Guidelines for Small Group/ Assisted Living Resident Rights Presentation (up to 20 people)
(A Tutorial for Ombudsman)

1) Organize the handouts so that each person receives a copy of the Assisted Living Resident Rights “cheat sheet”.
   a. Pass the Resident Rights handouts as people trickle in

2) Bring the large game board and place it on a chair, table or clip it to the wall
   a. It is important to create a space for people to be able to have access to the game board as this activity is highly interactive
   b. You will need some type of basket or bag to place the game pieces in
   c. If you do not have the board already made, a template of the layout is provided on the next page.

3) Use the attached Agenda for first time presentations or if unsure about sequence of events. This agenda will guide the presenter(s) through the necessary flow of the quiz component of the training.

4) Presenter notes are provided for your access. If you decide to modify or change any questions, remember to change this area, too! These notes are the foundation- anecdotal stories provide a personal touch to connect with your audience.
   Depending on the size of the facility, staff attendance may be extremely small. Personal anecdotes help you connect better. Making sure the focus is not solely on situations when staff error is also very important. In addition, intimate groups give you the opportunity to digress off the immediate topic and build a better rapport with staff.

Template for Resident Rights Trivia Board
Key:

= Velcro Tabs; 16 needed total, 2 on each Resident Right

= Question Cards; 16 needed total

= Standard Trifold Board (used for most school science fair projects 😊)

Directions for Creation:

1) Using multicolored Cardstock, make 16 Question Cards. Apply clear contact paper to one side for reusability. Apply a strip of Velcro to the other side. Make 4 cards per sheet of Cardstock.

2) Using the Trifold Board and standard size 8 ½ x 11 white paper, place 8 rectangles on the board.

3) Label each rectangle with one of the 8 Resident Rights from the Assisted Living Resident Rights Handout.

4) Adhere 2 pieces of Velcro on the bottom of each rectangle.

5) Add pictures of residents or relevant clipart if inspired. 😊

Resident Rights Training: Detailed Agenda
• **Opening Topic:** Long Term Care Ombudsman Poster
  - Discussion of LTCO program, poster explanation
  - What does the Ombudsman do?

• **Icebreaker:** Time and Talent Survey
  - How long have you worked here? 10+, 5-10, 3-5, 1-2, less than 1?
  - Which department do you work in?
    - Administration
    - Activities
    - Caregivers
    - Dietary
    - Maintenance
    - Other?

• **Whole Group Activity- Resident Rights Trivia**
  - 16 questions placed in a basket
  - Each staff selects a statement, reads it aloud, answers t/f and assigns it to the correct resident right on the playing board
  - After each question, LTCO provides talking points
  - Repeat until all 16 are completed

• **Closing**
  - Review Resident Rights “Cheat Sheet”
  - Emphasize positive aspect of working together with LTCO
  - Questions/Comments
  - Evaluation Forms
## Residents’ Rights- LTCO Guide/Answers
### Trivia Board Questions

<table>
<thead>
<tr>
<th>Resident Right</th>
<th>Privacy</th>
<th>Fully Informed</th>
<th>Complain</th>
<th>Participate</th>
<th>Visits</th>
<th>Transfer/Discharge</th>
<th>Choice</th>
<th>Complain</th>
<th>Choice</th>
<th>Transfer/Discharge</th>
<th>Participate</th>
<th>Fully informed</th>
<th>Respect</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facility staff may open personal mail if a resident is in the hospital for an extended period of time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Residents should be protected from information that would upset them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Residents may complain if they are not offered an alternative at meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Care Plans are in place to provide staff with a guide for resident care. Residents do not need to be consulted in creating them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A place should be make available for a resident to spend private time with a member of the same or opposite sex.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. A resident can be discharged if they are not compliant with care or hygiene.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Staff may go through a resident’s drawers and belongings without permission if they suspect a person has spoiled food or missing items from other residents.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. A resident must go to at least some activities if they are written in their Care Plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. A resident can change his/her times for waking up and going to bed even if it conflicts with medication administration schedules.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. A resident can be restricted from smoking if their health is in danger because of it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. A resident may be asked to leave if he/she cannot get along with staff or other residents.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. A confused resident does not need to be included in decisions if they have a Power of Attorney.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. If a resident is upset, sending them to their room for a “time out” is acceptable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. A family member can have medication withheld from a resident if they feel the medication is no longer needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. It is necessary to obtain permission from the “responsible party” before allowing a resident to leave the facility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Residents appreciate having personal items put away during cleaning in their rooms to allow for a more thorough cleaning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Talking Points - Resident Rights Quiz

1. Facility staff may open personal mail if a resident is in the hospital for an extended period of time.  

   **Privacy**

   **Question #1** - Residents have the right to privacy and confidentiality. A facility staff does not have the right to open a resident’s mail without that resident’s consent. An example of an exception could be if there is a specific arrangement for direct deposit, to which the resident has consented.

2. Residents should be protected from information that would upset them.  

   **Fully Informed**

   **Question #2** - Residents’ rights include the right of residents to participate and exercise choices, with regards to their care. Even residents deemed legally incompetent should be afforded every possible opportunity to be included in decisions about their care. However, here are individual circumstances where this statement may apply. For example, if a resident with dementia tells you she must go and see her husband, repeatedly informing her that he is actually dead is not appropriate or helpful.

3. Residents may complain if they are not offered an alternative at meals.  

   **Complain**

   **Question #3** - Residents have rights to privacy and security of their rooms and possessions therein. To look in a resident’s drawers and belongings requires permission of that resident. Staff will need to work with difficult or hazardous situations, and/or when the rights of roommates and other residents are infringed upon. Often times, families can be a valuable resource in resolving a difficult situation.

4. Care Plans are in place to provide staff with a guide for resident care. Residents do not need to be consulted in creating them.  

   **Participate**

   **Question #4** - Facilities are required to have written permission to display pictures of residents both outside their rooms and when they are participating in social events at the facility. Pictures of residents are used for a specific purpose and not for casual use by facility staff.

5. A place should be make available for a resident to spend private time with a member of the same or opposite sex.  

   **Visits**

   **Question #5** - Residents have the right to privacy and mutually consenting relations. At the same time, staff have responsibility to protect vulnerable residents. It is important for staff to exercise discretion and be aware of any personal issues that they may have with regards to this subject.

   **Group question - What would you miss the most?**

6. A resident can be discharged if they are not compliant with care or hygiene.  

   **Transfer/Discharge**
**Question #6**- Residents have the right to make poor choices, including poor hygiene. However, it is appropriate for staff to discuss possible natural consequences related to this decision. This may include complaints from other residents, isolation from peers due to smell, physical problems from skin breakdown, etc.

| 7. Staff may go through a resident’s drawers and belongings without permission if they suspect a person has spoiled food or missing items from other residents. | Privacy |

**Question #7**- Residents have the right to file grievances. Facilities are required, by regulation, to have established grievance procedures and to inform residents of these. Grievance information should include how to contact the local ombudsman and the State Health Department. Also, facility dietary departments must provide an alternative to a given meal menu, should a resident not be satisfied with the main choice.

| 8. A resident must go to at least some activities if they are written in their Care Plan. | Choice |

**Question #8**- Although activities must be offered, it is the resident’s choice when and if he/she wants to participate. Staff cannot force a resident to engage against their will. However, it is the staff’s responsibility to seek out activities that apply to the interests of all residents as well provide personal invitation to activities as they are offered.

| 9. A resident can change his/her times for waking up and going to bed even if it conflicts with medication administration schedules. | Complain |

**Question #9**- Facilities can set general timeframes for meals, etc. However, residents have the right to exercise choice and still be accommodated.

| 10. A resident can be restricted from smoking if their health is in danger because of it. | Choice |

**Question #10**- Residents have the right to make poor choices, just like you or I. It is not permissible to attempt to deny a resident their freedom to smoke purely because you know it is unhealthy given their COPD diagnosis. However, if safety is an issue, completing a smoking safety assessment and possibly limiting the number of cigarettes or providing an escort for each smoking break is reasonable if a person is deemed unsafe per the assessment.

**Group question**- What 3 things would you take with you?

| 11. A resident may be asked to leave if he/she cannot get along with staff or other residents. | Transfer/Discharge |

**Question #11**- A resident may be asked to move if he/she meets the criteria for dangerousness to self and/or others, and/or if the facility cannot adequately meet the residents’ medical or psychiatric needs. Nonpayment is another criterion for involuntary discharge. Discharge due to other behavioral issues would need to be monitored closely to insure this was not based on facility/staff convenience and/or discrimination. In addition, in the case of perceived behavior problems, has the facility adequately assessed the individual to insure provision of appropriate services (mental health, one-on-one, activities, etc.)?

| 12. A confused resident does not need to be included in decisions if they have a Power of Attorney. | Participate |
**Question #12**- Having a Power of Attorney does not negate a resident’s power or choice. The purpose of a POA is when and if a resident becomes incapable of making their wishes known, a designated representative can make decisions based on what the resident would want. Regardless of if a POA is in place or not, residents should be included in ALL meetings, decisions, etc. This would be through invitation- a resident can always decline and ask that the POA assigned participate instead.

13. If a resident is upset, sending them to their room for a “time out” is acceptable. [Respect]

**Question #13**- As a standard practice, this is not appropriate. However, the exception would be a resident that has severe, documented behavior problems and there is a safety plan in place requiring a resident to go to their room for a “cooling off period” in an effort to deescalate a volatile situation that could result in harm to self or others.

14. A family member can have medication withheld from a resident if they feel the medication is no longer needed. [Fully informed]

**Question #14**- If the resident is legally competent, it is only he/she that gives or withholds consent for care. POA does NOT represent legal incompetence, only a judge can grant this through the appointment of guardianship.

15. It is necessary to obtain permission from the “responsible party” before allowing a resident to leave the facility. [Visits]

**Question #15**- Residents have the right to have visitors in their home and to leave at will to visit others in the community. Even if a resident has a POA, permission is not needed from the POA for a resident to exercise their right to a visit outside of the facility. The only exception would be if a resident has a guardian. It would then be appropriate to discuss outings with the guardian and establish parameters around what would be safe for the resident.

16. Residents appreciate having personal items put away during cleaning in their rooms to allow for a more thorough cleaning. [Respect]

**Question #16**- Many residents may place their personal items in places where they know where they are and can easily access them. Sometimes this is essential for residents that have low vision and need to have items placed in specific locations. Also, misplacement of personal items can lead to loss or accusations of theft (suspicion, mistrust, etc.). Remember that when a person moves from a house into an assisted living they only bring those items that are very special or essential to their daily activities, each item is important to residents.

Group question-If you were a resident, how would you like to be treated?
# ASSISTED LIVING RESIDENT RIGHTS

<table>
<thead>
<tr>
<th>The right to: Fully Informed</th>
<th>The right to: Participate in One’s Own Care</th>
<th>Rights during: Transfer and Discharge</th>
<th>The right to: Dignity, Respect &amp; Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Available services and charges</td>
<td>• Be informed of all changes</td>
<td>• Receive 30 day written notice prior to discharge or transfer, including reason</td>
<td>• Free from abuse</td>
</tr>
<tr>
<td>• Facility rules and regulations</td>
<td>• Participate in care plans, treatment, etc.</td>
<td></td>
<td>• Free from seclusion</td>
</tr>
<tr>
<td>• Ombudsman services</td>
<td>• Refuse Meds or treatment</td>
<td></td>
<td>• Self Determination</td>
</tr>
<tr>
<td>• State Survey Reports</td>
<td>• Refuse Restraints</td>
<td></td>
<td>• Security of Possessions</td>
</tr>
<tr>
<td>The right to: Complain</td>
<td>• Review own Record</td>
<td>• Can appeal through Ombudsman</td>
<td>• Treated with consideration, as adults, and with inclusion in planning</td>
</tr>
<tr>
<td>The right to: Privacy and Confidentiality</td>
<td></td>
<td></td>
<td>• Resident Council</td>
</tr>
<tr>
<td>• To staff</td>
<td>• Unrestricted communication with person of choice</td>
<td></td>
<td>• Personal Decisions</td>
</tr>
<tr>
<td>• To Long Term Care Ombudsman</td>
<td>• During care of personal needs</td>
<td></td>
<td>• Doctor</td>
</tr>
<tr>
<td>• To State Health Department</td>
<td>• Regarding medical, personal or financial affairs</td>
<td></td>
<td>• Needs and Preferences</td>
</tr>
<tr>
<td>• Without Fear of Reprisal</td>
<td>• Regarding Mail</td>
<td></td>
<td>• Community Activities-in or out of Assisted Living</td>
</tr>
<tr>
<td>• With prompt response</td>
<td></td>
<td>• Any person they want</td>
<td>• Make Independent Choices</td>
</tr>
</tbody>
</table>

- Visits
  - Doctor
  - Surveyor
  - Friends
  - Health, Social, Legal, Other services
  - Any person they want
  - Can Refuse