

Module 2: Patient Rights**Minimum Number of Theory Hours: 2****Suggested Theory Hours: 5****Recommended Clinical Hours: 1****Statement of Purpose:**

The purpose of this unit is to introduce the Nurse Assistant to patient/resident rights. The fundamental principle behind resident rights is that each resident is a member of a family and of society as a whole. They must be cared for in a manner that protects their rights and meets the individual family, psychosocial and spiritual needs in a long-term care setting. These rights are protected by federal and state regulations.

Terminology:

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|---------------------------------------|---------------------------|--------------------------|
| 1. Abuse | 13. Ethical standard | 26. Ombudsman |
| 2. Advance Directive | 14. False imprisonment | 27. Physical abuse |
| 3. Aiding and abetting | 15. Financial abuse | 28. Policy and Procedure |
| 4. Assault | 16. Grievances | 29. Privacy |
| 5. Battery | 17. HIPAA | 30. Psychological abuse |
| 6. Choice | 18. Informed consent | 31. Resident council |
| 7. Chronic | 19. Involuntary seclusion | 32. Restraints |
| 8. Coercion | 20. Laws | 33. Scope of practice |
| 9. Confidential | 21. Legal standard | 34. Sexual abuse |
| 10. Defamation | 22. Libel | 35. Slander |
| 11. Defamation of character | 23. Mandated reporter | 36. Social services |
| 12. Do Not Resuscitate (DNR)/ No Code | 24. Neglect | 37. Theft |
| | 25. Negligence | 38. Verbal abuse |

Performance Standards (Objectives):

Upon completion of the two hours of class plus homework assignments and one (1) hour of clinical experience, the learner will be able to:

1. Define key terminology.
2. Explain the purpose of a long-term care facility.
3. Recognize the role of the Nurse Assistant in maintaining resident rights as stated in federal and state regulation.
4. Compare California Code of Regulations Title 22, Division 5, Chapter 3, 72527, with Title 42 Code of Federal Regulations 483.10 regarding resident rights.
5. Discuss the issues related to elder abuse.
6. Describe the role of an ombudsman.
7. Identify examples of resident rights, which support a resident's need for security, belonging and self-esteem.

References:

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3. Bureau of Medi-Cal Fraud and Elder Abuse <http://ag.ca.gov/bmfea/elder.php>
4. CA Attorney General's publications available at www.safestate.org/publications
5. California Code of Regulations, Division 5, Chapter S1, Title 22. Statement of Resident Rights. Section 72527
6. California Health and Safety Code, Sections 1599.1, 1599.2, 1599.3
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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
Objective 1 Define key terminology A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.	A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration. C. Encourage use of internet, medical dictionary, and textbooks. D. Create flashcards.	A. Have students select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test. C. Uses appropriate terminology when charting and reporting to licensed personnel.
Objective 2 Explain the purpose of a long-term care facility. A. Provide physical care. B. Provide focused care for resident with special needs. C. Provide a team approach to care and services. D. Prevent illness/injury and loss of function. E. Promote recovery and health in a setting that serves as both care facility and residence. F. Assist resident to reach maximum potential both physically and mentally.	A. Lecture/Discussion B. Arrange for tour of a long term care facility. C. Arrange for a guest speaker from a long term care facility.	A. Written test B. Class participation
Objective 3: Recognize the role of the Nurse Assistant in maintaining resident rights as stated in federal and state regulations. A. The Nurse Assistant is responsible for being familiar with regulations that provide for resident rights and for assisting residents to exercise their rights. B. Resident rights are protected by federal regulations for long-term care facilities. C. Title 42, Code of Federal Regulations	A. Lecture/Discussion B. Locate facility policies and procedures and resident rights documents. C. Role-play a situation that	A. Written test B. Class participation C. Locate facility policies, procedures, and resident rights documents.

<p>Resident Rights (483.10): Residents living in a health care facility should have the same rights as those held by all U.S. Citizens.</p> <ol style="list-style-type: none"> 1. Residents have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising their rights. They include: <ol style="list-style-type: none"> a. Quality of life <ol style="list-style-type: none"> 1) Residents have the right to the best care available. 2) Dignity, choice and independence are important. b. Services and activities to maintain high level of wellness <ol style="list-style-type: none"> 1) Residents must have the correct care that should keep them as healthy as possible every day. 2) Health should not decline as a direct result of the facility's care. c. The right to be fully informed about rights and services <ol style="list-style-type: none"> 1) Residents must be told what care and services are available. 2) They must be told the charges for each service. 3) Legal rights must be explained in a language they understand. A written copy is given to them. <ol style="list-style-type: none"> a) Right to be notified in advance of any room change or roommate. b) Right to communicate with someone who speaks their language. c) Right to obtain assistance for any sensory impairment, e.g., blindness. 4) Informed consent is a concept that goes along with this. A person has the right to direct what happens to his or her body. d. The right to make independent choices <ol style="list-style-type: none"> 1) Residents have the right to make choices about their doctors, care and treatments. 2) Rights to make personal decisions. These include what to wear and how to spend their time. They can join in community activities, both inside, and outside the nursing home. e. The right to privacy and confidentiality 	<p>involves a threat to resident's rights.</p>	<p>D. Consistently promotes resident rights.</p>
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<ul style="list-style-type: none"> 1) Residents can expect privacy with care given. Their medical and personal information cannot be shared with anyone but the healthcare team. 2) Residents have the right to private, unrestricted communication with anyone they choose. (HIPAA protects residents' privacy.) f. The right to dignity, respect and freedom <ul style="list-style-type: none"> 1) Resident must be treated with dignity by caregivers. 2) They cannot be abused in any way. g. The right to security of possessions <ul style="list-style-type: none"> 1) Resident's personal possessions must be safe at all times. They cannot be taken or used by anyone without resident's permission. 2) Residents have the right to manage their own finances. h. The right to complain <ul style="list-style-type: none"> 1) Residents have the right to complain without fear or punishment. 2) Facility must quickly try to resolve complaints. i. The right to participate in their own care. j. The right to visits, receive mail, and telephone calls. D. Admission, Transfer and Discharge (483.12): <ul style="list-style-type: none"> 1. Residents have the rights to stay in a facility unless a transfer or discharge is needed. Location changes must be made safely and with resident knowledge and consent. 2. Policies related to the admission of the resident must be based on the ability to provide adequate care. 3. Those policies for transfer and discharge activities must be based on the resident's needs and welfare, concern for the safety and welfare of other residents, or as a result of nonpayment for services. <ul style="list-style-type: none"> a. Transfer and discharge requirements <ul style="list-style-type: none"> 1) Notice of 7 days bed-hold policy and readmission requirements. 2) Equal access to quality care regardless of payment. b. Admission policy 		
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<p>1) Resident care policies.</p> <p>2) 30 days notification prior to permanent discharge.</p> <p>E. Resident Behavior and Facility Practices (483.13)</p> <ol style="list-style-type: none"> 1. The resident has the right to be free from any physical restraints imposed, or from psychoactive drugs that are administered for the purpose of discipline or convenience and are not required for treatment of the resident's medical symptoms. 2. Restraint <ol style="list-style-type: none"> a. Physical (i.e. soft belt, bed rails, geri-chair, mittens, soft ties, locked wheelchair, lap buddy-if cannot be removed by patient.) b. Chemical (i.e. psychotropic drugs). 3. Freedom from abuse <ol style="list-style-type: none"> a. Financial; stealing or borrowing items or accepting gifts. b. Verbal; teasing, profanity, racial slanders, threats. c. Sexual; overtures, innuendo, gestures, inappropriate touching. d. Physical; battery, kicking, biting, hitting, shoving, pulling hair, rough handling. e. Psychological; ridiculing, ignoring, manipulating. f. Involuntary seclusion; isolation. g. Abandonment; leaving someone unattended. h. Neglect; failure to provide care that a reasonable person would provide. (i.e. not answering call light, smells of urine and not being cleaned/changed.) <p>F. Role of Nurse Assistant</p> <ol style="list-style-type: none"> 1. Self-care; personal stress management (i.e. identify stressors), take breaks, take lunch, proper nutrition, exercise, sleep, support network of family and friends, seek out professional intervention as needed. 2. Communication with supervisors. 3. Identify resident abuse; signs and symptoms, suspected, verbal account, witnessed or known. 4. Mandated reporter; SOC341 (reporting form), aiding and abetting, ombudsman, California Department of Public Health 		
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<p>(CDPH).</p> <p>5. Documentation.</p> <p>G. Quality of Life (483.15)</p> <ol style="list-style-type: none"> 1. The resident must be cared for in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. 2. Care and environment includes <ol style="list-style-type: none"> a. Dignity. b. Self-determination and participation. c. Participation in resident and family groups. d. Participation in other activities. e. Accommodation of needs. f. Activities. g. Social Services. h. Home environment. 		
<p>Objective 4:</p> <p>Compare California Code of Regulations Title 22, Division 5, Chapter 3, 72527, with Title 42 Code of Federal Regulations 483.10 regarding resident rights.</p> <p>A. Residents shall be encouraged/assisted to exercise their rights as a patient and as a citizen, 72527(a). Written policies regarding patient rights must be established and available.</p> <ol style="list-style-type: none"> 1. Patient must be informed of rights, rules and regulations regarding patient conduct. 2. Patient must be informed of services and charges. 3. Patient must be informed of medical condition by doctor and have opportunity to participate in planning of medical treatment. 4. Patient can refuse treatment and be informed of consequences (informed consent). 5. Patient can be transferred or discharged only for medical reasons, welfare, other patients' welfare, or for nonpayment. 6. Patient shall be assisted to exercise rights, voice grievances, recommend changes in policy and services, have outside representation, and freedom from restraint, interference, coercion, discrimination and reprisal. 	<p>A. Lecture/Discussion</p> <p>B. Handout 2.4a: California Code of Regulations, Title 22, Division 5, Chapter 3, 72527.</p> <p>C. Handout 2.4b- California Health and Safety Code.</p>	<p>A. Written test</p> <p>B. Class participation</p>

<ul style="list-style-type: none"> 7. Patient allowed to manage their personal finances. 8. Patient has right to be free from mental and physical abuse and chemical and physical restraints. 9. Confidential treatment of records <ul style="list-style-type: none"> a. Health Insurance Portability and Accountability Act (HIPAA). b. Standards and safeguards for documentation and transmission of health records to assure privacy and security of this data. 10. Patient has right to be treated with consideration, respect, dignity, and individuality, including privacy. 11. Patient has right to not be required to perform work. 12. Patient has right to be able to communicate privately and send/receive mail. 13. Patient has right to participate in social or religious activities. 14. Patient has right to be allowed to retain and use personal clothing and possessions. 15. If married, to be provided privacy and share a room if both are patients in the facility. 16. Patient has right to have daily visiting hours. 17. Patient has right to have visit by clergy at any time. 18. Patient has right to have relatives, or person responsible to visit critically ill patient at any time. 19. Patient has right to be allowed privacy for visits. 20. Patient has right to be allowed access to telephone and confidential calls. 21. Right to participate in the electoral process - voting. B. Patient rights may only be denied or limited for good cause evidenced by doctor's order and may be denied or limited only if allowed by law. C. California Health and Safety Code (Skilled Nursing and Intermediate Care Facility Patient's Bill of Rights). <ul style="list-style-type: none"> 1. [1599.1] Written policies regarding the rights of patients shall be established and made available to patient, guardian, next of kin, sponsor, and public. <ul style="list-style-type: none"> a. In addition to patient rights and obligations defined in the 		
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<p>regulations</p> <ol style="list-style-type: none"> 1) The facility shall employ adequate, qualified staff. 2) Assure personal hygiene of patients, including prevention of pressure ulcers and incontinence. 3) Provide diet to meet patient needs. 4) Activities and promotion of self-care. <p>b. The facility shall be clean, sanitary and in good repair including the nurses call system.</p> <p>2. [1599.2] Written information informing patients of their rights include facility requirements in the Health and Safety Code and Title 22.</p> <ol style="list-style-type: none"> a. Violations of either code may be grounds for civil or criminal proceedings against the facility or its personnel. b. Patients have the right to voice grievances free of reprisal and to submit complaints to the Department of Public Health Services (CDPH). <p>3. [1599.3] Rights of patients who are determined to be incompetent, incapable of understanding, exhibits a communication barrier are to be carried out/protected by guardian, next of kin, conservator, sponsoring agency or representative unless it is the facility.</p>		
<p>Objective 5</p> <p>Discuss the issues related to elder abuse.</p> <p>A. Abuse is a crime and is one or more of the following elements</p> <ol style="list-style-type: none"> 1. Willful causing of injury. 2. Unreasonable confinement. 3. Intimidation, making someone afraid. 4. Punishment. 5. Refusal of goods or services needed for physical, mental or psychological well-being. <p>B. All states require the reporting of elder abuse or child abuse.</p> <p>C. Forms of elder abuse</p> <ol style="list-style-type: none"> 1. Physical abuse. 2. Verbal abuse. 3. Involuntary seclusion. 4. Financial abuse. 	<p>A. Lecture/Discussion</p> <p>B. Handout 2.5- Abuse Reporting Form- SOC 341.</p> <p>C. Video "Your Legal Duty: Reporting Elder and Dependant Adult Abuse" Fax requests to Bureau of Medi-Cal Fraud and Elder Abuse. FAX: 916-263-2565.</p> <p>D. Downloadable publications from CA</p>	<p>A. Written test</p> <p>B. Class participation</p>

<ul style="list-style-type: none"> 5. Mental abuse. 6. Sexual abuse. <p>D. Signs of elder abuse</p> <ul style="list-style-type: none"> 1. Living conditions are unsafe, unclean or inadequate. 2. Personal hygiene is lacking. 3. Weight loss. 4. Frequent injuries. 5. Old bruises. 6. Quiet and withdrawn attitude. 7. Anxious to please caregiver. 8. Private conversations not allowed. 9. Medications not taken properly. 10. Frequent Visits to ER. 11. May go from one doctor to another. <p>E. Nurse Assistant responsibility</p> <ul style="list-style-type: none"> 1. If Nurse Assistant observes the abuse incident, the Nurse Assistant is responsible for reporting; mandated reporter 2. Discuss your observations with the licensed nurse. 3. LVN or RN may assist the Nurse Assistant in completing mandated forms and in submitting required forms to reporting agencies. 4. Follow-ups of reported incident/accident with Licensed Nurse. 5. Follow agency policies regarding abuse reporting. 	<p>Attorney General's office available at www.safestate.org/publications</p> <p>E. Bureau of Medi-Cal Fraud and Elder Abuse http://ag.ca.gov/bmfea/elder.php</p>	
<p>Objective 6 Describe the role of an ombudsman.</p> <ul style="list-style-type: none"> A. Patient advocate and member of the health care team. B. Impartial person who investigates complaints and acts as an advocate for residents and/or families to resolve conflicts. C. Legal responsibility of an ombudsman to follow facility protocol. D. Gives information to the public. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Arrange for an ombudsman to speak to the class. 	<ul style="list-style-type: none"> A. Written test B. Class participation
<p>Objective 7 Identify examples of resident rights, which support a resident's need for security, belonging, and self-esteem.</p> <ul style="list-style-type: none"> A. Physiological <ul style="list-style-type: none"> 1. Food. 2. Water. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Handout 2.7a- Maslow's Hierarchy of Needs. 	<ul style="list-style-type: none"> A. Written test B. Class participation.

<ul style="list-style-type: none"> 3. Oxygen. 4. Sleep. 5. Sex. 6. Temperature extremes. B. Safety & Security: asepsis, knowledge of resident's individual needs <ul style="list-style-type: none"> 1. Freedom from fear and anxiety. 2. Stability. 3. Consistency in routine. 4. Freedom from pain. C. Belonging: love and affection <ul style="list-style-type: none"> 1. This is the resident's home. 2. Sense of belonging (psychosocial needs). 3. Acceptance and love. 4. Receive family, friends, and visitors in home-like environment. D. Self-esteem <ul style="list-style-type: none"> 1. Ask opinion and really listen. 2. Feeling competent. 3. Gaining respect, approval and recognition. E. Self-actualization <ul style="list-style-type: none"> 1. Pride in accomplishment; opportunity to do their best. 2. Attain full learning, creative, and spiritual potential. 	<p>C. Handout 2.7b- Example of Human Needs as related to Maslow.</p>	
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Sample Test: Module 2- Patient Rights

1. The Resident's Bill of Rights is:
 - A. Given to residents when they request it.
 - B. Provided to all residents upon admission.
 - C. Given to clients who are receiving home care.
 - D. Not a legal document.
2. Consumers of health care are responsible for:
 - A. Being honest with the physician.
 - B. Withholding information from health care providers.
 - C. Requesting a Nurse Assistant who will care for them.
 - D. Doing what the physician says.
3. Healthcare consumers always have the right to:
 - A. Receive respectful and considerate care.
 - B. Refuse to pay their bill.
 - C. Select the Nurse Assistant they want to care for them.
 - D. Have visitors any hour of the day or night.
4. Documents that provide instructions about the resident's wishes for treatment when the resident is unable to communicate their wishes are called:
 - A. Medical records.
 - B. Advanced Directives.
 - C. Resident Bill of Rights.
 - D. Policies and Procedures.
5. Informed consent means that the:
 - A. Physician makes all health care decisions for the resident.
 - B. The nurse makes some decisions for the resident.
 - C. The resident makes decisions based on full disclosure of procedures, benefits, and risks.
 - D. The resident is old enough to sign for treatment.

6. A grievance is:
 - A. A form the resident fills out when they have a complaint.
 - B. Denial of services or treatment due to insurance.
 - C. Resident refusing to pay a bill.
 - D. A complaint.
7. Healthcare workers:
 - A. Do not need to know the Patient's Bill of Rights.
 - B. Should refer questions about "rights" to the admissions coordinator.
 - C. Must not discuss patient rights because of confidentiality concerns.
 - D. Must be familiar with the Patient's Bill of Rights.
8. When an elderly person is admitted to the long-term care facility, they have the right to:
 - A. Have relatives stay overnight in their room.
 - B. Have personal items in their room.
 - C. Have the kitchen prepare food for them on their request.
 - D. Bring their pet with them.
9. The rights of residents in long –term care facilities:
 - A. Were legislated by OBRA in 1987.
 - B. Include the right to make independent medical choices.
 - C. Are more restrictive than rights in other healthcare settings.
 - D. Do not include informed consent.
10. The purpose of a long-term care facility is to:
 - A. Provide care for persons who cannot care for themselves at home.
 - B. Provide emergency care for the elderly.
 - C. Provide surgical care for the elderly.
 - D. Keep elderly people together and away from other age groups.

11. A resident has been at home with his family all day. The Nurse Assistant notices new bruises on the resident's back when he returns. The Nurse Assistant should:
- A. Report the bruises to the licensed nurse.
 - B. Ask family members the next time they visit.
 - C. Say nothing to the resident about the bruises.
 - D. Wait to see if it happens again.

True or False

12. ____ The Nurse Assistant does not need to be familiar with the Patient's Bill of Rights.
13. ____ Residents have the right to be free from restraints.
14. ____ The patient has the right to know about his or her diagnosis and prognosis.
15. ____ The resident has the right to refuse treatment.
16. ____ The resident has the right to know if a student is providing care for him or her.
17. ____ If a visitor asks you a question about a resident's medical condition, it is alright to tell them.
18. ____ You may be found guilty of invasion of privacy if you open a resident's mail.
19. ____ Upon admission to the long-term care facility, the resident should receive notices of right, rules, and services.
20. ____ An ombudsman is someone who helps resolve grievances between a resident's family and the facility.
21. ____ An Advance Directive is part of the admission process and is required.

Matching

- | | |
|---------------------------------|------------------------|
| A. Resident' Rights | E. Grievance |
| B. Confidentiality | F. Advanced Directive |
| C. Client's Rights in Home Care | G. Corporal Punishment |
| D. Informed Consent | H. HIPAA |

- 22. _____ Not revealing private information
- 23. _____ Standards and safeguards for documentation and transmission of patient health records
- 24. _____ Use of physical force
- 25. _____ The document that guarantees the rights of the consumer of home care facilities
- 26. _____ Complaint
- 27. _____ The document that guarantees the rights of the consumer in a long-term care facility
- 28. _____ A document that states the patient's wishes for care in the event they are unable to
- 29. _____ Permission given for care after the procedures have been explained

Sample Test Answers: Module 2- Patient Rights

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| 1. B | 16. T |
| 2. A | 17. F |
| 3. A | 18. T |
| 4. B | 19. T |
| 5. C | 20. F |
| 6. D | 21. F |
| 7. D | 22. B |
| 8. B | 23. H |
| 9. B | 24. G |
| 10. A | 25. C |
| 11. A | 26. E |
| 12. F | 27. A |
| 13. T | 28. F |
| 14. T | 29. D |
| 15. T | |

California Code of Regulations, Title 22, Division 5, Chapter 3, 72527

Residents shall be encouraged/assisted to exercise their rights as a patient and as a citizen.

72527(a) Written policies regarding patient rights must be established and available.

1. Patient must be informed of rights, rules, and regulations regarding patient conduct.
2. Patient must be informed of services and charges.
3. Patient must be informed of medical condition by doctor and have opportunity to participate in planning and medical treatment.
4. Patient can refuse treatment and be informed of consequences (informed consent).
5. Patient can be transferred or discharged only for medical reasons, welfare, other patients' welfare, and nonpayment.
6. Patient shall be assisted to exercise rights, voice grievances, and recommend changes in interference, coercion, discrimination and reprisal.
7. Patient allowed to manage personal finances.
8. Patient has right to be free from mental and physical abuse and chemical and physical restraints.
9. Confidential treatment of records.
10. Patient has right to be treated with consideration, respect, dignity, and individuality, including privacy.
11. Patient has right to not be required to perform work.
12. Patient has right to be able to communicate privately and send/receive mail.
13. Patient has right to be allowed to participate in social, religious activities.
14. Patient has right to be allowed to retain and use personal clothing and possessions.
15. If married, to be provided privacy and share a room if both are patients in the facility.
16. Patient has right to daily visiting hours.
17. Patient has right to have visit by clergy at any time.
18. Patient has right to have relatives, or person responsible to visit critically ill patient at any time.
19. Patient has right to be allowed privacy for visits.
20. Patient has right to be allowed access to telephone and confidential calls.

Patient rights may only be denied or limited for good cause evidenced by doctor's order and may only be denied or limited if allowed by law.

California Health and Safety Code

(Skilled Nursing and Intermediate Care Facility Patient's Bill of Rights)

- 1599.1 Written policies regarding the rights of patients shall be established and made available to patient, guardian, next of kin, sponsor, and public. In addition to patient rights and obligations defined in the regulations, the facility shall employ adequate, qualified staff; assure personal hygiene of patients including prevention of decubiti and incontinence, provide diet to meet patient needs; activities and promotion of self-care. The facility shall be clean, sanitary and in good repair, including nurses call system.
- 1599.2 Written information informing patients of their rights include facility requirements in the Health and Safety Code and Title 22. Violations of either code may be grounds for civil or criminal proceedings against the facility or its personnel. Patients have the right to voice grievances free of reprisal and to submit complaints to the Department of Health Services.
- 1599.3 Rights of patients who are determined to be incompetent, incapable of understanding, exhibits a communication barrier are to be carried out/protected by guardian, next of kin, conservator, sponsoring agency or representative unless it is the facility. Guidelines for Reporting to Team Leader.

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED: _____

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

*NAME (LAST NAME FIRST)	*AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)				*CITY	*ZIP CODE	*TELEPHONE ()
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)				*CITY	*ZIP CODE	*TELEPHONE ()

☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABLED ☐ MENTALLY ILL/DISABLED ☐ PHYSICALLY DISABLED ☐ UNKNOWN/OTHER ☐ LIVES ALONE ☐ LIVES WITH OTHERS

B. SUSPECTED ABUSER ✓ Check if ☐ Self-Neglect

NAME OF SUSPECTED ABUSER		<input type="checkbox"/> CARE CUSTODIAN (type) _____		<input type="checkbox"/> PARENT		<input type="checkbox"/> SON/DAUGHTER		<input type="checkbox"/> OTHER _____	
		<input type="checkbox"/> HEALTH PRACTITIONER (type) _____		<input type="checkbox"/> SPOUSE		<input type="checkbox"/> OTHER RELATION _____			
ADDRESS	*ZIP CODE	TELEPHONE ()	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT	EYES
HAIR									

C. REPORTING PARTY: Check appropriate box if reporting party waives confidentiality to: ☐ All ☐ All but victim ☐ All but perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)	(ZIP CODE)
		(E-MAIL ADDRESS)	TELEPHONE ()

D. INCIDENT INFORMATION - Address where incident occurred:

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SKILLED BED <input type="checkbox"/> OTHER (Specify) _____
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E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63) a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION b. <input type="checkbox"/> NEGLECT <input type="checkbox"/> FINANCIAL <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> ISOLATION f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated - e.g., deprivation of goods and services; psychological/mental)	2. SELF-NEGLECT (WIC 15610.57(b)(5)) a. <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH AND SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated - e.g., financial)
ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) <input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> MENTAL SUFFERING <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN	

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.). ☐ CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>		*RELATIONSHIP
*ADDRESS	*CITY	*ZIP CODE	*TELEPHONE ()

J. TELEPHONE REPORT MADE TO: ☐ Local APS ☐ Local Law Enforcement ☐ Local Ombudsman ☐ Calif. Dept. of Mental Health ☐ Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ()	DATE/TIME
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K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed <input type="checkbox"/> Date Faxed
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L. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received by:	Date/Time:
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day Response <input type="checkbox"/> No Initial Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	
Approved by:	Assigned to (optional):
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify) _____	Date of Cross-Report:
4. APS/Ombudsman/Law Enforcement Case File Number: _____	

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "Dependent Adult," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff. (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

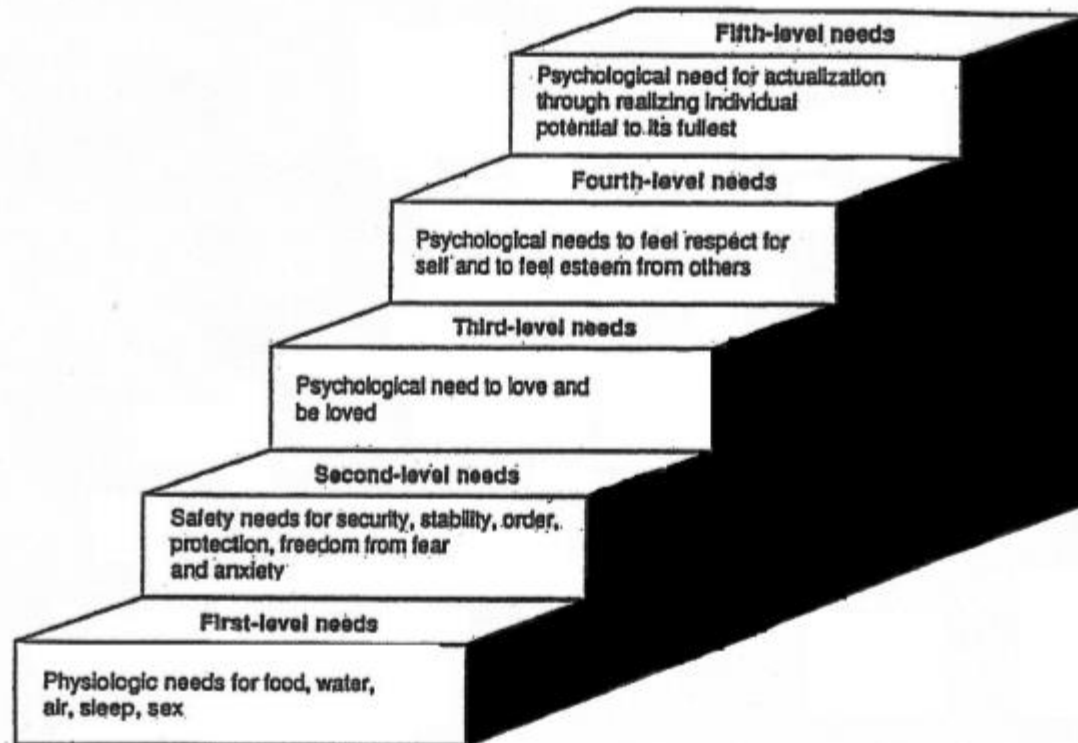
DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.

MASLOW'S HIERARCHY of NEEDS



Example of Human Needs as Related to Maslow

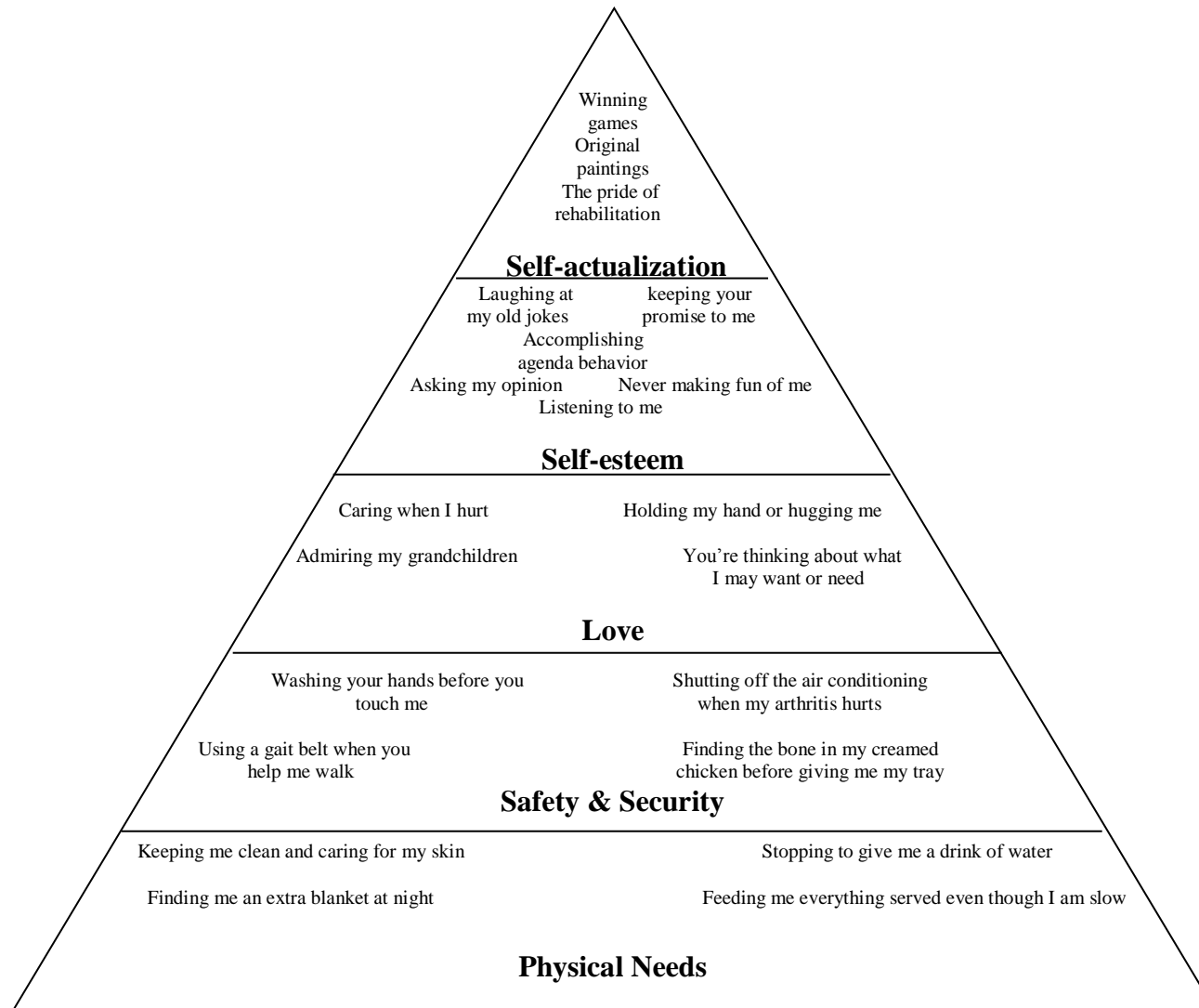


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