Resident Rights
Know Your Rights under Federal Nursing Home Regulations

Resident rights.
You have the right to a dignified existence, self-determination, and communication with and access to the persons and services inside and outside the facility.

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.

- You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights and be supported by the facility in the exercise of your rights.
- You have a right to choose a representative to exercise your rights on your behalf.
- Your representative has the right to exercise your rights to the extent those rights are delegated to your representative.
- You retain the right to exercise those rights not delegated to your representative, including the right to revoke a delegation of rights, except as limited by Indiana law.
- Your wishes and preferences must be considered in the exercise of rights by your representative.
- Legal guardians appointed on your behalf may exercise your rights according to Indiana law.

Planning and implementing care.
You have the right to be informed, and participate in, your treatment. This includes the right to:

- Be fully informed in language that you can understand, of your total health status, including but not limited to, your medical condition.
- Participate in the development and implementation of your person-centered plan of care.
- Participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to your person-centered plan of care.
- Participate in establishing the expected goals and outcomes of care, the type, amount, frequency and duration of care, and any other factors related to the effectiveness of the plan of care.
- Be informed, in advance, of changes to the plan of care.
- Receive the services and/or items included in the plan of care.
- See the care plan, including the right to sign after significant changes to the plan of care.
• Be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.
• Be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alterative or option you prefer.
• Request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.
• Self-administer medications if the interdisciplinary team has determined that this practice is clinically appropriate.

Choice of Attending Physician.

You have the right to choose your attending physician.

Respect and Dignity.

You have a right to be treated with respect and dignity, including:

• The right to be free from abuse, neglect, misappropriation of your property, exploitation, corporal punishment or involuntary seclusion.
• The right to be free from any physical or chemical restraints imposed for the purposes of discipline or convenience, and not required to treat your medical symptoms.
• 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.
• The right to reside and receive services in the facility with reasonable accommodation of your needs and preferences except when to do so would endanger the health or safety of you or other residents.
• The right to share a room with your spouse when you live in the same facility and both of you consent to the arrangement.
• The right to share a room with your roommate of choice when practicable, when you live in the same facility and both of you consent to the arrangement.
• The right to receive written notice, including the reason for the change, before your room or roommate in the facility is changed.

Self-determination.

You have the right to and the facility must promote and facilitate self-determination through support of resident choice, including:

• The right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with your interests, assessments, plan of care and other applicable provisions of this part.
• You have the right to make choices about aspects of your life in the facility that are significant to you.
• You have a right to interact with members of the community and participate in
  community activities both inside and outside the facility.
• You have a right to receive visitors of your choosing at the time of your choosing, subject
  to your right to deny visitation when applicable, and in a manner that does not impose on
  the rights of another resident.
• You have a right to organize and participate in resident groups in the facility.
• You have a right to participate in family groups.
• You have a right to have family members or other resident representatives meet in the
  facility with the families or resident representatives of other residents in the facility.
• You have a right to participate in other activities, including social, religious, and
  community activities that do not interfere with the rights of other residents in the facility.
• You have a right to choose to or refuse to perform services for the facility and the facility
  must not require you to perform services for the facility. You may perform services for
  the facility, if you choose to do so.
• You have a right to manage your financial affairs. This includes the right to know, in
  advance, what charges a facility may impose against your personal funds.

**Information and Communication.**

You have the right to be informed of your rights and of all rules and regulations governing your
conduct and responsibilities during your stay in the facility.

• You have the right to access personal and medical records pertaining to yourself.
• You have the right to receive notices orally (meaning spoken) and in writing (including
  Braille) in a format and a language you understand, including a written description of
  your legal rights, information and contact information for state and local advocacy
  organizations, information about Medicare and Medicaid eligibility and coverage, contact
  information for the Aging and Disability Resource Center or other No wrong Door
  program, contact information for the Medicaid Fraud Control Unit, and information and
  contact information for filing grievances and complaints about suspected violations of
  nursing facility regulations.
• You 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 your own expense.
• You have the right to send and receive mail, and to receive letters, and packages and
  other materials delivered to the facility for you through a means other than a postal
  service.
• You have the right to reasonable access to and privacy in electronic communications to
  the extent available in the facility and at your expense if any additional expense is
  incurred by the facility to provide such access.
• You have the right to examine the most recent survey of the facility and plan of
  correction in effect and any subsequent surveys.
• You have the right to receive information from agencies acting as advocates and have the
  opportunity to contact these agencies.
Privacy and Confidentiality.
You have a right to personal privacy and confidentiality of your personal and medical records.

- You have a right to secure and confidential personal and medical records.
- You have a right to refuse the release of personal and medical records except when release is required by law.

Safe Environment.
You have the right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

Grievances.
You have 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, the behavior of staff and of other residents; and other concerns regarding your facility stay.

Transfer and Discharge.
The facility must permit you to remain in the facility and not transfer or discharge you unless:

- It is necessary for your welfare and your needs cannot be met in the facility.
- Your health has improved sufficiently so you no longer need the services provided by the facility.
- The safety of individuals in the facility is endangered due to your clinical or behavioral status.
- The health of other individuals in the facility is endangered.
- You fail, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.
- The facility ceases to operate.

You have the right to refuse to transfer to another room in the facility if the purpose of the transfer is to relocate a resident of a Skilled Nursing Facility (SNF) from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF or to relocate a resident of a Nursing Facility (NF) from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF, solely for the convenience of staff.

The facility must provide written information regarding their policy about bed holds and return to the facility.

The facility must provide you with written notice before you are to be transferred or discharged from the facility and include how you can appeal decisions to the Indiana State Department of Health.
Help In Protecting Your Rights

Long-Term Care Ombudsman

Indiana has an Ombudsman Program with trained ombudsmen to help with questions or problems about the nursing home and to assist you in exercising your rights. For information about the Ombudsman Program in your area, call or write:

Ombudsman and Resident Protection Agencies

Office of the Long Term Care Ombudsman
402 West Washington Street, Room W451
Post Office Box 7083, MS 27
Indianapolis, Indiana 46207-7083
Information/complaint line: 800-622-4484 or 317-232-7134
Fax number: 317-972-3285
Email: LongTermCareOmbudsman@ombudsman.IN.gov
https://www.in.gov/ombudsman/2347.htm

Licensing and Certification

The Indiana State Department of Health, Division of Long-Term Care, licenses and regulates nursing homes on the basis of complaint investigations and annual inspections. Consumers may access results of inspection and complaint investigation reports at, http://www.in.gov/isdh/ click on consumer reports under the consumers heading.

Persons may contact the Division of Long-Term Care, Indiana State Department of Health regarding any problems related to the care rendered in Long-Term Care facilities. The Division of Long-Term Care investigates issues of concern that can be supported by federal regulations and state rules governing Long-Term Care facilities in the state of Indiana.

Division of Long Term Care
2 North Meridian Street, 4-B
Indianapolis, IN 46204
(317) 233-7442

Complaints

You may file a complaint about a violation of federal or state law with the Indiana State Department of Health, Division of Long-Term Care. How to report a complaint information is available at, http://www.in.gov/isdh/21533.htm or by calling (800)246-8909.

Updated: March 15, 2017