



THE WESLEY COMMUNITY

---

WESLEY HEALTH CARE CENTER

YOUR  
RIGHTS AS A  
NURSING HOME  
RESIDENT

---

In New York State  
And Nursing Home  
Responsibilities

## **INTRODUCTION**

The Wesley Health Care Center ensures that all residents are afforded their rights to a dignified existence, self-determination, respect, full recognition of their individuality, consideration and privacy in treatment and care for personal needs, and communication with and access to persons and services inside and outside the facility. The Home protects and promotes the rights of each resident and encourages and assists each resident in the fullest possible exercise of these rights, including the provision of staff assistance in the interpretation of these rights.

### **RESIDENT RIGHTS**

As a nursing home resident, you have the right to:

- Live in the most integrated and least restrictive setting
- Dignity, respect, and a comfortable living environment
- Quality of care and treatment without discrimination
- Freedom of choice to make your own, independent decisions
- The safeguard of your property and money
- Right to safe/clean/comfortable/homelike environment
- Free from abuse/neglect/mistreatment/exploitation
- Safeguards on admission, transfer, and discharge
- Privacy in communications
- Participate in organizations and activities of your choice
- An easy to use and responsive complaint procedure
- Exercise all of your rights without fear of reprisals.

## INTRODUCTION

State and federal regulations require nursing homes to have written policies covering the rights of residents.

The nursing home's staff must implement these policies and explain them to you.

Any person requiring nursing home care should be able to enter any nursing home and receive appropriate care, be treated with courtesy, and enjoy continued civil and legal rights.

This booklet describes your rights and the responsibilities nursing homes have for ensuring those rights.

The basic right of any nursing home resident is to be treated with dignity and respect. All other rights support this basic premise.

The New York State Department of Health is committed to ensuring that every nursing home resident's rights are protected and supported.

This booklet is designed to provide information so that residents, and their loved ones, are aware of these rights. It is important that residents and their representatives communicate regularly with nursing home staff to ensure a meaningful, respectful, and helpful environment.

# DIGNITY AND RESPECT

## RESIDENT RIGHTS

### **You have the right to:**

- ❖ The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice
- ❖ be treated with dignity, respect, and consideration at all times;
- ❖ privacy in the treatment and care of your personal needs;
- ❖ choose activities, schedules and health care consistent with your interests and plan of care;
- ❖ to make choices about all aspects of his or her life in the facility that are significant to you.
- ❖ communicate with and have access to people and services inside and outside the facility;
- ❖ be consulted when the facility sets policies about your rights and responsibilities and about aspects of your life in the facility;
- ❖ staff assistance in interpretation of your rights.
- ❖ exercise your rights without interference, coercion, discrimination, or reprisal from the facility

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ ensure that you are treated as an individual and encourage you to participate in programs and services of your choice;
- ❖ provide you with safe, clean, and comfortable rooms and surroundings;
- ❖ protect you from any kind of abuse, neglect, and exploitation;
- ❖ provide you privacy in communicating and associating with people of your choice.

## **ADMISSION**

### RESIDENT RIGHTS

### **You have the right to:**

- ❖ nondiscrimination in admissions;
- ❖ equal access to quality care;
- ❖ apply for Medicare or Medicaid benefits;
- ❖ the absence of a guarantee of payment from another person or source other than yourself for admission or continued stay.

### NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ provide you with access to quality care by exercising identical policies and practices covering the provision of all required services, regardless of your source of payment;

- ❖ obey all pertinent state and local laws that prohibit discrimination against individuals entitled to Medicaid benefits, and give explicit advice to you concerning your right to nondiscriminatory treatment in admissions (State regulations prohibit discrimination against individuals entitled to Medicaid benefits);
- ❖ fully inform you and your representative both verbally and in writing (in a language that you understand) of your rights and all facility rules and regulations governing your conduct and your responsibilities during your stay. This information must be given to you prior to or upon admission and during your stay. You must acknowledge receipt of this information in writing. The facility must also post a summary of this information.

**The nursing home must not:**

- ❖ require a third-party guarantee of payment as a condition of admission, expedited admission, or continued stay in the facility;
- ❖ charge, solicit, accept, or receive (in addition to any amount otherwise required to be paid by third-party payors) any gift, money donation, or other consideration as a precondition of admission, expedited admission, special room assignment, or continued stay in the facility, beyond the amount needed for prepayment of basic services for up to three months;
- ❖ require you to waive your rights to Medicare or Medicaid;
- ❖ require verbal or written assurance that you are not eligible for, or will not apply for, Medicare or Medicaid benefits.

**The nursing home may:**

- ❖ require a relative or resident representative who has access to your income or resources to sign a contract to provide facility payment from your income or resources, without your representative incurring personal financial liability;

- ❖ charge you, if you are eligible for Medicaid, only for those items and services you requested and received that are not specified at the time of admission as included in the nursing home's basic services;
- ❖ solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to you, provided that the contribution is not a condition of admission, expedited admission, special room assignment, or continued stay in the facility.

## LIFE AT THE FACILITY

### RESIDENT RIGHTS

**You may always exercise your rights as a citizen or resident of the United States and New York State, including your right to:**

- ❖ vote, with arrangements made by the facility;
- ❖ action for damages or other relief of deprivations or infringements of your right to adequate and proper treatment and care;
- ❖ exercise your civil and religious liberties, including the right to independent personal decisions and knowledge of available choices;
- ❖ be free from verbal, sexual, mental, or physical abuse, exploitation, neglect, misappropriation, corporal punishment and involuntary seclusion, and free from chemical and physical restraints except those restraints authorized in accordance with nursing home minimum standards; this includes but is not limited to doctor's orders, specified time periods, close monitoring, periodic reevaluation of need, conferring with a family member or designated representative and documentation in the record;
- ❖ meet with and participate in activities of social, religious, and community groups at your discretion.

Resident Council

- ❖ you have the right to participate in the established resident and family council at the facility.

#### Access to Information

##### **You have the right to:**

- ❖ examine the results of the most recent federal or state survey of the facility, including any statements of deficiencies, any plan of correction in effect with respect to the facility, and any enforcement actions taken by the New York State Department of Health (Results must be made available for examination in a place readily accessible to you);
- ❖ receive information from agencies acting as residents' advocates and be given the opportunity to contact these agencies;
- ❖ request, or have a resident representative request, and be provided information concerning your specific assignment to a resident classification category for purposes of linking reimbursement to the intensity of your care;
- ❖ inspect, upon verbal or written notice, within 24 hours, records pertaining to you, and within two working days' notice purchase and receive photocopies of such records. The cost of reproduction may not exceed 75 cents per page.

#### Grievances

##### **You have the right to:**

- ❖ voice grievances without discrimination or reprisal;
- ❖ prompt resolution of your grievances, including those with respect to the behavior of other residents;
- ❖ recommend changes in policies and services to facility staff and/or outside representatives, free of interference, coercion, discrimination, restraint, or reprisal from the facility.

#### Privacy & Safeguard of Personal Property

##### **You have the right to:**



- ❖ locked storage space upon request in your room for your personal property or through the use of the safe in the resident accounts office.
- ❖ **Retain, store securely, and use personal possessions, including furnishings, and appropriate clothing, as space permits, provided the rights or health and safety of other residents are not infringed.**
- ❖ share a room with your spouse, relative, or partner when the spouse, relative, or partner lives in the same facility and you both consent to the arrangement;
- ❖ be assured of privacy for visits when a spouse, relative, or partner resides outside the facility;

### **Visitation**

**The resident has a right to receive visitors.** *Subject to reasonable clinical and safety restrictions and those imposed by governmental authorities to protect public health, there are no limits on the frequency and length of visits for residents, the number of visitors at one time, nor does Wesley require advance scheduling for in-person visits. Visitation is allowed 24 hours a day, 7 days a week, with the consent of the resident. The resident has a right to receive visitors of his or her choosing, at the time of his or her choosing, as well as has the right to deny visitation at any time. When public health restrictions are imposed by governmental authorities, Wesley will provide alternative methods and/or take all appropriate steps to enable maximum visitation rights.*

### Food/Nutrition

#### **You have the right to:**

- ❖ receive kosher food or food products, upon request, when as a matter of religious belief you wish to observe Jewish dietary laws.

### Work/Services

- ❖ perform services only when:
  1. you can safely perform the services;
  2. the facility documents the need or desire for work in your plan of care;

3. the plan specifies the nature of the services performed and whether the services are voluntary or paid (Compensation for the paid services must be at or above prevailing rates and you must agree to the work arrangements described in your plan of care);
4. refuse to perform the services for the facility.

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ furnish you with a written description of your legal rights including:
  1. a description of how the facility protects your personal funds;
  2. a statement telling you that you may file a grievance or complaint with the facility or the New York State Department of Health concerning resident abuse, neglect, mistreatment, exploitation and misappropriation of your property in the facility (This statement must include the name, address, and telephone number of the office established by the New York State Department of Health to receive complaints and of the New York State Office for the Aging Ombudsman Program);
  
- ❖ record and periodically update the address and phone number of your resident representative or interested family member;
  
- ❖ provide immediate access to you by:
  1. any representative of the U.S. Secretary of Health and Human Services;
  2. any representative of the New York State Department of Health;
  3. your own doctor;
  4. ombudsmen who are duly certified and designated by the New York State Office for the Aging;
  5. representatives of the Commission on Quality of Care and Advocacy for Persons with Disabilities (which protects and advocates for developmentally disabled individuals and mentally ill individuals); and

6. other individuals who are visiting, with your consent, subject to reasonable restrictions and your right to deny or withdraw consent at any time;
- ❖ provide reasonable access to you by an entity or individual that provides health, social, legal, or other services, subject to your right to deny or withdraw consent at any time;
  - ❖ encourage your voluntary choice of activities and assist you in the participation of all social activities in which you wish to engage by:
    1. transporting you to and from in-house activities as needed;
    2. encouraging you to participate in and helping maintain your involvement in community, religious, and/or social activities, including the organization of trips outside the facility;
    3. posting a copy of the monthly activities schedule and providing you with a copy upon request.
  - ❖ advise veterans and the spouses of veterans in writing of the contact numbers for the NYS Division of Veterans Affairs, the nearest Veterans Service Agency, and the nearest accredited Veterans Service Officer.

## Resident Council

### **The nursing home must:**

- ❖ encourage you to participate in the facility's resident council and encourage you to take part in decision-making processes and make recommendations that could improve the quality of life in the facility;
- ❖ ensure that you receive resident council meeting notices and that you are given assistance in transport to and from meetings, if such assistance is needed;
- ❖ describe and promote the function and organization of the resident council to maximize your participation;

- ❖ after consultation with the resident council, assign to the council a staff person who is acceptable to the members of the resident council;
- ❖ ensure that members of the governing body make themselves available to hold meetings with representatives of the resident council at least three times a year to discuss matters contained in a jointly developed agenda;
- ❖ ensure that the Quality Assurance Performance Improvement Committee provides consultation on at least a quarterly basis with the resident council to seek recommendations on quality improvements.

#### Family Council

- ❖ when a family council exists, inform families of the existence of the council upon admission and at least quarterly. The notice should include the dates, times, and place of the family council meetings and a person to contact regarding involvement in the council.

#### Access to Information

##### **The nursing home must:**

- ❖ promptly notify you in writing before there is:
  1. a change in your room assignment (This requires prior notice unless you requested or agreed to the change, your medical condition requires a more immediate change, an emergency situation develops, or there is a need to alter your treatment significantly. Then, you must be immediately informed, your doctor consulted, and your resident representative or an interested family member be notified);
  2. a change in roommate assignment (This must be acceptable, where possible, to all affected residents);
  3. a change in resident rights under federal or state law or regulations as specified in the Official Compilation of Codes, Rules and Regulations of the State of New York;
- ❖ inform you of the facility's visiting hours.

#### Grievances

**The nursing home must:**

- ❖ inform you upon your admission about the grievance and complaint recommendation procedure;
- ❖ ensure that a method is in place to respond within 21 days to your grievance or complaint and recommendations.

Privacy

**The nursing home must:**

- ❖ arrange for you to share a room with your spouse, relative, or partner when you are both residents in the facility and both consent to the shared arrangements;
- ❖ ensure privacy for visits by your spouse, relative, or partner if they do not reside in the facility;
- ❖ provide you space for storage and placement of your personal possessions as follows:
  1. possessions may include some furnishings if such meet government fire safety and health code regulations;
  2. if sufficient storage space is not available in your room, your possessions may be stored in other areas of the facility (if such space is available) at the option of the nursing home, or the home will help you find other space;
  3. The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
- ❖ provide a lockable drawer and/or locked storage area (upon your request) in your room or within your immediate area. Staff should help you store your possessions.

Food/Nutrition

**The nursing home must:**

- ❖ provide kosher food or food products prepared in accordance with orthodox Jewish religious requirements when, as a matter of religious belief, you wish to observe Jewish dietary laws;

- ❖ offer substitute menu items at your request;
- ❖ provide assistance with eating and special eating equipment or assistive devices and utensils if needed.

## Work/Services

### **The nursing home must:**

- ❖ accept your request to perform services, when work is available, under the following conditions;
  1. you must make your request known to the facility staff, nursing staff, or doctor;
  2. your need or desire for work must be documented in your plan of care, along with the nature of the services to be performed, whether or not you are deemed able to safely perform the work described, and whether or not you have signed the work arrangement described in your plan of care, showing your agreement with it;
  3. you must be compensated for your work at or above the prevailing rate for like services.

# CLINICAL CARE AND TREATMENT

## RESIDENT RIGHTS

### **You have the right to:**

- ❖ adequate and appropriate medical care, including nursing, rehabilitation therapies, social work, dental, and other professional service for which you have been assessed to show need;
- ❖ be fully informed by a doctor in a language or a form that you can understand (using an interpreter when necessary) of your total health status, including but not limited to your medical condition including diagnosis, prognosis, and treatment plan;

- ❖ ask questions about your medical condition and have the questions answered;
- ❖ refuse to participate in experimental research;
- ❖ a second opinion if you disagree with the diagnosis or treatment being provided; you or your designated representative may call in a consultant (you may have to pay for this visit);
- ❖ appoint someone you trust, such as a family member or close friend, to be your health care agent to decide about treatment if you lose the ability to decide for yourself;
- ❖ provide advance directives, such as a living will or other verbal or written instructions, about important health care decisions, like the withdrawal of life-sustaining treatment;
- ❖ have a surrogate make health care decisions on your behalf should you lose decision-making capacity and have not appointed a health care agent by filling out a health care proxy;
- ❖ refuse medication and treatment and discharge yourself from the facility should you so choose, after being fully informed and understanding the probable consequences of such actions;
- ❖ choose a personal attending doctor from among those who agree to abide by all applicable federal and state regulations and who are permitted to practice in the facility;
- ❖ be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect your well-being and select or refuse specific treatments options before the care plan is instituted;
- ❖ participate in planning and implementation of your person-centered plan of care and treatment or changes in your care and treatment; including the right to review the plan of care at any time;

- ❖ self-administer drugs only if the facility's interdisciplinary medical team has determined that this practice is safe.

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ use chemical and physical restraints only if necessary for medical reasons and ordered by your doctor and, except in an emergency situation, obtain your consent or the consent of your designated representative who has legal authority to give such consent;
- ❖ inform you of the name, office address, telephone number, and specialty of the doctor responsible for your personal care;
- ❖ inform you prior to admission that your doctor or dentist must be affiliated with the facility in order to practice there;
- ❖ promptly respond to requests by your personal attending doctors or dentists to be approved to attend to you;
- ❖ inform you (except in a medical emergency) immediately and consult your physician and resident representative when there is:
  1. an accident involving you that results in injury;
  2. a significant improvement in your physical, mental, or psychosocial status, in accordance with generally accepted standards of care and services;
  3. a need to alter treatment significantly;
  4. a decision to transfer or discharge you from the facility;
- ❖ discharge you from the facility, should you so choose, after fully informing you of the probable consequences of such action;
- ❖ provide you with information and assist you with regarding advanced directives, assist with a Health Care Proxy form, and designation of a health care agent; Opportunity to complete a MOLST should you wish.



- ❖ provide you with all information you may need to give informed consent for a “Do Not Resuscitate” order and comply with the New York State provisions regarding orders not to resuscitate;
- ❖ provide you with CPR if you wish;
- ❖ comply with the Family Health Care Decisions Act and allow surrogate decision-making on behalf of a resident who lacks decision-making capacity and does not have a health care agent under a health care proxy. A surrogate is a spouse (if not legally separated from the resident) or domestic partner; adult child; parent; adult sibling; or close friend.
- ❖ furnish to you, upon your request, a copy of the New York State Department of Health brochure entitled “Deciding About Health Care: A Guide for Patients and Families.”

## PRIVACY AND CONFIDENTIALITY

### RESIDENT RIGHTS

#### **You have the right to:**

- ❖ privacy and confidentiality of your personal and clinical records which reflect accommodations, medical treatment, written and telephone communications, personal care, associations and communications with people of your choice, visits and meetings of family and resident groups;
- ❖ private meeting space for you and your family;
- ❖ approve or refuse the release of personal and clinical records to any individual outside the facility except when you are transferred to another health care facility or when record release is required by law or health insurance company contract;
- ❖ privacy in written communications, including the right to send and receive unopened mail promptly;

- ❖ access to stationery, postage, and writing implements (at your own expense);
- ❖ regular access to the use of a telephone where calls can be made without being overheard and which is wheelchair accessible and usable by residents who are visual and hearing impaired.

#### NURSING HOME RESPONSIBILITY

##### **The nursing home must:**

- ❖ ensure that you have privacy in accommodations, medical treatment, personal care, visits, and meetings of family, friends, and resident groups;
- ❖ ensure that your mail is delivered to you unopened and that it is sent out unopened;
- ❖ provide you, upon your request, with stationery, postage, and writing materials (to be paid for by you) and assist you in reading or writing mail if you so request;
- ❖ provide you, upon your request, with access to a telephone (and assist you in its use) that is private and, if necessary, wheelchair accessible and equipped for the hearing impaired or the visually impaired;
- ❖ instruct all staff and assure that all staff adhere to its instructions to fully honor and maintain your right to approve or refuse to approve release of your personal and clinical records to any outside individual;
- ❖ instruct all staff involved in your care to maintain your personal and clinical record in the strictest privacy. Staff must restrict discussion of your medical, mental, and psychosocial problems to appropriate forums only, for example, at facility interdisciplinary care team conferences or unit conferences. Staff must not discuss or otherwise divulge your medical, mental, and psychosocial problems with any other resident, even though discussion may be initiated by the other resident.

# FINANCES

## RESIDENT RIGHTS

### **You have the right to:**

- ❖ at the time of admission, a written copy and explanation of the facility's basic services;
- ❖ manage your own financial affairs or, in writing, authorize the facility to manage your personal finances in accordance with specific requirements, such as those governing resident interest-bearing accounts;
- ❖ refuse to deposit your personal funds with the facility;
- ❖ request your complete financial record and have the facility provide it to you within one business day;
- ❖ request an assessment which will determine nonexempt resources of you and your spouse at the time of admission, and will give your spouse, if he or she is living in the community, an equitable share of resources which cannot be used to pay for your care as you spend down to Medicaid eligibility levels.

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ provide the following information to you if you are entitled to Medicare or Medicaid benefits:
  1. a list of the items and services included in nursing home services under the New York State plan and for which you may not be charged (see glossary for included services);
  2. a list of any other items and services that the facility offers and for which you may be charged, and the amount of charges for those items and services (the facility must inform you when changes are made in these lists);

- ❖ inform you verbally and in writing, before the time of admission, and periodically when changes occur during your stay, of services available in the facility and of

the charges for those services, including any charges for services not covered by sources of third-party payment or by the facility's basic daily rate, including providing you all notices and rights that may be required by applicable law;

- ❖ prominently display written information in the facility and provide verbal and written information to residents and potential residents about:
  1. how to apply for and use Medicare and Medicaid benefits, and
  2. how to receive refunds for previous payments covered by such benefits;
- ❖ not require you to deposit your personal funds with the facility;
- ❖ refund promptly any amount or proportion of repayment in excess of the amount used for services in the event you leave the facility prior to the end of the prepayment period for reasons beyond your control;
- ❖ deposit your funds in excess of \$50 in an interest-bearing account separate from any of the facility's operating accounts;
- ❖ upon request, provide an assessment which will determine nonexempt resources of you and your spouse at the time of admission, and will give your spouse, if he or she is living in the community, an equitable share of resources which cannot be used to pay for your care as you spend down to Medicaid eligibility levels;
- ❖ upon request, inform you or your resident representatives about funds held in account through quarterly statements;
- ❖ make available to you or your resident representatives your individual financial record within one business day of a request;

- ❖ upon your death, convey within 30 days your personal funds deposited with the facility and a final accounting of those funds to the individual or probate jurisdiction administering your estate;
- ❖ if you are a private pay resident, give you a 30-day notice for any change in rate and, if you request, provide you with documentation explaining Additional charges.

# TRANSFER AND DISCHARGE

## RESIDENT RIGHTS

### **You have the right to:**

- ❖ transfer to another room in the facility if you wish;
- ❖ be given 30 days notice before transfer or discharge, except in cases where the resident is at risk of harming themselves or others, when the resident could be discharged earlier;
- ❖ file an appeal to the New York State Department of Health in response to an involuntary transfer or discharge, for which a hearing can be held under the auspices of the Department;
- ❖ All Residents have the right to live in the most integrated and least restrictive setting, with consideration of medical, physical and psychological needs.
- ❖ examine your own medical records;
- ❖ remain in the facility pending the appeal determination;
- ❖ a post-transfer hearing within 30 days of transfer if you did not request a hearing prior to transfer; if you win the appeal you will return to the first available bed in the facility;
- ❖ retain your bed if you have been involuntarily transferred until after the appeal decision is reached;
- ❖ information such as the name, address, and telephone number of the New York State Department of Health, the New York State Long Term Care Ombudsman, and the Commission on Quality of Care and Advocacy for Persons with Disabilities.

## NURSING HOME RESPONSIBILITY

### **The nursing home may transfer or discharge you:**

- ❖ only after the interdisciplinary care team, in consultation with you, determines:
  1. that the transfer or discharge is necessary for your welfare and your needs cannot be met after reasonable attempts at accommodation at the facility;
  2. that the transfer or discharge is appropriate because your health has improved sufficiently to the point where you no longer need the services provided by the facility;
  3. your health and safety or the health or safety of other individuals in the facility is endangered due to your clinical or behavioral status;
  
- ❖ when you have failed to pay for a stay at the facility after having received reasonable and appropriate notice from the facility or to have paid under Medicare, Medicaid, or third-party insurance. For failure to pay, such transfer or discharge is permissible only if:
  1. a charge is not in dispute;
  2. no appeal of a denial of benefits is pending; or
  3. funds for payment are available, but you refuse to cooperate with the facility in obtaining them;
  
- ❖ when it discontinues operation and has received approval of its plan of closure from the New York State Department of Health.

### **The nursing home must:**

- ❖ inform you and your resident representative, verbally and in writing, about bed reservation and readmission regulations at the time of your admission to the facility and again at the time of your transfer for any reason and/or for therapeutic leave;
  
- ❖ readmit you, if you have been in residence at least 30 days, as soon as the first bed becomes available in a semi-private room if you were hospitalized, transferred, or discharged on therapeutic leave without being given a bed hold when you require the services provided by the facility and are eligible for Medicaid;

- ❖ completely document in your clinical records the reasons for the move;
- ❖ before transferring or discharging you, notify you and a family member or resident representative both verbally and in writing (in a language and manner you understand) of the transfer or discharge and the reasons for it;
- ❖ include in its written notice of transfer or discharge to you the following:
  1. a statement about your right to appeal to the New York State Department of Health, including the telephone number for the Department that can initiate an appeal;
  2. the name, address, and telephone number of the state long term care ombudsman;
  3. if you are mentally ill or developmentally disabled, the mailing address and telephone number of the Commission on Quality of Care and Advocacy for Persons with Disabilities, the agency that can advocate for you;
- ❖ provide its notice of transfer or discharge to you at least 30 days prior to the expected date of transfer or discharge or, provide its notice to you as soon as practicable before transfer or discharge when:
  1. the health or safety of individuals in the facility would be endangered;
  2. your health improves sufficiently to allow a more immediate transfer or discharge;
  3. an immediate transfer or discharge is required by your urgent medical needs; or
  4. the transfer or discharge is made in compliance with your request;
- ❖ provide sufficient preparation and orientation to you to ensure safe and orderly transfer or discharge from the facility, including an opportunity for you to participate in deciding where to go;
- ❖ provide information to assist you in appealing a transfer or discharge by:
  1. seeing to it that you contact the appropriate state agency;
  2. calling upon your doctor and the facility staff to help you in examining and reviewing your medical records;



3. working with the New York State Department of Health to making certain that the appeals determination is held, and that you are present if you desire.
- ❖ Community resources when requesting information about returning to the community can be obtained through Open Doors (MFP Transition Center). Contact information for Open Doors in the surrounding area is posted in all elevators and at the Springs Main Entrance Board. The New York Association on independent Living (NYAIL) Open Doors Transition Center is focused on assisting people living in nursing homes and intermediate care facilities to receive individualized home and community- based services. This includes providing people with objective information about services and supports that are available in their local community. NYAIL was selected by the Department of Health to coordinate the Open Doors Transition Center Project as part of State's Money Follows the Person (MFP) program.
  - ❖ Anyone can make a referral to the Open Doors Transition Center. The Transition Center Referral Form (available for download below) can be completed and sent to the Regional Contact listed in all elevators or by request to your social worker. Referrals can also be made by calling NYAIL's Transition Center Hotline at 844-545-7108, via fax to 518-465-4625, or via email to [secq@ilny.org](mailto:secq@ilny.org) .

# REQUIRED POSTINGS

**Nursing homes in New York State must post the following information in the facility, in a location easily accessible to residents and the public:**

- ❖ Summary of residents' rights and all rules and regulations governing resident conduct and responsibilities;
- ❖ Information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits;
- ❖ Information about advance directives or written instructions concerning important health care decisions, health care proxy and designation of a health care agent;
- ❖ A schedule of the facility's current monthly activities;
- ❖ The Contact information for the Local Contact Agency on community transition programs available to support a discharge to the community
- ❖ The facility's visiting hours;
- ❖ A New York State Division of Human Rights nondiscrimination regulatory poster (must be displayed in the Admissions Office);
- ❖ Ensure that residents, employees, or other person(s) may file complaints with or provide information to any long term care patient Ombudsman.

The home shall make available for examination the results of the most recent survey of the facility conducted by the federal or State surveyors including any statement of deficiencies, any plan of correction in effect with respect to the facility, and any enforcement actions taken by the Department of Health. They shall be made available in a place readily accessible to residents and designated representatives without staffing assistance. The last 3 years of survey results can be made available on request from Administration.

# FOR FURTHER INFORMATION

## CENTRALIZED COMPLAINT INTAKE PROGRAM

The New York State Department of Health's Centralized Complaint Intake hotline may be used 24 hours a day, seven days a week, to report concerns about nursing home care. Please visit our Complaints about Nursing Home Care website address.

<http://www.health.ny.gov/nursinghomecomplaints>

or

NYSDOH

DRS/SNHCP

Mailstop: CA/LTC

Empire State Plaza

Albany, New York 12237

1-(888)-201-4563      24-hour emergency number (patient care hotline)

## NURSING HOME REGIONAL OFFICE

During normal business hours (Monday-Friday 8:30 am – 4:30 pm), you may also contact the Health Department office in your area at the address and telephone number below:

Capital District Regional Office

875 Central Avenue

Albany, New York 12206-1309

(518) 408-5300

Covering these counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington

## LONG TERM CARE OMBUDSMAN PROGRAM

Locally: 518-372-5667

or

Long Term Care Ombudsman Program

NYS Office for the aging

2 Empire Plaza

Albany, NY 12223-0001

(800) 342-9871

The Long Term Care Ombudsman Program is a federal advocacy program dedicated to protecting people living in long term care facilities. In New York State, the Office for the Aging operates the program through its Office of the State Long Term Care

Ombudsman. Ombudsmen spend an average of four to six hours a week in each of their assigned facilities, advocating for the residents.

### ADDITIONAL RESOURCES

The Commission on Quality of Care and Advocacy for Persons with Disabilities  
(800) 624-4143

The Commission on Quality of Care and Advocacy for Persons with Disabilities is responsible for the protection and advocacy system for developmentally disabled individuals and mentally ill individuals.

New York State Insurance Department  
(800) 342-3736

Open Doors Transition Center  
155 Washington Ave, Suite 208; Albany, New York 12210; Phone: (844) 545-7108

Director of Advocacy and Transitions  
Southern Adirondack Independent Living Center (SAIL)  
71 Glenwood Ave, Queensbury, NY 12804  
Tel: 518-792-3537 ext, 1135

Senior Open Doors/MFP Transition Specialist  
(518) 792-3537 ext. 1322  
(518) 333-2218  
Fax: 518-792-0979

Independent Living Center of the Hudson Valley (ILCHV)  
15-17 Third Street, Troy, NY 12180  
Tel: 518-274-0701 x 108  
Fax: 518-274-7944