



Accreditation Program: Long Term Care
Rights and Responsibilities of the Individual

Standard RI.01.01.01

The organization respects resident rights.

Rationale for RI.01.01.01

This standard focuses on how the organization respects the rights of the resident during his or her stay with the organization. This stay is characterized by viewing the resident as a whole person, not merely as a condition or illness to manage. Because the quality of the relationship between the organization and the resident can have an impact on the resident's effective participation in care, treatment, and services, this relationship should be respectful of the resident's rights. However, a mere list of rights cannot guarantee the resident's rights. An organization puts its respect for the resident's rights into action by showing its support of these rights through its policies and procedures and the ways that staff and caregivers interact with the resident and involve him or her in care, treatment, and services.

Elements of Performance for RI.01.01.01

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| 1. | ⓓ The organization has written policies on resident rights. | A |
| 2. | Information on rights is given to and explained to each resident upon admission and when any rights are changed. (See also RI.01.01.03, EPs 1-3) | A |
| 4. | Ⓜ The organization treats the resident in a respectful manner that supports his or her dignity. | C |
| 5. | Ⓜ The organization respects the resident's right to and need for effective communication. (See also RI.01.01.03, EP 1) | C |
| 6. | Ⓜ The organization respects the resident's cultural, psychosocial, personal, and spiritual values, beliefs, and preferences. | C |
| 7. | Ⓜ The organization respects the resident's right to privacy. (See also IM.02.01.01, EPs 1-5) Note 1: This element of performance (EP) addresses a resident's personal privacy. For EPs addressing the privacy of a resident's health information, please refer to Standard IM.02.01.01. Note 2: Respect for privacy can be demonstrated in various ways; for example, via policies and procedures, practices, or the design of the environment. | C |
| 8. | The organization respects the resident's right to pain management. (See also HR.01.04.01, EP 4; HR.02.02.01, EP 4; PC.01.02.07, EP 1; PC.02.03.01, EP 10) | A |
| 9. | Ⓜ The organization accommodates the resident's right to pastoral and other spiritual services. | C |
| 10. | In accordance with law and regulation, the organization allows the resident to access and request amendment to his or her health information and to obtain information on disclosures of this information. | A |
| 18. | Ⓜ Upon admission, residents are informed about the organization's policies and procedures regarding the handling of life-threatening emergencies. (See also PC.02.01.09, EP 1; RI.01.02.01, EP 6) Note: Refer to standard PC.02.01.09 regarding policies and procedures for life-threatening emergencies. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **Ⓜ** indicates Measure of Success if needed; **ⓓ** indicates that documentation is required

- M 19. Upon admission or when a resident is transferred or discharged, the organization informs the resident of its policies and practices about transfers (including room-to-room transfers) and discharges, as well as its obligations to provide access to comparable care, treatment, and services to residents regardless of the payer source. (See also PC.04.01.03, EPs 2-4; LD.04.03.07, EPs 1 and 6) C
- D 20. The organization obtains from the resident written acknowledgement that he or she received information on resident rights and on changes to these rights. A
- M 27. The organization supports the resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups. C
 Note: There may be circumstances when the participation of a resident in an activity or group may be detrimental to the safety of the resident or others. In these situations, the organization may choose not to support the resident's choice to participate.

Standard RI.01.01.03

The organization respects the resident's right to receive information in a manner he or she understands.

Rationale for RI.01.01.03

Because communication is a cornerstone of safe and quality care, every resident has the right to receive information in a manner he or she understands. When a resident understands what is being said about his or her care, treatment, and services, that resident is more likely to fully participate in his or her care. Communicating effectively with residents is also critical to the informed consent process and helps practitioners and organizations give the best possible care. For communication to be effective, the information provided must be accurate, timely, complete, unambiguous, and understood by the resident.

The resident has the right to receive information in a manner that he or she understands. Many residents of varying circumstances require alternative communication methods: residents who speak and/or read languages other than English; residents who have limited literacy in any language; residents who have visual or hearing impairments; residents on ventilators; residents with cognitive impairments; and children. The organization has many options available to assist in communication with these individuals, such as interpreters, translated written materials, pen and paper, communication boards, and speech therapy. It is up to the organization to work with the resident to determine which method is the best for each resident.

There are laws, regulations, and a body of literature that are relevant to the use of interpreters. These include Title VI of the Civil Rights Act, 1964; Executive Order 13166; policy guidance from the Office of Civil Rights regarding compliance with Title VI, 2004; Title III of the Americans with Disabilities Act, 1990; and state laws (many states have laws and regulations that require the provision of language assistance). Organizations may wish to reference these sources for additional information on providing interpreting and translation services to their residents.

Elements of Performance for RI.01.01.03

- M 1. The organization provides written and verbal information in a manner tailored to the resident's language and ability to understand. (See also RI.01.01.01, EP 2; RI.01.01.01, EP 5; PC.04.01.05, EP 8) 3 C
- M 2. The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2) 3 C

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- M** 3. The organization communicates with the resident who has vision, speech, hearing, or cognitive impairments in a manner that meets the resident's needs. (See also PC.02.02.09, EP 3; RI.01.01.01, EP 2)

3 **C**

Standard RI.01.02.01

The organization respects the resident's right to participate in decisions about his or her care, treatment, and services.

Rationale for RI.01.02.01

Effective long term care requires the involvement of residents, and their families or surrogate decision-makers where necessary. An understanding of the care, treatment, and service goals, of how various activities support care, treatment, and service, and of unexpected outcomes or issues will enhance decision making and assist in preventing or resolving problems in care, treatment, and services.

Elements of Performance for RI.01.02.01

1. The organization involves the resident in making decisions about his or her care, treatment, and services. **3** **A**
2. **D** The organization provides the resident with verbal and written information about the right to refuse care, treatment, and services. **A**
3. The organization respects the resident's right to refuse care, treatment, and services, in accordance with law and regulation. **3** **A**
5. The organization honors the resident's right to refuse care, treatment, and services, consistent with the current advance directive information obtained from the resident or surrogate decision-maker.
Note: The surrogate decision-maker may be a family member. **A**
6. When a resident is unable to make decisions about his or her care, treatment, and services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. (See also RI.01.01.01, EP 18; RI.01.03.01, EP 6; RI.01.06.13, EP 4)
Note: A surrogate decision-maker is someone appointed to make decisions on behalf of the resident. This individual may be a family member or may be someone unrelated to the resident. A surrogate decision-maker makes decisions when the resident is without decision-making capacity, or when the resident has given permission to the surrogate to make decisions. In exercising this responsibility on the resident's behalf, the surrogate decision-maker may need to receive information, provide information, or participate in processes such as informed consent, education, and complaint resolution. In situations in which the resident has decision-making capacity but has chosen to use a surrogate decision-maker, the resident may reserve the right to involve the surrogate in some activities (such as coordinating information with the licensed independent practitioner) but not others (such as receiving education in self-care). **3** **A**
7. When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the organization respects the surrogate decision-maker's right to refuse care, treatment, and services on the resident's behalf, in accordance with law and regulation. **3** **A**
8. The organization respects the resident's right to involve his or her family in decisions about care, treatment, and service. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the resident, in accordance with law and regulation. (See also RI.01.06.13, EP 4) **A**

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| 13. | The organization identifies the staff responsible for resolving conflicts related to room and roommate assignments, transfer, and discharge. (See also RI.01.07.01, EP 2) | A |
| 20. | The organization provides the resident or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the resident needs in order to participate in current and future health care decisions. Note: When there is a surrogate decision-maker, he or she is informed of these outcomes. | A |
| 21. | The organization informs the resident or surrogate decision-maker about unanticipated events that relate to sentinel events considered reviewable by The Joint Commission. (Refer to the "Sentinel Events" (SE) chapter for a definition of reviewable sentinel events.) Note: When there is a surrogate decision-maker, he or she is informed of these events. | A |
| 22. | The licensed independent practitioner responsible for managing the resident's care, treatment, and services, or his or her designee, informs the resident about unanticipated events related to sentinel events when the resident is not already aware of the occurrence or when further discussion is needed. | A |

Standard RI.01.03.01

The organization honors the resident's right to give or withhold informed consent.

Rationale for RI.01.03.01

Obtaining informed consent presents an opportunity to establish a mutual understanding between the resident and the organization about the care, treatment, and services that the resident will receive. Informed consent is not merely a signed document. It is a process that considers resident needs and preferences and is in compliance with law and regulation. Utilizing the informed consent process helps the resident to participate fully in decisions about his or her care, treatment, and services.

Elements of Performance for RI.01.03.01

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| 1. | D The organization has a written policy on informed consent. | A |
| 2. | The organization's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation. | A |
| 3. | The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent. | A |
| 4. | The organization's written policy describes its process for obtaining informed consent. | A |
| 5. | The organization's written policy describes how informed consent is documented in the clinical record. Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record. | A |
| 6. | The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6) Note: The surrogate decision-maker may be a family member. | A |
| 7. | The informed consent process includes a discussion about the resident's proposed care, treatment, and services. | 3 A |

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| 9. | The informed consent process includes a discussion about potential benefits, risks, and side effects of the resident's proposed care, treatment, and services; the likelihood of the resident achieving his or her goals; and any potential problems that might occur during recuperation. | ⚠️ A |
| 11. | The informed consent process includes a discussion about reasonable alternatives to the resident's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. | ⚠️ A |
| 12. | The informed consent process includes a discussion about any circumstances under which information about the resident must be disclosed or reported. Note: Such circumstances may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention. | A |
| Ⓜ️ 13. | Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4) | C |

Standard RI.01.03.03

The organization honors the resident's right to give or withhold informed consent to produce or use recordings, films, or other images of the resident for purposes other than his or her care.

Elements of Performance for RI.01.03.03

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| 1. | Ⓣ Occasionally, organizations make and use recordings, films, or other images of residents for internal use other than the identification, diagnosis, or treatment of the resident (for example, performance improvement and education). When this occurs, and the resident is able to give consent, the organization obtains and documents informed consent prior to producing the recordings, films, or other images. Note: The term "recordings, films, or other images" refers to photographic, video, electronic, or audio media. | A |
| 2. | Ⓣ When recordings, films, or other images of residents are made for external use, the organization obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used. Note: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials). | A |
| 3. | When a resident is unable to give informed consent prior to the production of recordings, films, or other images, the production may occur provided that doing so is permitted by the organization's written policy, which is established through an ethical mechanism (for example, an ethics committee) that includes community input. | A |
| 4. | When a resident is unable to give informed consent prior to the production of recordings, films, or other images, the product remains in the organization's possession and is not used for any purpose until and unless informed consent is obtained. | A |

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| 5. | When a resident is unable to give informed consent prior to the production of recordings, films, or other images and informed consent for use cannot subsequently be obtained, the organization either destroys the product or removes the nonconsenting resident from the product. | A |
| 6. | The organization informs the resident of his or her right to request cessation of the production of the recordings, films, or other images. | A |
| 7. | (D) Before engaging in the production of recordings, films, or other images of residents, anyone who is not already bound by the organization's confidentiality policy signs a confidentiality statement to protect the resident's identity and confidential information. | A |
| 8. | (M) The organization accommodates the resident's right to rescind consent before the recording, film, or image is used. | C |

Standard RI.01.03.05

The organization protects the resident and respects his or her rights during research, investigation, and clinical trials.

Rationale for RI.01.03.05

An organization that conducts (or permits within its organization) research, investigations, or clinical trials involving human subjects knows that its first responsibility is to the health and well-being of the research subjects. For this reason, to protect and respect the research subjects' rights, the organization reviews the research protocols for compatibility with its mission, values, and other relevant guidelines. Although the organization may not control the project, it is obligated to see that the resident has sufficient information to decide whether to participate in the research investigation or clinical trial.

Elements of Performance for RI.01.03.05

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| 1. | The organization reviews all research protocols in relation to its mission, values, and other guidelines, and weighs the risks and benefits to the resident participating in the research. | A |
| 2. | To help the resident determine whether or not to participate in research, investigation, or clinical trials, the organization provides the resident with all of the following information or confirms that the resident is provided with this information by the principal investigator: - An explanation of the purpose of the research - The expected duration of the resident's participation - A clear description of the procedures to be followed - A statement of the potential benefits, risks, discomforts, and side effects - Alternative care, treatment, and services available to the resident that might prove advantageous to the resident | A |
| 3. | The organization informs the resident that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research. | A |
| (M) 4. | (D) The organization documents the following in the research consent form: That the resident received information to help determine whether or not to participate in the research, investigation, or clinical trials. | C |

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| 5. | ⓓ | The organization documents the following in the research consent form: That the resident was informed that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, and services unrelated to the research. | C |
| 6. | ⓓ | The organization documents the following in the research consent form: The name of the person who provided the information and the date the form was signed. | C |
| 7. | ⓓ | The research consent form describes the resident's right to privacy, confidentiality, and safety. | A |
| Ⓜ 8. | ⓓ | The organization obtains and maintains a copy of the consent form for research, investigation, or clinical trials. | C |

Standard RI.01.05.01

The organization addresses resident decisions about care, treatment, and services received at the end of life.

Elements of Performance for RI.01.05.01

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| 1. | ⓓ | The organization has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation. | A |
| 3. | | The organization's written policy requires residents to be informed about the laws governing advance directives, including "do not hospitalize" orders, "do not resuscitate" orders, and organ-donation request procedures. | A |
| Ⓜ 5. | | The organization implements its advance directive policies. | 3 C |
| Ⓜ 6. | ⓓ | The organization provides residents with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services. | C |
| Ⓜ 8. | | Upon admission, the organization provides the resident with information on the extent to which the organization is able, unable, or unwilling to honor advance directives. | C |
| Ⓜ 9. | ⓓ | The organization documents whether or not the resident has an advance directive. | C |
| Ⓜ 10. | | Upon request, the organization refers the resident to resources for assistance in formulating advance directives. | C |
| Ⓜ 11. | | Staff and licensed independent practitioners who are involved in the resident's care, treatment, and services are aware of whether or not the resident has an advance directive. (See also RC.02.01.01, EP 4) | C |
| 12. | | The organization honors the resident's right to review and revise his or her advance directives. | A |
| 13. | | The organization honors advance directives, in accordance with law and regulation and the organization's capabilities. | 3 A |
| Ⓜ 14. | | The organization determines residents' wishes about organ donation when they are admitted. | C |
| Ⓜ 15. | ⓓ | The organization documents the resident's wishes concerning organ donation upon admission and when he or she makes changes to such wishes known to the organization. | C |

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| M | 16. | The organization honors the resident's wishes concerning organ donation within the limits of the organization's capability and in accordance with law and regulation. | C |
| | 17. | The existence or lack of an advance directive does not determine the resident's right to access care, treatment, and services. | A |

Standard RI.01.06.01

The resident has the right to be free from chemical and physical restraint.



Elements of Performance for RI.01.06.01



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| 1. | | The organization has policies and procedures that support the resident's right to be free from chemical and physical restraint. Note: The organization's use of restraint is consistent with the requirements in the "Provision of Care, Treatment, and Services" (PC) chapter. | A |
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Standard RI.01.06.03

The resident has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Elements of Performance for RI.01.06.03

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| 1. | | The organization determines how it will protect the resident from neglect (including involuntary seclusion), exploitation, and abuse that could occur while the resident is receiving care, treatment, and services. Note: Due to the long duration of stay or open homelike environment, the risk of exploitation or abuse can come from anyone, including staff, students, volunteers, other residents, visitors, and family members. | A |
| 2. | | The organization evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization. (See also PC.01.02.09, EP 1) |  A |
| 3. | | The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation. (See also PC.01.02.09, EPs 6 and 7) |  A |
| 7. | | The organization takes steps to protect the resident from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, and services. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard RI.01.06.05

The resident has the right to an environment that preserves dignity and contributes to a positive self-image.

Rationale for RI.01.06.05

In long term care settings, the place where care is provided is also the resident’s home. Home is a place where residents feel safe, their possessions are secure, and things are accessible. More importantly, the residents’ environment supports their independence and interests. Residents can have items such as pictures, clothing, photos, radios, furniture, and afghans, to help them personalize their living space. The organization supports the unique needs and choices of each resident, recognizing that these needs and choices may change over time.

Elements of Performance for RI.01.06.05

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| M | 1. | The organization’s environment of care supports the resident’s positive self-image and dignity. | C |
| M | 3. | The organization provides homelike surroundings with access to personal living space. | C |
| M | 4. | The organization allows the resident to keep and use personal clothing and possessions, unless this infringes on others’ rights or is medically contraindicated, based on the setting or service. | C |
| M | 7. | The organization provides environmental adaptations to help residents with dementia, cognitive impairment, or temporary confusion. | C |
| | 10. | The organization informs the resident of room and roommate assignments and changes, in time frames consistent with law and regulation. | A |
| M | 15. | The organization offers residents telephone and mail service. | C |
| M | 16. | The organization provides residents who desire private telephone conversations with access to telephones in a private space, consistent with their needs and appropriate to the care, treatment, and services provided. | C |
| | 24. | Residents who are married or have significant others are given a reasonable degree of privacy and accommodations to be together. These provisions are made regardless of sexual orientation, unless any limitations consistent with the organization’s mission and philosophy have been disclosed to the resident before, or at the time of, admission. | A |
| M | 25. | The organization obtains and documents resident consent when confidential information needs to be posted in the organization. Note: For example, the organization might post on the resident’s door “swallowing difficulty,” “fluid restriction,” or “hard of hearing.” | C |

Standard RI.01.06.07

Residents have a right to exercise citizenship privileges.

Elements of Performance for RI.01.06.07

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| M | 1. | The organization helps residents with citizenship privileges to exercise these privileges, including their voting privileges. | C |
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Standard RI.01.06.09

The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.

Elements of Performance for RI.01.06.09

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| M | 1. The organization supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner. | C |
| M | 2. The organization supports the resident's right to request a different licensed independent practitioner upon admission and throughout the course of care. | C |
| M | 3. The organization makes reasonable attempts to respond to requests from residents to choose a different licensed independent practitioner upon admission and throughout the course of care. Note: In facilities with a closed medical staff (such as Veterans Affairs or chronic disease hospitals), the choice may be limited to the licensed independent practitioners within the system. | C |

Standard RI.01.06.11

The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.

Elements of Performance for RI.01.06.11

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| | 1. The organization provides the resident and his or her surrogate decision-maker with the name and telephone number of the physician or other practitioner primarily responsible for the resident's care. Note: The surrogate decision-maker can be a family member. | A |
| | 2. The organization provides the resident and his or her surrogate decision-maker with the name and credentials of the individual(s) responsible for authorizing and performing procedures and treatments. | A |
| M | 3. The organization helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners. | C |

Standard RI.01.06.13

Residents have a right to manage or delegate management of personal financial affairs.

Elements of Performance for RI.01.06.13

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| M | 1. D The organization obtains written authorization when a resident allows the organization to manage his or her funds. | C |
| M | 2. When the organization manages a resident's funds, the organization provides the resident access to those funds upon request and consistent with agreements for access established with the organization. | C |
| M | 3. When the organization manages a resident's funds, it gives the resident an accurate accounting at least quarterly of all financial transactions made on the resident's behalf. | C |

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| M | 4. The organization involves the surrogate decision-maker in the management of the resident's funds when the resident cannot manage his or her personal financial affairs. (See also RI.01.02.01, EPs 6 and 8) Note: The surrogate decision-maker may be a family member. | C |
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Standard RI.01.07.01

The resident and his or her family have the right to have complaints reviewed by the organization.

Elements of Performance for RI.01.07.01

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| | 1. The organization establishes an internal complaint resolution process. (See also RI.01.07.11, EP 5) | A |
| M | 2. D The organization informs the resident and his or her family, verbally and in writing, about the internal complaint resolution process upon admission. (See also RI.01.02.01, EP 13) Note: If the resident has a surrogate decision-maker, he or she will be informed of and involved in the complaint resolution process. | C |
| | 3. D The organization posts a description of the complaint process in a prominent location in the facility along with resources to assist the resident, such as an ombudsman, legal services, or adult protective services programs. | A |
| M | 4. The organization reviews and, when possible, resolves complaints from the resident and his or her family. | C |
| M | 5. If the organization does not resolve the complaint to the resident's or family's satisfaction, it refers them to other sources of assistance, such as an ombudsman, legal services, or adult protective services programs. | C |
| M | 6. When a resident submits a complaint that the organization recognizes as significant, the organization acknowledges receipt of the complaint and notifies the resident of follow-up to the complaint. Note: Significant complaints include, but are not limited to, issues related to care, treatment, management of funds, lost clothing, and violation of rights. | C |
| M | 7. The organization provides the resident with the phone number and address needed to file a complaint with the relevant state authority. | C |
| M | 8. D Upon admission, the organization provides the resident with a list of other sources of assistance for complaint resolution, including ombudsman, legal services, and adult protective services programs. | C |
| | 10. The organization allows the resident to complain and recommend changes without being subject to coercion, discrimination, reprisal, or interruption of care, treatment, or services that could adversely affect the resident. | A |

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Standard RI.01.07.03

The resident has the right to access protective and advocacy services.

Elements of Performance for RI.01.07.03

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| 1. | When the organization serves residents that may need protective services (for example, guardianship or advocacy services, conservatorship, or child or adult protective services), it provides resources to help the surrogate decision-maker and the courts determine the resident’s needs for such services. Note: The surrogate decision-maker may be a family member. | A |
| 2. | (D) The organization maintains a list of names, addresses, and telephone numbers of resident advocacy groups, such as a state authority or a protection and advocacy network. | A |
| 3. | The organization gives the list of resident advocacy groups to the resident when requested. | A |

Standard RI.01.07.05

The resident has the right to receive and restrict visitors.

Elements of Performance for RI.01.07.05

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| 1. | The organization establishes visiting hours that accommodate the resident’s personal preferences. | A |
| 2. | The organization clearly communicates rules and regulations about visitors and visiting hours. Note: In long term care, the organization serves as a home to all its residents. Therefore, the visiting hours preferred by one resident should not adversely affect the privacy and safety needs of the other residents. | A |
| (M) 3. | The organization provides space for the resident to receive visitors in comfort and privacy. | C |
| 5. | The organization supports the resident’s right to refuse to communicate with visitors to the organization (such as vendors, accreditation surveyors, representatives of community organizations, and other visitors). | A |
| 6. | The organization allows individuals who are permitted by law and regulation to have immediate access to the resident. | A |

Standard RI.01.07.07

The organization protects the rights of residents who work for or on behalf of the organization.

Elements of Performance for RI.01.07.07

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| 1. | (D) The organization has a written policy that addresses situations in which residents work for or on behalf of the organization. Note: Residents may be offered the opportunity to perform work for the organization that does not endanger them, other residents, or staff. | A |
| (M) 2. | The organization implements its policy regarding residents who work for or on behalf of the organization. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | |
|----------|---|----------|
| | 3. Wages paid to residents who work for or on behalf of the organization are in accordance with law and regulation. | A |
| M | 4. The organization incorporates into the plan of care the work performed by the resident for or on behalf of the organization. | C |
| | 5. Residents have the right to refuse to work for or on behalf of the organization. | A |

Standard RI.01.07.11

Residents have a right to a resident council.

Elements of Performance for RI.01.07.11

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|----------|---|----------|
| | 1. The organization assists residents in establishing resident council meetings. | A |
| | 2. The organization assists residents in planning and running the resident council. | A |
| M | 3. The organization notifies residents of resident council meetings and invites them to attend. | C |
| M | 4. When a resident has a concern but cannot attend or chooses not to attend the resident council meetings, the organization sends the resident's concern to the council and provides feedback to the resident. | C |
| | 5. The organization provides an individual to assist the resident in resolving complaints or issues when the resident council is not a suitable forum for addressing the complaint or issue. (See also RI.01.07.01, EP 1) | A |

Standard RI.01.07.13

The resident has the right to transportation services, as appropriate to his or her care or service plan.

Elements of Performance for RI.01.07.13

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| M | 1. The organization arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan. | C |
| M | 2. As necessary, the organization arranges for an attendant when transporting the resident. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required



Standard RI.02.01.01





The organization informs the resident about his or her responsibilities related to his or her care, treatment, and services.

Rationale for RI.02.01.01

The quality and safety of health care delivery is enhanced when residents, as appropriate to their condition, are partners in the health care process. In addition, organizations are entitled to reasonable and responsible behavior on the part of the residents, within their capabilities. The organization identifies the responsibilities of the residents and educates them about these responsibilities, particularly in regard to facilitating the safe delivery of care, treatment, and services.

Elements of Performance for RI.02.01.01

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|----|---|--|---|
| 1. |  | The organization has a written policy that defines the resident’s responsibilities, including, but not limited to, the following: <ul style="list-style-type: none"> - Providing information - Asking questions - Following instructions - Accepting consequences - Following rules and regulations - Showing respect and consideration - Acknowledging when he or she does not understand the treatment course or care decision - Meeting financial commitments | A |
| 2. |  | The organization informs the resident about his or her responsibilities in accordance with its policy. Note: Information about resident responsibilities can be shared verbally, in writing, or both. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required