



# RIGHTS OF RESIDENTS

## In Wisconsin Nursing Facilities



**WHCA**  
Wisconsin Health Care Association

# Introduction

The Wisconsin Health Care Association (WHCA) and its member facilities are committed to the advancement, recognition, and protection of the rights of all Wisconsin nursing home residents.

The rights reflected herein represent those all nursing home residents are provided under existing state and federal law. WHCA, with the approval of the Wisconsin Division of Health, has developed and distributed this brochure to insure that all persons recognize and fully understand the nature and scope of rights possessed by Wisconsin nursing home residents.

If you have any questions or concerns regarding nursing home residents' rights, you are encouraged to contact the administrator of this facility, the Wisconsin Health Care Association (608-257-0125) or the Wisconsin Division of Health (608-266-8847).

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# ◆◆◆◆◆◆◆◆◆◆ Rights of Residents ◆◆◆◆◆◆◆◆◆◆

## in Wisconsin Nursing Facilities

As a resident of a Wisconsin nursing facility, you have extensive rights, guaranteed under federal and state law. These rights are reflected by the policies and staff of this nursing facility.

All residents of this facility are encouraged and assisted, throughout their stay, to exercise their rights as residents and citizens.

To assure that you fully understand the nature and scope of your rights, any questions you may have regarding the

rights summarized below should be directed to a representative of the facility. In this facility, you may contact \_\_\_\_\_ of the \_\_\_\_\_ Department at phone # \_\_\_\_\_.

The purpose of this document is to summarize your legal rights as a nursing home resident. For your convenience, we have categorized those rights into several specific areas. These areas are listed in the Table of Contents which follows.

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You have the right to approve or to refuse the release of your personal and medical records to any individual outside this facility, except when:

- ❖ You are transferred to another health care institution; or
- ❖ When the release of the records is required by law or a third party payment contract.

You have the right to examine your current clinical records within 24 hours of the next business day following your written or oral request.

To protect the privacy of your records, if a request is made to view your medical records by someone other than yourself, the facility will ask that the request be made in writing.

The facility will, consistent with state law, permit examination of your clinical records by a representative of the State Ombudsman Office only with permission from you or your legal representative.

If you desire to purchase copies of your records, you will be charged the amount customarily charged in this community.

### 3. Dignity and Respect ❖❖❖❖

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

We will promote your right to receive care and treatment in a manner and in an environment that maintains or enhances your dignity and respect in full recognition of your individuality.

You have the right to reside and receive services in this facility with reasonable accommodation of your individual needs and preferences, except when the health or safety of you or others would be endangered.

You have the right to:

- ❖ Choose activities, schedules, and health care consistent with your interests, assessments, and care plans.
- ❖ Interact with members of the community both in and out of the facility; and
- ❖ Make choices about aspects of your life in the facility that are significant to you.

You, as a resident, have the right to be free from the imposition of physical restraints or psychoactive drugs administered for the purpose of discipline or convenience and which are not required to treat your medical symptoms.



## **7. Employment ♦♦♦♦♦♦♦♦♦♦**

You have a right to refuse to perform services for this facility. You may, however, provide such services if the facility has documented therapeutic need or desire in your plan of care. The care plan must specify the nature of the services to be performed and if they are to be compensated or voluntary. Compensation for paid services will be at or above prevailing rates for the same or similar services. However, the facility is under no obligation to offer the opportunity, nor are you under any obligation to agree to perform any services for the facility.

## **8. Retention, Use, and Storage of Personal Possessions ♦♦♦♦♦♦♦♦♦♦**

As a resident of this facility, you have the right and are encouraged to retain and use your personal possessions, including furnishings, and appropriate clothing as space permits. Your usage, however, must comply with health and safety codes and cannot infringe on the rights of other residents.

In addition to your room, the facility will provide up to 50 cubic feet of space for storage of your possessions.

## **9. Grievances and Complaints ♦♦♦♦♦♦♦♦♦♦**

Residents are encouraged and assisted, throughout their periods of stay, to exercise their rights and accordingly voice grievances and recommend changes in policies and services to facility staff or outside representatives or agencies.

You may voice complaints with respect to the operations of this facility or the care that is, or is not, provided free from restraint, coercion, discrimination or fear of reprisal.

The facility will undertake prompt efforts to resolve any grievances you may have, including those relating to the behavior of other residents.

All residents have the right to contact and receive information from organizations acting in the capacity of resident advocates.

## **10. Financial Affairs Medicaid/Medicare Benefits ♦♦♦♦♦♦♦♦♦♦**

### **Cost of Services**

Prior to or at the time of admission, and periodically during your stay at this facility, you have the right to be informed of services available in the facility and of charges for those services.

Residents who are at the time of admission, or later become, eligible for Medicaid benefits will be informed by the facility of:

- ❖ Items or services that are covered under the facility's Medicaid rate that cannot be charged to the resident.
- ❖ Other items and services the facility offers and for which a resident may be charged, and charges for those services.
- ❖ Any changes in available items, services, or their related charges.

## Personal Funds

As a resident, you have the right to manage your own financial affairs and are not required to deposit your personal funds with the facility.

However, if you choose, the facility shall, upon receipt of your express written authorization, hold, safeguard, and account for personal funds you desire to deposit with the facility. Such deposits will be managed in accordance with the requirements of state and federal laws. This requires, among other things, that funds in excess of \$50 be maintained in an interest-bearing account.

You or your legal representative shall at all times be accorded access to your financial records. The facility will maintain and, not less than quarterly, provide you with a complete written accounting of all

personal funds with which you have entrusted it.

A resident's personal funds deposited with the facility will not be commingled with the facility's funds. The facility will not impose a charge against your personal funds for any item or service for which payment is made under Medicaid or Medicare.

## Eligibility for Medicare and Medicaid Coverage

You have the right to receive, and the facility will provide, both oral and written information regarding application and use of Medicare and Medicaid benefits, and how to apply for refunds of previous payments covered by such benefits.

In addition, provisions in Wisconsin law specify a level of assets and income that may be retained by your spouse, residing outside the nursing home, without affecting your eligibility for Medicaid benefits. The effect of the law is to avoid requiring the spouse outside the nursing home to impoverish himself or herself in order to make the other spouse (residing in a nursing home) eligible for Medicaid.

If you have questions about how these new provisions affect you, you are encouraged to contact the county social services department which determines your Medicaid Assistance eligibility.

# 11. Transfers and Discharges ♦♦♦♦♦♦♦♦♦♦

## Transfer or Discharge from the Facility

This facility has established and maintains identical policies and practices regarding transfer, discharge, and the provision of services for all residents regardless of source of payment.

This facility recognizes, and will honor your right, to remain in its care. You will not be permanently or temporarily transferred or discharged from this facility, except

(1) with your, or your legal representative's, voluntary written consent; or

(2) unless

♦ The transfer or discharge is necessary for your welfare and your needs can no longer be met in the facility;

♦ The transfer or discharge is appropriate because your health has significantly improved and you are no longer in need of the services this facility provides;

♦ The safety or health of other individuals in the facility would be endangered by your continued residency;

♦ You have failed, after reasonable and appropriate notice, to pay for the care and services you have received at the facility;

♦ The facility ceases to operate;

♦ The transfer or discharge is for medical reasons as ordered by a physician;

♦ As otherwise permitted by state or federal laws.

## Orientation for Transfer and Discharge

The facility will provide you with sufficient preparation and orientation to ensure safe and orderly transfer or discharge from the facility.

## Advance Notice and Appeals of Transfers or Discharges

You are entitled to and shall receive advance written notice (in most cases, 30 days) of any proposed transfer or discharge which was not requested by you or your legal representative. The notice shall specify the reason, the proposed date, and the proposed location of the transfer. It shall also identify your right to object to and file an appeal of the transfer with the Wisconsin state agency in charge of assuring that your rights as a nursing home resident have not been violated.

The notice will provide you with the name, address, and telephone number of advocacy groups that can assist you with exercising your appeal rights.







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