

## **Resident Federal and State Rights**

As a Resident of this Facility, you have the following rights:

### **Exercise of Rights**

- You have the right to exercise your rights as a Resident of the Facility and as a citizen or resident of the United States. Your rights, benefits and privileges as a citizen include, but are not limited to the following:
  - a. The right to vote. If you are eligible to vote, you shall have the right to vote in primary, special and general elections and in referenda. The Facility shall permit and reasonably assist you to obtain voter registration forms and applications for absentee ballots and to comply with other requirements, which are prerequisites for voting.
  - b. The right to free exercise of religion as well as freedom from imposition of religious beliefs or practices.
  - c. The right to associate, meet and communicate privately with persons of your choice.
  - d. The right to participate, inside and outside the Facility, in social, family, religious, and community group activities.
- You have the right to be free of interference, coercion, discrimination or reprisal from the Facility in exercising your rights.
- If you are adjudged incompetent under the laws of this State by a court of competent jurisdiction, your rights will be exercised by the person appointed under State law to act on your behalf.

### **Notice of Rights and Services**

- You have the right to be informed prior to or upon admission and during your stay both orally and in writing in a language you understand of your rights and all rules and regulations governing your conduct and responsibilities during your stay in the Facility.
- You have the right, upon written request and 48 hour notice, to inspect and purchase photocopies of all records pertaining to you.
- You have the right to be fully informed in language you understand of your total health status including, but not limited to, your medical condition.
- You have the right to refuse treatment and to refuse to participate in experimental research.
- You have the right to be informed in writing at the time of admission to the Facility, or when you become eligible for Medicaid, of items and services that are included in nursing Facility services under the Medicaid program in this State and for which you may not be charged. You also have the right to be informed of those other items and services that the Facility offers and for which you may be charged, the amount of charges, and to be informed when charges are made to items and services paid for and not paid for by the Medicaid program of this State.

- You have the right to be informed before or at the time of admission and periodically during your stay of services available in the Facility and of charges for those services including any charges for services not covered under the Medicare program or by the Facility's per diem rate.
- You have a right to be informed in writing of any changes in rates or the services that the rates cover at least 30 days in advance of the effective date of change.
- You have the right of access to the written policies and procedures of the Facility during ordinary business hours.
- You have the right to file a complaint with the State Survey and Certification Agency concerning abuses, neglect and misappropriation of your property in the Facility.
- You have the right to be informed of the name, specialty, address and telephone number of the Physician responsible for your care.
- Except in a medical emergency or if you have been adjudged incompetent, you have the right to be consulted with immediately whenever:
  - a. You are involved in an accident which results in injury.
  - b. A significant change occurs in your physical, mental, or psychosocial status.
  - c. There is a need to alter treatment significantly.
  - d. A decision is made to transfer or discharge you from the Facility.
  - e. A change in your room or roommate assignment occurs.
  - f. There is a change to your rights under Federal or State laws or regulations.
- You also have the right to have your Attending Physician notified of the above (except (e) and (f)) and to have your legal representative or interested family member notified within 24 hours of the above (except (f)).
- You have a right to be notified prior to or at the time of a suspension of a right or rights due to a medical contraindication, of such suspension, its duration and your legal right to meet with legal counsel, the ombudsman, members of your family, your guardian or others of your choice.

### **Resident Funds**

- You have the right to manage your financial affairs and the Facility may not require that you deposit your personal funds with the Facility. A description of the manner of protecting personal funds is contained in the Management of Personal Funds Agreement, which is incorporated into this document.

### **Free Choice**

- You have the right to choose a personal Attending Physician.
- You have the right to be fully informed in advance about care and treatment and of any changes in the care and treatment that may affect your well-being and to participate in planning care and treatment or changes in care and treatment, unless you have been adjudged incompetent or found to be incapacitated under State laws.
- You have a right to refuse medical treatment, dietary restrictions and medications unless such refusal would be harmful to the health or safety of others, as documented in your medical records by your Physician. If such refusal apparently would be seriously harmful to your health

or safety, the Facility shall either refer you to a hospital or notify a responsible family member or, if such a family member is not readily available, the Department of Family and Children Services of the County.

- You have the right to select the Pharmacy or Pharmacist of your choice for those pharmaceutical supplies and services not provided by the Facility as a part of the basic rate.
- You have a right, if you request, to be informed of the identity, purpose and possible reactions to each drug to be administered.

### **Freedom from Discrimination**

- You have a right to be free from discrimination on the basis of your history or condition of mental or physical disease or disability, unless you would cause the Facility or any Resident to lose eligibility for any Federal or State Program of financial assistance or unless the Facility cannot provide adequate and appropriate care, treatment and services to you due to the disease or disability.

### **Privacy And Confidentiality**

- You have the right to personal privacy and confidentiality of your personal clinical records. Personal privacy includes privacy in 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. The Administrator of the Facility must make available at least one private place for visits during normal visitation hours, which shall be for at least 12 continuous hours per day.
- You have a right to privacy in your room or in your portion of the room. No member of the Staff may enter your room without making his/her presence known, except when you are asleep, in an emergency threatening your health or safety or as required by your Care Plan.
- You have a right to a private room and a personal sitter if you pay the difference between the Facility's charge for such a room and sitter and the amount reimbursed through Medicare or Medicaid.
- You have the right to refuse to accept correspondence, telephone calls or visitation by anyone.
- You have a right to respect and privacy in your medical, personal and bodily care program. Your case discussion, consultation, examination, treatment and care shall be confidential and shall be conducted in privacy. Those persons not directly involved in your care must have your permission to be present.
- You have the right to approve or refuse the release of personal and clinical records to any individual outside the Facility except:
  - a. When you are transferred to another health care institution; or
  - b. When record release is required by law or third-party payment contract.

### **Examination of Survey Results**

- You have the right, upon reasonable request, to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility.
- You have the right to receive information from agencies acting as client advocates and to be afforded the opportunity to contact these agencies.

### **Work**

- You have the right to refuse to perform services for the Facility. You have the right to perform services for the Facility if you choose to do so and agree to the work arrangement described in the plan of care.

### **Access to Facility/Visitation Rights**

- You have the right and the Facility must provide immediate access to you by the following:
  - a. Any representative of the Secretary.
  - b. Any representative of the State.
  - c. Your individual Physician.
  - d. The State long-term care ombudsman.
  - e. The agency responsible for the protection and advocacy system for developmentally disabled individuals.
  - f. The agency responsible for the protection and advocacy system for mentally ill individuals.
  - g. Immediate family or relatives, subject to your right to deny or withdraw consent at any time.
  - h. Others, subject to your right to deny or withdraw consent at any time.
- You have a right and the Facility must provide reasonable access to you by any entity or individual that provides health, social, legal or other services to you, subject to your right to deny or withdraw consent at any time.

### **Telephone and Mail**

- You have the right to regular access to the private use of a telephone.
- You have the right to privacy in written communication, including the right to send and receive mail promptly that is unopened and to have access to stationary, postage and writing implements at your own expense. The Administrator shall provide that mail is received and mailed on regular postal delivery days.

### **Personal Property**

- You have the right to retain and use personal possessions including some furnishings, appropriate clothing and foods, in your immediate living quarters, as space permits, unless to do so would infringe upon the rights to health and safety of other residents.

- You have the right to request the Facility to provide a means of securing your property in your room or in any other secured part of the Facility so long as you have access to such property on weekdays and where the Facility policy allows, on weekends and holidays.

### **Married Couples**

- You have the right to share a room with your spouse if you live in the same Facility as your spouse and both you and your spouse consent to the arrangement.
- You have a right to use tobacco and to consume alcoholic beverages if you do not interfere with the rights of others, subject to the Facility's policies and safety rules and applicable State law.
- You have a right to enter and leave the facility as you choose.
- You have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the Facility.

### **Participation in Resident And Family Groups**

- You have the right to organize and participate in resident groups in the Facility and your family has the right to meet in the Facility with the families of other residents in the Facility. The Facility may not compel your attendance at or participation in residents' council meetings.

### **Accommodation of Needs**

- You have a right to reside and receive services in the Facility with reasonable accommodation of individual needs and preferences except when your health or safety or the health or safety of other residents would be endangered.
- You have the right to receive notice before your room or roommate in the Facility is changed.
- You have the right to receive care, treatment and services which are adequate and appropriate and provided:
  - a. With reasonable care and skill.
  - b. In compliance with applicable laws and regulations.
  - c. Without discrimination in the quality of a service based on the source of payment for the service.
  - d. With respect for your personal dignity and privacy; and
  - e. With the goal of your return home or to another environmental less restrictive than the Facility.

### **Grievances and Enforcement**

- You have the right to voice complaints and recommend changes in policies, procedures and services to the Administrator, his designee or the residents' council.
- You have the right to voice grievances with respect to treatment or care that is furnished or fails to be furnished without discrimination or reprisal for voicing the grievances. You have the right to prompt efforts by the Facility to resolve grievances you may have including those with respect to the behavior of other residents.

- You have a right to file a grievance under the following procedure if you believe your State rights have been violated by the Facility.
  - a. To initiate the grievance, you may submit an oral or written complaint to the Administrator or his/her designee. The Administrator or his/her designee shall act to resolve the complaint or shall respond to the complaint within three business days, including in the response a description of the review and appeal rights.
  - b. If you are not satisfied by the action taken by the Administrator or his/her designee, you shall submit an oral or written complaint to State or community ombudsman.
  - c. If the ombudsman does not resolve the grievance to your satisfaction within ten days, you may submit the grievance to an impartial referee, jointly chosen by the Administrator or his/her designee and you, who will conduct a hearing.
  - d. The referee's hearing shall be held at the Facility within 14 days after submission of the grievance to him/her, at a time convenient to the referee, you and the Administrator. You and the Administrator may review relevant records and documents, present evidence, call witnesses, cross-examine witnesses and make oral arguments. You also have a right to be represented at the hearing by any person of your choice. The referee may ask questions of any person, review relevant records and documents; call witnesses and receive other evidence as appropriate. The referee shall keep a record of the proceeding, which record may be a sound recording. Within 72 hours after the grievance review, the referee shall render a decision and shall give to you and to the Administrator a written statement of the decision and reasons therefore, which statement shall also, describe the appeal rights. Such a decision shall be binding upon parties unless reversed upon appeal.
- You have a right to any document pertaining to you that is kept by the Facility in a central file of grievance documents.
- You have a right, if you believe your State rights have been violated, to an administrative hearing under the Georgia Administrative Procedure Act.
- You have a right, if your State rights have been violated, to a cause of action against the Facility for damages and other relief, as the court having jurisdiction of the action deems proper.

I acknowledge receipt of the Resident's Federal and States Rights.

I have been informed both orally and in writing of these rights either prior to or upon admission.

_____ Resident	_____ Date and Time
_____ Legal Representative, if applicable (i.e. guardian or agent under power of attorney)	_____ Date and Time
_____ Responsible Party	_____ Date and Time
_____ Responsible Party's Relationship to resident	
_____ Facility Representative	_____ Date and Time

\*Give original to resident. Photocopy this page only for Resident's facility file.