

You are entitled to exercise your rights, listed herein, with support from the facility and without interference, coercion, discrimination, and/or reprisal from the facility.

## RESIDENT RIGHTS

---

## GENERAL

- To be informed of your rights and of all rules and regulations governing resident conduct and responsibilities during your stay in the facility.
- To equal access to quality of care regardless of diagnosis, severity of condition, and/or payment source.
- When competent, to designate a representative who exercises their decision making responsibilities as delegated by you or the court in accordance with applicable law, and in accordance with your wishes and preferences.
  - You maintain the right to make decisions outside the representative's authority AND are aware that if the facility has any concerns about the representative, the facility will report the concerns as required by State Law.
- Upon oral or written request, to have personal and medical records pertaining to you, provided in a manner:
  - You understand
  - In the form and format you request - - if it is readily producible in such form and format (including electronically when such records are maintained as such); however, if not available in the form/format you request, then in a readable hard copy – or - in another form/format as agreed to by you and the facility within 24 hours (excluding weekends and holidays).
- To obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility at a reasonable cost as per regulation.
- To be given information on how to file grievances/complaints and to file grievances/complaints that the facility must make prompt efforts to resolve.
- To be provided with responses-and rationales for any responses-when an inquiry or concerns has been put forth.
- To communicate with external entities.
- To be free of any requirement to perform services for the facility.
- To be made aware-or for your representative to be made aware –of upcoming meetings in a timely manner.
- To equal treatment regardless of type of marriage (i.e. same sex or opposite-sex marriage).
- To examine and have readily accessible access to the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. Furthermore, to have access to – and made available upon request - reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility.
- To share a room with a roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement, regardless of sexual orientation.

## MEDICAL

- To retain the services of a physician or APN that you choose (as long as he/she is licensed to practice in the State of NJ and is credentialed to work in the facility), at your own expense or through a health care plan.
  - To be informed when the physician of your choice is unwilling or unable *to take you on as a patient* (i.e. they are unable to meet the requirements) and to receive assistance with finding an alternative physician.
- To have a physician or APN explain to you — in language that you understand - your complete medical condition, the treatment planned for your care, and the expected results of your treatment except when the physician deems it medically inadvisable to give such information to you and records the reason for this in your medical record and provides an explanation to your representative or guardian.
- To be informed in advance of care to be furnished and the type of caregiver or professional that will furnish the care.

## **MEDICAL con't...**

- To be informed in advance of the risk/benefits of proposed care, of treatment, and of treatment alternatives and to make choices. (This does not include the right to receive care that is not medically necessary.)
- To participate, in the fullest extent that you are able, in the development and implementation of your medical treatment and person-centered plan of care, including but not limited to:
  - To participate in the planning processes, including right to identify individuals or roles to be included in the planning process, the right to request meetings, and the right to request revisions to the person-centered plan of care.
  - To participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
  - To receive services and/or items included in the plan of care.
  - To have assessment of your strength and needs included in your plan of care, as well as personal and cultural preferences.
  - To see the care plan, including the right to sign after significant changes to the plan of care.
- To request/refuse/discontinue medication and treatment after you have been informed, in a language that you understand, of the possible consequences of your decision. You may also request/refuse/discontinue to participate in experimental research including the investigations of new drugs and medical devices. You shall only be included in experimental research when you have been informed and have given written consent for such participation.
- To implement, change, or discontinue an Advance Directive provided by the facility or an outside contractor. (If incapacitated at time of admission, information on Advance Directives will be provided to the resident representative and/or the resident if he/she becomes able to understand the information provided.)
- To remain informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.
- To self-administer medications if the IDCP Team has determined this practice is medically appropriate.

## **FREEDOM FROM ABUSE AND RESTRAINTS**

- The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat symptoms and not authorized by a physician or APN for a limited period of time to protect others from injury. .

## **FINANCES**

- To manage your own finances or to delegate that responsibility to a family member, an assigned guardian, the facility Administrator, or some other individual with Power of Attorney. Your authorization must be in writing and must be witnessed in writing.
- To know, in advance, what charges a facility may impose against your personal funds. You are not required to deposit your personal funds with the facility, however, if you choose to, upon your written authorization, we must act as a fiduciary of your funds -- holding, safeguarding, managing, and accounting for them.
- To be given a written description of the manner in which your personal funds are protected.
- To have daily access during specified hours to the money and property you have deposited with the facility. You may also delegate, in writing, this right of access to your representative.
- To be notified when your account reaches \$200 less than the required SSI resource limit.
- To receive a quarterly written account of all your funds and itemized property that are deposited with the facility for your use and safekeeping and of all financial transactions with you, your representative, or guardian. This record shall also show the amount of property in the account at the beginning and the end of the accounting period, as well as a list of all deposits and withdrawals, substantiated by receipts given to you or your representative.

## **FINANCES *con't...***

- To receive a written statement describing services provided by the facility and the related charges. Such a statement or admission agreement must be in compliance with all applicable State and Federal Laws. The Statement or agreement must also include the facility's policies for payment of fees, deposits, and refunds. You shall receive this statement or agreement prior to or at the time of your admission - and afterward whenever there are any changes.
- To be provided as soon as is reasonably possible when there have been changes in coverage to items and services covered by Medicare and/or by the Medicaid State plan.
- To be made aware of changes to charges for services not covered under Medicare or Medicaid, or by the facilities per diem rate, at least 60 days prior to implementation.
- To be informed orally and in writing for any item you are being charged. (NOTE: Medicare and Medicaid patients will not be charged privately for Hospice services.)
- To be given a written description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act.
- To be furnished with any refund when *warranted* (refunds can be made to you, your representative, or your estate) within 30 days from the resident's date of discharge from the facility.

## **PHYSICAL AND PERSONAL ENVIRONMENT**

- To live in safe, decent and clean conditions in a facility that will not admit more residents than it can safely accommodate while providing adequate nursing home care.
- To be treated with courtesy, consideration, and respect for your dignity and individuality.
- To wear your own clothes, unless this would be unsafe or impractical. All clothes provided by the facility must fit in a way that is not demeaning to you.
- To keep and use your personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility must take precautions to ensure that your personal possessions are secure from theft, loss and misplacement.

## **VISITS AND ACTIVITIES**

- To stay out of bed as long as you desire and to be awakened no more than two hours before breakfast is served, unless a physician recommends otherwise and specifies the reasons in your medical record.
- To receive visitors of your choosing, regardless of sexual orientation, and at the time of your choosing, as long as these visit do not impose on other residents or a physician or APN nurse documents that this would be harmful to your health. Regular visiting hours are 8-8, however, we must provide:
  - Immediate 24-hour access to immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
  - Immediate 24-hour access to others who are visiting with your consent, subject to reasonable clinical and safety restrictions and your right to deny or withdraw consent at any time.
  - Reasonable access to any entity or individual that provides health, social, legal, or other services to you, subject to your right to deny or withdraw consent at any time.

The facility may change the location of visits to assist care giving or protect the privacy of other residents, if these visitation rights infringe upon the rights of other residents in the facility. For example, a resident's family visits in the late evening, which prevents the resident's roommate from sleeping.

- To leave the nursing home during the day with the approval of a physician or APN with your whereabouts noted on a sign-out record; arrangements may also be made with the facility for an absence overnight or longer.
- To refuse to perform services for the nursing home.
- To choose and wear your own clothes.

## **VISITS AND ACTIVITIES *con't...***

- To take part in facility activities, and 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.
- To request visits at any time by representatives of your choice and, upon your request, to attend outside religious services at your own expense. No religious beliefs or practices shall be imposed on you or any resident.
- To participate in family groups and to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.
- To participate in meals, recreation and social activities without being subjected to discrimination based on your age, race, religion, sex, nationality, or disability. Your participation may be restricted or prohibited only upon the written recommendation of your physician or APN.
- To organize and participate in a Resident Council that presents residents' concerns to the administrator of the facility.
- To have food and cultural preferences considered when preparing meals.

## **PRIVACY AND CONFIDENTIAL TREATMENT**

- To have physical privacy. You must be allowed, for example, to maintain the privacy of your body during medical treatment and personal hygiene activities, such as bathing using the toilet, unless you need assistance for your own safety.
- To have reasonable opportunities for intimate physical and social interaction with other people, including arrangements for privacy when your spouse visits. If you and your spouse are both residents, you will be given the opportunity to share a room, unless this is medically inadvisable, as documented in your records by a physician or APN.
- To have confidential treatment of information about you. Information in your records shall not be released to anyone outside the facility without your approval, unless you transfer to another facility, or unless the release of information is required by law, a third-party payment contract, or the NJ State Department of Health and Senior Services.
- If the access is available to the facility, to reasonable access to and privacy in your use of electronic communications such as email and video communications and for internet research; this is at your expense – if any additional expense is incurred by the facility to provide such access to you. Such use must comply with State and Federal law.
- To have your medical records and electronic communications kept confidential per regulatory standards.

## **DISCHARGE AND TRANSFERS**

- To receive written notice of an intended transfer from one room to another room within the facility or a change in your roommate and the reasons for the room transfer or change in roommate, along with notice of your right to an informal hearing with the administrator prior to the transfer. The nursing home shall not move you to a different bed or room in the facility if the relocation is arbitrary and capricious. A transfer would not be considered arbitrary and capricious if the nursing home can document a clinical necessity for relocating you, such as a need for isolation or to address behavior problems, or there is a hardship to an applicant for admission through a delay caused by inefficient distribution of beds by gender.
- To refuse a room change if the purpose is to relocate you from the designated skilled unit to a part of the facility that is not designated as such, and vice versa.
- To refuse a room change that is solely for the convenience of staff.
- To receive assistance in awakening, dressing, and participating in activities unless your physician or APN specifies the reason(s) in your medical record.
- To discharge yourself from the facility by presenting a release signed by you, your representative, or your guardian.

## **DISCHARGE AND TRANSFERS con't...**

- To be transferred or discharged only for one or more of the following reasons: 1. In an emergency, with notification of your physician or APN and your representative or guardian. 2. For medical reasons, to protect your welfare or the welfare of others or to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives Health Care Act, as specified in N.J.A.C. 8:39-9.6(d); 3. For nonpayment of fees, in situations not prohibited by law.
- To receive written notice at least 30 days in advance when the facility requests your transfer or discharge, except in an emergency. Written notice shall include the name, address, and telephone number of the New Jersey Office of the Ombudsman for the Institutionalized Elderly, and shall also be provided to your representative or guardian 30 days in Advance.
- To appeal a transfer or discharge and to not be transferred or discharged while the appeal is pending unless the failure to do so would endanger the health or safety of you or other individuals in the facility.
- Before being transferred to a hospital or going on therapeutic leave, to receive written information that specifies the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan; and the nursing facility's policies regarding bed-hold periods.
- To request and receive both oral and written communication containing information about returning to the community, such as expanded resources, home and community based programs, etc...

## **MAIL AND TELEPHONE**

- To reasonable access to stationary, postage, writing implements, and ability to send mail at your expense.
- To receive and send your mail in unopened envelopes, unless you request otherwise. You also have a right to request and receive assistance in reading and writing correspondence, unless it is medically contraindicated and documented in the record by a physician or APN.
- To receive and send mail and packages via entities other than the U.S. Postal Service.
- To have unaccompanied access to a telephone at a reasonable hour to conduct private conversations, and, if technically feasible, to have a private telephone in your living quarters at your own expense.
- To retain and use a cell phone at your own expense and have access TTY and TTD services.

## **PROTECTION OF YOUR RIGHTS**

- To be given a written statement of your rights as well as any additional regulations established by the facility involving your rights and responsibilities. The facility shall require each resident or his/her guardian to sign a copy of this document. In addition, a copy shall be posted in a conspicuous, public place in the facility. Copies shall also be given to the residents representatives and distributed to staff members. The facility is responsible for developing and implementing policies to protect resident rights.
- To receive notices and information orally and in writing in a format (including Braille) and language you understand (this includes how to contact "Aging and Disability" and "No Wrong Door.")
- To retain and exercise all the constitutional, civil and legal rights to which you are entitled by law. The nursing home is required to encourage and help you to exercise these rights.
- To voice complaints about any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, and misappropriation of resident property in the facility, noncompliance with the advance directives requirements and requests for information regarding returning to the community without being threatened or punished. You are entitled to complain and present your grievances to the facility Administrator or staff, to government agencies, and to anyone else without fear of interference, discharge, or reprisal. See below for the names, addresses, and telephone numbers of the government agencies to which you can complain and ask questions, including the Department and the Office of the Ombudsman for the Institutionalized Elderly. These names and addresses, and telephone numbers shall also be posted in a conspicuous place near every public telephone and on public bulletin boards in the nursing home.

**IMPORTANT CONTACT INFORMATION**

<b>AGENCY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER / EMAIL</b>
NJ State Department of Health and Senior Services / State Survey Agency	P.O. Box 360 Trenton, NJ 08625	1-800-792-9700
Office of the Ombudsman	P.O. Box 852 Trenton, NJ 08625-0852	(877) 582-6995 <b>Email: <a href="mailto:ombudsperson@ooie.nj.gov">ombudsperson@ooie.nj.gov</a></b>
State Licensure Office	State of NJ Board of Nursing P.O. Box 45010 Newark, NJ 07101	973-504-6430
Protection and Advocacy Agency	210 S Broad St, Trenton, NJ 08608	1-800 922-7233
Adult Protective Services		
LCA for Information About Returning to the Community		
Medicaid Fraud Control Unit / Office of the State Comptroller	PO Box 024 Trenton, NJ 08625	1-609-292-1272
NJ Aging and Disability Resource Center	Varies from County to County; website best source of information: <a href="http://www.adrcnj.org">www.adrcnj.org</a>	1-877-222-3737
No Wrong Door Program	Medicaid.gov	-

*Each resident, resident's next of kin/representative, and resident's legal guardian shall be informed of the resident rights enumerated above, and each shall be explained to him or her. None of these rights shall be abridged or violated by the facility or any of its staff. The foregoing is hereby incorporated with the official policies of this facility; the staff is to be familiarized with these rights of the resident and is to be involved in their full implementation. Prior to, or at the time of admission, each resident and his legally established representative shall be provided a copy of this document and all other rules and regulations governing resident conduct and responsibilities; receipt of such information shall be acknowledged, in writing.*