

Statement of Resident Rights and Responsibilities

You, the resident, do not give up any rights when you enter a nursing facility. The facility must encourage and assist you to fully exercise your rights. Any violation of these rights is against the law. It is against the law for any nursing facility employee to threaten, coerce, intimidate or retaliate against you for exercising your rights.

If anyone hurts you, threatens to hurt you, neglects your care, takes your property, or violates your dignity, you have the right to file a complaint with the facility administrator or with the Texas Department of Human Services by calling 1-800-458-9858.

You have a right to:

1. All care necessary for you to have the highest possible level of health;
2. Safe, decent and clean conditions;
3. Be free from abuse and exploitation;
4. Be treated with courtesy, consideration, and respect;
5. Be free from discrimination based on age, race, religion, sex, nationality, or disability and to practice your own religious beliefs;
6. Privacy, including privacy during visits and telephone calls;
7. Complain about the facility and to organize or participate in any program that presents residents' concerns to the administrator of the facility;
8. Have facility information about you maintained as confidential;
9. Retain the services of a physician of your choice, at your own expense or through a health care plan, and to have a physician explain to you, in language you understand, your complete medical condition, the recommended treatment, and the expected results of the treatment, including reasonably expected effects, side effects, and risks associated with psychoactive medications;
10. Participate in developing a plan of care, to refuse treatment, and to refuse to participate in experimental research;
11. A written statement or admission agreement describing the services provided by the facility and the related charges;
12. Manage your own finances or to delegate that responsibility to another person;
13. Access money and property you have deposited with the facility and to an accounting of your money and property that are deposited with the facility and of all financial transactions made with or on behalf of you;
14. Keep and use personal property, secure from theft or loss;
15. Not be relocated within the facility, except in accordance with nursing facility regulations;
16. Receive visitors;
17. Receive unopened mail and to receive assistance in reading or writing correspondence;
18. Participate in activities inside and outside the facility;
19. Wear your own clothes;
20. Discharge yourself from the facility unless you have been adjudicated mentally incompetent;

21. Not be discharged from the facility; except as provided in the nursing facility regulations;
22. Be free from any physical or chemical restraints imposed for the purposes of discipline or convenience and not required to treat your medical symptoms;
23. Receive information about prescribed psychoactive medication from the person who prescribes the medication or that person's designee, to have any psychoactive medications prescribed and administered in a responsible manner, as mandated by the Health and Safety Code, 242.505, and to refuse to consent to the prescription of psychoactive medications; and
24. Place an electronic monitoring device in your room that is owned and operated by you or provided by your guardian or legal representative.
25. Refuse to perform services for the person or facility providing services.
26. Use Advance Directives to:
 - ? Make a Directive to Physician and Family or Surrogates under the Texas Natural Death Act;
 - ? Execute a Medical Power of Attorney; or
 - ? Designate a guardian in advance of need to make decisions regarding your health care should incapacity occur.

Your rights may be restricted only to the extent necessary to protect you or another person from danger or harm or to protect a right of another resident, particularly those relating to privacy and confidentiality.

The facility must give a copy of the Statement of Resident Rights to each resident, next of kin or guardian, and facility staff member. The facility must maintain a copy of the statement, signed by the resident or the resident's next of kin or guardian, in the facility records. The facility must post the Statement of Resident Rights in accordance with 19.1921 of this title.

*Texas Department of Human Services
Nursing Facility Requirements for Licensure and Medicaid Certification,
Revision 02-9, Dated May 24, 2002*

Responsibilities

You and/or your responsible party agree to accept the following responsibilities while residing in the nursing facility:

1. To arrange for the services of an attending physician and a designated alternate to be contacted in the event the attending physician is unavailable.
2. To provide healthcare workers with accurate data about your past medical and surgical history, allergies, medications and symptoms.
3. To comply with the plan of care agreed upon by the resident/responsible party and the healthcare team.
4. To respect the rights of other residents, staff members and visitors.
5. To provide a written inventory of personal belongings on the form provided by the facility and signed by the resident/responsible party at the time of admission.

6. To provide for your spending money as needed, which may be maintained for security in the nursing facility business office.
7. To provide wash-and-wear clothing, properly labeled or marked, in sufficient quantities to keep yourself neatly dressed.
8. To be responsible for your hospital charges if hospitalization becomes necessary.
9. To be financially responsible for your physician's fees, medications, special equipment, oxygen, and other treatments or aids ordered by your physician, as well as other non-covered expenses.
10. To provide a responsible party and/or legal guardian to act on your behalf.
11. To refrain from bringing in items that are not allowed in resident's rooms.
12. To have all of your personal property removed within 72 hours of discharge, unless prior arrangements have been made with administration.
13. To be financially responsible for paying bed hold charges while you are away from the facility and the bed is being held; or to notify administration immediately to release the room to be made available for occupancy.
14. To sign out at the appropriate nurses' station before leaving the premises.
15. To observe the smoking policy of the facility.
16. To observe the weapons policy of the facility, which is that you are prohibited from keeping any weapons designed to do bodily harm (e.g. gun, knife, etc.) in your possession.
17. To comply with the safety and emergency response policies of the facility.
18. To request and complete an Authorized Electronic Monitoring form from the facility if you wish to use an electronic monitoring device in your room. You must also obtain the consent of other residents, if any, in your room, using the Consent to Authorized Electronic Monitoring form, available from the facility. The completed forms must be returned to the facility Administrator or designee.

I have read, have had explained to me, and understand the rights and responsibilities as listed above for the residents of a Christian Care Centers, Inc. facility.

_____ **Resident's Signature**

_____ **Resident's Name (Printed)**

_____ **Date**

_____ **Signature of Facility Representative**

_____ **Date**