**Resident Rights**

**Competency**

General Information

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**Purpose and Intent §483.10(a)**

“All residents have rights guaranteed to them under Federal and State laws and regulations. This regulation is intended to lay the foundation for the resident rights requirements in long-term care facilities.”[[1]](#footnote-1) Each resident has the right to be treated with dignity and respect. Resident rights include the following key areas:

* Be treated with dignity and respect promoting quality of life
* Self determination
* Communication with and access to persons and services inside and outside of the facility
* Accommodation of needs
* Participate in activities
* Be free from discrimination
* Exercise his/her rights, wishes and preferences without interference, coercion, discrimination or reprisal
* Be free from abuse and neglect
* Be free from restraints
* Able to make needs known
* Make complaints/grievances
* Right to designate a representative in accordance to law and regulations
* Informed of and participate in care planning process
* Informed of and participate in medical treatment
* Informed in language of understanding total health status
* Informed of changes in care and plan
* Incorporate personal and cultural preferences
* Informed of risks and benefits
* Right to request, refuse and/or discontinue treatment as well as experimental research
* Able to formulate an advance directive
* Notification of representative
* Privacy
* Visitors
* Participate in resident groups
* Manage money
* Manage correspondences

“All activities and interactions with residents by any staff, temporary agency staff or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident’s, goals, preferences, and choices. When providing care and services, staff must respect each resident’s individuality, as well as honor and value their input.”[[2]](#footnote-2) This includes the resident’s right to reside and receive services with reasonable accommodations of the resident’s individualized needs and preferences and homelike environment. In addition, the resident has a right to organize and participate in resident groups in the facility.

To assure that the individual facility has followed all the required steps that enable a resident the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. This is in accordance with the new Requirements of Participation (RoP).

The implementation checklist captures specific action items for successful completion. The left column represents the actual Requirements of Participation (RoP) language, and the right column indicates specific leadership strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

Competencies which may be associated with Resident Rights include but are not limited to:

* Resident Rights
* Self Determination and accommodation of needs
* Person-centered care
* Nursing assessment
* Pain management
* Nursing skills and communication
* Nursing Assistant skills and communication
* Privacy and Dignity
* Abuse, Neglect, Mistreatment
* Activities to meet interests and needs
* Identification of condition changes
* Use and storage of adaptive devices and equipment

**Staff Competencies in Resident Rights**

* All Staff:
* Understanding of abuse, neglect, misappropriation of resident property, and exploitation
* Demonstrate respect for residents through actions and interactions
* Provide privacy and ensure the resident’s dignity is maintained in all contacts with the resident and their belongings
* Complete accurate assessment of needs
* Plan and provide individualized care and services as the resident prefers
* Provide competent and timely assistance to meet resident needs
* Ability to provide residents with quality care and services with respect
* Maintain privacy for resident visits and electronic or telephone conversations
* Inform resident of financial information and provide access to funds as required
* Provide resident with mail and other correspondence without opening unless given permission by resident
* Encourage and assist residents to participate in groups, participate in life enrichment activities of choice, and communicate with peers
* Follows resident preferences in care decisions and choices
* Assist and encourage residents to express concerns and utilize the grievance process

**Suggestions for Resources/Data to Support Competency for Resident Rights**

A key resource for expectations for providers about Resident Rights include the CMS State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities, and the Critical Element Pathways in these areas.

**F-Tag Reference Guide for General Information include but are not limited to:**

**483.10 Resident Rights**

F550 Resident Rights/Exercise of Rights

F551 Rights Exercised by Representative

F552 Right to be Informed/Make Decisions

F553 Right to Participate in Care Planning

F554 Resident Self Administer Medications Where Clinically Appropriate

F555 Right to Choose and be Informed of Attending Physician

F557 Respect, Dignity/Right to have Personal Property

F558 Accommodation of Needs/Preferences

F559 Choose/Be Notified of Room/Roommate Change

F560 Right to Refuse Certain Transfers

F561 Self Determination

F562 Immediate Access to Resident

F563 Right to Receive/Deny Visitors

F564 Inform of Visitation Rights/ Equal Visitation Privileges

F565 Resident/Family Group and Response

F566 Right to Perform Facility Services or Refuse

F567 Protection/Management of Personal Funds

F568 Accounting and Records of Personal Funds

F569 Notice and Conveyance of Personal Funds

F570 Surety Bond- Security of Personal Funds

F571 Limitations on Charges to Personal Funds

F572 Notice of Rights and Rules

F573 Right to Access/Purchase Copies of Records

F574 Required Notices and Contact Information

F575 Required Postings

F576 Rights to Forms of Communication with Privacy

F577 Right to Survey Results/Advocate Agency Info

F578 Request/Refuse/Discontinue Treatment; Formulate Advance Directive

F579 Posting/Notice of Medicare/Medicaid on Admission

F580 Notice of Changes (Injury/Decline/Room, Etc.)

F582 Medicaid/Medicare Coverage/Liability Notice

F583 Personal Privacy/Confidentiality of Records

F584 Safe/Clean/Comfortable/Homelike Environment

F585 Grievances

F586 Resident Contact with External Entities

F676 Activities of Daily Living (ADLs)/Maintain Abilities

F685 Treatment/Devices to Maintain Hearing/Vision

F655 Baseline Care Plan

F636 Comprehensive Assessments & Timing

F637 Comprehensive Assessment After Significant Change

F656 Develop/Implement Comprehensive Care Plan

F657 Care Plan Timing and Revision

F658 Services Provided to Meet Professional Standards

F675 Quality of Life

F684 Quality of Care

F741 Sufficient Staff

**Link to Critical Element Pathway**

*CMS-20057: Resident Council*

The resident’s right to meet in groups to discuss issues and receive feedback from the facility is reviewed during the annual inspection through interview with the council president or representative, review, with permission, of recent resident council minutes, and a confidential meeting held with residents who participate in the health center’s resident council. To gain a broad view of life within the health center, the ways residents are informed of important information such as rules and expectations or changes in the facility are investigated. During the meeting, the group is asked to share follow up received for concerns brought up during council meetings, about facility response received when concerns are brought forward, and whether the residents are free to express grievances without reprisal, as well as satisfaction with varied aspects of life within the health center.

*CMS-20052: Beneficiary Notices, CMS-20063: Personal Funds, CMS-20059: Abuse, CMS-20061 Environment, CMS 20065 Activities, CMS 20066 ADL, CMS 20072 General, CMS-20130, Neglect, and CMS-20062: Sufficient and Competent Staff; as well as other clinical and discharge CEPs that may be other related pathways for consideration.*

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

LTC Survey Pathways (Download)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-2)