

PATIENTS' BILL OF RIGHTS

COMBINED FEDERAL AND STATE BILL OF RIGHTS

All residents in long term care facilities have rights guaranteed to them under Federal and State law. These rights exist under Federal and State law and apply to residents of facilities certified under the Medicaid or Medicare programs. No facility can require a resident to waive these rights as a condition of admission or continued stay.

Certain rights exist only under Minnesota law. These rights are presented in italics. All other rights exist under federal law and apply to residents of facilities certified under the Medicaid or Medicare programs. If your right under Minnesota law is comparable to your right under federal law, your federal right is presented. Any significant additions under state law, however, are presented in *italics*.

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:

EXERCISE OF RIGHTS

1. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
2. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.
3. In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.
4. In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.

REVIEW OF RECORDS

1. The resident or his or her legal representative has the right, upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and
2. After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

KNOWLEDGE OF MEDICAL CONDITION

1. The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.
2. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.
3. *Information about Treatment. Residents may be accompanied by a family member or other chosen*



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representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a resident's medical record, the information shall be given to the resident's guardian or other person designated by the resident as a representative. Individuals have the right to refuse this information.

- 4. Every resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.*

PARTICIPATION IN PLANNING TREATMENT

- Residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the resident cannot be present, a family member or other representative chosen by the resident may be included in such conferences.
- If a resident who enters a nursing or boarding care home is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph 3 to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the resident has been admitted to the nursing or boarding care home. The nursing or boarding care home shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the resident has an effective advance directive to the contrary or knows the resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the nursing or boarding care home must make reasonable efforts, consistent with reasonable medical practice, to determine if the resident has executed an advance directive relative to the resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:*
 - A. examining the personal effects of the resident;*
 - B. examining the medical records of the resident in the possession of the facility;*
 - C. inquiring of any emergency contact or family member contacted whether the resident has executed an advance directive and whether the resident has a physician to whom the resident normally goes for care*
 - D. inquiring of the physician to whom the resident normally goes for care, if known, whether the resident has executed an advance directive. If a nursing or boarding care home notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the privacy rights.*
- In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the resident and the medical records of the resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.*

RELATIONSHIP WITH OTHER HEALTH SERVICES

Residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than the facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a resident's care record, the information shall be given to the resident's guardian or other person designated by the resident as a representative.

APPROPRIATE HEALTH CARE

Residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

CONTINUITY OF CARE

Residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

REFUSAL OF TREATMENT

1. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive.
2. *Competent residents shall have the right to refuse treatment based on the information required under the section above titled "Knowledge of Medical Condition-3&4". Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the resident's medical record.*

NOTIFICATION OF RIGHTS AND ACKNOWLEDGEMENT

The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.

INFORMATION ABOUT MEDICAID AND MEDICARE

1. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of:
 - A. The items and services that are included in nursing facility services under the State Medicaid plan and for which the resident may not be charged;
 - B. Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and
2. Inform each resident when changes are made to the items and services.
3. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

WRITTEN DESCRIPTION OF LEGAL RIGHTS

1. The facility must furnish a written description of legal rights which includes:
 - A. A description of the manner of protecting personal funds.
 - B. A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924C which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;
 - C. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and
 - D. 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, and non-compliance with advance directives requirements.

2. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

ADVANCE DIRECTIVES

1. The resident has the right to receive written information regarding advance directives including a written description of the facility's policies to implement advance directives and applicable state law.
2. The resident has the right to formulate an advance directive.
3. *Upon admission to a nursing or boarding care home, the resident or the legal guardian or conservator of the resident, must be given the opportunity to designate a person who is not related who will have the status of the resident's next of kin with respect to visitation and making a health care decision. A designation must be included in the health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the resident or by the resident's family.*

ATTENDING PHYSICIAN

1. The resident has the right to choose a personal attending physician.
2. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.
3. *In cases where it is medically inadvisable, as documented by the attending physician in a resident's care record, the information shall be given to the resident's guardian or other person designated by the resident as his or her representative.*

NOTIFICATION OF CHANGES

The facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is:

1. An accident involving the resident which results in an injury and has the potential for requiring physician intervention;
2. A significant change in the resident's physical, mental, or psychological status;
3. A need to alter treatment significantly; or
4. A decision to transfer or discharge the resident from the facility.

CHANGE IN ROOM OR ROOMMATE

The resident has the right to receive notice before the resident's room or roommate in the facility is changed.

PERSONAL FUNDS

1. The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.
2. 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.
 - A. The facility must deposit any 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.
 - B. The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest bearing account, or petty cash fund.
3. 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.
 - A. The system must preclude any commingling of resident funds with facility funds or with the funds of any

person other than another resident.

- B. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.
4. Upon the 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 financial accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

NOTICE OF CERTAIN BALANCES/POTENTIAL LOSS MEDICAID ELIGIBILITY

The facility must notify each resident that receives Medicaid benefits:

1. When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, and
2. That, if the amount in the account, in addition to the value of the residents' other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

ASSURANCE OF FINANCIAL SECURITY

The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary of Health and Human Services (Secretary), to assure the security of all personal funds of residents deposited with the facility.

LIMITATION ON CHARGES TO PERSONAL FUNDS

1. The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts).
 - A. Services included in Medicare or Medicaid payment. During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services:
 - a. Nursing services
 - b. Dietary services
 - c. An activities program
 - d. Room/bed maintenance services
 - e. Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to:
 - hair hygiene supplies, comb, brush
 - bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection
 - razor, shaving cream
 - toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss
 - moisturizing lotion
 - tissues, cotton balls, cotton swabs
 - deodorant
 - incontinence care and supplies, sanitary napkins and related supplies
 - towels, washcloths, hospital gowns
 - over the counter drugs
 - hair and nail hygiene services
 - bathing, and
 - basic personal laundry
 - f. Medically-related social services.
 - B. Items and services that may be charged to residents' funds. Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:
 - telephone
 - television, or radio for personal use
 - personal comfort items, including smoking materials, notions and novelties, and confections

- cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare
 - personal clothing
 - personal reading matter
 - gifts purchased on behalf of a resident
 - flowers and plants
 - social events and entertainment offered outside the scope of the activities program
 - noncovered special care services such as privately hired nurses or aides
 - private room, except when therapeutically required (for example, isolation for infection control), and
 - specially prepared or alternative food requested instead of the food generally prepared by the facility.
2. Requests for items and services.
- A. The facility must not charge a resident (or his or her representative) for any item or service not requested by the resident.
 - B. The facility must not require a resident (or his or her representative) to request any item or service as a condition of admission or continued stay.
 - C. The facility must inform the resident (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.

PRIVACY AND CONFIDENTIALITY

1. The resident has the right to personal privacy and confidentiality of his or her 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 for each resident.
2. *Facility staff shall respect the privacy of a resident's room by knocking on their door and seeking consent before entering, except in an emergency or where clearly inadvisable.*
3. Except as provided in paragraph (4) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.
4. The resident's right to refuse release of personal and clinical records does not apply when:
 - A. The resident is transferred to another health care institution; or
 - B. Record release is required by law.
5. *Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections 144.291 to 144.298 (MN Health Records Act). This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.*
6. *Upon admission to a facility where federal law prohibits unauthorized disclosure of resident identifying information to callers and visitors, the resident, or the legal guardian or conservator of the resident, shall be given the opportunity to authorize disclosure of the resident's presence in the facility to callers and visitors who may seek to communicate with the resident. To the extent possible, the legal guardian or conservator of a resident shall consider the opinions of the resident regarding the disclosure of the resident's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician in a resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right shall also be limited accordingly.*

RESPONSIVE SERVICE

Residents shall have the right to a prompt and reasonable response to their questions and requests.

EXAMINATION OF SURVEY 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 of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability.

CLIENT ADVOCATES

The resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

WORK

The resident has the right to:

1. Refuse to perform services for the facility.
2. Perform services for the facility, if he or she chooses, when:
 - A. The facility has documented the need or desire for work in the plan of care;
 - B. The plan specifies the nature of the services performed and whether the services are voluntary or paid;
 - C. Compensation for paid services is at or above prevailing rates; and
 - D. The resident agrees to the work arrangement described in the plan of care.

MAIL

The resident has the right to privacy in written communications, including the right to:

1. Send and promptly receive mail that is unopened.
2. Have access to stationery, postage and writing implements at the resident's own expense.

ACCESS AND VISITATION RIGHTS

1. The resident has the right and the facility must provide immediate access to any resident by the following
 - A. Any representative of the Secretary;
 - B. Any representative of the State;
 - C. The resident's individual physician;
 - D. The State long-term care ombudsman;
 - E. The agencies responsible for the protection and advocacy systems for developmentally disabled and mentally ill individuals;
 - F. Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident, and
 - G. Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.
2. The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

OMBUDSMAN ACCESS TO CLINICAL RECORDS

The facility must allow representatives of the State Ombudsman to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with State law.

TELEPHONE

The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

PERSONAL PROPERTY

1. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
2. *The nursing or boarding care home must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The nursing or boarding care home may, but is not required to, provide compensation for or replacement of lost or stolen items.*

MARRIED COUPLES

The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

SELF-ADMINISTRATION OF DRUGS

An individual resident may self-administer drugs if the interdisciplinary team has determined that this practice is safe.

REFUSAL OF CERTAIN TRANSFERS

1. An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate:
 - A. 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
 - B. 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.
2. A resident's exercise of the right to refuse transfer under these circumstances does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.

ADMISSION, TRANSFER AND DISCHARGE

1. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:
 - A. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - B. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
 - C. The safety of individuals in the facility is endangered;
 - 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 or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid, or
 - F. The facility ceases to operate.
2. Before a facility transfers or discharges a resident, the facility must:
 - A. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.
 - B. Record the reasons in the resident's clinical record.
3. The written notice must include the following:
 - A. The reason for transfer or discharge;
 - B. The effective date of transfer or discharge;
 - C. The location to which the resident is transferred or discharged;
 - D. A statement that the resident has the right to appeal the action to the State;
 - E. The name, address, and telephone number of the State long term care ombudsman;
 - F. For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals; and
 - G. For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.
4. Timing of the notice.
 - A. The notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged.
 - B. Notice may be made as soon as practicable before transfer or discharge under the circumstances outlined in 1 (A – F) and when a resident has not resided in the facility for 30 days.
 - C. The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.
5. *Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the nursing or boarding care home and seven days before transfer to another room within the nursing or boarding care home. This notice*

shall include the resident's right to contest the proposed action, with the address and telephone number of the area Ombudsman for Long Term Care pursuant to the Older Americans Act, section 307(a) (12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the nursing or boarding care home's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Nursing or boarding care homes shall make a reasonable effort to accommodate new residents without disrupting room assignments.

NOTICE OF BED-HOLD POLICY AND READMISSION

1. Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies:
 - A. The duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility; and
 - B. The nursing facility's policies regarding bed-hold periods, permitting a resident to return.
2. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy.
3. A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident:
 - A. Requires the services provided by the facility; and
 - B. Is eligible for Medicaid nursing facility services.

EQUAL ACCESS TO QUALITY CARE

A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals regardless of source of payment.

RESTRAINTS

The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

1. *Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section 145C.01, have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.*
2. *Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.*
3. *A nursing home providing a restraint under paragraph 2 must:*
 - A. *document that the procedures outlined in that paragraph have been followed;*
 - B. *monitor the use of the restraint by the resident; and*
 - C. *periodically, in consultation with the resident, the family, and the attending physician, reevaluate the resident's need for the restraint.*
4. *A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if:*
 - A. *the use of the restraint has jeopardized the health and safety of the resident; and*
 - B. *the nursing home failed to take reasonable measures to protect the health and safety of the resident.*
5. *For purposes of this subdivision, "medical symptoms" include:*
 - A. *a concern for the physical safety of the resident; and*
 - B. *physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.*

A written order from the attending physician that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

6. *When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's order regarding medical symptoms. For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section 145C.01, that the facility provide a physical restraint in order to enhance the physical safety of the resident.*

QUALITY OF LIFE

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

DIGNITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

SELF-DETERMINATION AND PARTICIPATION

The resident has the right to:

1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
2. Interact with members of the community both inside and outside the facility; and
3. Make choices about aspects of his or her life in the facility that are significant to the resident.

PARTICIPATION IN RESIDENT AND FAMILY GROUPS

A resident has the right to organize and participate in resident groups in the facility.

PARTICIPATION IN OTHER ACTIVITIES

The resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

ACCOMMODATION OF NEEDS

The resident has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

ABUSE

1. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.
2. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.

GRIEVANCES

1. The resident has the right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and
2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.
3. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area Ombudsman for Long Term Care pursuant to the Older Americans Act, Section 307 (a)(12) shall be posted in a conspicuous place.

PATIENT GRIEVANCE PROCEDURE

Glacial Ridge Health System has a formal grievance procedure as expressed in the Patient's Bill of Rights.

If any patient has a complaint about services rendered, please contact the nurse in charge of the nursing unit in which you are a patient. Your complaint will be responded to as soon as possible.

We believe that a patient who understands and participates in his/her health care may achieve better results. You as a patient have rights and responsibilities that are explained in the Patient's Bill of Rights included in this patient guide. It is the job of our department directors to assist you with any problems which occur. If you are unable to receive assistance or obtain satisfaction you or your representative may make an oral or written complaint to the Director of Nursing during normal working hours. During the evenings or weekends, you may contact the nurse in charge at the time.

You will be visited by a hospital representative to discuss your complaint and attempt to arrive at a resolution to your problem or concern. Within twenty working days you will be furnished with a written copy of the report, and the resolution, which will be in writing and kept on file in the Office of the Chief Executive Officer.

If you are not satisfied with the manner in which the hospital has dealt with your grievance, you may contact the following:



Minnesota Department of Health

Office of Health Facility Complaints
PO Box 64970
St. Paul, MN 55164-0970
651.201.4200 or 800.369.7994

Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651.201.4101

Surveillance & Integrity Review Services

(Medicaid Fraud and Abuse - payment issues)
Minnesota Department of Human Services
PO Box 64982
St. Paul, MN 55164-0982
651.431.2650 or 800.657.3750

Ombudsman for Long-Term Care

PO Box 64971
St. Paul, MN 55164-0971
651.431.2555 or 800.657.3591

The Developmentally Disabled Advocacy Project

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