YOUR RIGHTS AND RESPONSIBILITIES

AS A RESIDENT OF WINNING WHEELS, INC. AND/OR S.T.R.I.V.E.

The following is a summary of Resident's Rights as enumerated in Part I of Article II of the Nursing Home Care Act (NHCA) and the Code of Federal Regulations(Title 42, Chapter IV, Subchapter G, Part 483, Subpart B), including blended language from Chapter 2 of the Mental Health & Development Disabilities, as applicable. In parenthesis following each summarized right is a citation of the Section of the Act in which the right of the resident is set out in full. Persons interested in a particular resident right should consult the Statute for the complete wording of such right or responsibility.

1. Constitutional and legal rights. No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of their status as a resident of the facility. (2-101 NHCA) A person with a known or suspected mental illness or developmental disability shall not be denied mental health or developmental services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability or criminal record unrelated to present dangerousness. (5/2-100(b) Mental Health Code).

2. Legal disability – determination. No recipient of services shall be presumed legally disabled, nor shall such person be held legally disabled except as determined by a court. Such determination shall be separate from a judicial proceeding held to determine whether a person is subject to involuntary admission or meets the standard for judicial admission. (5/2-101 Mental Health Code)

3. Spousal Impoverishment. All new residents and their spouses shall be informed on admittance of their spousal impoverishment rights as defined at Section 5-4 of the Illinois Public Aid Code. That Section provides that in determining the amount and nature of medical assistance for which a person may qualify, consideration shall not be given to the value of cash, property or other assets held in the name of the person's spouse pursuant to a written agreement dividing the marital property into equal but separate shares or pursuant to a transfer of the person's interest in a home to his spouse; provided that the spouse's share of the marital property is not made available to the person seeking medical assistance and that such person does not reside in the home. A person seeking medical assistance, or their guardian, shall be informed at the time of application that an equal division of marital property with or transfer of interest in a home to their spouse shall not affect their eligibility for such assistance. However, if Federal law or regulation requires consideration of any of the resources described in this paragraph, such resources shall be considered in determining the amount and nature of medical assistance for which a person may qualify. (2-101.1 NHCA and ch. 23, par. 5-4).

4. Financial Affairs. A resident shall be permitted to manage their own financial affairs if such resident so wishes. (2-102 NHCA).

5. Personal Property. A resident shall be permitted to retain and use or wear their personal property in their immediate living quarters, unless deemed medically inappropriate by a physician and so documented in the resident's clinical record. If clothing is provided to the resident by the facility, it shall be of a proper fit. The facility shall provide adequate storage space for the personal property of the resident. The facility shall provide a means of safeguarding small items of value for its residents in the rooms or in any other part of the facility so long as the residents have daily access to such valuables. The facility shall develop procedures for investigating complaints concerning theft of residents, property and shall promptly investigate all such complaints. (2-103 NHCA)

(a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission.

(b) The professional responsible for overseeing the implementation of a recipient’s services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm.

(c) When a recipient is discharged from the mental health or developmental disabilities facility, all of their lawful personal property which is in the custody of the facility shall be returned to them. (5/2-104 Mental Health Code).

6. Care Services – Psychotropic medication.

A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan, which shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and, where appropriate, such recipient’s nearest of kin or guardian. If the services include the administration of psychotropic medication, the physician shall advise the recipient, in writing, of the side effects of the medication to the extent such advice is consistent with the nature and frequency of the side effects and the recipient’s ability to understand the information communicated. Any recipient who is a resident of the mental health or developmental disabilities facility shall be advised in writing of their right to refuse such services pursuant to Section 2-107 of Mental Health Code. A qualified professional shall be responsible for overseeing the implementation of such plan. Such care and treatment shall include the regular use of sign language for any hearing impaired individual for whom sign language is a primary mode of communication. (5/2-102 Mental Health Code)

7. Medical Treatment / Experimental Research / Treatment Records.

(a) A resident shall be permitted to retain the services of their own personal physician at their own

expense or under an individual or group plan of health insurance, or under any public or private assistance program providing such coverage. However, the facility is not liable for the negligence of any such personal physician. Every resident shall be permitted to obtain from their

own physician or the physician attached to the facility complete and current information

concerning their medical diagnosis, treatment and prognosis in terms and language the resident

can reasonably be expected to understand. Every resident shall be permitted to participate in the planning of their total care and medical treatment to the extent that his condition permits. No resident shall be subjected to experimental research or treatment shall be authorized and monitored by an institutional review committee appointed by the administrator of the facility where such research and treatment is conducted. The membership, operating procedures and review criteria for institutional review committees shall be prescribed under rules and regulations of the Illinois Department of Public Health.

(b) Medical treatments and procedures shall be administered as ordered by a physician. New physician orders shall be reviewed by the facility's director of nursing or charge nurses designee within 24 hours after such orders have been issued to assure facility compliance with such orders. According to rules adopted by the Department, every woman resident of child-bearing age shall receive routine obstetrical and gynecological evaluations as well as necessary prenatal care.

(c) Residents shall be permitted to refuse medical treatment and to know the consequences of such action, unless such refusal would be harmful to the health and safety of others and such harm is documented by a physician in the resident's clinical record. The resident's refusal shall free the facility from the obligation to provide the treatment.

(d) Every resident, resident's guardian, or parent if the resident is a minor shall be permitted to inspect and copy all their clinical and other records concerning their care and maintenance kept by the facility or by their physician. The facility may charge a reasonable fee for duplication of a record. (2-104 NHCA).

8. Transfer of Private Ownership Following Suspension or Revocation - Resident Evaluation. Whenever ownership of a private facility is transferred to another private owner following a final order for a suspension or revocation of the facility's license, the new owner, if the Department so determines, shall thoroughly evaluate the condition and needs of each resident as if each resident were being newly admitted to the facility. The evaluation shall include a review of the medical record and the conduct of a physical examination of each resident which shall be performed within 30 days after the transfer of ownership. (2-104.1 NHCA).

9. Privacy. A resident shall be permitted respect and privacy in their medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have their permission to be present. (2-105 NHCA).

10. Physical Restraints and Confinements. Neither physical restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel. No physical restraints or confinements shall be employed except as ordered by a physician who documents the need for such restraints or confinements in the resident's clinical record. (2-106(b) NHCA).

11. Abuse or Neglect - Duty to Report. An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in "The Abused and Neglected Long Term Care Facility Residents Reporting Act." (2 -107 NHCA)

12. Communications - Visits - Married Residents. Every resident shall be permitted unimpeded, private and uncensored communication of their choice by mail, public telephone or visitation.

(a) The administrator shall ensure that correspondence is conveniently received and mailed, and that telephones are reasonably accessible.

(b) The administrator shall ensure that residents may have private visits at any reasonable hour unless such visits are not medically advisable for the resident as documented in the resident's clinical record by the resident's physician.

(c) The administrator shall ensure that space for visits is available and that facility personnel knock, except in an emergency, before entering any resident's room.

(d) Unimpeded, private and uncensored communication by mail, public telephone and visitation may be reasonably restricted by a physician only in order to protect the resident or others from harm, harassment or intimidation, provided that the reason for any such restriction is placed in the resident's clinical record by the physician and that notice of such restriction shall be given to all residents upon admission. However, all letters addressed by a resident to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, officers of the Department, or licensed attorneys at law shall be forwarded at once to the persons to whom they are addressed without examination by facility personnel. Letters in reply from the officials and attorneys mentioned above shall be delivered to the recipient without examination by facility personnel.

(e) The administrator shall ensure that married residents residing in the same facility be allowed to reside in the same room within the facility unless there is no room available in the facility or it is deemed medically inadvisable by the resident's attending physician and so documented in the resident's medical records. (2-108 NHCA).

13. Religion. A resident shall be permitted to the free exercise of religion. Upon a resident's request, and if necessary at their expense, the 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. (2-109 NHCA).

14. Access - Inspection. Any employee or agent of a public agency, any representative of a community legal services program or any other member of the general public shall be permitted access at reasonable hours to any individual resident of any facility, but only if there is neither a commercial purpose nor effect to such access and if the purpose is to do any of the following:

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

(2) Inform residents of their rights and entitlements and their corresponding obligations, under Federal and State laws, by means of educational materials and discussions in groups and with individual residents; (3) Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, as well as in all other matters in which residents are aggrieved. Assistance may include counseling and litigation; or

(4) Engage in other methods of asserting, advising and representing residents so as to extend to them full enjoyment of their rights.

(a-5) If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and this amendatory Act of the 94th General Assembly, or to verify compliance with applicable terms of probation, parole, aftercare release, or mandatory supervised release.   
     All persons entering a facility under this Section shall promptly notify appropriate facility personnel of their presence. They shall, upon request, produce identification to establish their identity. No such person shall enter the immediate living area of any resident without first identifying himself and then receiving permission from the resident to enter. The rights of other residents present in the room shall be respected. A resident may terminate at any time a visit by a person having access to the resident's living area under this Section. (2-110(a-b) NHCA)

15. Discharge. A resident may be discharged from a facility after they give the administrator, a physician, or a nurse of the facility written notice of their desire to be discharged. If a guardian has been appointed for a resident or if the resident is a minor, the resident shall be discharged upon written consent of their guardian or if the resident is a minor, their parent unless there is a court order to the contrary. In such cases, upon the resident's discharge, the facility is relieved from any responsibility for the resident's care, safety or well-being. (2-111 NHCA).

16. Grievances. A resident shall be permitted to present grievances on behalf of themselves or others to the administrator, the Long-Term Care Facility Advisory Board, the residents, advisory council, State governmental agencies or other persons without threat of discharge or reprisal in any form or manner whatsoever. The administrator shall provide residents or their representatives with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged.

(2-112 NHCA).

17. Labor. A resident may refuse to perform labor for a facility. (2-113 NHCA).

A recipient of services may perform labor to which they consents for a service provider, if the

professional responsible for overseeing the implementation of the services plan for such recipient

determines that such labor would be consistent with such plan. A recipient who performs labor which is

of any consequential economic benefit to a service provider shall receive wages which are commensurate

with the value of the work performed, in accordance with applicable federal and state laws and

regulations. A recipient may be required to perform tasks of a personal housekeeping nature without

compensation. Wages earned by a recipient of services shall be considered money which they are entitled

to receive pursuant to Section 2-105, and such wages shall be paid by the service provider not less than

once a month. (5/2-106 Mental Health Code)

18. 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. (42 CFR 483.10(a))

19. Exercise of Rights. The resident has the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States. (42 CFR 483.10(b))

20. No Coercion. The resident has the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising their rights. (42 CFR 483.l0(b)(2))

21. Exercise of Rights by Guardian. In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. (42 CFR 483.l0(b)(3))

22. Notice of Rights and Services. The resident has the right to be informed of their rights and of all rules and regulations governing resident conduct and responsibilities during their stay in the facility. The facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. (42 CFR 483.10(g)(1)(3))

23. Right to Copies of Records. The resident has the right to access their records within twenty-four (24) working hours.The resident has the right to inspect and with reasonable costs purchase photocopies of all records pertaining to the resident upon written request and two (2) work days notice to the facility.

(42 CFR 483.l0(g)(2)(i-ii))

24. Health Status. The resident has the right to be fully informed in language that they can understand of their total health status, including but not limited to, their medical condition.

(42 CFR 483.10(c)(1))

25. Refusal of Treatment. The resident has the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research. (42 CFR 483.10(c)(6))

26. Medicaid Benefits and Charges. The facility must -

(i) Inform each [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=20&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10)-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=19&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of -

(A) The items and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=39&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) that are included in [nursing facility services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=2ddad91e12c4bf8ccf55f89c9061ffbe&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) under the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=22&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) and for which the resident may not be charged;

(B) Those other items and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=40&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) that the facility offers and for which the resident may be charged, and the amount of charges for those [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=41&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10); and

(ii) Inform each [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=21&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10)-eligible resident when changes are made to the items and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=42&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) specified (42 CFR 483.10(g)(17)(i(A-B))(ii))

27. Services and Charges. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=43&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) available in the facility and of charges for those [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=44&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), including any charges for [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=45&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) not covered under Medicare/Medicaid or by the facility's per diem rate. (42 CFR 483.10(g)(18))

28. Personal Funds and Complaints. The facility must furnish a written description of legal rights which includes a description of the manner of protecting personal funds, and a statement that the resident may file a complaint with the State Survey and Certification Agency concerning resident abuse, neglect, and misappropriation of resident property in the facility. (42 CFR 483.10(g)(4)(i-ii))

29. Money – Deposits – Payees. A recipient of services may use their money as they choose, unless they are a minor or prohibited from doing so under a court guardianship order. A recipient may deposit or cause to be deposited money in his name with a service provider or financial institution with the approval of the provider or financial institution. Money deposited with a service provider shall not be retained by the service provider. Any earnings attributable to a recipient’s money shall accrue to them. Except where a recipient has given informed consent, no service provider nor any of its employees shall be made representative payee for their social security, pension, annuity, trust fund, or any other form of direct payment or assistance. When a recipient is discharged from a service provider, all of their money, including earning, shall be returned to them. (5/2-105 Mental Health Code)

30. Physician Contacts. The resident has the right to choose their attending physician.

(1) The physician must be licensed to practice, and

(2) If the physician chosen by the resident refuses to or does not meet [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) specified in this part, the facility may seek alternate physician participation to assure provision of appropriate and adequate care and treatment.

(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for their care.

(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.

(5) If the resident subsequently selects another attending physician who meets the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), the facility must honor that choice. (42 CFR 483.10(d))

31. Medicare/Medicaid Benefits. The facility must provide each resident a written description of Medicare and Medicaid eligibility and coverage. (42 CFR 483.10(g)(4)(iii))

32. Notification of Changes. A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with their authority, the resident representative(s), when there is -

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(B) 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);

(C) A need to alter treatment significantly (that is, a need to discontinue or change an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

(D) A decision to [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) or discharge the resident from the facility as specified in [42 CFR 483.15(c)(1)(ii)](https://www.law.cornell.edu/cfr/text/42/483.15#c_1_ii). (42 CFR 483.10(g)(14)(i))

33. Change of Room or Roommate. The facility must also promptly notify the resident and the [resident representative](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=46fc58f75d023042df0ea3392de13647&term_occur=14&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), if any, when there is -

(A) A change in room or roommate assignment as specified in [42 CFR 483.10(e)(6)](https://www.law.cornell.edu/cfr/text/42/483.10#e_6); or

(B) A change in resident rights under Federal or State law or regulations. (42 CFR 483.10(g)(14)(iii))

34. Address Update of Representative. The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). (42 CFR 483.10(g)(14)(iv))

35. Protection of Resident Funds. The resident has the right to manage their financial affairs and the facility may not require residents to deposit their personal funds with the facility. (42 CFR 483.10(e)(l0))

36. Management of Personal Funds. Upon written authorization of a resident, the facility must hold, safeguard, manage and account for the personal funds of the resident deposited with the facility.

(42 CFR 483.l0(e)(10(i))

37. Funds in Excess of $100.00. (A) In general: The facility must deposit any residents' personal funds in excess of $100 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 resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.

(B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $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 resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share). (42 CFR 483.10(e)(10)(ii))

38. Funds Less Than $50.00. The facility must maintain personal funds that do not exceed $50 in a non-interest bearing account, interest-bearing account, or petty cash fund. (42 CFR 483.l0(e)(10)(ii)(B))

39. Accounting and Records. (A) The facility must establish and maintain a system that assures a full and 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.

(B) The system must preclude any commingling of resident funds with facility funds or with the funds of any [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) other than another resident.

(C) The individual financial record must be available to the resident through quarterly statements and upon request. (42 CFR 483.10(e)(10)(iii))

40. Notice of Certain Balances. The facility must notify each resident that receives [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) benefits -

(A) When the amount in the resident's account reaches $200 less than the SSI resource limit for one [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10); and

(B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), the resident may lose [eligibility](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=b4c4b815aa59e3c17a2b0fa5c09d4c79&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) for [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) or SSI. (42 CFR 483.10(e)(10)(iv))

41. Conveyance Upon Discharge, Eviction, or Death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law. (42 CFR 483.10(e)(10)(v))

42. Assurance of Financial Security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the [Secretary](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=32a8162a096223f196004de2d71a86ee&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), to assure the security of all personal funds of residents deposited with the facility. (42 CFR 483.10 (e)(10)(vi))

43. Limitation on Charges to Personal Funds. The facility must not impose a charge against the personal funds of a resident for any item or [service](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=14&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) for which [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) is made under [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) or [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=15&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) that are more expensive than or in excess of covered [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=16&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10). (42 CFR 483.10(e)(11))

45. Changes of Care. The resident has the right to be informed, in advance, of changes to the plan of care (42 CFR 483.l0(c)(2)(iii))

46. Care Planning. The resident has the right to be informed of and participate in planning, care and treatment or changes in care and treatment. (42 CFR 483.l0(c))

47. Privacy and Confidentiality. The resident has the right to personal privacy and confidentiality of their personal and clinical records. 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. (42 CFR 483.10(h)(1))

48. Record Release. The resident has a right to secure and confidential personal and medical records.

(i) The resident has the right to refuse the release of personal and medical records except as provided at [42 CFR 483.70(i)(2)](https://www.law.cornell.edu/cfr/text/42/483.70#i_2) or other applicable federal or state laws.

(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. (42 CFR 483.10(h)(3))

49. Grievances. The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. (42 CFR 483.10(j)(1))

49. Grievance Resolution. The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have. (42 CFR 483.10(j)(2))

50. Examination of Results. The resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=20&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of correction in effect with respect to the facility. (42 CFR 483.10(g)(10)(i))

51. Resident Advocates. The resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. (42 CFR 483.l0(g)(10)(ii))

54. Mail – Telephone - Visits. The resident has the right to privacy in written communications, including the right to:

(1) send and receive mail promptly that is unopened, and

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

Except provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation.

(a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonable accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items.

(b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director.

(c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonable restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that they have the right to require the facility to notify the affected parties of the restrictions, and to notify such affected party when the restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state’s attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to “An act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named,” approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.

(d) No facility shall prevent any attorney who represents a recipient or who has been requested to do so by any relative or family member of the recipient, from visiting a recipient during normal business hours, unless that recipient refuses to meet with the attorney. (5/2-103 Mental Health Code)

55. Access to Facility. The resident has a right to receive visitors of their choosing at the time their choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (42 CFR 483.10(f)(4))

56. Access and Visitations Rights. The facility must provide immediate access to any resident by -

(A) Any representative of the [Secretary](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=32a8162a096223f196004de2d71a86ee&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of Health and Human Services,

(B) Any representative of the State,

(C) Any representative of the Office of the State long term care ombudsman, (established under section 712 of the Older Americans [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of 1965, as amended 2016 ([42 U.S.C. 3001](https://www.law.cornell.edu/uscode/text/42/3001)et seq.),

(D) The resident's individual physician,

(E) Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of 2000 ([42 U.S.C. 15001](https://www.law.cornell.edu/uscode/text/42/15001)et seq.),

(F) Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of 2000 ([42 U.S.C. 10801](https://www.law.cornell.edu/uscode/text/42/10801)et seq.), and

(G) The [resident representative](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=46fc58f75d023042df0ea3392de13647&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10). (42CFR 483.10(f)(4)(i))

57. Access by Residents and Others. The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time. The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time. The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) to the resident, subject to the resident's right to deny or withdraw consent at any time. (42 CFR 483.10(f)(4)(ii-iv))

58. Examination of Records by Ombudsman. The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. (42 CFR 483.10 (h)(3)(ii))

59. Telephone. The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. (42 CFR 483.10(g)(6))

60. Personal Property. Residents have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. (42 CFR 483.10 (e)(2))

61. Married Couples. Residents have the right to share a room with their spouse when married residents live in the same facility and both spouses consent to the arrangement. (42 CFR 483.10(e)(4))

62. Self Administration of Drugs. Each resident has the right to self-administer medications if the interdisciplinary team, as defined by [42 CFR 483.21(b)(2)(ii)](https://www.law.cornell.edu/cfr/text/42/483.21#b_2_ii), has determined that this practice is clinically appropriate. (42 CFR 483.10(c)(7))

63. Transfer and Discharge Requirements. The facility must permit each resident to remain in the facility, and not [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge the resident from the facility unless -

(A) The [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) The [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) provided by the facility;

(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

(D) The health of individuals in the facility would otherwise be endangered;

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or after the third party, including [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) after admission to a facility, the facility may charge a resident only allowable charges under [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15); or

(F) The facility ceases to operate. (42 CFR 483.15(c)(1)(i))

64. Documentation. When the facility [transfers](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharges a resident, the facility must ensure that the [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.

Documentation in the resident's medical record must include:

(A) The basis for the [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) and discharge in the requirements.

(B) The specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the [service](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) available at the receiving facility to meet the need(s). (42 CFR 483.15(c)(2)(i))

65. Documentation. The facility must concult the resident’s physician to see whether transfer or discharge is necessary. (42 CFR 483.15(c)(2)(ii))

66. Notice Before Transfer. Before a facility [transfers](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=14&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharges a resident, the facility must -

(i) Notify the resident and the resident's representative(s) of the [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=15&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

(ii) Record the reasons for the [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=16&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge in the resident's medical record; and

(iii) Include in the notice the items in the Federal Regulations. (42 CFR 483.15(c)(3))

67. Timing of the Notice. (i) The notice of [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=17&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge required under this section must be made by the facility at least thirty (30) days before the resident is [transferred](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=18&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharged.

(ii) Notice must be made as soon as practicable before [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=19&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge 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](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=20&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge;

(D) An immediate [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=21&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge is required by the resident's urgent medical needs; or

(E) A resident has not resided in the facility for 30 days. (42 CFR 483.15(c)(4)(i-ii))

68. Contents of Notice. The written notice of transfer or discharge must include the following:

(i) The reason for [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=22&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge;

(ii) The effective date of [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=23&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge;

(iii) The location to which the resident is [transferred](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=24&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharged;

(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;

(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;

(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) of 2000 (Pub. L. 106-402, codified at [42 U.S.C. 15001](https://www.law.cornell.edu/uscode/text/42/15001)et seq.); and

(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15). (42 CFR 483.15(c)(5)(i-vii))

69. Orientation for Transfer or Discharges. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=26&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. (42 CFR 483.15(c)(7))

70. Notice of Bed-Hold Policy and Readmission. Before a nursing facility [transfers](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=28&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) a resident to a [hospital](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=a305beb7cd53a9674c95afe2cdb0e3a1&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or [resident representative](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=46fc58f75d023042df0ea3392de13647&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) that specifies -

(i) 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;

(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with [42](https://www.law.cornell.edu/cfr/text/42/483.15#c_3) CFR 48.15(c)(3) of this section, permitting a resident to return. (42 CFR 483.15(d)(1)(i)(iii))

71. Notice Upon Transfer. At the time of [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=29&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the [resident representative](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=46fc58f75d023042df0ea3392de13647&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) written notice which specifies the duration of the bed-hold policy. (42 CFR 483.15 (d)(2))

72. Permitting Resident to Return to Facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.

(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident

(A) Requires the [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=12&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) provided by the facility; and

(B) Is eligible for [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) [skilled nursing facility services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=029e053d12c680523bea5253367c08ae&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) [nursing facility services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=2ddad91e12c4bf8ccf55f89c9061ffbe&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15).

(ii) If the facility that determines that a resident who was [transferred](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=30&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) with an expectation of returning to the facility cannot return to the facility, the facility must comply with the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) of the law as they apply to discharges. (42 CFR 483.15(e)(1)(i-ii))

73. Equal Access to Quality Care. (1) A facility must establish, maintain and implement identical policies and practices regarding [transfer and discharge](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=dce186c0bb8a3afa95d772d53a85755d&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), as defined in [42 CFR 483.5](https://www.law.cornell.edu/cfr/text/42/483.5) and the provision of [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) for all individuals regardless of source of [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), consistent with [42 CFR 483.10(a)(2)](https://www.law.cornell.edu/cfr/text/42/483.10#a_2);

(2) The facility may charge any amount for [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) furnished to non-Medicaid residents unless otherwise limited by state law and consistent with the notice requirement in [42 CFR 483.10(g)(3) and (g)](https://www.law.cornell.edu/cfr/text/42/483.10#g_3)(4)(i) describing the charges; and

(3) The State is not required to offer additional [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) on behalf of a resident other than [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) provided in the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15). (42 CFR 483.15(b)(1-3))

74. Admissions Policy. (1) The facility must establish and implement an admissions policy.

(2) The facility must -

(i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15); and

(ii) Not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, [Medicare](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=854c69c657e280c092de298b6928fc6b&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) or [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) benefits.

(iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property

(3) The facility must not request or require a third party guarantee of [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a [resident representative](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=46fc58f75d023042df0ea3392de13647&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) from the resident's income or resources.

(4) In the case of a [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) eligible for [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However, -

(i) A nursing facility may charge a resident who is eligible for [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) for items and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) the resident has requested and received, and that are not specified in the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) as included in the term “nursing facility [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15)” so long as the facility gives proper notice of the availability and cost of these [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15); and

(ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) unrelated to a [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) eligible resident.

(5) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to [Medicaid](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0e504496534ec33a1f9a4f95c7a8fa57&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15).

(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or [service](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) limitations of the facility.

(7) A nursing facility that is a [composite distinct part](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=5db9bd40ffd784b4552b8e6624578853&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15) as defined in [42 CFR 483.5](https://www.law.cornell.edu/cfr/text/42/483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the [composite distinct part](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=5db9bd40ffd784b4552b8e6624578853&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.15), and must specify the policies that apply to room changes between its different locations. (42 CFR 483.15(a)(1-7))

76. Restraints. Use of restraint. Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to themselves or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff.

(a) Except as provided in this Section, restraint shall be employed only upon the written order of a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities. No restraint shall be ordered unless the physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities, after personally observing and examining the recipient, is clinically satisfied that the use of restraint is justified to prevent the recipient from causing physical harm to themselves or others. In no event may restraint continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities or a physician confirms, in writing, following a personal examination of the recipient, that the restraint does not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition. The order shall state the events leading up to the need for restraint and the purposes for which restraint is employed. The order shall also state the length of time restraint is to be employed and the clinical justification for that length of time. No order for restraint shall be valid for more than 16 hours. If further restraint is required, a new order must be issued pursuant to the requirements provided in this Section.

(b) In the event there is an emergency requiring the immediate use of restraint, it may be ordered temporarily by a qualified person only where a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities is not immediately available. In that event, an order by a nurse, clinical psychologist, clinical social worker, or physician shall be obtained pursuant to the requirements of this Section as quickly as possible, and the recipient shall be examined by a physician or supervisory nurse within 2 hours after the initial employment of the emergency restraint. Whoever orders restraint in emergency situations shall document its necessity and place that documentation in the recipient's record.

(c) The person who orders restraint shall inform the facility director or their designee in writing of the use of restraint within 24 hours.

(d) The facility director shall review all restraint orders daily and shall inquire into the reasons for the orders for restraint by any person who routinely orders them. (e) Restraint may be employed during all or part of one 24 hour period, the period commencing with the initial application of the restraint. However, once restraint has been employed during one 24 hour period, it shall not be used again on the same recipient during the next 48 hours without the prior written authorization of the facility director.

(f) Restraint shall be employed in a humane and therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The qualified person shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm themselves or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others.

(g) Every facility that employs restraint shall provide training in the safe and humane application of each type of restraint employed. The facility shall not authorize the use of any type of restraint by an employee who has not received training in the safe and humane application of that type of restraint. Each facility in which restraint is used shall maintain records detailing which employees have been trained and are authorized to apply restraint, the date of the training and the type of restraint that the employee was trained to use.

(h) Whenever restraint is imposed upon any recipient whose primary mode of communication is sign language, the recipient shall be permitted to have their hands free from restraint for brief periods each hour, except when freedom may result in physical harm to the recipient or others. (i) A recipient who is restrained may only be secluded at the same time pursuant to an explicit written authorization as provided in Section 2-109 of this Code. Whenever a recipient is restrained, a member of the facility staff shall remain with the recipient at all times unless the recipient has been secluded. A recipient who is restrained and secluded shall be observed by a qualified person as often as is clinically appropriate but in no event less than every 15 minutes.

(j) Whenever restraint is used, the recipient shall be advised of their right, pursuant to Sections 2-200 and 2-201 of this Code, to have any person or their choosing, including the Guardianship and Advocacy Commission or the agency designated pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act notified of the restraint. A recipient who is under guardianship may request that any person of their choosing be notified of the restraint whether or not the guardian approves the notice. Whenever the Guardianship and Advocacy Commission is notified that a recipient has been restrained, it shall contact that recipient to determine the circumstances of the restraint and whether further action is warranted. (5/2-108 Mental Health Code)

77. Seclusion. Seclusion may be used only as a therapeutic measure to prevent a recipient from causing physical harm to themselves or physical abuse to others. In no event shall seclusion be utilized to punish or discipline a recipient, nor is seclusion to be used as a convenience for the staff.

(a) Seclusion shall be employed only upon the written order of a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities. No seclusion shall be ordered unless the physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities, after personally observing and examining the recipient, is clinically satisfied that the use of seclusion is justified to prevent the recipient from causing physical harm to themselves or others. In no event may seclusion continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities or a physician confirms in writing, following a personal examination of the recipient, that the seclusion does not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition. The order shall state the events leading up to the need for seclusion and the purposes for which seclusion is employed. The order shall also state the length of time seclusion is to be employed and the clinical justification for the length of time. No order for seclusion shall be valid for more than 16 hours. If further seclusion is required, a new order must be issued pursuant to the requirements provided in this Section.

(b) The person who orders seclusion shall inform the facility director or their designee in writing of the use of seclusion within 24 hours.

(c) The facility director shall review all seclusion orders daily and shall inquire into the reasons for the orders for seclusion by any person who routinely orders them.

(d) Seclusion may be employed during all or part of one 16 hour period, that period commencing with the initial application of the seclusion. However, once seclusion has been employed during one 16 hour period, it shall not be used again on the same recipient during the next 48 hours without the prior written authorization of the facility director.

(e) The person who ordered the seclusion shall assign a qualified person to observe the recipient at all times. A recipient who is restrained and secluded shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes.

(f) Safety precautions shall be followed to prevent injuries to the recipient in the seclusion room. Seclusion rooms shall be adequately lighted, heated, and furnished. If a door is locked, someone with a key shall be in constant attendance nearby.

(g) Whenever seclusion is used, the recipient shall be advised of their right, pursuant to Sections 2-200 and 2-201 of this Code, to have any person of their choosing, including the Guardianship and Advocacy Commission notified of the seclusion. A person who is under guardianship may request that any person of their choosing be notified of the seclusion whether or not the guardian approves of the notice. Whenever the Guardianship and Advocacy Commission is notified that a recipient has been secluded, it shall contact that recipient to determine the circumstances of the seclusion and whether further action is warranted. (5/2-109 Mental Health Code)

78. Electro-convulsion therapy – Psychosurgery – Consent. No recipient of services shall be subjected to electro-convulsive therapy, or to any unusual, hazardous, or experimental services or psychosurgery, without their written or informed consent. If a recipient is a minor, that recipient’s parent or guardian is authorized, only with the approval of the court under the procedures set out in Section 2-107.1, to provide consent for participation of the minor in electro-convulsive therapy if the parent or guardian deems it to be in the best interest of the minor. In addition to the requirements in Section 2-107.1, prior to the court entering an order approving treatment by electro-convulsive therapy, 2 licensed psychiatrists, one of which may be the minor’s treating psychiatrist, who have examined the patient must concur in the determination that the minor should participate in treatment by electro-convulsive therapy. (5/2-110.5 Mental Health Code)

80. Abuse. The resident has the right to be free from [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [misappropriation of resident property](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8a2b5ef3541ac21aa2e1aa11970f5ad9&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), and [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

(a) The facility must -

(1) Not use verbal, mental, sexual, or physical [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), corporal punishment, or involuntary seclusion;

(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

(3) Not employ or otherwise engage individuals who -

(i) Have been found guilty of [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), misappropriation of property, or [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) by a court of law;

(ii) Have had a finding entered into the State [nurse aide](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=03ef2f36fa874241a9fabdf5fcac8c86&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) registry concerning [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) of residents or misappropriation of their property; or

(iii) Have a disciplinary action in effect against their professional license by a state licensure body as a result of a finding of [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) of residents or [misappropriation of resident property](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8a2b5ef3541ac21aa2e1aa11970f5ad9&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12).

(4) Report to the State [nurse aide](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=03ef2f36fa874241a9fabdf5fcac8c86&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for [service](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) as a [nurse aide](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=03ef2f36fa874241a9fabdf5fcac8c86&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) or other facility staff.

(b) The facility must develop and implement written policies and procedures that:

(1) Prohibit and prevent [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), and [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) of residents and [misappropriation of resident property](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8a2b5ef3541ac21aa2e1aa11970f5ad9&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12),

(2) Establish policies and procedures to investigate any such allegations, and

(3) Include training as required at paragraph [42 CFR 483.95](https://www.law.cornell.edu/cfr/text/42/483.95).

(4) Establish coordination with the QAPI program required under [42 CFR 483.75](https://www.law.cornell.edu/cfr/text/42/483.75).

(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities. The policies and procedures must include but are not limited to the following elements.

(i) Annually notifying covered individuals, of that individual's obligation to comply with the following reporting [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12).

(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.

(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

(ii) Posting a conspicuous notice of employee rights.

(iii) Prohibiting and preventing retaliation.

(c) In response to allegations of [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), or [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), the facility must:

(1) Ensure that all alleged violations involving [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) or [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), including injuries of unknown source and [misappropriation of resident property](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8a2b5ef3541ac21aa2e1aa11970f5ad9&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) and do not result in serious bodily injury, to the [administrator](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=7ccf30015df8c17912f7de1b6be8434d&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) of the facility and to other officials (including to the State Survey Agency and adult protective [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

(2) Have evidence that all alleged violations are thoroughly investigated.

(3) Prevent further potential [abuse](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=36a6f53531e57e342bddf7f731b844ec&term_occur=12&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [neglect](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=c0a1effce5d5667904e1fa09d9848c92&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), [exploitation](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=be79a7aa279c384bfca8b54ebe479302&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12), or [mistreatment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d118f3c220f419d74451699167207869&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) while the investigation is in progress.

(4) Report the results of all investigations to the [administrator](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=7ccf30015df8c17912f7de1b6be8434d&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.12) or their designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. (42 CFR 483.12)

82. Quality of Life. Quality of life is a fundamental principle that applies to all care and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) provided to facility residents. Each resident must receive and the facility must provide the necessary care and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) of care.

(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:

(1) A resident is given the appropriate treatment and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) to maintain or improve their ability to carry out the activities of daily living,

(2) A resident who is unable to carry out activities of daily living receives the necessary [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) to maintain good nutrition, grooming, and personal and oral hygiene, and

(3) Personnel provide basic life support, including CPR, to a resident requiring such [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) care prior to the arrival of [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.24) medical personnel and subject to related physician orders and the resident's advance directives. (42 CFR 483.24 (a)(1-3))

83. Dignity and Resident Care Policies. The resident has a right to a dignified existence, self-determination, and communication with and access to [persons](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) inside and outside the facility, including those specified in this section.

(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of their quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) source. A facility must establish and maintain identical policies and practices regarding [transfer](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=98f2d9c1e461596dd61babfb6c4ca4bf&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10), discharge, and the provision of [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) under the State [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) for all residents regardless of [payment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d66239b6cfc874cf42f9ff1eaaccf349&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) source. (42 CFR 483.10(a)(1-2))

84. Self-Determination and Participation. (1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) consistent with their interests, assessments, [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=13&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) of care and other applicable provisions.

(2) The resident has the right to make choices about aspects of their life in the facility that are significant to the resident.

(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. (42 CFR 483.10(f)(1-3))

85. Participation in Resident and Family Groups. (5) The resident has a 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; and take reasonable steps, with the approval of the group, to make residents and [family members](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=4fe819cc5dcd4ce87fabdf1e42dd6241&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) aware of upcoming meetings in a timely manner.

(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.

(iii) The facility must provide a designated staff [person](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.

(iv) The facility must consider the views of a resident or family group and [act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.10) promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.

(A) The facility must be able to demonstrate their response and rationale for such response.

(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.

(6) The resident has a right to participate in family groups. (42 CFR 483.10(f)(5-6))

Resident rights should be reviewed at least annually and updated, if necessary, and be approved by the board of directors. Revised 3/17