




RESIDENT RIGHTS

GOAL-to help all staff
understand the importance
of respecting resident rights
and what those rights are
“It’s Their Right”



Objectives: Resident Rights

- Dignity and dignified existence
- Self determination and individualization
- Communication with others
- The Nursing Home Reform Act of 1987 requires that nursing homes respect resident rights because those rights are important to an individual's well being. A facility must protect and promote the rights of each individual resident. (individual being the key word)

Communication

A. Respecting each other as adults who are independent.

Begins with:

B. Honoring distinct preferences, ideas, moods.

C. Recognizing residents as individuals, not as tasks in a long line of tasks that have to be completed.



Staff need to honor a resident's individuality, recognize their distinct preference, ideas, and moods.

1. Does the resident prefer a bath or a shower at night or in the morning?
2. Is the resident embarrassed about needing help and requires extra privacy?
3. Does the resident respond to a reminder that it is bath time- rather than a command that a bath has to be taken?

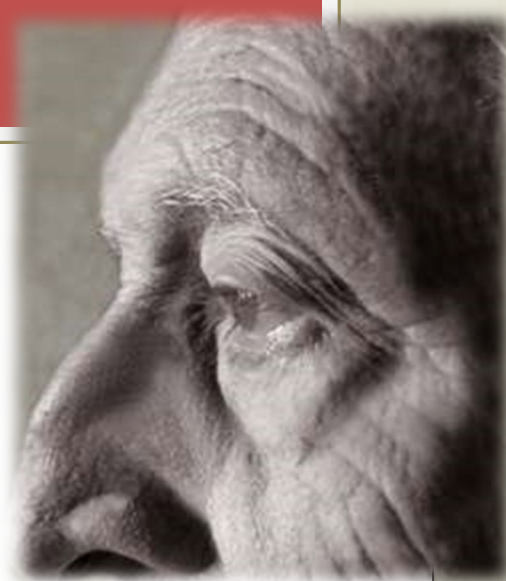


Resident Rights Upon Admission to a Nursing Facility

- To be fully informed of their rights, in writing, and all the rules and regulations governing resident conduct and responsibility.
- To be fully informed of all changes to their plan of care.
- To be given the opportunity to participate in planning his/her medical treatment and to refuse to participate in experimental research, to refuse treatment of any kind.
- To be encouraged and assisted to exercise personal rights.
- To be allowed to voice grievances.
- To recommend changes in policy and service without fear of restraint, discrimination, or retaliation.
- To be able to manage their own finances.
- To be free from mental and physical abuse, and to be free from chemical and except in emergency situations, physical restraints.
- To be assured complete confidentiality in treatment.
- To be treated with consideration, respect, and dignity.
- To be able to associate or communicate privately.

Safety Restraints-

In nursing residents are monitored with any restraint use and a restraint reduction program is followed. Program managers work with staff to ensure the use of the restraint reduction program.



Resident
Centered
Program

Restraint Reduction

Resident rights continued

- To meet with and participate in social, religious, and community activities.
- To retain the use of his/her personal clothing and possessions.
- To be assured of privacy during visits, especially if married.
- To have daily visiting hours
- To have the right to a doctor's visit at any time and to choose or accept denial of visits from any others.

Rights of Resident – Overview statement

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident.

Rights Illustrated

- Dignified existence
- This means a resident is involved in activities that he or she enjoys, such as art or gardening



Self Determination

- This means respecting a resident's independence
- Must be free from interference and discrimination in exercising their rights
- Treat all residents as equals. Fully recognize their dignity and individuality



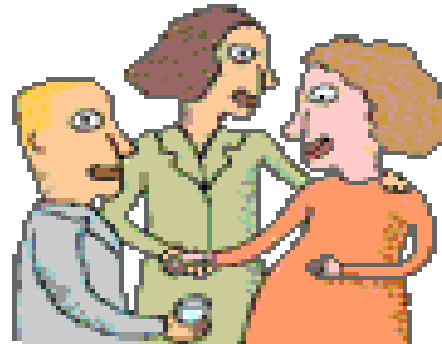
Communication with others

- Allowing residents time and privacy with visitors
- Staff must knock on doors and be invited to enter



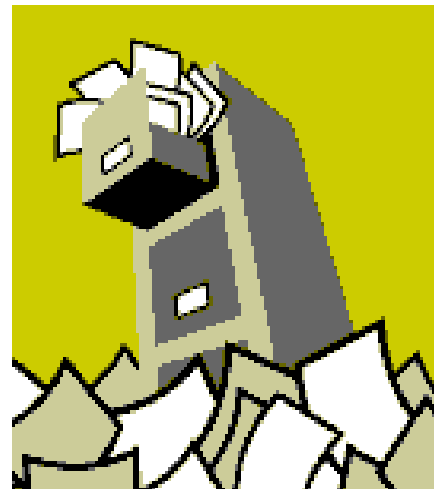
Grievances

- A resident has a right to voice and ask questions and concerns. They have right to file a complaint and have legal representation



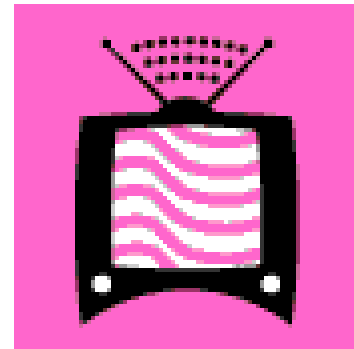
Information

- All records relating to the resident must be accessible to them, this includes medical and personal records and facility survey plans for correction
- Report any request for records or information to your supervisor



Personal Possessions

- All personal property must be treated with respect and care-respect the resident's space, not changing radio/TV stations, keeping belongings where the resident likes to keep them



Treatment

- The resident has a choice and a right to refuse, they need to be informed of treatment options and prognosis.
- They have a right to choose their activities



Catastrophic Events



"What are you doing, stop that, help me, get me out of here!"

Which of these pictures represents "catastrophic" in Long Term Care?

In long term care a "catastrophic" event is an **ordinary** event that a resident responds **out of the ordinary** to.

Catastrophic Events

- Remember, a catastrophic event in LTC is an ordinary event that a resident responds out of the ordinary to.
- Example: You are beginning to comb a resident's hair. The resident starts screaming at you and hitting you. This is a catastrophic event for that resident at that time. Stop immediately. Reassure the resident and re-approach later. Document. Communicate to the team. Get help from other team members if you need it.



**The resident
has the right to
expect good
continuity of
care. A
resident has the
right to be free
from verbal,
mental, sexual
and financial
abuse.**



**Freedom from
Abuse and
Neglect**



Environmental

- The resident has the right to live in a clean, safe atmosphere. The nursing facility is their home and should enhance the quality of his/her life. The resident must receive notice of room or roommate change.
- As caregivers and staff we need to assist the residents in receiving and maintaining their rights. If they need assistance we need to provide it. If you are ever unsure how to provide the assistance needed notify your supervisor.

Summary:

- It is possible to slide into a routine and disregard the individual's wants and needs as they are cared for on a daily basis. Always put yourself in the shoes of one of your residents. Know that, if possible, you would want the freedom to maintain the highest level of independence physically and mentally possible. Therefore, we as caregivers need to offer residents the dignity of choice, the freedom of independence and privacy when appropriate. Treat residents with the same respect and integrity you would expect to receive.

Elder Abuse and Neglect





Elder Abuse and Neglect

Older people are more visible, more active, and more independent than ever before. They are living longer and they are in better health. But, as the population of older Americans grows, so does the hidden problem of elder abuse, exploitation, and neglect.

Every year an estimated 2.1 million older Americans are victims of physical, psychological, and financial abuse and neglect. These statistics may not even tell the whole story. For every case of elder abuse that is reported to authorities, there may be as many as 5 cases that have not been reported.

Most incidents of elder abuse do not happen in a nursing home. Occasionally there are shocking reports of nursing home residents who are mistreated by staff. Such abuse does occur, but it is not the most common type of elder abuse.

Most elder abuse and neglect takes place in the elder's home situation. Elders who are ill, frail, disabled, mentally impaired or depressed are at the greatest risk of abuse, but even those elders who do not have obvious risk factors can find themselves in abusive situations and relationships.

What is Abuse/Neglect?

- Elder **abuse** is the neglect, mistreatment, exploitation, or harming of elderly residents in nursing homes, assisted living facilities or home care environments. The most common types of abuses are:
 - Physical/sexual abuse
 - Psychological/emotional abuse
 - Financial abuse
- **Neglect** of the elderly can be either physical or emotional. **Neglect is an omission.** Lack of attention to the needs of the elder person or environment, a denial of essential services. The caregiver who neglects the elder does not or fails to provide for the necessities of life.

3 Types of Abuse/Neglect

- **Physical Abuse** includes beatings, sexual assault, food or water deprivation and the inappropriate use of physical restraints. It includes the use of physical force that results in impairment or physical pain, or the threat of such physical force. Some examples are:
 - Assault
 - Pushing, shoving, pinching
 - Biting, scratching, hair pulling
 - Inappropriate use of drugs and physical restraints
 - Rough handling during caregiving
 - Force-feeding



Types of Abuse/Neglect

- **Psychological or Emotional Abuse** is a verbal or nonverbal act that inflicts emotional pain, anguish or distress on the elder. Emotional neglect is a lack of emotional support, respect and love. Some examples are:
 - Isolating an elderly person from family, friends or regular activities
 - Harassment, cursing, ridiculing
 - Threatening to punish
 - Treating the elder like an infant
 - Yelling or screaming at the elder
 - Using bizarre form of punishments
 - Ignoring the elder
- **Financial Abuse or exploitation** can range from misuse of an elder's funds to embezzlement. Financial exploitation includes fraud, taking money under false pretenses, forgery, theft of property or money, denying the elderly access to their funds, improper use of improper guardianship arrangements. Some examples are:
 - Telemarketing fraud
 - Enrolling a senior in unneeded services
 - Taking money from an elder under false pretenses
 - Using a credit card without permission
 - Stealing and cashing checks
 - Stealing household goods or money



What is Elder Neglect?

Neglect of the elderly can be either physical or emotional. Neglect is an omission. Lack of attention to the needs of the elder person or environment, a denial of essential services. The caregiver who neglects the elder does not or fails to provide for the necessities of life. A caregiver who physically neglects an elder does not provide for the basic physical needs:

- Lack of supervision and monitoring
- Inadequate food or water
- Lack of assistance when eating or drinking
- Inappropriate clothing
- Denial or delay of medical care
- Incorrect body positioning which can lead to skin damage
- Not answering call lights in a timely manner
- Lack of access to hygiene and toilet facilities
- Failure to use correct safety equipment
- Failure to adequately supervise residents in order to prevent accidents and falls

Emotional neglect is a lack of basic emotional support, respect, and love, such as:



Not attending to calls for help or assistance.

Inattention to the need for affection.

Failure to provide necessary psychological care such as therapy or meds for depression.

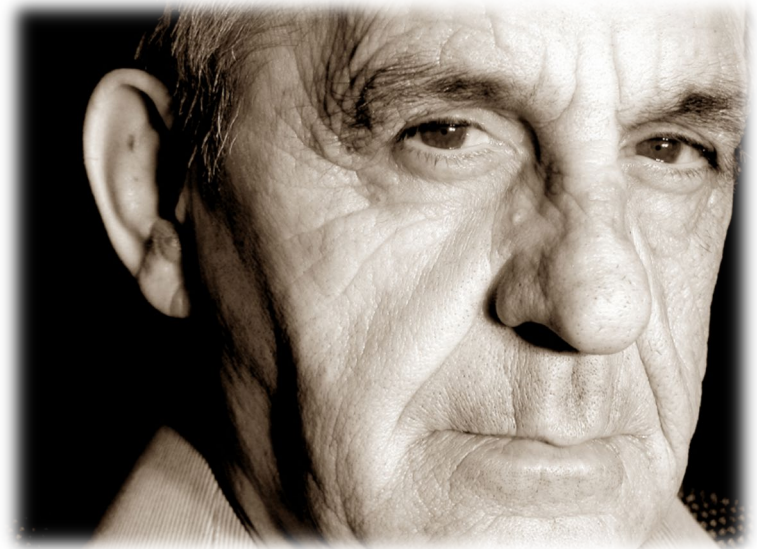
Isolation of the elder—restricting phone calls, visitors, or mail.

Lack of assistance in doing interesting activities.

- Indications of elder neglect can be:
- Untreated health problems
- Unsafe or unsanitary living conditions
- An elder's report of neglect-do not ignore!

- It is the responsibility of ALL Masonic Pathways staff to maintain awareness and report any suspicious conduct which could lead to an issue or concern of abuse, neglect or theft.
- ANY suspicion of resident abuse/neglect MUST be reported IMMEDIATELY and IN PERSON to a supervisor.
- Supervisor must immediately secure the safety of the resident, alert the administrator and begin to investigate the concern.
- Staff are protected from retaliation for reporting suspected or real abuse by the whistle blowers act.

- All of this does not present a pretty picture does it? The next question should be, what do we do at Masonic Pathways to ensure that the elders in our care are not exposed to any of type of abuse or neglect?
- The first thing we do is follow our policy, Resident's Rights-Prevention of Mistreatment.
- This policy states, "Masonic Pathways establishes processes to minimize resident exposure to individuals or programs, which may create opportunities for mistreatment, neglect and misappropriation of resident property."



Elder Justice Act Compliance

- Employees/contractors have an obligation to report any “reasonable suspicion of a crime.”
 - Reasonable suspicions are to be reported to local authority (police) and the State agency.
Reporting to the supervisor/administrator allows the facility to assist with reporting and determine if any other CMS reporting requirements apply.
- serious bodily injury must be reported immediately but not later than 2 hours after forming suspicion.
- no serious bodily injury involved may be reported no later than 24 hours after forming suspicion.

Resident Safety tips

- Avoid situations that are likely to cause frustration or anger.
- Anticipate that a resident might strike out and maintain a safe distance/position when he/she is agitated.
- Always report to your supervisor any dangerous or unsolvable behavior problems.
- Call for assistance as needed-when you need it.

Remember it is our responsibility to provide a safe and secure environment for our residents.

- Identifying the potential for elder abuse, neglect or theft/loss is the responsibility of every staff member.
- ***If you suspect elder abuse, neglect or theft, you must notify your supervisor immediately.*** On an off-shift, immediately notify the RN on Duty. Reporting abuse is the moral, ethical and professional duty of all employees.
- ***If you witness elder abuse or neglect, the first thing you should do is intervene to protect the resident. Assure the safety of the resident and then immediately notify your supervisor. On off shifts, notify the RN on duty.***
- All suspected incidents of abuse, neglect or theft/loss will be thoroughly investigated and if necessary will be reported to the proper local or state authorities.
- Failure to report suspected abuse or neglect can result in a charge of neglect for the agency.




Signs of staff burnout and stress

1. Unusual irritability or anger
2. Inability to relax
3. Increased complaining

Always intervene to protect the resident

1. Talk to your supervisor
2. Report any suspected staff potential for abuse.
3. Walk away- with resident left safely.
4. Seek help for yourself if you need it!!



Each resident has the right to be free from all types of abuse, including mental abuse. Mental abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s).

Employees are prohibited from having cell phones on their person during work times. (Cell phones may be kept in a locker, resource room or in the employee's car.)

Employees are prohibited from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s), regardless of whether the resident provided consent (with the exception of Admissions for administering medications in EMR). This would include using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media.