

## INDIANA

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### Rule 1.1. Definitions 410 IAC

#### 10 IAC 16.2-1.1-25 "Exercising rights" defined

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

Sec. 25. "Exercising rights" means that the residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. (Indiana State Department of Health; 410 IAC 16.2-1.1-25; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1905, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

#### 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:

(1) To exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(2) To be free of the following:

(A) Interference.

(B) Coercion.

(C) Discrimination.

(D) Reprisal from or threat of reprisal from the facility in exercising his or her rights.

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

(1) Examination of the results of the most recent annual survey of the facility conducted by federal or state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.

(2) Receipt of information from agencies acting as client advocates and the opportunity to contact these agencies.

(c) In the case of a resident adjudged incompetent under the laws of the state by a court of competent jurisdiction, the rights of the residents are exercised by the person appointed under state law to act on the resident's behalf.

(d) In the case of an incompetent resident who has not been adjudicated incompetent by a state court, any legal representative may exercise the resident's rights to the extent provided by state law.

(e) The resident has the right to:

(1) Refuse to perform services for the facility;

(2) Perform services for the facility, if he or she chooses, when:

(A) The facility has documented the need or desire for work in the care plan;

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

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

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

(f) The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

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

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

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

(3) Participate in planning care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under state law.

(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.

(q) Except as provided in subsection (r), the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

(r) The resident's rights to refuse release of personal and clinical records does not apply when:

(1) the resident is transferred to another health care institution; or

(2) record release is required by law.

(s) The resident has the right to privacy in written communications, including the right to:

(1) send and promptly receive mail that is unopened unless the administrator has been instructed otherwise in writing by the resident;

(2) have access to stationery, postage, and writing implements at the resident's own expense; and

(3) receive any literature or statements of services that accompany mailings from Medicaid that the facility receives on behalf of the 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.

(2) Interact with members of the community both inside and outside the facility.

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

(v) A resident has the right to the following:

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

(2) Receive notice before the resident's room or roommate in the facility is changed.

(w) The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.

(x) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b)(1), (e), (n), (o), (p), (q), (r), (t), or (w) is a deficiency;

(2) subsection (b)(2), (c), (d), (f), (g), (l), (m), (s), (u), or (v) is a noncompliance; and

(3) subsection (h), (i), (j), or (k) is a nonconformance.

(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; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

#### **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.

(a) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. A copy of the resident's rights must be available in a publicly accessible area. The copy must be at least 12-point type.

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

(1) Immediate access to the current active clinical record.

(2) Upon an oral or written request, to access all other records pertaining to himself or herself within twenty-four (24) hours.

(3) After receipt of his or her records for inspection, to purchase at a cost, not to exceed the community standard, photocopies of the records or any portions of them upon request and two (2) working days' advance notice to the facility.

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

(d) The resident has the right to refuse treatment. Any refusals of treatment must be accompanied by counseling on the medical consequences of such refusal.

(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.

(f) The facility must do the following:

(1) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or when the resident becomes eligible for Medicaid of the following:

(A) The items and services that are included in nursing facility services under the state plan and for which the resident may not be charged.

(B) Those other items and services that the facility offers and for which the resident may be charged and the amount of the charges.

(2) Inform each resident when changes are made to the items and services specified in this section.

(3) Inform each resident before, or at the time of admission, in writing and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

(4) Provide written information to each resident concerning the following:

(A) The resident's rights under IC 16-36-1-3 and IC 16-36-1-7 to make decisions concerning their care, including the right to:

(i) accept or refuse medical or surgical treatment; and

(ii) formulate advance directives.

(B) The facility's written policies regarding the implementation of such rights, including a clear and precise statement of limitation if the facility or its agent cannot implement an advance directive on the basis of conscience under IC 1636-4-13.

(5) Document in the resident's clinical record whether the resident has executed an advance directive and include a copy of such advance directive in the clinical record.

(6) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

(7) Ensure compliance with the requirements of state law regarding advance directives.

(8) Provide for education for staff on issues concerning advance directives.

(9) Provide for community education regarding advance directives either directly or in concert with other facilities or health care providers or other organizations.

(10) Distribute to each resident upon admission the state developed written description of the law concerning advance directives.

(11) If the facility is required to submit an Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, provide the resident at the time of admission to the facility with a copy of the completed Alzheimer's and dementia special care unit disclosure form.

(g) A facility is not required to provide care that conflicts with an advance directive under IC 16-36-4-7.

(h) If a facility objects to implementation of an advance directive on the basis of conscience, they must comply with IC 30-5-74.

(i) Residents have the right to be informed by the facility, in writing, at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.

(j) The facility must furnish on admission a written description of legal rights, including the following:

(1) A description of the manner of protecting personal funds under this section.

(2) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility.

(3) The most recently known addresses and telephone numbers, including, but not limited to, the following:

(A) The department.

(B) The office of the secretary of family and social services.

(C) The ombudsman designated by the division of disability, aging, and rehabilitative services.

(D) The area agency on aging.

(E) The local mental health center.

(F) The protection and advocacy services commission.

(G) Adult protective services. These shall be displayed in a prominent place in the facility.

(k) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(l) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information, about how to:

- (1) apply for and use Medicare and Medicaid benefits; and
- (2) receive refunds for previous payments covered by such benefits.

(m) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (h) is an offense;
- (2) subsection (d), (e), or (g) is a deficiency;
- (3) subsection (a), (b), (c), (f)(1), (f)(2), (f)(3), (f)(4), (f)(5), (f)(8), (f)(10), (i), (j)(1), (k), or (l) is a noncompliance; and

(4) subsection (f)(6), (f)(7), (f)(9), (j)(2), or (j)(3) is a nonconformance. (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; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-5 Notification of changes

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

Sec. 5.

(a) A facility must immediately inform the resident, consult with the resident's physician, and, if known, notify the resident's legal representative or an interested family member when there is:

- (1) an accident involving the resident that results in injury and has the potential for requiring physician intervention;
- (2) a significant change in the resident's physical, mental, or psychosocial status, that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;
- (3) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment; or
- (4) a decision to transfer or discharge the resident from the facility.

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

- (1) a change in room or roommate assignment; or
- (2) a change in resident rights under federal or state law or regulation.

(c) The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

(d) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (a) is a deficiency;
- (2) subsection (b)(2) or (c) is a noncompliance; and
- (3) subsection (b)(1) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-5; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; 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 16.2-3.1-6 Protection of resident funds

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

#### Sec. 6.

(a) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(b) Upon written authorization of the resident, the facility must hold, safeguard, manage, and account for personal funds of the resident deposited with the facility.

(c) Unless otherwise required by federal law, the facility must deposit any residents' personal funds in excess of fifty dollars (\$50) in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on the resident's funds to his or her account. (In pooled accounts, there must be a separate accounting for each resident's share.)

(d) The facility must maintain residents' personal funds that do not exceed fifty dollars (\$50) in a noninterest bearing account, interest bearing, or petty cash fund.

(e) The facility must establish and maintain a system that assures a full, complete, and separate accounting according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(f) The facility must:

- (1) provide reasonable access during normal business hours to the funds in the account;
- (2) return to the resident in not later than fifteen (15) calendar days, upon written request, all or any part of the resident's funds given to the facility for safekeeping; and
- (3) provide reasonable access during normal business hours, to the written records of all financial transactions involving the individual resident's funds upon request.

(g) The individual financial record must be provided to the resident or his or her legal representative upon request of the resident and through quarterly statements.

(h) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within thirty (30) days the resident's funds, and a final accounting of those funds, to the individual or the probate jurisdiction administering the resident's estate.

(i) The facility must purchase surety bond insurance, or otherwise provide assurance satisfactory to the state survey agency, to assure the security of all personal funds of residents deposited with the facility.

(j) The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare.

(k) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), (d), (e), (f), (g), (h), or (j) is a noncompliance; and

(2) subsection (i) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-6; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; 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 16.2-3.1-7 Grievances

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

Sec. 7.

(a) A resident has the right to the following:

(1) Voice a grievance without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished.

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(3) Recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference.

(b) Each facility shall develop and implement policies for investigating and responding to complaints and grievances made by an individual resident, a resident group, a family member, or family group or other individuals.

(c) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a)(1) is a deficiency; and

(2) subsection (a)(2), (a)(3), or (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-7; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1531, 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 16.2-3.1-8 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.

(b) The resident has the right and the facility must provide immediate access to any resident by the following:

- (1) Individuals representing state or federal agencies.
- (2) Any authorized representative of the state.
- (3) The resident's individual physician.
- (4) The state and area long term care ombudsman.
- (5) The agency responsible for the protection and advocacy system for developmentally disabled individuals.
- (6) The agency responsible for the protection and advocacy system for mentally ill individuals.
- (7) Immediate family or other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.
- (8) Subject to the resident's right to deny or withdraw consent at any time, the resident's legal representative or spiritual advisor.
- (9) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

(c) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, and other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

(d) The facility must allow representatives of the state ombudsman to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with state law.

(e) For purposes of IC 16-28-5-1, a breach of:

- (1) subsection (b) or (c) is a deficiency; and
- (2) subsection (a) or (d) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-8; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1532, 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 16.2-3.1-9 Personal property

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

##### Sec. 9.

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

(b) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

(c) The administrator or the administrator's designee is responsible for investigating reports of lost or stolen residents' property.

(d) The facility will have written policies and procedures outlining the steps to be taken in the event an item is reported lost or stolen.

(e) The policies will include a mechanism to report the results of the investigation to the resident or his or her legal representative in the event the lost or stolen item is not recovered.

(f) If the resident's clothing is laundered by the facility, the facility shall identify the clothing in a suitable manner. The facility is only responsible for marking those items that are recorded on the resident's inventory sheet.

(g) The facility must inventory, upon admission and discharge, the personal effects, money, and valuables declared by the resident at the time of admission. It is the resident's responsibility to maintain and update the inventory listing of the resident's personal property.

(h) Facilities shall, in writing, annually remind residents, legal representatives, or family members or all, of the need to update inventory records.

(i) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (b) is a deficiency; and

(2) subsection (a), (c), (d), (e), (f), (g), or (h) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-9; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1532, 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 16.2-3.1-10 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 16.2-3.1-11 Self-administration of drugs

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

Sec. 11.

(a) An individual resident may self-administer drugs if the interdisciplinary team has determined that the practice is safe.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a noncompliance. (Indiana State Department of Health; 410 IAC 16.2-3.1-11; 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 16.2-3.1-12 Transfer and discharge rights

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 4-21.5; IC 16-28-5-1

Sec. 12.

(a) The transfer and discharge rights of residents of a facility are as follows:

... (2) As used in this section, "intrafacility transfer" means the movement of a resident to a bed within the same licensed facility. For Medicare and Medicaid certified facilities, an intrafacility transfer means the movement of a resident to a bed within the same certified facility.

(3) When a transfer or discharge of a resident is proposed, whether intrafacility or interfacility, provision for continuity of care shall be provided by the facility.

...(14) An intrafacility transfer can be made only if:

(A) the transfer is necessary for medical reasons as judged by the attending physician; or  
(B) the transfer is necessary for the welfare of the resident or other persons.

(15) If an intrafacility transfer is required, the resident must be given notice at least two (2) days before relocation, except when:

(A) the safety of individuals in the facility would be endangered;  
(B) the health of individuals in the facility would be endangered;  
(C) the resident's health improves sufficiently to allow a more immediate transfer; or  
(D) an immediate transfer is required by the resident's urgent medical needs.

(16) The written notice of an intrafacility transfer must include the following:

(A) Reasons for transfer.

(B) Effective date of transfer.

(C) Location to which the resident is transferred.

(D) Name, address, and telephone number of the local and state long term care ombudsman.

(E) For facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

(17) The resident has the right to relocate prior to the expiration of the two (2) day notice.

(18) Prior to any interfacility or involuntary intrafacility relocation, the facility shall prepare a relocation plan to prepare the resident for relocation and to provide continuity of care. In nonemergency relocations, the planning process shall include a relocation planning conference to which the resident, his or her legal representative, family members, and physician shall be invited. The planning conference may be waived by the resident or his or her legal representative.

(19) At the planning conference, the resident's medical, psychosocial, and social needs with respect to the relocation shall be considered and a plan devised to meet these needs.

(20) The facility shall provide reasonable assistance to the resident to carry out the relocation plan.

(21) The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(22) If the relocation plan is disputed, a meeting shall be held prior to the relocation with the administrator or his or her designee, the resident, and the resident's legal representative. An interested family member, if known, shall be invited. The purpose of the meeting shall be to discuss possible alternatives to the proposed relocation plan.

(23) A written report of the content of the discussion at the meeting and the results of the meeting shall be reviewed by the administrator or his or her designee, the resident, the resident's legal representative, and an interested family member, if known, each of whom may make written comments on the report.

(24) The written report of the meeting shall be included in the resident's permanent record.

(Indiana State Department of Health; 410 IAC 16.2-3.1-12; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1533, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)