACILITY CONSTRUCTION
RULE §19.305 Resident Rooms

Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.

(1) Bedrooms must:

(D) be designed or equipped to assure full visual privacy for each resident. Appropriate measures must be taken through the use of cubicle curtains, screens, or procedures to protect the privacy and dignity of the residents. Curtains and screens must be rendered and maintained flame-retardant.
E} in facilities initially certified after March 31, 1992, except in private rooms, have ceiling-suspended curtains for each bed, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtain (see paragraph (4) of this section).

...(13) Locks on bedroom doors are permitted when they meet definite patient needs, including the following situations:

(A) married couples whose rights of privacy could be infringed upon unless bedroom door locks are permitted.

Source Note: The provisions of this §19.305 adopted to be effective July 1, 1996, 21 TexReg 4408.

RULE §19.334 Architectural Space Planning and Utilization

(a) Resident bedrooms. Each resident bedroom must meet the following requirements:

... (11) Visual privacy (such as cubicle curtains) must be available for each resident in multi-bed rooms. Design for privacy must not restrict resident access to entry, lavatory, or toilet, nor may it restrict bed evacuation or obstruct sprinkler flow coverage.

RULE §19.403 Notice of Rights and Services

(g) The resident has the right to refuse treatment, to formulate an advance directive (as specified in §19.419 of this title (relating to Directives and Medical Powers of Attorney)), and to refuse to participate in experimental research.

(2) If the resident chooses to participate in experimental research, he must be fully notified of the research and possible effects of the research. The research may be carried on only with the full written consent of the resident's physician, and the resident.

Source Note: The provisions of this §19.403 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective March 1, 1998, 23 TexReg 1314; amended to be effective August 1, 2000, 25 TexReg 6779; amended to be effective July 1, 2001, 26 TexReg 3824; amended to be effective May 1, 2002, 27 TexReg 3207; amended to be effective August 1, 2002, 27 TexReg 6052

RULE §19.406 Free Choice

(a) Resident rights. The resident has the right to:

(1) choose and retain a personal attending physician, subject to that physician's compliance with the facility's standard operating procedures for physician practices in the facility;

(2) be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and

(3) unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State of Texas, participate in planning care and treatment or changes in care and treatment. See §19.419 of this title (relating to Directives and Durable Powers of Attorney).
(b) Licensed-only facilities. The resident must be allowed complete freedom of choice to obtain pharmacy services from any pharmacy that is qualified to perform the services. A facility must not require residents to purchase pharmaceutical supplies or services from the facility itself or from any particular vendor. The resident has the right to be informed of prices before purchasing any pharmaceutical item or service from the facility, except in an emergency.

(c) Additional requirements regarding freedom of choice for Medicaid recipients. The recipient must be allowed complete freedom of choice to obtain any Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, unless the provider causes the facility to be out of compliance with the requirements specified in this chapter.

(1) A facility must not require recipients to purchase supplies or services, including pharmaceutical supplies or services, from the facility itself or from any particular vendor. The recipient has the right to be informed of prices before purchasing any item or services from the facility, except in an emergency (see §19.1502(b)(3) of this title (relating to Choice of Pharmacy Provider)).

(2) The facility must furnish Medicaid recipients with complete information about available Medicaid services, their rights to freely choose service providers as specified in this subsection and the right to request a hearing before the Texas Department of Human Services (DHS) if the right to freely choose providers has been abridged without due process.

Source Note: The provisions of this §19.406 adopted to be effective May 1, 1995, 20 TexReg 2393.

RULE §19.407 Privacy and Confidentiality

The resident has the right to personal privacy and confidentiality of his personal and clinical records. (See also §19.1910(e) of this title (relating to Clinical Records) and §19.403(e) of this title (relating to Notice of Rights and Services).)

(4) The facility must ensure the resident’s right to privacy in the following areas:

(E) governmental searches are permitted only if there exists probable cause to believe an illegal substance or activity is being concealed. Administrative searches by the appropriate entity, such as the fire inspector, are allowed only for limited purposes, but such searches would not ordinarily extend to the resident’s personal belongings. The Texas Department of Human Services (DHS) and the nursing facility must provide for and allow residents their individual freedoms. State statutes authorize inspections of the nursing facility but do not authorize inspection of those areas in which an individual has a reasonable expectation of privacy. Any direct participation by DHS personnel in an inspection of "the contents of residents' personal drawers and possessions," is in violation of federal and state law; and

Source Note: The provisions of this §19.407 adopted to be effective May 1, 1995, 20 TexReg 2393.

RULE §19.419 Advance Directives
(a) Competent adults may issue advance directives in accordance with applicable laws. An advance directive has the meaning as defined in Texas Health and Safety Code, §166.002.

(b) A facility must maintain policies and procedures implementing the following with respect to all adult residents:

(1) The facility must:
   (A) maintain written policies regarding the implementation of advance directives; and
   (B) include a clear and precise statement of any procedure the facility is unwilling or unable to provide or withhold in accordance with an advance directive.

(2) The facility must:
   (A) when a resident is admitted, provide the resident or the appropriate person referenced in paragraph (8) of this subsection with a copy of:
      (i) the advance care planning educational material provided by DADS;
      (ii) the resident’s rights under Texas law (whether statutory or as recognized by the courts of the state) to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; and
      (iii) the facility's policies respecting the implementation of these rights, including the written policies regarding the implementation of advance directives;
   (iv) within 14 days after the resident is admitted, orally review and discuss the information provided in accordance with subparagraph (A) of this paragraph and the importance of planning for end-of-life care with the resident or with the appropriate person referenced in paragraph (8) of this subsection; and
   (v) annually and when there is a significant positive change or a significant deterioration in the resident’s clinical condition, provide, review, and discuss the written information regarding advance directives listed in subparagraph (A) of this paragraph with the resident or with the appropriate person referenced in paragraph (8) of this subsection.

(3) The facility must document the oral discussion and the provision of the written information in the resident's clinical record. The facility must document in the resident's clinical record whether or not the resident has executed an advance directive.

(4) The facility must not condition the provision of care or otherwise discriminate against a resident based on whether or not the resident has executed an advance directive.

(5) The facility must ensure compliance with the requirements of Texas law, whether statutory or as recognized by the courts of Texas, respecting advance directives.

(6) The facility must provide, individually or with others, education for staff and the community on issues concerning advance directives. For the community, this may include newsletters, newspaper articles, local news reports, or commercials. For educating staff, this may include in-service programs.
(7) The facility must provide the attending physician, emergency medical technician, and hospital personnel with any information relating to a resident’s known existing advance directive and assist with coordinating physicians’ orders with the resident's known existing advance directive.

(8) Except as provided in paragraph (9) of this subsection, if a resident is in a comatose or otherwise incapacitated state, and therefore is unable to receive information or articulate whether the resident has executed an advance directive, the facility must provide, review, and discuss written information regarding advance directives, including advance care planning educational material provided by DADS and facility policies regarding the implementation of advance directives, in the following order of preference, to:

- the resident's legal guardian;
- a person responsible for the resident’s health care decisions;
- the resident’s spouse;
- the resident’s adult child;
- the resident’s parents; or
- the person admitting the resident.

(9) If a resident is in a comatose or otherwise incapacitated state, and therefore is unable to receive information or articulate whether the resident has executed an advance directive, and if the facility is unable, after diligent search, to locate a person listed under paragraph (8) of this subsection, the facility is not required to provide written information regarding advance directives. The facility must document in the resident’s clinical record its attempts to make a diligent search.

(10) If a resident, who was incompetent or otherwise incapacitated and was unable to receive information regarding advance directives, including written policies regarding the implementation of advance directives, later becomes able to receive the information, the facility must provide, review, and discuss the written information at the time the resident becomes able to receive the information.

(11) If the resident or a relative, surrogate, or other concerned or related person presents the facility with a copy of the resident’s advance directive, the facility must comply with the advance directive, including recognition of a Medical Power of Attorney, to the extent allowed under state law. If no one comes forward with a previously executed advance directive and the resident is incapacitated or otherwise unable to receive information or articulate whether he has executed an advance directive, the facility must document in the resident’s clinical record that the resident was not able to receive information and was unable to communicate whether an advance directive existed.

(c) Failure to provide the facility's written policies as required in subsection (b)(2)(A)(iii) of this section when a resident is admitted will result in an administrative penalty of $500.

(d) A facility that provides services to children must ensure that:
(1) prior to admission to the facility, the primary physician, who has been providing care to the child, has discussed advance directives with the family or guardian and has provided documentation of this discussion to the facility; and

(2) the decision made by the family or guardian regarding advance directives is addressed in the comprehensive care plan (see §19.802 of this title (relating to Comprehensive Care Plans)).

Source Note: The provisions of this §19.419 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective August 1, 2000, 25 TexReg 6779; amended to be effective April 1, 2007, 32 TexReg 1582

RULE §19.422 Authorized Electronic Monitoring (AEM)

(e) A resident, or the resident's guardian or legal representative, who wishes to conduct AEM also must obtain the consent of other residents in the room, using the DHS Consent to Authorized Electronic Monitoring form. When complete, the form must be given to the administrator or designee. A copy of the form must be maintained in the active portion of the resident's clinical record.

(3) AEM must be conducted in accordance with any limitation placed on the monitoring as a condition of the consent given by or on behalf of another resident in the room. The resident's roommate, their guardian, or legal representative assumes responsibility for assuring AEM is conducted according to the designated limitations.

(f) When the completed Request for Authorized Electronic Monitoring form and the Consent to Authorized Electronic Monitoring form, if applicable, have been given to the administrator or designee, AEM may begin.

(3) The facility must meet residents' requests to have a video camera obstructed to protect their dignity.

Source Note: The provisions of this §19.422 adopted to be effective July 1, 2002, 27 TexReg 4362

RULE 19.701 Quality of life

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. If children are admitted to a facility, care must be provided to meet their unique medical and developmental needs.

(1) Dignity. The facility must 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 individuality.

(2) Self-determination and participation. The resident has the right to:

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

(B) interact with members of the community both inside and outside of the facility; and
(C) make choices about aspects of his life in the facility that are significant to him.

(3) Participation in resident and family groups.

(A) A resident has the right to organize and participate in resident groups in the facility.

(B) A resident's family has the right to meet in the facility with the families of other residents in the facility.

(C) The facility must provide a resident or family group, if one exists, with private space. (D) Staff or visitors may attend meetings at the group's invitation.

(E) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

(F) When a resident or family group exists, the facility must 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.

(G) The facility must assist residents to attend meetings.

(4) 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.

RULE §19.706 Resident Group and Family Council

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

(b) A facility must assist residents who require assistance to attend resident group meetings.

(c) A resident's family has the right to meet in the facility with the families of other residents in the facility and organize a family council. A family council may:

   (1) make recommendations to the facility proposing policy and operational decisions affecting resident care and quality of life; and

   (2) promote educational programs and projects intended to promote the health and happiness of residents.

(d) If a resident group or family council exists, a facility must:

   (1) listen to and consider 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;

   (2) provide a resident group or family council with private space;

   (3) provide a designated staff person responsible for providing assistance and responding to written requests that result from resident group and family council meetings; and
allow staff or visitors to attend meetings at the resident group’s or family council’s invitation.

If a family council exists, a facility must:

1. upon written request, allow the family council to meet in a common meeting room of the facility at least once a month during hours mutually agreed upon by the family council and the facility;
2. provide the family council with adequate space on a prominent bulletin board to post notices and other information;
3. designate a staff person to act as the family council’s liaison to the facility;
4. respond in writing to written requests by the family council within five working days;
5. include information about the existence of the family council in a mailing that occurs at least semiannually; and
6. permit a representative of the family council to discuss concerns with an individual conducting an inspection or survey of the facility.

Unless the resident objects, a family council member may authorize, in writing, another member to visit and observe a resident represented by the authorizing member.

A facility must not limit the rights of a resident, a resident’s family member, or a family council member to meet with an outside person, including:

A. an employee of the facility during the employee’s nonworking hours if the employee agrees; or
B. a member of a nonprofit or government organization.

A facility must not:

1. terminate an existing family council;
2. prevent or interfere with the family council from receiving outside correspondence addressed to the family council or open family council mail; or
3. willfully interfere with the formation, maintenance, or operation of a family council, including interfering by:
   A. denying a family council the opportunity to accept help from an outside person;
   B. discriminating or retaliating against a family council participant; or
   C. willfully scheduling events in conflict with previously scheduled family council meetings, if the facility has other scheduling options.

Source Note: The provisions of this §19.706 adopted to be effective September 1, 2008, 33 TexReg 6151
RULE §19.802 Comprehensive Care Plans

(b) The comprehensive care plan must be:

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

Source Note: The provisions of this §19.802 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective June 1, 2001, 26 TexReg 3824

RULE §19.1502 Choice of Pharmacy Provider

(a) Unless the facility is paying for the drugs and biologicals, the resident’s choice of pharmacy provider and any changes in his choice must be recorded on appropriate forms maintained by the facility.

(b) A Medicaid-certified facility must have written agreements with its provider pharmacies that define required services. These agreements will not be considered to abridge the resident’s freedom of choice of pharmacy services when they require labeling, packaging, and a drug distribution system according to facility policy. The drug-distribution system must be accessible to all pharmacies willing to meet the distribution system requirements. The agreements must require the following:

(1) that the resident’s pharmacy services be provided by a pharmacy on a 24-hour basis for emergency medications; and

(2) that the resident’s medications be delivered to the facility on a timely and reasonable basis.

(c) The resident’s choice of pharmacy provider must be in accordance with §19.406(c) of this title (relating to Free Choice).

Source Note: The provisions of this §19.1502 adopted to be effective May 1, 1995, 20 TexReg 2054.

RULE §19.2108 Emergency Suspension and Closing Order

(d) When an emergency suspension has been ordered and the conditions in the facility indicate that residents should be relocated, the following rules apply unless superseded by DHS’s Medicaid discharge rules in §19.502 of this title (relating to Transfer and Discharge in Medicaid-Certified Facilities):

(1) A resident's rights or freedom of choice in selecting treatment facilities must be respected.

(2) If a facility or part of a facility is closed:
(F) with each resident transferred, the following reports, records, and supplies must be transmitted to the receiving institution:

(iv) the residents' personal belongings, clothing, and toilet articles. An inventory of personal property and valuables must be made by the closing facility; and

Source Note: The provisions of this §19.2108 adopted to be effective May 1, 1995, 20 TexReg 2054; amended to be effective October 15, 1998, 23 TexReg 10496.

RULE §19.1922 Resident Care Policies

(a) The facility must have written policies to govern the nursing care and related medical or other services provided. The written policies must include plans for promoting self-care and independence.

2208 Standards for Certified Alzheimer's Facilities

(a) General requirements.

... (5) Residents are provided privacy in treatment and in care for his or her personal needs.

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**UTAH**

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**Utah Resident Rights:**

(3) The facility shall ensure that each resident admitted to the facility has the right to:

... (e) be encouraged and assisted throughout the period of stay to exercise all rights as a resident and as a citizen, and to voice grievances and recommend changes in policies and services to facility staff and outside representatives of personal choice, free from restraint, interference, coercion, discrimination, or reprisal;

... (i) be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;

... (k) associate and communicate privately with persons of the resident’s choice, and to send and receive personal mail unopened;

(I) meet with social, religious, and community groups and participate in activities provided that the activities do not interfere with the rights of other residents in the facility;

... (n) if married, to be assured privacy for visits by the spouse; and if both are residents in the facility, to be permitted to share a room;
(o) have members of the clergy admitted at the request of the resident or responsible person at any time;

(p) allow relatives or responsible persons to visit critically ill residents at any time;

(q) be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes;

... (t) choose activities, schedules, and health care consistent with individual interests, assessments and care plan;

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

(v) make choices about all aspects of life in the facility that are significant to the resident.

(4) A resident has the right to organize and participate in resident and family groups in the facility.

(a) A resident's family has the right to meet in the facility with the families of other residents in the facility.

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

(c) Staff or visitors may attend meetings at the group's invitation.

(d) The facility shall designate a staff person responsible for providing assistance and responding to written requests that result from group meetings.

(e) If 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.

(5) The facility must accommodate resident needs and preferences, except when the health and safety of the individual or other residents may be endangered. A resident must be given at least a 24-hour notice before an involuntary room move is made in the facility.


(4) The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psycho-social needs as identified in the comprehensive assessment.

(a) The comprehensive care plan shall be:

... (ii) prepared with input from an interdisciplinary team that includes the attending physician, the registered nurse having responsibility for the resident, and other appropriate staff in disciplines determined by the resident's needs, and with the participation of the resident, and the resident's family or guardian, to the extent practicable.

R432-200-12. Residents' Rights. [Small Health Care Facility]

...(2) Each resident admitted to the facility shall have the following rights:
... (d) To be afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;

(e) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal;

... (k) To be treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for personal needs;

... (m) To associate and communicate privately with persons of his choice, and to send and receive personal mail unopened;

(n) To meet with and participate in activities of social, religious, and community groups at his discretion;

... (p) If married, to be assured privacy for visits by his spouse and if both are residents in the facility, to be permitted to share a room;

(q) To have daily visiting hours established;

(r) To have members of the clergy admitted at the request of the resident or person responsible at any time;

(s) To allow relatives or persons responsible to visit residents at any time;

(t) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes;

... (v) To wear appropriate personal clothing and religious or other symbolic items as long as they do not interfere with diagnostic procedures or treatment.

R432-200-16. General Resident Care Policies. [Small Health Care Facility]

(1) Each resident shall be treated as an individual with dignity and respect in accordance with Residents' Rights (R432-200-12).

R432-200-17. Resident-Care Plans. [Small Health Care Facility]

... (f) The resident and family shall participate in the development and review of the resident's plan.

VERMONT

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3. RESIDENTS' RIGHTS

3.6 Treatment and Experimental Research
(a) Each resident shall be afforded the opportunity to participate in the planning of his or her medical treatment.

(b) To the extent permitted by law, the resident has the right to refuse care or treatment, including the right to refuse restraint and to discharge himself or herself from the facility, and to be informed of the consequences of that action. The nursing home shall be relieved of any further responsibility for that refusal.

(c) Any resident may refuse to participate in experimental research.

3.8 Advance Directives

(a) The right to formulate an advance directive applies to each individual resident without restriction.

(b) The facility must maintain written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies implementing advance directives.

(c) A facility must have the capacity to administer cardiopulmonary resuscitation (CPR) to any resident when necessary and in accordance with the resident's advance directives.

3.9 Right to Choose Personal Physician

The resident shall have the right to choose his or her own personal physicians, and the right to request and receive a second opinion from a physician of the resident's choice where significant alternatives for care or treatment exist, or when the resident requests information concerning care or treatment alternatives, the resident shall receive such information from his or her doctor or the administrator, as appropriate.

4. QUALITY OF LIFE

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

4.1 Dignity

Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in care of his or her personal needs. The resident shall have the exclusive right to use and enjoy his or her property, and such property shall not be used by other residents or staff without the express permission of the resident.

4.2 Privacy

(a) The resident may associate and communicate privately with persons of his or her choice.

(b) The resident may receive his or her personal mail unopened.
(c) If married, in a civil union or in a reciprocal beneficiary relationship, a resident shall be assured privacy for visits; if both are residents of the facility, they are permitted to share a room.

(d) Residents shall be assured reasonable access to a telephone located in a quiet area where the resident can conduct a private conversation.

4.3 Self-Determination and Participation

The resident has the right to:

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

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

(c) make choices about aspects of his or her life in the facility that are significant to the resident; and

(d) retain and use his or her personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents.

4.4 Resident and Family Groups

Each resident shall be encouraged and assisted, throughout his or her period of stay, to exercise his or her rights as a resident and as a citizen and to this end may voice grievances and recommend changes in policies and services to facility staff or to outside representatives of his or her choice, free from restraint, interference, coercion, discrimination or reprisal.

(a) The resident has the right and the facility must provide immediate access to any resident by the following: any representative of the State, the ombudsman, and any other person of the resident’s choosing.

(b) Residents and their families, including a reciprocal beneficiary, shall have the right to organize, maintain, and participate in either resident or family councils or both.

(c) A resident has the right to organize and participate in resident groups in the facility.

(d) A resident’s family, including a reciprocal beneficiary, has the right to meet in the facility with the families of other residents.

(e) The facility must provide a resident or family group, if one exists, with private space for meetings.

(f) The facility shall provide assistance for meetings, if requested.

(g) Staff or visitors may attend meetings only at the group’s invitation.

(h) The facility shall respond in writing to written requests from council meetings. Resident councils and family councils shall be encouraged to make recommendations regarding facility policies.
(i) The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

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

4.5 Participation in Other Activities

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

6. COMPREHENSIVE CARE PLANS

6.2 Procedure for Preparation of Care Plan

(a) A comprehensive care plan must be:

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

6.4 Discharge Summary

When a discharge is anticipated, a facility must prepare for the resident a discharge summary that includes:

(c) a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.

8.4 Resident Rooms

... (b) Bedrooms must:

... (4) be designed or equipped to assure full visual privacy for each resident
D. Administrative and operational policies and procedures shall include, but are not limited to:

15. Professional and clinical ethics, including:

d. Preservation of resident dignity, with special attention to the needs of the aged, the cognitively impaired, and the dying.

WASHINGTON

388-97-0180 Resident rights.

...(2) The resident has a right to a dignified existence, self-determination, and communication with, and access to individuals and services inside and outside the nursing home.

388-97-0200 Free choice.

The resident has the right to:

(1) Choose a personal attending physician.

(2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident’s well-being.

(3) Participate in planning care and treatment or changes in care and treatment.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97200, filed 9/24/08, effective 11/1/08.]

388-97-0240 Resident decision making.

(1) At the time of admission, or not later than the completion of the initial comprehensive resident assessment, the nursing home must determine if the resident:

(a) Has appointed another individual to make his or her health care, financial, or other decisions;

(b) Has created any advance directive or other legal documents that will establish a surrogate decision maker in the future; and

(c) Is not making his or her own decisions, and identify who has the authority for surrogate decision making, and the scope of the surrogate decision maker’s authority.

(2) The nursing home must review the requirements of (1) of this section when the resident's condition warrants the review or when there is a significant change in the resident’s condition.
In fulfilling its duty to determine who, if anyone, is authorized to make decisions for the resident, the nursing home must:

(a) Obtain copies of the legal documents that establish the surrogate decision maker’s authority to act; and

(b) Document in the resident’s clinical record:

(i) The name, address, and telephone number of the individual who has legal authority for substitute decision making;

(ii) The type of decision making authority such individual has; and

(iii) Where copies of the legal documents are located at the facility.

In accordance with state law or at the request of the resident, the resident’s surrogate decision maker is, in the case of:

(a) A capacitated resident, the individual authorized by the resident to make decisions on the resident's behalf;

(b) A resident adjudicated by a court of law to be incapacitated, the court appointed guardian; and

(c) A resident who has been determined to be incapacitated, but is not adjudicated incapacitated established through:

A legal document, such as a durable power of attorney for health care; or

Authority for substitute decision making granted by state law, including RCW 7.70.065.

Determination of an individual's incapacity must be a process according to state law not a medical diagnosis only and be based on:

(a) Demonstrated inability in decision making over time that creates a significant risk of personal harm;

(b) A court order; or

(c) The criteria contained in a legal document, such as durable power of attorney for health care.

The nursing home must promote the resident’s right to exercise decision making and self-determination to the fullest extent possible, taking into consideration his or her ability to understand and respond. Therefore, the nursing home must presume that the resident is the resident’s own decision maker unless:

(a) A court has established a full guardianship of the individual;

(b) The capacitated resident has clearly and voluntarily appointed a surrogate decision maker;
(c) A surrogate is established by a legal document such as a durable power of attorney for health care; or

(d) The facility determines that the resident is an incapacitated individual according to RCW 11.88.010 and (5)(a) of this section.

(7) The nursing home must honor the exercise of the resident's rights by the surrogate decision maker as long as the surrogate acts in accordance with this section and with state and federal law which govern his or her appointment.

(8) If a surrogate decision maker exercises a resident's rights, the nursing home must take into consideration the resident's ability to understand and respond and must:

(a) Inform the resident that a surrogate decision maker has been consulted;

(b) Provide the resident with the information and opportunity to participate in all decision making to the maximum extent possible; and

(c) Recognize that involvement of a surrogate decision maker does not lessen the nursing home's duty to:

(i) Protect the resident's rights; and

(ii) Comply with state and federal laws.

(9) The nursing home must:

(a) Regularly review any determination of incapacity based on (4)(b) and (c) of this section;

(b) Except for residents with a guardian, cease to rely upon the surrogate decision maker to exercise the resident's rights, if the resident regains capacity, unless so designated by the resident or by court order; and

(c) In the case of a guardian notify the court of jurisdiction in writing if:

(i) The resident regains capacity;

(ii) The guardian is not respecting or promoting the resident's rights;

(iii) The guardianship should be modified; or

(iv) A different guardian needs to be appointed.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-0240, filed 9/24/08, effective 11/1/08.]
(1) "Advance directive" as used in this chapter means any document indicating a resident's choice with regard to a specific service, treatment, medication or medical procedure option that may be implemented in the future such as power of attorney, health care directive, limited or restricted treatment cardiopulmonary resuscitation (CPR), do not resuscitate (DNR), and organ tissue donation.

(2) The nursing home must carry out the provisions of this section in accordance with the applicable provisions of WAC 388-97-0240 and 388-97-0260, and with state law.

The nursing home must:

Document in the clinical record whether or not the resident has an advance directive;

(b) Not request or require the resident to have any advance directives and not condition the provision of care or otherwise discriminate against a resident on the basis of whether or not the resident has executed an advance directive;

(c) In a language and words the resident understands, inform the resident in writing and orally at the time of admission, and thereafter as necessary to ensure the resident's right to make informed choices, about:

(i) The right to make health care decisions, including the right to change his or her mind regarding previous decisions;

(ii) Nursing home policies and procedures concerning implementation of advance directives; and

(d) Review and update as needed the resident advance directive information:

(i) At the resident's request;

(ii) When the resident's condition warrants review; and

(iii) When there is a significant change in the resident's condition.

(4) When the nursing home becomes aware that a resident's health care directive is in conflict with facility practices and policies which are consistent with state and federal law, the nursing home must:

(a) Inform the resident of the existence of any nursing home practice or policy which would preclude implementing the health care directive;

(b) Provide the resident with written policies and procedures that explain under what circumstances a resident's health care directive will or will not be implemented by the nursing home;

(c) Meet with the resident to discuss the conflict; and

(d) Determine, in light of the conflicting practice or policy, whether the resident chooses to remain at the nursing home:
(i) If the resident chooses to remain in the nursing home, develop with the resident a plan in accordance with chapter 70.122 RCW to implement the resident’s wishes. The nursing home may need to actively participate in ensuring the execution of the plan, including moving the resident at the time of implementation to a care setting that will implement the resident’s wishes. Attach the plan to the resident's directive in the resident's clinical record; or

(ii) If, after recognizing the conflict between the resident’s wishes and nursing home practice or policy the resident chooses to seek other long-term care services, or another physician who will implement the directive, the nursing home must assist the resident in locating other appropriate services.

(5) If a terminally ill resident, in accordance with state law, wishes to die at home, the nursing home must:

(a) Use the informed consent process as described in WAC 388-97-0260, and explain to the resident the risks associated with discharge; and

(b) Discharge the resident as soon as reasonably possible.

[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-0280, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970280, filed 9/24/08, effective 11/1/08.]

388-97-0300 Notice of rights and services.

...(3) The resident has the right to:

... (b) Accept or refuse treatment; and
(c) Refuse to participate in experimental research.

388-97-0360 Privacy and confidentiality.

(1) The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes:

(a) Accommodations;

(b) Medical treatment;

(c) Written and telephone communications;

(d) Personal care;

(e) Visits; and

(f) Meetings with family and resident groups.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970360, filed 9/24/08, effective 11/1/08.]
388-97-0580 Roommates/rooms.

(2) The nursing home must make reasonable efforts to accommodate residents wanting to share the same room.

[Statutory Authority: Chapters 18.51 and 74.42 RCW. 10-02-021, § 388-97-0580, filed 12/29/09, effective 1/29/10. Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-0580, filed 9/24/08, effective 11/1/08.]

388-97-0860 Resident dignity and accommodation of needs.

(1) Dignity. The nursing home must ensure that:

(a) Resident care is provided in a manner to enhance each resident's dignity, and to respect and recognize his or her individuality; and

(b) Each resident's personal care needs are provided in a private area free from exposure to individuals not involved in providing the care.

(2) Accommodation of needs. Each resident has the right to reasonable accommodation of personal needs and preferences, except when the health or safety of the individual or other residents would be endangered.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970860, filed 9/24/08, effective 11/1/08.]

388-97-0900 Self determination and participation.

The resident has the right to:

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

(2) Interact with members of the community both inside and outside the nursing home;

(3) Make choices about aspects of his or her life in the facility that are significant to the resident; and

(4) Participate in social, religious, and community activities that do not interfere with the rights of other residents in the nursing home.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970900, filed 9/24/08, effective 11/1/08.]

388-97-0920 Participation in resident and family groups.

(1) A resident has the right to organize and participate in resident groups in the nursing home.

(2) The nursing home must provide a resident or family group, if one exists, with private space.
(3) Staff or visitors may attend meetings only at the group’s invitation.

The nursing home must provide a designated staff individual responsible for providing assistance and responding to written requests that result from group meetings.

When a resident or family group exists, the nursing home must 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 nursing home.

A resident’s family has the right to meet in the nursing home with the families of other residents in the facility.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-970920, filed 9/24/08, effective 11/1/08.]

388-97-1020 Comprehensive plan of care.

...(2) The comprehensive plan of care must:

...(e) Consist of an ongoing process which includes a meeting if desired by the resident or the resident's representative; and

...(f) Include the ongoing participation of the resident to the fullest extent possible, the resident's family or the resident's surrogate decision maker.

388-97-1120 Meal provision.

The nursing home must:

...(4) Use input from residents and the resident council, if the nursing home has one, in meal planning, scheduling, and the meal selection process.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-971120, filed 9/24/08, effective 11/1/08.]

388-97-2460 Privacy in resident rooms.

The nursing home must ensure that each resident bedroom is designed or equipped to ensure full visual privacy for each resident.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-972460, filed 9/24/08, effective 11/1/08.]

388-97-2660 Cubicle curtains in resident rooms.

The nursing home must provide:

(1) Flame-retardant cubicle curtains in multibed rooms that ensures full visual privacy for each resident;

(2) In a new building or addition, the cubicle curtain or enclosed space ensures full visual privacy for each bed in a multibed room with enclosed space containing at least sixty-four
square feet of floor area with a minimum dimension of seven feet. "Full visual privacy" in a multibed room prevents staff, visitors and other residents from seeing a resident in bed, while allowing staff, visitors, and other residents access to the toilet room, handwashing sink, exterior window, and the entrance door;

(3) For exceptions to cubicle curtain requirements refer to WAC 388-97-2180.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-2660, filed 9/24/08, effective 11/1/08.]

WEST VIRGINIA

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'64-13-4. Residents’ Rights.

4.6. Refusal of Treatment and Experimental Research.

4.6a. Refusal of Treatment. A resident has the right to refuse treatment and to refuse to participate in experimental research.

4.6a.2. Refusal of Experimental Research. The resident shall have the opportunity to refuse to participate in experimental research prior to the start of the research.

4.6a.2.a. The nursing home shall inform a resident being considered for participation in experimental research of the nature of the experiment and of the possible consequences for participation.

4.9. Right to Choose a Personal Physician.

4.9a. The resident has the right to choose a personal physician, and to request and receive a second opinion from a physician of the resident’s choice where significant alternatives for care or treatment exists or when the resident requests information concerning care or treatment alternatives.

'64-13-5. Quality of Life.

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

5.2. Dignity.

5.2a. Each resident shall be treated with consideration and respect and with full recognition of his or her dignity and individuality.

5.2b. The resident shall have the exclusive right to use and enjoy his or her personal property, and the property shall not be used by other residents or staff without the express permission of the resident.
5.3. Privacy.

5.3.a. Communication. A resident may associate and communicate privately with persons of his or her choice.

5.3.b. Mail. A resident shall receive his or her personal mail unopened unless a request to the contrary has been made to the staff by the resident.

5.3.c. Married Couples. A married resident shall be assured privacy for visits by his or her spouse. A resident has the right to share a room with his or her spouse when married residents live in the same nursing home and both spouses consent to the arrangement.

5.4. Telephone. A resident shall be assured reasonable access to a telephone located in a quiet area where the resident can conduct a private conversation without being overheard or disturbed by others.

5.5. A resident has the right to personal privacy regarding accommodations, medical treatment, written communications, personal care, visits, and meetings of family and resident groups, but this does not require the nursing home to provide a private room for each resident.

5.6. Self Determination and Participation. The resident has the right to:

5.6.a. Choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care;

5.6.b. Interact with members of the community both inside and outside the nursing home;

5.6.c. Make choices about aspects of his or her life in the nursing home that are significant to the resident;

5.6.d. Retain and use personal clothing and possessions and make his or her room as homelike as possible, according to his or her individual tastes and desires taking into consideration, space limitations, other residents’ rights, and safety and sanitation issues.

5.6.d.1. A nursing home may specify in the admission contract the nursing home’s liability for a residents personal clothing and possessions;

5.6.e. Practice their religion and religious beliefs as they choose, as long as it does not impinge upon the rights of others; and


5.7. Access and Resident and Family Groups and Councils. Each resident shall be encouraged and assisted with exercising his or her rights as a resident of the nursing home and as a citizen or resident of the United States. The resident shall be assisted with voicing grievances and recommending changes in policies and services without fear of reprisal, interference, coercion, punishment, or discrimination.

5.7.a. Access.
5.7.a.1. A nursing home shall not deny a resident immediate access to, and shall provide immediate access to a resident by:

5.7.a.1.A. A representative of a government agency with jurisdiction over some aspect of the nursing home;

5.7.a.1.B. The ombudsman; and

5.7.a.1.C. Any other person of the resident's choosing.

5.7.a.2. A person entering a nursing home, other than a representative of the director, who has not been invited by a resident or a resident's legal representative shall:

5.7.a.2.A. Promptly advise the administrator or other available agent of the nursing home of his or her presence;

5.7.a.2.B. Not enter the living area of a resident without identifying him or herself to the resident and without receiving the resident's permission to enter;

5.7.a.2.C. Terminate a visit with a resident upon request of the resident;

5.7.a.2.D. Not disclose communications with a resident unless the resident authorizes disclosure;

5.7.a.2.E. Be permitted to visit all areas of the nursing home except:

5.7.a.2.E.1. Living areas of a resident who objects;

5.7.a.2.E.3. Personal and medical records of the resident, unless the resident or in case of incapacity, the resident's legal representative, consents in writing;

5.7.a.2.E.6. Any other areas where inspection might endanger any person or might invade the privacy of any employee or resident.

5.7.a.4. Relatives and members of the clergy shall be permitted to visit a seriously ill resident without restriction to the extent possible.

5.7.b. Resident’s Refusal.

5.7.b.1. The resident has the right to refuse a visit and the visit shall be terminated upon the resident’s request.

5.7.b.2. In the case of an incapacitated person, the legal representative may refuse visits on behalf of the resident if the legal representative demonstrates that the visits have a harmful effect on the resident. All relevant information shall be documented in the resident’s medical record.

5.7.c. Administration’s Exclusion.

5.7.c.1. The administrator or designee in charge of the nursing home may refuse a visitor access or require the visitor to leave only if:
5.7.c.1.C. A resident does not wish the visitor to stay.

5.7.c.2. The restriction and the reasons for it shall be documented and kept on file.

5.7.d. Resident and Family Groups and Councils.

5.7.d.1. Residents have the right to organize, maintain, and participate in resident groups in the nursing home.

5.7.d.2. A resident's family has the right to meet in the nursing home with the families of other residents.

5.7.d.3. The nursing home shall provide a resident or family group with private space for meetings.

5.7.d.4. The nursing home shall provide assistance for resident or family group meetings, if requested.

5.7.d.5. Staff or visitors may attend resident or family group meetings only at the group's invitation.

5.7.d.6. The nursing home shall respond in writing to oral and written requests from resident and family council meetings. Resident councils and family councils shall be encouraged to make recommendations regarding nursing home policies.

5.7.d.7. The nursing home shall provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

5.7.d.8. When a resident or family group exists, the nursing home 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 nursing home.

5.8. Participation in Other Activities.

5.8.a. A resident has the right, at his or her discretion, to participate in social, religious, and community activities that do not interfere with the rights of other residents in the nursing home.

'64-13-7. Comprehensive Care Plans.

7.2. Timing of the Care Plan and Participation Requirements.

7.2.a. A comprehensive care plan shall be:

7.2.a.2. Prepared by an interdisciplinary team, which includes the attending physician, a registered nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident and the resident's family with the consent of the resident or the resident's legal representative; and
64-13-9. Physical Facilities, Equipment and Site Information

...9.4.f. A nursing home shall provide cubicle curtains that assure visual privacy for each resident.

§64-85-6. Assessments and Plans of Care. [Alzheimer’s/dementia special care unit or program]

6.3. Within twenty-one (21) days of admission the interdisciplinary team and the resident and/or the resident’s legal representative, shall develop a written individualized care plan, signed by each member of the alzheimer’s/dementia special care unit or program staff, the resident and/or the resident’s legal representative which shall:

6.3.a. Reflect the resident as a person, with family history and interests;

...6.3.d. Support the individual toward as much independence as possible;

6.3.e. Include opportunities for resident choice and self management...

WISCONSIN

Subchapter III — Residents’ Rights and Protections

HFS 132.31 Rights of residents.

(1) RESIDENTS’ RIGHTS. Every resident shall, except as provided in sub. (3), have the right to:

(e) Treatment.

Be treated with courtesy, respect, and full recognition of one’s dignity and individuality by all employees of the facility and by all licensed, certified, and registered providers of health care and pharmacists with whom the resident comes in contact.

(h) Outside activities.

Meet with and participate in activities of social, religious, and community groups at the resident’s discretion, unless medically contraindicated as documented by the resident’s physician in the resident’s medical record.

(m) Choice of provider.

Use the licensed, certified or registered provider of health care and pharmacist of the resident’s choice.

(n) Care planning.
Be fully informed of one’s treatment and care and participate in the planning of that treatment and care.

(o) Religious activity.

Participate in religious activities and services, and meet privately with clergy.

**History:** Cr. Register, July, 1982, No. 319, eff. 8–1–82; r. and recr. (1) (c), (d), (j), (m), (2) to (4), renum. (5) to (6), cr. (1) (p) and (5), Register, January, 1987, No. 373, eff. 2–1–87; am. (1) (d) 1. intro., (k) and (4) (b), Register, February, 1989, No. 398, eff. 3–1–89; am. (6) (e), Register, August, 2000, No. 536, eff. 9–1–00; CR 04–053: am. (1) (k) Register October 2004 No. 586, eff. 11–1–04.

**HFS 132.61 Medical services.**

(2) PHYSICIAN SERVICES IN ALL FACILITIES.

The facility shall assure that the following services are provided:

(a) Attending physicians. Each resident shall be under the supervision of a physician of the resident’s or guardian’s choice who evaluates and monitors the resident’s immediate and long-term needs and prescribes measures necessary for the health, safety, and welfare of the resident. Each attending physician shall make arrangements for the medical care of a physician’s residents in the physician’s absence.

**Note:** For medical examinations and assessments required for admission, see s. HFS 132.5

HFS 132.84 Design.

(1) RESIDENTS’ ROOMS.

2. In period C facilities, each bed in a multiple-bed room shall be provided with a flameproof cubicle curtain to enclose each bed and to assure privacy.

**Wyoming**

**Section 17. Residents Activities.**

(a) Resident Activity Program. An on-going program of meaningful activities appropriate to the needs and interests of residents shall be provided.

(i) The program shall be designed to promote opportunities for residents to engage in normal pursuits, including religious activities of their choice, if any.
§ 483.15 Quality of life.

A facility must 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 must 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 has 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 has the right to organize and participate in resident groups in the facility;

(2) A resident's family has the right to meet in the facility with the families of other residents in the facility;

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

(4) Staff or visitors may attend meetings at the group's invitation;

(5) The facility must 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 must 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. 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.