

**Checklist #18**

**Functional Area: Resident Rights**

Yes = In Compliance  
 No = Further Action

**Objective:** Ensure facilities honor and protect the rights of each resident.

Specific Criteria	Yes	No
<p><b>Policy and Procedure: IDAPA 16.03.22.160</b>                      Have you developed written policies and procedures which assure that resident rights will be promoted and protected in the facility?                      {IDAPA 16.03.22.160}</p>		
<p><b>Requirements: IDAPA 16.03.22.505 Resident Funds</b>                      1. If you agree to handle resident funds, do you establish a separate trust account for each resident?                      2. Do you maintain an accounting record of resident funds?                      3. Do you assure that there is no commingling of resident funds with facility funds?                      4. Do you assure there is no borrowing between resident accounts? Do you also assure the following:                          a. The facility does not require a resident to purchase goods or services from the facility other than those outlined in the admission policies and/or the admission agreement?                          b. Each transaction is documented at the time of the transaction and includes facility personnel and resident signatures?                          c. The resident has access to his personal funds during reasonable hours?                      {IDAPA 16.03.22.505.01}</p>		
<p>5. Do you assure that when the resident permanently leaves the facility, the facility only retains room and board funds prorated to the last day of the 30 day notice (except in situations described in Subsections 220.07.c.i. and 220.07.c.ii. of these rules)?                      6. Do you assure all funds remaining after the above are the property of the resident?                      7. Do you assure that in the event of the resident's death, the resident's facility's fees cease accruing 15 days after death?                      {IDAPA 16.03.22.505.02}</p>		
<p><b>Requirements: IDAPA 16.03.22.510</b>                      Do you assure that policies and procedures are implemented to assure that all residents are free from abuse?                      {IDAPA 16.03.22.510}</p>		
<p><b>Requirements: IDAPA 16.03.22.515</b>                      Do you assure that policies and procedures are implemented to assure that all residents are free from exploitation?                      {IDAPA 16.03.22.515}</p>		
<p><b>Requirements: IDAPA 16.03.22.520</b>                      Do you assure that policies and procedures are implemented to assure that all residents are free from inadequate care?                      {IDAPA 16.03.22.520}</p>		
<p><b>Requirements: IDAPA 16.03.22.525</b>                      Do you assure that policies and procedures are implemented to assure that all residents are free from neglect?                      {IDAPA 16.03.22.525}</p>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550</b></p> <p>1. Have you implemented your policies and procedures to assure that residents' rights are observed and protected? {IDAPA16.03.22.550}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.01 Resident Records</b></p> <p>1. Do you maintain and keep current a record of the specific information on each resident, as noted below?</p> <p>2. Upon request do you provide a resident access to the information in his record which includes:</p> <ul style="list-style-type: none"> <li>a. A copy of the resident's current Negotiated Service Agreement?</li> <li>b. The physician or authorized provider's orders?</li> <li>c. Written acknowledgement that the resident has received copies of the rights?</li> <li>d. A record of all personal property and funds that the resident has entrusted to the facility, including copies of receipts for the property?</li> <li>e. Information about any specific health problems of the resident that may be useful in a medical emergency?</li> <li>f. The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident?</li> <li>g. Any other health-related, emergency, or pertinent information which the resident requests the facility to keep on record?</li> <li>h. The current admission agreement between the resident and the facility? {IDAPA16.03.22.550.01}</li> </ul>		
<p><b>Requirements: IDAPA 16.03.22.550.02 Privacy</b></p> <p>1. Do you assure each resident the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups? {IDAPA16.03.22.550.02}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.03 Humane Care and Environment</b></p> <p>Do you assure each resident has the right to humane care and a humane environment, including the following:</p> <ul style="list-style-type: none"> <li>1. The right to a diet that is consistent with any religious or health-related restrictions?</li> <li>2. The right to refuse a restricted diet?</li> <li>3. The right to a safe and sanitary living environment?</li> <li>4. The right to be treated with dignity and respect?</li> <li>5. The right to be treated in a courteous manner by staff?</li> <li>6. The right to receive a response from the facility to any request of the resident within a reasonable time?</li> <li>7. The right to be communicated with, orally or in writing, in a language they understand?</li> <li>8. The right to be provided with a means of communication in a language familiar to the resident?</li> <li>9. The right to confidentiality while language translating services of any kind are being provided? {IDAPA16.03.22.550.03}</li> </ul>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550.04 Personal Possessions</b>            Do you assure each resident has the right to the following:</p> <ol style="list-style-type: none"> <li>1. Wear his own clothing?</li> <li>2. Determine his own dress or hair style?</li> <li>3. Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity?</li> <li>4. Be provided a separate storage area in his own living area and at least 1 locked cabinet or drawer for keeping personal property?                {IDAPA16.03.22.550.04}</li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.05 Personal Funds</b></p> <ol style="list-style-type: none"> <li>1. Do you assure residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules?</li> <li>2. Do you assure you do not require a resident to deposit his personal funds with the facility?</li> <li>3. Do you establish and maintain a system (in accordance with this paragraph) for holding, safeguarding, and accounting for such personal funds for which the resident gives written authorization?                {IDAPA16.03.22.550.05}</li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.06 Management of Personal Funds</b></p> <ol style="list-style-type: none"> <li>1. Do you assure that you manage and account for personal funds of any resident deposited with the facility (upon a facility's acceptance of written authorization of a resident) as follows:           <ol style="list-style-type: none"> <li>a. The facility deposits any amount of a resident's personal funds in excess of 5 times the personal needs allowance in an interest bearing account that is separate from any of the facility's operating accounts?</li> <li>b. The facility credits all interest earned on separate accounts to the resident?</li> <li>c. The facility maintains the other personal funds in a non-interest bearing account or petty cash fund?</li> <li>d. The facility maintains a full and complete separate accounting of each resident's personal funds, maintains a written record of all financial transactions involving each resident's personal funds deposited with the facility, and affords the resident (or a legal representative of the resident) reasonable access to such record?</li> <li>e. Upon the death of a resident with such an account, the facility promptly conveys the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate?</li> <li>f. Upon the death of a client of the Department with such an account, the facility promptly refunds the resident's personal funds (and a final accounting of such funds) to the Department?                {IDAPA16.03.22.550.06}</li> </ol> </li> </ol>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550.07 Access and Visitation Rights</b></p> <p>1. Do you assure that you permit the following:</p> <ul style="list-style-type: none"> <li>a. Immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or his designees, or by the resident's individual physician?</li> <li>b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives?</li> <li>c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident?</li> <li>d. Reasonable access to a 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? {IDAPA16.03.22.550.07}</li> </ul>		
<p><b>Requirements: IDAPA 16.03.22.550.08 Employment</b></p> <p>1. Do you assure each resident has the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility?</p> <p>2. If the resident is hired by the facility to perform services as an employee of the facility, do you assure the wage paid to the resident is consistent with state and federal law? {IDAPA16.03.22.550.08}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.09 Confidentiality</b></p> <p>1. Do you assure each resident has the right to confidentiality of personal and clinical records? {IDAPA16.03.22.550.09}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.10 Freedom from Abuse, Neglect, and Restraints</b></p> <p>1. Do you assure each resident has the right to be free from the following:</p> <ul style="list-style-type: none"> <li>a. Physical, mental or sexual abuse?</li> <li>b. Neglect?</li> <li>c. Corporal punishment,</li> <li>d. Involuntary seclusion?</li> <li>e. Any physical or chemical restraints? {IDAPA16.03.22.550.10}</li> </ul>		
<p><b>Requirements: IDAPA 16.03.22.550.11 Freedom of Religion</b></p> <p>1. Do you assure each resident has the right to practice the religion of his choice or to abstain from religious practice?</p> <p>2. Do you also assure residents are free from the imposition of the religious practices of others? {IDAPA16.03.22.550.11}</p>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550.12</b>  <b>Control and Receipt of Health-Related Services</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has the right to control his receipt of health related services, including: <ol style="list-style-type: none"> <li>a. The right to retain the services of his own personal physician, dentist, and other health care professionals?</li> <li>b. The right to select the pharmacy or pharmacist of his choice so long as it meets the statute and rules governing residential care or assisted living and the policies and procedures of the residential care or assisted living facility?</li> <li>c. The right to confidentiality and privacy concerning his medical or dental condition and treatment?</li> <li>d. The right to refuse medical services based on informed decision making? (Refusal of treatment does not relieve the facility of its obligations under this chapter.) <ol style="list-style-type: none"> <li>i. Do you document the resident and his legal guardian have been informed of the consequences of the refusal?</li> <li>ii. Do you document that the resident's physician or authorized provider has been notified of the resident's refusal?</li> </ol> </li> </ol> </li> </ol> <p style="text-align: right;">{IDAPA16.03.22.550.12}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.13 Grievances</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has the right to voice grievances with respect to treatment or care, without discrimination or reprisal, and the right to prompt efforts by the facility to resolve grievances, including those with respect to the behavior of other residents?</li> </ol> <p style="text-align: right;">{IDAPA16.03.22.550.13}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.14</b>  <b>Participation in Resident and Family Groups</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has the right to organize and participate in resident groups in the facility?</li> <li>2. Do you assure each resident's family has the right to meet in the facility with the families of other residents?</li> </ol> <p style="text-align: right;">{IDAPA16.03.22.550.14}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.15 Participation in Other Activities</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each 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?</li> </ol> <p style="text-align: right;">{IDAPA16.03.22.550.15}</p>		
<p><b>Requirements: IDAPA 16.03.22.550.16 Examination of Survey Results</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has the right to examine the results of the most recent survey of the facility conducted by the Licensing and Survey Agency, plus any plan of correction in effect?</li> </ol> <p style="text-align: right;">{IDAPA16.03.22.550.16}</p>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550.17</b>  <b>Access by Advocates and Representatives</b></p> <ol style="list-style-type: none"> <li>1. Do you assure advocates and representatives of community legal services programs, whose purposes include rendering assistance without charge to residents, are permitted to have access to the facility at reasonable times in order to do the following: <ol style="list-style-type: none"> <li>a. Visit, talk with, and make personal, social, and legal services available to all residents?</li> <li>b. Inform residents of their rights and entitlements, and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals?</li> <li>c. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, that may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation?</li> <li>d. Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights?</li> <li>e. Communicate privately and without restrictions with any resident who consents to the communication?</li> <li>f. Observe all common areas of the facility? {IDAPA16.03.22.550.17}</li> </ol> </li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.18</b>  <b>Access by Protection and Advocacy System</b></p> <ol style="list-style-type: none"> <li>1. Do you assure that you permit advocates and representatives of the protection and advocacy system designated by the governor access to residents, facilities, and records in accordance with applicable federal statutes and regulations? {IDAPA16.03.22.550.18}</li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.19</b>  <b>Access by the Long Term Care Ombudsman</b></p> <ol style="list-style-type: none"> <li>1. Do you assure that you permit advocates and representatives of the long term care ombudsman program access to residents, facilities and records in accordance with applicable federal and state law, rules, and regulations? {IDAPA16.03.22.550.19}</li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.20 Transfer or Discharge</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay?</li> <li>2. Do you assure that in non-emergency conditions, the resident will be given at least 30 calendar days notice of discharge?</li> <li>3. Do you assure a resident has the right to appeal any involuntary discharge? {IDAPA16.03.22.550.20}</li> </ol>		
<p><b>Requirements: IDAPA 16.03.22.550.21 Citizenship Rights</b></p> <ol style="list-style-type: none"> <li>1. Do you assure each resident has a right to be encouraged and assisted to exercise rights as a citizen, including the right to be informed and to vote? {IDAPA16.03.22.550.21}</li> </ol>		

Specific Criteria	Yes	No
<p><b>Requirements: IDAPA 16.03.22.550.22 Advanced Directives</b></p> <p>1. Do you assure residents have the right to be informed, in writing, regarding the formulation of advance directives? {IDAPA16.03.22.550.22}</p>		
<p><b>Requirements: IDAPA 16.03.22.560 Notice of Residents' Rights</b></p> <p>1. Do you assure that you offer the following to your residents:</p> <ul style="list-style-type: none"> <li>a. Information orally and in writing at the time of admission about residents' legal rights during their stay at the facility?</li> <li>b. Written statements of residents' rights?</li> <li>c. Written statement of notification when the rights change?</li> <li>d. A written statement that includes a description of the protection of personal funds?</li> <li>e. A written statement that includes the fact that a resident may file a complaint with the Department respecting resident abuse, neglect, or misappropriation of resident property in the facility?</li> <li>f. Conspicuous posting of the residents' rights in the facility at all times? {IDAPA16.03.22.560}</li> </ul>		
<p><b>Record Keeping or Documentation:</b></p> <ul style="list-style-type: none"> <li>1. Do you maintain an accounting record of resident funds? {IDAPA16.03.22.505.01 &amp; 550.06}</li> <li>2. Each transaction within the resident funds is documented at the time of the transaction and includes facility personnel and resident signatures? {IDAPA16.03.22.505.01}</li> <li>3. Do you maintain and keep current a record on each resident, which includes the specific information outlined in this rule? {IDAPA16.03.22.550.01}</li> <li>4. Do you document the resident and his legal guardian have been informed of the consequences of the refusal of medical services based on informed decision making? {IDAPA16.03.22.550.12}</li> <li>5. Do you document that the resident's physician or authorized provider has been notified of the resident's refusal of medical services? {IDAPA16.03.22.550.12}</li> <li>6. Do you assure residents have the right to be informed, in writing, regarding the formulation of advance directives? {IDAPA16.03.22.550.22}</li> <li>7. Do you assure that you offer the information to your residents as listed above in the checklist for Section 560? {IDAPA16.03.22.560}</li> <li>8. Do you have a signed copy of the resident's rights as identified in Section 550 of these rules or a signed and dated statement that the resident or his legal guardian or conservator has read and understands his rights as a resident of the facility? {IDAPA16.03.22.705.04}</li> </ul>		

**The check lists can be used as a quality improvement tool and are offered as a helpful guide. They do not take the place of the rule requirements. It is highly recommended that the check lists be used in conjunction with the rules themselves.**