

# History Tracking Report: 2009 to 2010 Requirements

## Accreditation Program: Long Term Care

### 2009 Chapter: Ethics, Right, and Responsibilities

#### Standard RI.2.10

**2009 Standard Text:**

The {jc}organization{/2} respects the rights of {jc}patients{/6}.

**2009 Standard:** RI.2.10

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2}'s policies and practices address the rights of {jc}patients{/6} to care, treatment, and services within its capability and mission and in compliance with law and regulation.

**2009 Standard:** RI.2.10

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

Each {jc}patient{/1} has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.

**2009 Standard:** RI.2.10

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} supports the right of each {jc}patient{/1} to personal dignity.

**2009 Standard:** RI.2.10

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} accommodates the right to pastoral and other spiritual services for {jc}patients{/6}.

#### Standard RI.01.01.01

**2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** RI.01.01.01

**2010 EP:** 1

**2010 EP Text:**

The organization has written policies on resident rights.

**2010 Standard:** RI.01.01.01

**2010 EP:** 6

**2010 EP Text:**

The organization respects the resident's cultural, psychosocial, personal, and spiritual values, beliefs, and preferences.

**2010 Standard:** RI.01.01.01

**2010 EP:** 4

**2010 EP Text:**

The organization treats the resident in a respectful manner that supports his or her dignity.

**2010 Standard:** RI.01.01.01

**2010 EP:** 9

**2010 EP Text:**

The organization accommodates the resident's right to pastoral and other spiritual services.

**Standard RI.2.20**

**2009 Standard Text:**

{jc}Patients{/6} receive information about their rights.

**2009 Standard:** RI.2.20

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

Information on rights is given and explained to each {jc}patient{/1} upon admission and when any rights are changed.

**2009 Standard:** RI.2.20

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The {jc}patient{/1} acknowledges in writing receipt of rights information and any changes to it as appropriate to the populations served or {jc}patients{/6}.

**2009 Standard:** RI.2.20

**2009 EP:** 5

**2009 EP Text:**

**Revision Type:** Retain

Information on the extent to which the {jc}organization{/2} is able, unable, or unwilling to honor advance directives is given upon admission if the {jc}patient{/1} has an advance directive.

**2009 Standard:** RI.2.20

**2009 EP:** 6

**2009 EP Text:**

**Revision Type:** Retain

The {jc}patient{/1} has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

**2009 Standard:** RI.2.20

**2009 EP:** 7

**2009 EP Text:**

**Revision Type:** Retain

Regardless of payment method, residents have access to at least appropriate and timely care; their attending physician; all staff, including administrative staff; care-planning and discharge-planning processes; uniform policies and practices for providing care throughout the organization; and comparable provision of care, treatment and services to all residents under applicable state plan or other payer source.

**Standard RI.01.01.01**

**2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** RI.01.01.01

**2010 EP:** 2

**2010 EP Text:**

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)

**2010 Standard:** RI.01.01.01

**2010 EP:** 20

**2010 EP Text:**

The organization obtains from the resident written acknowledgement that he or she received information on resident rights and on changes to these rights.

**2010 Standard:** RI.01.05.01

**2010 EP:** 8

**2010 EP Text:**

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.

**2010 Standard:** RI.01.01.01

**2010 EP:** 10

**2010 EP Text:**

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.

**2010 Standard:** LD.04.03.07

**2010 EP:** 6

**2010 EP Text:**

Regardless of payment method, residents have access to the following:

- Care that is timely and meets their needs
- Their attending physician
- Staff, including administrative staff
- Care-planning and discharge-planning processes

(See also RI.01.01.01, EP 19)

**2009 Standard:** RI.2.20**2009 EP:** 8**2010 Standard:** RI.01.01.01**2010 EP:** 19**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

The organization has policies and practices about transfers, including room-to-room transfers; discharges; and providing services consistent with the applicable state plan or other payer source.

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)

**2009 Standard:** RI.2.20**2009 EP:** 9**2010 Standard:** RI.01.01.01**2010 EP:** 18**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

Upon admission {jc}patients{/6} are informed about the {jc}organization{/2}'s policies and procedures regarding the handling of life-threatening emergencies. (See standard PC.9.20 regarding policies and procedures for life-threatening emergencies.)

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.

**Standard RI.2.30**

**2009 Standard Text:**

{c}Patients{/6} are involved in decisions about care, treatment, and services provided.

**2009 Standard:** RI.2.30

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Consolidate

{c}Patients{/6} are involved in decisions about their care, treatment, and services.

**2009 Standard:** RI.2.30

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Consolidate

{c}Patients{/6} are involved in resolving dilemmas about care, treatment, and services.

**2009 Standard:** RI.2.30

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Delete:NE

A surrogate decision maker, as allowed by law, is identified when a {c}patient{/1} cannot make decisions about his or her care, treatment, and service.

**Standard RI.01.02.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.02.01

**2010 EP:** 1

**2010 EP Text:**

The organization involves the resident in making decisions about his or her care, treatment, and services.

**2010 Standard:** RI.01.02.01

**2010 EP:** 1

**2010 EP Text:**

The organization involves the resident in making decisions about his or her care, treatment, and services.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2009 Standard:** RI.2.30**2009 EP:** 4**2009 EP Text:**

The legally responsible representative approves care, treatment, and service decisions. \*\*In some states, law dictates that urgent care, family planning, and/or behavioral health services can be provided to a minor without the approval or consent of a parent or guardian.

**Revision Type:** Consolidate**2010 Standard:** RI.01.02.01**2010 EP:** 6**2010 EP Text:**

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).

**2009 Standard:** RI.2.30**2009 EP:** 5**2009 EP Text:**

The family, as appropriate and as allowed by law, with permission of the {c}patient{/1} or surrogate decision maker, is involved in care, treatment, and service decisions.

**Revision Type:** Retain**2010 Standard:** RI.01.02.01**2010 EP:** 8**2010 EP Text:**

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)

**2009 Standard:** RI.2.30

**2009 EP:** 10

**2010 Standard:** RI.01.02.01

**2010 EP:** 6

**2009 EP Text:**

**Revision Type:** Consolidate

**2010 EP Text:**

Family or surrogate decision makers, as allowed by law, are actively involved under the following circumstances: When the resident has been legally judged incompetent When the resident’s physician determines he or she is medically incapable of understanding or making decisions

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).

**2009 Standard:** RI.2.30

**2009 EP:** 11

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:NE

**2010 EP Text:**

The organization helps in the process of assigning a legal guardian to a resident for health decision making, when necessary.

No EP

**2009 Standard:** RI.2.30

**2009 EP:** 12

**2010 Standard:** RI.01.02.01

**2010 EP:** 13

**2009 EP Text:**

**Revision Type:** Consolidate

**2010 EP Text:**

The organization identifies those authorized for resolving conflicts related to transfer and discharge.

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)

**2009 Standard:** RI.2.30

**2009 EP:** 13

**2010 Standard:** RI.01.02.01

**2010 EP:** 13

**2009 EP Text:**

**Revision Type:** Consolidate

**2010 EP Text:**

The organization identifies those authorized for resolving conflicts related to room and roommate assignments.

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)

**Standard RI.2.40**

**2009 Standard Text:**

Informed consent is obtained.

**Standard RI.01.03.01**

**2010 Standard Text:**

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

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**2010 Standard:** RI.01.03.01

**2010 EP:** 1

**2010 EP Text:**

The organization has a written policy on informed consent.

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**2010 Standard:** RI.01.03.01

**2010 EP:** 2

**2010 EP Text:**

The organization's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**2010 Standard:** RI.01.03.01

**2010 EP:** 3

**2010 EP Text:**

The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**Revision Type:** Split

**2010 Standard:** RI.01.03.01

**2010 EP:** 4

**2010 EP Text:**

The organization's written policy describes its process for obtaining informed consent.

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**Revision Type:** Split

**2010 Standard:** RI.01.03.01

**2010 EP:** 5

**2010 EP Text:**

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.

**2009 Standard:** RI.2.40

**2009 EP:** 1

**2009 EP Text:**

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent  
The process used to obtain informed consentHow informed consent is to be documented in the record, including informed consent gathered by other providers, if requiredWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

**Revision Type:** Split

**2010 Standard:** RI.01.03.01

**2010 EP:** 6

**2010 EP Text:**

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.

**2009 Standard:** RI.2.40

**2009 EP:** 2

**2009 EP Text:**

Informed consent is obtained and documented in accordance with the {jc}organization{/2}'s policy.

**Revision Type:** Retain

**2010 Standard:** RI.01.03.01

**2010 EP:** 13

**2010 EP Text:**

Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)

**2009 Standard:** RI.2.40

**2009 EP:** 3

**2010 Standard:** RI.01.03.01

**2010 EP:** 7

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

The informed consent process includes a discussion about the resident's proposed care, treatment, and services.

A complete informed consent process includes a discussion of the following elements:\* The nature of the proposed care, treatment, services, medications, interventions, or procedures Potential benefits, risks, or side effects, including potential problems that might occur during recuperation The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and servicesWhen indicated, any limitations on the confidentiality of information learned from or about the patient\*Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

**2009 Standard:** RI.2.40

**2009 EP:** 3

**2010 Standard:** RI.01.03.01

**2010 EP:** 9

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

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 complete informed consent process includes a discussion of the following elements:\* The nature of the proposed care, treatment, services, medications, interventions, or procedures Potential benefits, risks, or side effects, including potential problems that might occur during recuperation The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and servicesWhen indicated, any limitations on the confidentiality of information learned from or about the patient\*Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

**2009 Standard:** RI.2.40

**2009 EP:** 3

**2010 Standard:** RI.01.03.01

**2010 EP:** 11

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

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 complete informed consent process includes a discussion of the following elements:\* The nature of the proposed care, treatment, services, medications, interventions, or procedures Potential benefits, risks, or side effects, including potential problems that might occur during recuperation The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and servicesWhen indicated, any limitations on the confidentiality of information learned from or about the patient\*Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

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**2009 Standard:** RI.2.40**2009 EP:** 3**2010 Standard:** RI.01.03.01**2010 EP:** 12**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

A complete informed consent process includes a discussion of the following elements:\* The nature of the proposed care, treatment, services, medications, interventions, or procedures Potential benefits, risks, or side effects, including potential problems that might occur during recuperation The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services When indicated, any limitations on the confidentiality of information learned from or about the patient\* Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

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.

**Standard RI.2.50**

**2009 Standard Text:**

Consent is obtained for recording or filming made for purposes other than the identification, diagnosis, or treatment of the {j}patients{/6}.

**2009 Standard:** RI.2.50

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

When recording or filming are to be used only for internal organizational purposes (for example, performance improvement and education), there is documentation of consent, which may be obtained as part of general consent to treatment or another form, if a statement is included in the form regarding the use of recordings or filming for such internal purposes.

**2009 Standard:** RI.2.50

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

When recording or films are made for external purposes that will be heard or seen by the public (for example, commercial filming, television programs, marketing), there is documentation of a specific, separate consent that includes the circumstances of the use of the recording or film.

**2009 Standard:** RI.2.50

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Delete:NE

Except for the circumstances set forth in Element of Performance 4 (below), there is documentation of consent before recording or filming.

**Standard RI.01.03.03**

**2010 Standard Text:**

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.

**2010 Standard:** RI.01.03.03

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.03.03

**2010 EP:** 2

**2010 EP Text:**

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).

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2009 Standard:** RI.2.50

**2009 EP:** 4

**2010 Standard:** RI.01.03.03

**2010 EP:** 3

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

The following occurs in situations in which the {jc}patient{/1} is unable to give informed consent before recording or filming: The recording or filming may occur before consent, provided it is within the established policy of the {jc}organization{/2} and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community inputThe recording or film remains in the {jc}organization{/2}'s possession and is not used for any purpose until and unless consent is obtainedIf consent for use cannot subsequently be obtained, the recording or film is either destroyed or the nonconsenting {jc}patient{/1} must be removed from the recording or film

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.

**2009 Standard:** RI.2.50

**2009 EP:** 4

**2010 Standard:** RI.01.03.03

**2010 EP:** 4

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

The following occurs in situations in which the {jc}patient{/1} is unable to give informed consent before recording or filming: The recording or filming may occur before consent, provided it is within the established policy of the {jc}organization{/2} and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community inputThe recording or film remains in the {jc}organization{/2}'s possession and is not used for any purpose until and unless consent is obtainedIf consent for use cannot subsequently be obtained, the recording or film is either destroyed or the nonconsenting {jc}patient{/1} must be removed from the recording or film

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.

**2009 Standard:** RI.2.50

**2009 EP:** 4

**2010 Standard:** RI.01.03.03

**2010 EP:** 5

**2009 EP Text:**

**Revision Type:** Split

**2010 EP Text:**

The following occurs in situations in which the {jc}patient{/1} is unable to give informed consent before recording or filming: The recording or filming may occur before consent, provided it is within the established policy of the {jc}organization{/2} and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community inputThe recording or film remains in the {jc}organization{/2}'s possession and is not used for any purpose until and unless consent is obtainedIf consent for use cannot subsequently be obtained, the recording or film is either destroyed or the nonconsenting {jc}patient{/1} must be removed from the recording or film

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.

<p><b>2009 Standard:</b> RI.2.50  <b>2009 EP Text:</b>                  {j}Patients{/6} have the right to request cessation of recording or filming.</p>	<p><b>2009 EP:</b> 5  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.03.03  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 6                  The organization informs the resident of his or her right to request cessation of the production of the recordings, films, or other images.</p>
<p><b>2009 Standard:</b> RI.2.50  <b>2009 EP Text:</b>                  {j}Patients{/6} have the right to rescind consent for use up until a reasonable time before the recording or film is used.</p>	<p><b>2009 EP:</b> 6  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.03.03  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 8                  The organization accommodates the resident's right to rescind consent before the recording, film, or image is used.</p>
<p><b>2009 Standard:</b> RI.2.50  <b>2009 EP Text:</b>                  Anyone who engages in recording or filming (who is not already bound by the {j}organization{/2}'s confidentiality policy) signs a confidentiality statement to protect the {j}patient's{/9} identity and confidential information .</p>	<p><b>2009 EP:</b> 7  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.03.03  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 7                  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.</p>

**Standard RI.2.70**

**2009 Standard Text:**

{c}Patients{/6} have the right to refuse care, treatment, and services in accordance with law and regulation.

**2009 Standard:** RI.2.70

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

{c}Patients{/6} have the right to refuse care, treatment, and services in accordance with law and regulation.

**2009 Standard:** RI.2.70

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

When the {c}patient{/1} is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the {c}patient's{/9} behalf.

**2009 Standard:** RI.2.70

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The resident's right to refuse care, treatment and service is consistent with the most current advance directive information obtained from the resident or family upon admission.

**Standard RI.01.02.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.02.01

**2010 EP:** 3

**2010 EP Text:**

The organization respects the resident's right to refuse care, treatment, and services, in accordance with law and regulation.

**2010 Standard:** RI.01.02.01

**2010 EP:** 7

**2010 EP Text:**

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.

**2010 Standard:** RI.01.02.01

**2010 EP:** 5

**2010 EP Text:**

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.

**Standard RI.2.80**

**2009 Standard Text:**

The {jc}organization{/2} addresses the wishes of the {jc}patient{/1} relating to end of life decisions.

**2009 Standard:** RI.2.80

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

Policies, in accordance with law and regulation, address advance directives and the framework for forgoing or withdrawing life-sustaining treatment and withholding resuscitative services.

**2009 Standard:** RI.2.80

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Split

Adults are given written information about their right to accept or refuse medical or surgical treatment, including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.

**2009 Standard:** RI.2.80

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Split

Adults are given written information about their right to accept or refuse medical or surgical treatment, including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.

**2009 Standard:** RI.2.80

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The existence or lack of an advance directive does not determine an individual's access to care, treatment, and services.

**2009 Standard:** RI.2.80

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

Documentation indicates whether or not the {jc}patient{/1} has signed an advance directive.

**2009 Standard:** RI.2.80

**2009 EP:** 5

**2009 EP Text:**

**Revision Type:** Retain

The {jc}patient{/1} has the option to review and revise advance directives.

**Standard RI.01.05.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.05.01

**2010 EP:** 1

**2010 EP Text:**

The organization has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation.

**2010 Standard:** RI.01.02.01

**2010 EP:** 2

**2010 EP Text:**

The organization provides the resident with verbal and written information about the right to refuse care, treatment, and services.

**2010 Standard:** RI.01.05.01

**2010 EP:** 6

**2010 EP Text:**

The organization provides residents with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.

**2010 Standard:** RI.01.05.01

**2010 EP:** 17

**2010 EP Text:**

The existence or lack of an advance directive does not determine the resident's right to access care, treatment, and services.

**2010 Standard:** RI.01.05.01

**2010 EP:** 9

**2010 EP Text:**

The organization documents whether or not the resident has an advance directive.

**2010 Standard:** RI.01.05.01

**2010 EP:** 12

**2010 EP Text:**

The organization honors the resident's right to review and revise his or her advance directives.

<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  Appropriate staff are aware of the advance directive if one exists.</p>	<p><b>2009 EP:</b> 6  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 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)</p>
<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  The {jc}organization{/2} helps or refers the {jc}patients{/6} for assistance in formulating advance directives upon request.</p>	<p><b>2009 EP:</b> 7  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 10                  Upon request, the organization refers the resident to resources for assistance in formulating advance directives.</p>
<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  The {jc}organization{/2} has a mechanism for health care professionals and designated representatives to honor advance directives within the limits of the law and the {jc}organization{/2}'s capabilities.</p>	<p><b>2009 EP:</b> 8  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 13                  The organization honors advance directives, in accordance with law and regulation and the organization's capabilities.</p>
<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  The {jc}organization{/2} documents and honors the {jc}patient's{/9} wishes concerning organ donation within the limits of the law or {jc}organization{/2} capacity.</p>	<p><b>2009 EP:</b> 9  <b>Revision Type:</b> Split</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 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.</p>
<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  The {jc}organization{/2} documents and honors the {jc}patient's{/9} wishes concerning organ donation within the limits of the law or {jc}organization{/2} capacity.</p>	<p><b>2009 EP:</b> 9  <b>Revision Type:</b> Split</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 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.</p>
<p><b>2009 Standard:</b> RI.2.80  <b>2009 EP Text:</b>                  Organization policy requires residents to be informed about the laws governing advanced directives, including "do not hospitalize" orders; "do-not-resuscitate" orders; and organ-donation request procedures.</p>	<p><b>2009 EP:</b> 19  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.05.01  <b>2010 EP Text:</b></p>	<p><b>2010 EP:</b> 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.</p>

**2009 Standard:** RI.2.80  
**2009 EP Text:**  
 The organization determines residents' wishes about organ donation when they are admitted.

**2009 EP:** 20  
**Revision Type:** Retain

**2010 Standard:** RI.01.05.01  
**2010 EP Text:**  
 The organization determines residents' wishes about organ donation when they are admitted.

**2010 EP:** 14

**2009 Standard:** RI.2.80  
**2009 EP Text:**  
 The policies are consistently implemented.

**2009 EP:** 21  
**Revision Type:** Retain

**2010 Standard:** RI.01.05.01  
**2010 EP Text:**  
 The organization implements its advance directive policies.

**2010 EP:** 5

**Standard RI.2.90**

**2009 Standard Text:**

{jc}Patients{/6} and, when appropriate, their families are informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

**2009 Standard:** RI.2.90

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

At a minimum, the {jc}patient{/1} and when appropriate, his or her family, is informed about the following: Outcomes of care, treatment, and services that have been provided that the {jc}patient{/1} (or family) must be knowledgeable about to participate in current and future decisions affecting the {jc}patient's{/9} care, treatment, and services

**2009 Standard:** RI.2.90

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

At a minimum, the {jc}patient{/1} and when appropriate, his or her family, is informed about the following: Unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable\* by the Joint Commission. \*See the "Sentinel Event" chapter of this manual for a definition of reviewable sentinel events.

**2009 Standard:** RI.2.90

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The responsible licensed independent practitioner or his or her designee informs the {jc}patient{/1} (and when appropriate, his or her family) about those unanticipated outcomes of care, treatment, and services related to sentinel events, when the {jc}patient{/1} is not already aware of the occurrence, or further discussion is needed (see Element of Performance 2 above).\* \*In settings where there is no licensed independent practitioner, the staff member responsible for the care of the patient is responsible for sharing information about such outcomes.

**Standard RI.01.02.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.02.01

**2010 EP:** 20

**2010 EP Text:**

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.

**2010 Standard:** RI.01.02.01

**2010 EP:** 21

**2010 EP Text:**

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.

**2010 Standard:** RI.01.02.01

**2010 EP:** 22

**2010 EP Text:**

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.

**Standard RI.2.100****2009 Standard Text:**

The {jc}organization{/2} respects the {jc}patient's{/9} right to and need for effective communication.

**2009 Standard:** RI.2.100

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} respects the right and need of {jc}patients{/6} for effective communication.

**2009 Standard:** RI.2.100

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the {jc}patient{/1}.

**2009 Standard:** RI.2.100

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} provides interpretation (including translation) services as necessary.

**2009 Standard:** RI.2.100

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.

**2009 Standard:** RI.2.100

**2009 EP:** 5

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} offers telephone and mail service as appropriate to the setting and population.

**Standard RI.01.01.01****2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** RI.01.01.01

**2010 EP:** 5

**2010 EP Text:**

The organization respects the resident's right to and need for effective communication. (See also RI.01.01.03, EP 1)

**2010 Standard:** RI.01.01.03

**2010 EP:** 1

**2010 EP Text:**

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)

**2010 Standard:** RI.01.01.03

**2010 EP:** 2

**2010 EP Text:**

The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)

**2010 Standard:** RI.01.01.03

**2010 EP:** 3

**2010 EP Text:**

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)

**2010 Standard:** RI.01.06.05

**2010 EP:** 15

**2010 EP Text:**

The organization offers residents telephone and mail service.

**Standard RI.2.110**

**2009 Standard Text:**

{jc}Patients{/6} have a right to unlimited contact with visitors and others.

**2009 Standard:** RI.2.110

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} establishes liberal visiting hours that are limited only by the {jc}patients{/6}' personal preferences.

**2009 Standard:** RI.2.110

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} clearly communicates rules and regulations about visitors and visiting hours.

**2009 Standard:** RI.2.110

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

{jc}Patients{/6} are provided space to receive visitors in comfort and privacy.

**2009 Standard:** RI.2.110

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} supports the right of {jc}patients{/6} to choose with whom they want to talk.

**2009 Standard:** RI.2.110

**2009 EP:** 5

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} complies with law and regulation for visitors allowed immediate access to {jc}patients{/6} and exempted from normal visiting hours.

**Standard RI.01.07.05**

**2010 Standard Text:**

The resident has the right to receive and restrict visitors.

**2010 Standard:** RI.01.07.05

**2010 EP:** 1

**2010 EP Text:**

The organization establishes visiting hours that accommodate the resident's personal preferences.

**2010 Standard:** RI.01.07.05

**2010 EP:** 2

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.05

**2010 EP:** 3

**2010 EP Text:**

The organization provides space for the resident to receive visitors in comfort and privacy.

**2010 Standard:** RI.01.07.05

**2010 EP:** 5

**2010 EP Text:**

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).

**2010 Standard:** RI.01.07.05

**2010 EP:** 6

**2010 EP Text:**

The organization allows individuals who are permitted by law and regulation to have immediate access to the resident.

**2009 Standard:** RI.2.110

**2009 EP:** 6

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:NE

**2010 EP Text:**

Residents can refuse to talk to persons not associated with the {jc}organization{/2} or not directly involved in his or her care. Such persons include visitors, vendors, accreditation surveyors, and representatives of community organizations.

No EP

**2009 Standard:** RI.2.110

**2009 EP:** 7

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:NE

**2010 EP Text:**

The {jc}organization{/2} ensures that residents' privacy and security are considered in all interactions.

No EP

**Standard RI.2.120**

**2009 Standard Text:**

The {jc}organization{/2} addresses the resolution of complaints from {jc}patients{/6} and their families.

**2009 Standard:** RI.2.120

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} informs {jc}patients{/6}, families, and staff about the internal complaint/grievance resolution process upon admission.

**2009 Standard:** RI.2.120

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} informs {jc}patients{/6}, families, and staff about the internal complaint/grievance resolution process upon admission.

**2009 Standard:** RI.2.120

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} receives, reviews, and, when possible, resolves complaints from {jc}patients{/6} and their families.

**2009 Standard:** RI.2.120

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} responds to individuals making a significant (as defined by the {jc}organization{/2}) or recurring complaint.

**2009 Standard:** RI.2.120

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} informs {jc}patients{/6} about their right to file a complaint with the state authority.

**Standard RI.01.07.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.07.01

**2010 EP:** 1

**2010 EP Text:**

The organization establishes an internal complaint resolution process. (See also RI.01.07.11, EP 5)

**2010 Standard:** RI.01.07.01

**2010 EP:** 2

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.01

**2010 EP:** 4

**2010 EP Text:**

The organization reviews and, when possible, resolves complaints from the resident and his or her family.

**2010 Standard:** RI.01.07.01

**2010 EP:** 6

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.01

**2010 EP:** 7

**2010 EP Text:**

The organization provides the resident with the phone number and address needed to file a complaint with the relevant state authority.

<p><b>2009 Standard:</b> RI.2.120  <b>2009 EP Text:</b>                  Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.</p>	<p><b>2009 EP:</b> 5  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.07.01  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 10</p>
<p><b>2009 Standard:</b> RI.2.120  <b>2009 EP Text:</b>                  The organization prominently posts a description of the complaint/grievance process in the facility.</p>	<p><b>2009 EP:</b> 6  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.07.01  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 3</p>
<p><b>2009 Standard:</b> RI.2.120  <b>2009 EP Text:</b>                  If the organization does not resolve the complaint/grievance to the resident's or family's satisfaction, it refers them to other sources of assistance, such as ombudsman, legal services, or adult protective services programs.</p>	<p><b>2009 EP:</b> 7  <b>Revision Type:</b> Retain</p>	<p><b>2010 Standard:</b> RI.01.07.01  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 5</p>
<p><b>2009 Standard:</b> RI.2.120  <b>2009 EP Text:</b>                  The organization's written admission guidelines list other sources of assistance, including ombudsman, legal services, or adult protective services programs, for complaint resolution.</p>	<p><b>2009 EP:</b> 8  <b>Revision Type:</b> Consolidate</p>	<p><b>2010 Standard:</b> RI.01.07.01  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 8</p>
<p><b>2009 Standard:</b> RI.2.120  <b>2009 EP Text:</b>                  The organization provides these guidelines to residents and families on admission.</p>	<p><b>2009 EP:</b> 9  <b>Revision Type:</b> Consolidate</p>	<p><b>2010 Standard:</b> RI.01.07.01  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 8</p>

**Standard RI.2.130**

**2009 Standard Text:**

The {jc}organization{/2} respects the needs of {jc}patients{/6} for confidentiality, privacy, and security.

**2009 Standard:** RI.2.130

**2009 EP:** 1

**2009 EP Text:**

The {jc}organization{/2} protects confidentiality of information about {jc}patients{/6}.

**Revision Type:** Delete:NE

**2009 Standard:** RI.2.130

**2009 EP:** 2

**2009 EP Text:**

The {jc}organization{/2} respects the privacy of {jc}patients{/6}.

**Revision Type:** Retain

**2009 Standard:** RI.2.130

**2009 EP:** 3

**2009 EP Text:**

{jc}Patients{/6} who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.

**Revision Type:** Retain

**2009 Standard:** RI.2.130

**2009 EP:** 4

**2009 EP Text:**

The {jc}organization{/2} provides for the safety and security of {jc}patients{/6} and their property.

**Revision Type:** Delete:NE

**Standard RI.01.01.01**

**2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2010 Standard:** RI.01.01.01

**2010 EP:** 7

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.05

**2010 EP:** 16

**2010 EP Text:**

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.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2009 Standard:** RI.2.130

**2009 EP:** 5

**2009 EP Text:**

Residents who are married or have significant others are given a reasonable degree of privacy.

**Revision Type:** Retain

**2010 Standard:** RI.01.06.05

**2010 EP:** 24

**2010 EP Text:**

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.

**2009 Standard:** RI.2.130

**2009 EP:** 6

**2009 EP Text:**

The organization obtains documented resident/family consent when confidential information needs to be posted in the organization.

**Revision Type:** Retain

**2010 Standard:** RI.01.06.05

**2010 EP:** 25

**2010 EP Text:**

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.”

**Standard RI.2.140**

**2009 Standard Text:**

{jc}Patients{/6} have a right to an environment that preserves dignity and contributes to a positive self image.

**2009 Standard:** RI.2.140

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The environment of care supports the positive self-image of {jc}patients{/6} and preserves their human dignity.

**2009 Standard:** RI.2.140

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Delete:Redun

The {jc}organization{/2} provides sufficient storage space to meet the personal needs of the {jc}patients{/6}.

**2009 Standard:** RI.2.140

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} allows {jc}patients{/6} to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated (as appropriate to the setting or service).

**2009 Standard:** RI.2.140

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Split

The environment's essential components include the following: Homelike surroundings  
Sufficient space with access to personal living space  
Appropriate communication about room and roommate assignments or changes  
Environmental adaptations to help those with dementia, cognitive impairment, or temporary confusion  
Appropriate accommodations for married couples and {jc}patients{/6} with significant others regardless of sexual orientation, unless any limitations consistent with the organization's mission and philosophy have been disclosed to the resident at the time of or before admission

**Standard RI.01.06.05**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.06.05

**2010 EP:** 1

**2010 EP Text:**

The organization's environment of care supports the resident's positive self-image and dignity.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2010 Standard:** RI.01.06.05

**2010 EP:** 4

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.05

**2010 EP:** 3

**2010 EP Text:**

The organization provides homelike surroundings with access to personal living space.

**2009 Standard:** RI.2.140

**2009 EP:** 4

**2009 EP Text:**

The environment's essential components include the following: Homelike surroundings Sufficient space with access to personal living space Appropriate communication about room and roommate assignments or changes Environmental adaptations to help those with dementia, cognitive impairment, or temporary confusion Appropriate accommodations for married couples and {jc}patients{/6} with significant others regardless of sexual orientation, unless any limitations consistent with the organization's mission and philosophy have been disclosed to the resident at the time of or before admission

**Revision Type:** Split

**2010 Standard:** RI.01.06.05

**2010 EP:** 7

**2010 EP Text:**

The organization provides environmental adaptations to help residents with dementia, cognitive impairment, or temporary confusion.

**2009 Standard:** RI.2.140

**2009 EP:** 4

**2009 EP Text:**

The environment's essential components include the following: Homelike surroundings Sufficient space with access to personal living space Appropriate communication about room and roommate assignments or changes Environmental adaptations to help those with dementia, cognitive impairment, or temporary confusion Appropriate accommodations for married couples and {jc}patients{/6} with significant others regardless of sexual orientation, unless any limitations consistent with the organization's mission and philosophy have been disclosed to the resident at the time of or before admission

**Revision Type:** Split

**2010 Standard:** RI.01.06.05

**2010 EP:** 10

**2010 EP Text:**

The organization informs the resident of room and roommate assignments and changes, in time frames consistent with law and regulation.

**Standard RI.2.150**

**2009 Standard Text:**

{jc}Patients{/6} have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

**2009 Standard:** RI.2.150

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} addresses how it will, to the best of its ability, protect {jc}patients{/6} from real or perceived abuse, neglect, including involuntary seclusion, or exploitation\* from anyone, including staff, students, volunteers, other {jc}patients{/6}, visitors, or family members.\*Taking advantage of another for one’s own advantage or benefit.

**2009 Standard:** RI.2.150

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} addresses how it will, to the best of its ability, protect {jc}patients{/6} from real or perceived abuse, neglect, including involuntary seclusion, or exploitation\* from anyone, including staff, students, volunteers, other {jc}patients{/6}, visitors, or family members.\*Taking advantage of another for one’s own advantage or benefit.

**2009 Standard:** RI.2.150

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Split

All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the organization are explored by the {jc}organization{/2} and, based on the type of event, are referred to the appropriate authorities for investigation.

**2009 Standard:** RI.2.150

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Split

All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the organization are explored by the {jc}organization{/2} and, based on the type of event, are referred to the appropriate authorities for investigation.

**Standard RI.01.06.03**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.06.03

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.03

**2010 EP:** 7

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.03

**2010 EP:** 2

**2010 EP Text:**

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)

**2010 Standard:** RI.01.06.03

**2010 EP:** 3

**2010 EP Text:**

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)

**Standard RI.2.160**

**2009 Standard Text:**

{jc}Patients{/6} have the right to pain management.

**2009 Standard:** RI.2.160

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} plans, supports, and coordinates activities and resources to ensure that pain is recognized and addressed appropriately and in accordance with the care, treatment, and services provided including the following:Assessing for pain Educating all relevant providers about assessing and managing painEducating {jc}patients{/6} and families, when appropriate, about their roles in managing pain and the potential limitations and side effects of pain treatments

**2009 Standard:** RI.2.160

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} plans, supports, and coordinates activities and resources to ensure that pain is recognized and addressed appropriately and in accordance with the care, treatment, and services provided including the following:Assessing for pain Educating all relevant providers about assessing and managing painEducating {jc}patients{/6} and families, when appropriate, about their roles in managing pain and the potential limitations and side effects of pain treatments

**2009 Standard:** RI.2.160

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Split

The {jc}organization{/2} plans, supports, and coordinates activities and resources to ensure that pain is recognized and addressed appropriately and in accordance with the care, treatment, and services provided including the following:Assessing for pain Educating all relevant providers about assessing and managing painEducating {jc}patients{/6} and families, when appropriate, about their roles in managing pain and the potential limitations and side effects of pain treatments

**Standard RI.01.01.01**

**2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** HR.01.04.01

**2010 EP:** 4

**2010 EP Text:**

The organization orients staff on the following: Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)

**2010 Standard:** HR.02.02.01

**2010 EP:** 4

**2010 EP Text:**

The organization orients licensed independent practitioners on the following: Their specific responsibilities, including those related to infection prevention and control, and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; RI.01.01.01, EP 8)  
Note: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than a licensed independent practitioner who is privileged.

**2010 Standard:** RI.01.01.01

**2010 EP:** 8

**2010 EP Text:**

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)

**Standard RI.2.170**

**2009 Standard Text:**

{jc}Patients{/6} have a right to access protective and advocacy services.

**2009 Standard:** RI.2.170

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

When the {jc}organization{/2} serves a population of {jc}patients{/6} who often need protective services (that is, guardianship and advocacy services, conservatorship, and child or adult protective services), it provides resources to help the family and the courts determine the {jc}patient's{/9} needs for such services.

**2009 Standard:** RI.2.170

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

When appropriate, the {jc}organization{/2} maintains a list of names, addresses, and telephone numbers of pertinent state {jc}patient{/1} advocacy groups such as the state authority and the protection and advocacy network.

**2009 Standard:** RI.2.170

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The list is given to {jc}patients{/6} when requested.

**2009 Standard:** RI.2.170

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Delete:NE

The {jc}organization{/2} develops and implements policies and procedures for the above requirements.

**Standard RI.01.07.03**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.07.03

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.03

**2010 EP:** 2

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.03

**2010 EP:** 3

**2010 EP Text:**

The organization gives the list of resident advocacy groups to the resident when requested.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**Standard RI.2.180**

**2009 Standard Text:**

The {jc}organization{/2} protects research subjects and respects their rights during research, investigation, and clinical trials involving human subjects.

**2009 Standard:** RI.2.180

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} reviews all research protocols in relation to its mission, values, and other guidelines and weighs the relative risks and benefits to the research subjects.

**2009 Standard:** RI.2.180

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

The {jc}organization{/2} provides {jc}patients{/6} who are potential subjects in research, investigation, and clinical trials with adequate information\* to participate or refuse to participate in research. \*Adequate information includes an explanation of the purpose of the research and expected duration of the subject's participation; a description of expected benefits, potential discomforts, and risks; alternative services that might prove advantageous to the individual; and a full explanation of the procedures to be followed.

**2009 Standard:** RI.2.180

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

{jc}Patients{/6} are informed that refusing to participate or discontinuing participation at any time will not compromise their access to care, treatment, and services not related to the research.

**2009 Standard:** RI.2.180

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Split

Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant's right to privacy, confidentiality, and safety.

**Standard RI.01.03.05**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.03.05

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.03.05

**2010 EP:** 2

**2010 EP Text:**

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

**2010 Standard:** RI.01.03.05

**2010 EP:** 3

**2010 EP Text:**

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.

**2010 Standard:** RI.01.03.05

**2010 EP:** 4

**2010 EP Text:**

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.

<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p><b>2009 EP:</b> 4  <b>Revision Type:</b> Split</p>	<p><b>2010 Standard:</b> RI.01.03.05  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 5</p>
<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p><b>2009 EP:</b> 4  <b>Revision Type:</b> Split</p>	<p><b>2010 Standard:</b> RI.01.03.05  <b>2010 EP Text:</b>                  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.</p>	<p><b>2010 EP:</b> 6</p>
<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p><b>2009 EP:</b> 4  <b>Revision Type:</b> Split</p>	<p><b>2010 Standard:</b> RI.01.03.05  <b>2010 EP Text:</b>                  The research consent form describes the resident's right to privacy, confidentiality, and safety.</p>	<p><b>2010 EP:</b> 7</p>
<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  Subjects are told the extent to which their personally identifiable private information will be held in confidence.</p>	<p><b>2009 EP:</b> 5  <b>Revision Type:</b> Delete:Redun</p>	<p><b>2010 Standard:</b> N/A  <b>2010 EP Text:</b>                  No EP</p>	<p><b>2010 EP:</b> N/A</p>
<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  All information given to subjects is in the {c}medical record{/8} or research file along with the consent forms.</p>	<p><b>2009 EP:</b> 6  <b>Revision Type:</b> Delete:Redun</p>	<p><b>2010 Standard:</b> N/A  <b>2010 EP Text:</b>                  No EP</p>	<p><b>2010 EP:</b> N/A</p>
<p><b>2009 Standard:</b> RI.2.180  <b>2009 EP Text:</b>                  If a research-related injury (that is, physical, psychological, social, financial, or otherwise) occurs, the principal investigator attempts to address any harmful consequences the subject may have experienced as a result of research procedures.</p>	<p><b>2009 EP:</b> 7  <b>Revision Type:</b> Delete:NE</p>	<p><b>2010 Standard:</b> N/A  <b>2010 EP Text:</b>                  No EP</p>	<p><b>2010 EP:</b> N/A</p>

**2009 Standard:** RI.2.180

**2009 EP:** 8

**2009 EP Text:**

The organization obtains and maintains a copy of the consent form.

**Revision Type:** Retain

**2010 Standard:** RI.01.03.05

**2010 EP:** 8

**2010 EP Text:**

The organization obtains and maintains a copy of the consent form for research, investigation, or clinical trials.

**Standard RI.2.190**

**2009 Standard Text:**

In {jc}organization{/2}s that provide opportunities for work, a defined policy addresses situations in which {jc}patients{/6} work.

**2009 Standard:** RI.2.190

**2009 EP:** 1

**2009 EP Text:**

Policies and procedures address situations in which {jc}patients{/6} work.

**Revision Type:** Retain

**2009 Standard:** RI.2.190

**2009 EP:** 2

**2009 EP Text:**

Policies and procedures are implemented.

**Revision Type:** Retain

**2009 Standard:** RI.2.190

**2009 EP:** 3

**2009 EP Text:**

Wages paid to {jc}patients{/6} are in accordance with applicable law and regulation.

**Revision Type:** Retain

**2009 Standard:** RI.2.190

**2009 EP:** 4

**2009 EP Text:**

Work is addressed in the care, treatment, and service plan.

**Revision Type:** Retain

**2009 Standard:** RI.2.190

**2009 EP:** 5

**2009 EP Text:**

Work is performed voluntarily.

**Revision Type:** Retain

**Standard RI.01.07.07**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.07.07

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.07

**2010 EP:** 2

**2010 EP Text:**

The organization implements its policy regarding residents who work for or on behalf of the organization.

**2010 Standard:** RI.01.07.07

**2010 EP:** 3

**2010 EP Text:**

Wages paid to residents who work for or on behalf of the organization are in accordance with law and regulation.

**2010 Standard:** RI.01.07.07

**2010 EP:** 4

**2010 EP Text:**

The organization incorporates into the plan of care the work performed by the resident for or on behalf of the organization.

**2010 Standard:** RI.01.07.07

**2010 EP:** 5

**2010 EP Text:**

Residents have the right to refuse to work for or on behalf of the organization.

**Standard RI.2.200**

**2009 Standard Text:**

{c}Patients{/6} have a right to exercise citizenship privileges.

**2009 Standard:** RI.2.200

**2009 EP:** 1

**2009 EP Text:**

The {c}organization{/2} helps {c}patients{/6} with citizenship privileges to exercise their citizenship privileges, including arranging for them to vote.

**Revision Type:** Retain

**Standard RI.01.06.07**

**2010 Standard Text:**

Residents have a right to exercise citizenship privileges.

**2010 Standard:** RI.01.06.07

**2010 EP:** 1

**2010 EP Text:**

The organization helps residents with citizenship privileges to exercise these privileges, including their voting privileges.

**Standard RI.2.210**

**2009 Standard Text:**

Residents have a right to a quality of life that supports independent expression, choice, and decision making, consistent with applicable law and regulation.

**2010 Standard Text:**

No Standard

**2009 Standard:** RI.2.210

**2009 EP:** 1

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:Redun

**2010 EP Text:**

No EP

Residents receive care that respects their independence, expression of choice, and decision making.

**2009 Standard:** RI.2.210

**2009 EP:** 2

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:Redun

**2010 EP Text:**

No EP

{c}Patients{/6}' choices about their planned course of care, treatment, and services are supported by the {c}organization{/2}.

**2009 Standard:** RI.2.210

**2009 EP:** 3

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:NE

**2010 EP Text:**

No EP

{c}Patients{/6}' health beliefs and expectations are honored by the {c}organization{/2}.

**Standard RI.2.220**

**2009 Standard Text:**

Residents receive care that respects their personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.

**2010 Standard Text:**

No Standard

**2009 Standard:** RI.2.220

**2009 EP:** 1

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:Redun

**2010 EP Text:**

{c}Patients{/6}' personal values, beliefs, and cultural and spiritual preferences are respected by the {c}organization{/2}.

No EP

**2009 Standard:** RI.2.220

**2009 EP:** 2

**2010 Standard:** N/A

**2009 EP Text:**

**Revision Type:** Delete:NE

**2010 EP Text:**

{c}Patients{/6}' life-long patterns of living, including lifestyle choices related to sexual orientation are respected by the {c}organization{/2}.

No EP

**Standard RI.2.230**

**2009 Standard Text:**

Residents have a right to freedom from chemical or physical restraint.

**2009 Standard:** RI.2.230

**2009 EP:** 1

**2009 EP Text:**

Organization policies and procedures support the resident's right to be free from restraints.

**Revision Type:** Retain

**Standard RI.01.06.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.06.01

**2010 EP:** 1

**2010 EP Text:**

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.

**Standard RI.2.240**

**2009 Standard Text:**

Residents can participate or refuse to participate in social, spiritual, or community activities and groups.

**2009 Standard:** RI.2.240

**2009 EP:** 1

**2009 EP Text:**

Each resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups is supported by the organization.

**Revision Type:** Retain

**Standard RI.01.01.01**

**2010 Standard Text:**

The organization respects resident rights.

**2010 Standard:** RI.01.01.01

**2010 EP:** 27

**2010 EP Text:**

The organization supports the resident's choice to participate or refuse to participate in social, spiritual, or community activities and groups.

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.2.250**

**2009 Standard Text:**

As appropriate to their care or service plan, residents can access transportation services.

**2009 Standard:** RI.2.250

**2009 EP:** 1

**2009 EP Text:**

The organization arranges transportation for residents to and from physician or dentist appointments and other activities identified in their care or service plan.

**Revision Type:** Retain

**2009 Standard:** RI.2.250

**2009 EP:** 2

**2009 EP Text:**

The organization arranges for an appropriate attendant, as necessary, when transporting residents.

**Revision Type:** Retain

**Standard RI.01.07.13**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.07.13

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.13

**2010 EP:** 2

**2010 EP Text:**

As necessary, the organization arranges for an attendant when transporting the resident.

**Standard RI.2.260**

**2009 Standard Text:**

Residents have a right to a resident council.

**2009 Standard:** RI.2.260

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The organization establishes a resident council.

**2009 Standard:** RI.2.260

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

Residents are involved in planning and running the resident council.

**2009 Standard:** RI.2.260

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

Residents are informed of council meetings and invited to attend.

**2009 Standard:** RI.2.260

**2009 EP:** 4

**2009 EP Text:**

**Revision Type:** Retain

When a resident cannot attend or chooses not to attend the resident council, the organization has a way to send that resident's concerns to the council and provide feedback to the resident.

**2009 Standard:** RI.2.260

**2009 EP:** 5

**2009 EP Text:**

**Revision Type:** Retain

When a resident council is not a suitable forum for resolving particular complaints or addressing certain cases, the organization provides a resident representative or advocate.

**Standard RI.01.07.11**

**2010 Standard Text:**

Residents have a right to a resident council.

**2010 Standard:** RI.01.07.11

**2010 EP:** 1

**2010 EP Text:**

The organization assists residents in establishing resident council meetings.

**2010 Standard:** RI.01.07.11

**2010 EP:** 2

**2010 EP Text:**

The organization assists residents in planning and running the resident council.

**2010 Standard:** RI.01.07.11

**2010 EP:** 3

**2010 EP Text:**

The organization notifies residents of resident council meetings and invites them to attend.

**2010 Standard:** RI.01.07.11

**2010 EP:** 4

**2010 EP Text:**

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.

**2010 Standard:** RI.01.07.11

**2010 EP:** 5

**2010 EP Text:**

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)

**Standard RI.2.270**

**2009 Standard Text:**

Residents can select their medical, dental, and other licensed independent practitioner care providers.

**2009 Standard:** RI.2.270

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Retain

The organization supports each resident’s right to choose an attending physician, dentist, and other licensed independent practitioner.

**2009 Standard:** RI.2.270

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Retain

The organization supports resident requests for a different licensed independent practitioner both on admission and throughout the course of care.

**2009 Standard:** RI.2.270

**2009 EP:** 3

**2009 EP Text:**

**Revision Type:** Retain

The organization makes reasonable attempts to respond to these requests. 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 in the system.

**Standard RI.01.06.09**

**2010 Standard Text:**

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

**2010 Standard:** RI.01.06.09

**2010 EP:** 1

**2010 EP Text:**

The organization supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner.

**2010 Standard:** RI.01.06.09

**2010 EP:** 2

**2010 EP Text:**

The organization supports the resident's right to request a different licensed independent practitioner upon admission and throughout the course of care.

**2010 Standard:** RI.01.06.09

**2010 EP:** 3

**2010 EP Text:**

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.

**Standard RI.2.280**

**2009 Standard Text:**

Residents have a right to communicate with their medical, dental, and other licensed independent practitioner care providers.

**2009 Standard:** RI.2.280

**2009 EP:** 1

**2009 EP Text:**

The organization supports the residents' right to know their medical, dental, and other licensed independent practitioner care providers.

**Revision Type:** Delete:Redun

**2009 Standard:** RI.2.280

**2009 EP:** 2

**2009 EP Text:**

The organization provides residents and families with names and telephone numbers of the physician or other practitioner primarily responsible for their care.

**Revision Type:** Retain

**2009 Standard:** RI.2.280

**2009 EP:** 3

**2009 EP Text:**

The organization provides residents and families with names and professional status of individuals responsible for authorizing and performing procedures and treatments, when appropriate.

**Revision Type:** Retain

**2009 Standard:** RI.2.280

**2009 EP:** 4

**2009 EP Text:**

The organization helps residents make and keep appointments.

**Revision Type:** Retain

**2009 Standard:** RI.2.280

**2009 EP:** 5

**2009 EP Text:**

The organization considers residents' possible impairments when providing information.

**Revision Type:** Delete:Redun

**Standard RI.01.06.11**

**2010 Standard Text:**

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

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2010 Standard:** RI.01.06.11

**2010 EP:** 1

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.11

**2010 EP:** 2

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.11

**2010 EP:** 3

**2010 EP Text:**

The organization helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**Standard RI.2.290**

**2009 Standard Text:**

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

**2009 Standard:** RI.2.290

**2009 EP Text:**

Residents can access and use available funds.

**2009 Standard:** RI.2.290

**2009 EP Text:**

Residents who authorize the organization to manage their funds do so in writing.

**2009 Standard:** RI.2.290

**2009 EP Text:**

When the organization manages a resident's personal funds, the resident has ready and reasonable access to those funds.

**2009 Standard:** RI.2.290

**2009 EP Text:**

When the organization manages a resident's personal funds, it gives the resident at least quarterly an accurate accounting of all financial transactions on the resident's behalf.

**2009 Standard:** RI.2.290

**2009 EP Text:**

The organization involves the legal guardian, durable power of attorney, or family, as appropriate.

**2009 EP:** 1

**Revision Type:** Delete:Redun

**2009 EP:** 2

**Revision Type:** Retain

**2009 EP:** 3

**Revision Type:** Retain

**2009 EP:** 4

**Revision Type:** Retain

**2009 EP:** 5

**Revision Type:** Retain

**Standard RI.01.06.13**

**2010 Standard Text:**

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

**2010 Standard:** N/A

**2010 EP Text:**

No EP

**2010 Standard:** RI.01.06.13

**2010 EP:** 1

**2010 EP Text:**

The organization obtains written authorization when a resident allows the organization to manage his or her funds.

**2010 Standard:** RI.01.06.13

**2010 EP:** 2

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.13

**2010 EP:** 3

**2010 EP Text:**

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.

**2010 Standard:** RI.01.06.13

**2010 EP:** 4

**2010 EP Text:**

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.

**Standard RI.3.10**

**2009 Standard Text:**

{c}Patients{/6} are given information about their responsibilities while receiving care, treatment, and services.

**2009 Standard:** RI.3.10

**2009 EP:** 1

**2009 EP Text:**

**Revision Type:** Consolidate

The {c}organization{/2} has a policy that defines the mechanism for communicating responsibilities of {c}patients{/6}.

**2009 Standard:** RI.3.10

**2009 EP:** 2

**2009 EP Text:**

**Revision Type:** Consolidate

The policy includes the responsibilities for providing information, asking questions, following instructions, accepting consequences, following rules and regulations, showing respect and consideration, and meeting financial commitments.

**Standard RI.02.01.01**

**2010 Standard Text:**

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

**2010 Standard:** RI.02.01.01

**2010 EP:** 1

**2010 EP Text:**

The organization has a written policy that defines the resident's responsibilities, including, but not limited to, the following:

- 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

**2010 Standard:** RI.02.01.01

**2010 EP:** 1

**2010 EP Text:**

The organization has a written policy that defines the resident's responsibilities, including, but not limited to, the following:

- 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

**2009 Standard:** RI.3.10

**2009 EP:** 3

**2010 Standard:** RI.02.01.01

**2010 EP:** 2

**2009 EP Text:**

{jc}Patients{/6} are informed about their responsibilities verbally, in writing, or both, based on {jc}organization{/2} policy.

**Revision Type:** Retain

**2010 EP Text:**

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.

**2009 Standard:** RI.3.10

**2009 EP:** 4

**2010 Standard:** N/A

**2009 EP Text:**

{jc}Patients{/6} are informed about their responsibilities initially and as needed thereafter.

**Revision Type:** Delete:NE

**2010 EP Text:**

No EP