

STONEHILL COMMUNITIES

HEALTH CENTER

**Resident's Bill of Rights
and
Responsibilities**

Revised
2020

BILL OF RIGHTS AND RESPONSIBILITIES

1. **YOU HAVE THE RIGHT** to be treated with consideration, respect, and full recognition of your dignity and individuality. You have a right to a quality of life that supports independent expression, choice, and decision making, consistent with applicable law and regulation. Your care will respect personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.

YOU HAVE THE RESPONSIBILITY to speak courteously to and treat others (staff, residents, family) with consideration, respect and full recognition of their dignity and to respect Catholic values of Stonehill Franciscan Services.

YOU HAVE THE RESPONSIBILITY to recognize that not every request will, or can be, granted without consideration of your health and safety and that of others in the facility.

2. **YOU HAVE THE RIGHT** to be fully informed, prior to and/or at the time of admission and during your stay, of services available and of related changes including any charges for services not covered under Medicare or Medicaid or not covered by the home's basic daily rate.

YOU HAVE THE RESPONSIBILITY to meet any financial obligation incurred for services that are not covered in other ways.

3. **YOU HAVE THE RIGHT** and will be encouraged and assisted, throughout your stay, to understand and exercise your rights as a citizen, including arrangements for you to vote.

YOU HAVE THE RIGHT to voice grievances and recommend changes in policies and services, free from restraint, interference, coercion,

discrimination, or reprisal because of voicing grievances.

YOU HAVE A RESPONSIBILITY to voice your grievances and/or recommend changes to administration in a respectful manner.

4. **YOU HAVE THE RIGHT** to be fully and timely informed of your rights, responsibilities and rules governing your conduct as a resident of the home.

YOU HAVE THE RESPONSIBILITY to respect the rights and property of other residents.

5. **YOU HAVE THE RIGHT** to be fully informed by your physician of your health and medical condition unless contraindicated and documented by your physician

YOU HAVE THE RIGHT to appropriate pain management and adherence to your Advanced Directive.

YOU HAVE THE RIGHT to participate in the planning of your total care and medical treatment including the right to ask questions about care, treatment, and service. You have the right to refuse treatment, except as provided by law, and accept the consequences of alternative courses of care.

YOU HAVE THE RESPONSIBILITY to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to your health and to report perceived risks in your care.

6. **YOU HAVE THE RIGHT** to every consideration of your privacy as it relates to your social, religious, and psychological well-being and in your medical care program. Care discussion, consultation, examination, and treatment are confidential and will be conducted discreetly.

YOU HAVE A RESPONSIBILITY to respect the privacy of other residents and their families.

7. **YOU HAVE THE RIGHT** to be ensured privacy for visits by your spouse. If you and your spouse or other family members are residents of the home, you may share a room if available unless contraindicated and documented by your physician in your medical record.

YOU HAVE A RESPONSIBILITY to respect Stonehill as a Catholic, faith-based residency and not to request living arrangements that are contrary to Catholic moral teaching.

8. **YOU HAVE THE RIGHT** to have confidential treatment of your medical and personal records. Your written consent shall be required for release of information to persons not otherwise authorized under law to receive it.

YOU HAVE A RESPONSIBILITY to keep that authorization for release of medical information up-to-date.

9. **YOU HAVE THE RIGHT** to remain in the Home. You may be involuntarily discharged or transferred only for medical reasons, for your or other residents' welfare, or for nonpayment of care unless prohibited by the welfare program paying for your care. Thirty days advance notice of any transfer or discharge will be given to you.

10. **YOU HAVE THE RIGHT** to notices, state agency hearings, counseling services, and discharge planning as it relates to an involuntary discharge or transfer.

11. **YOU HAVE THE RIGHT** to have your bed held in the event of a temporary absence, and charge for such holding as outlined in your contract for care.

YOU HAVE A RESPONSIBILITY to pay the bedhold charge unless otherwise indicated.

12. **YOU HAVE THE RIGHT** to be free from mental, physical sexual and verbal abuse, neglect, exploitation, and free from chemical and physical restraints. Such restraints will be used only under the direction of a physician for specified and limited periods of time, or in any emergency by our professional nursing personnel.

YOU HAVE THE RESPONSIBILITY to treat others with respect and free from abuse in any way.

13. **YOU HAVE THE RIGHT** to refuse to perform services for the home unless work programs are for therapeutic or training reasons, and approved by your physician in your medical record.

14. **YOU HAVE THE RIGHT** to participate or to refuse to participate in experimental research undertaken at the home. Should you choose to participate in experimental research written informed consent must be received prior to any participation.

YOU HAVE THE RESPONSIBILITY, should you choose to independently participate in experimental research, to inform the facility staff of the necessary care and documentation

requirements of the research which they would be expected to contribute. The facility has the right to determine that such requirements are not possible, based on feasibility and available resources.

15. **YOU HAVE THE RIGHT** to communicate, associate, and meet privately with persons of your choice, unless doing so would infringe upon the rights of other residents. Any restrictions of visitors must be documented by your physician in your medical record.

16. **YOU HAVE THE RIGHT** to receive visits from anyone you wish, subject to reasonable scheduling restrictions. Special circumstances of you and your visitors will be taken into consideration.

YOU HAVE THE RESPONSIBILITY to conduct your visits in a respectful manner keeping in mind the privacy and rights of other residents living in the facility as well as the proper function of the facility.

17. **YOU HAVE THE RIGHT** and are encouraged to participate in activities of social, religious, and community groups at your discretion unless contraindicated and documented by your physician in your medical record.

18. **YOU HAVE THE RIGHT** to manage your personal financial affairs. The Home will assist in the management of your funds only under your written authorization and instructions. An itemized accounting of funds will be provided to you quarterly or upon your request.

19. **YOU HAVE THE RIGHT** to retain and use your personal clothing and possessions as safety and space permits and provided such use is consistent with your care plan or does not infringe upon the rights of other residents.

YOU HAVE THE RESPONSIBILITY to do your part in maintaining a safe environment for other residents, their visitors and our staff.

YOU HAVE THE RESPONSIBILITY to respect the safety needs of those persons providing your care.

YOU HAVE THE RESPONSIBILITY to arrange for storage of items that the facility deems they are incapable of storing for reasons of space or liability.

YOU HAVE THE RESPONSIBILITY to cooperatively share the common areas of our building and campus with other residents and their visitors.

20. **YOU HAVE THE RIGHT** to send and receive your personal mail unopened, and have access to a telephone to make and receive calls with privacy.

21. **YOU HAVE THE RIGHT** to freely choose your physician, pharmacy, if accessible, and dentist. The Home may require the pharmacy selected to use a drug distribution system compatible with the system currently used by the Home.

22. **YOU HAVE THE RIGHT** not to be relocated within the facility arbitrarily.

23. **You have the RESPONSIBILITY** to complete the admission process paperwork and provide copies of insurance cards and advance directives.

All rights and responsibilities are passed on to your responsible party when you're adjudicated incompetent in accordance with State Law, or when the attending physician or health professional has documented in your record the specific impairment that has rendered you incapable of understanding these rights. Your specific impairment shall be re-evaluated annually by the attending physician or qualified health professional.

This above declaration of Resident Bill of Rights and Responsibilities contain all general provisions. Other rights and responsibilities are also ensured to you as a resident/participant.. For these specific rights and responsibilities and the implementing procedures of all rights and responsibilities, contact the administrator.

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**STONEHILL COMMUNITIES
HEALTH CENTER**

Resident's Bill of Rights and Responsibilities

I hereby acknowledge receipt of a copy of this statement of Rights/Responsibilities and have been fully informed of such Rights and Responsibilities.

Resident, Guardian or Responsible Person

Date

Administrator

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I give approval for release of this information:

Resident, Guardian, or Responsible Person

DATE

I do not give my approval for the release of this information:

Resident, Guardian, or Responsible Person

Date