

## **WELCOME TO MARWOOD NURSING & REHAB**

Thanks you for choosing Marwood Nursing & Rehab. The transition to a nursing facility – for both the Resident – and his or her family can be challenging. For many, it is the end of one way of life, and the start of another. For others, it is merely a short stay for an acute issue.

Marwood Nursing & Rehab began as a 50-bed nursing home in 1963, in response to a community need. As the need grew, so did Marwood. Our current capacity is 240 beds. We provide long-term nursing care, memory care and short-term rehabilitation services (i.e. physical, occupational, and speech therapy).

## **VISITING**

Our reception staff is available seven days a week from **8:30 a.m. through 6:00 p.m.** For those that wish to visit before 8:30 a.m. or after 6.00 p.m., please use the doorbell at either the main entrance or on Independence Pointe or you can obtain a door pass from reception. The door pass will allow you to use all of the entrances.

When children are visiting, those under 14 years old should be escorted by an adult. If you wish to bring a pet for a visit, the pet must be under the control of the owner at all times. If your dog will be visiting to other residents, please make sure you bring in proof that shot records are up to date. Prior arrangements can be made with our activity department.

Any one of the lounge areas can be used for visiting. Lounge areas can also be reserved for special celebrations like anniversaries or birthdays. Due to space limitation no groups of 16 or more can be accommodated. If you are interested in reserving a room, please contact the receptionist at (810) 982-9500. Rooms are reserved on a first-come, first-serve basis.

Occasionally, it is possible that the Resident is up to an excursion; an outside activity is very beneficial for everyone. Please give us as much advance notice as possible and we will assist in making necessary arrangements with the attending physician, dining services, etc. The Resident/Responsible Party must sign out at the nurse's station when leaving the building and when returning. In some cases medications will be sent along, so remember – always see the nurse on duty before leaving. Residents utilizing a Medicaid benefit are subject to "overnight stay" guidelines which change from time to time. The nursing office will assist you in understanding the latest requirements.

## **PUBLIC INFORMATION**

A glass enclosed public information bulletin board is located in the main hallway by Reception. Posted is information required by State and Federal regulations. This information is also available in a binder in the reception area and some sitting areas throughout the facility.

## **DEPARTMENT OF HUMAN SERVICES**

Marwood has a DHS worker on site that will help you with your Medicaid application. If you need her assistance she can be reached at 810-966-5382.

## **TRANSPORTATION**

Depending on payor source transportation may be the responsible of the resident. If the resident and/or family cannot transport to medical appointments, the facility will help arrange the transportation. Blue Water Area Transit buses and Council on Aging transportation are also available, if needed. Please make

arrangements directly with the provider (Based on availability Marwood does have a Certified Nurse Assistant (CNA) that may accompany the resident with public transportation if the family is unable to). Prior arrangements must be made with nursing staff for availability.

### **ROOM DÉCOR AND FURNISHINGS**

Residents are permitted to bring in special mementoes from home. Please discuss your wishes with the office prior to bringing items into Marwood. Photos and paintings may be a hung by the Maintenance Department. To ensure fire safety, please contact the office before bringing in furniture or seasonal items.

### **RESIDENT COUNCIL**

Marwood has a Resident Council that is designated to act as a forum for Residents and families to air suggestions, compliments, discuss items of interest and future activities, etc. Family members are invited to attend.

### **RESIDENT CARE PLANNING**

On a quarterly basis, key members of our nursing team and other disciplines meet to review our goals and plan of care of each Resident. We invite and encourage you to participate either in person or by written suggestion. Meetings are scheduled through our receptionist.

### **CLOTHING**

All clothing should be labeled with the residents first and last name. Closet space is limited, we recommend rotating seasonal clothing if possible.

For safety reasons, slipper (grip) socks and shoes/slippers with rubber-type bottoms are recommended.

### **LAUNDRY SERVICES**

If requested, laundry can be done in-house by the laundry staff. It is delivered daily and is free of charge. All items will be labeled by Marwood Nursing & Rehab with the Residents first and last name to assist us in identification if the item is misplaced.

### **STORAGE OF BELONGINGS**

If a Resident is discharged to the hospital and does not hold the bed, his/her belongings may be packed in boxes and placed in the supply room for safekeeping until the Resident returns.

If the Resident will not be returning to Marwood Nursing & Rehab, please make arrangements to pick up the belongings within 30 days as our storage ability is limited.

### **PERSONAL BELONGINGS**

All valuables should be marked with first and last name. Items such as: dentures, razors, hearing aids, eyeglasses, watches, etc., will be marked by our receptionist. These items must also be logged in the Resident's chart by the nurse. If at any time, additional personal items are brought in by family or friends, e sure to notify you nurse so they item can be logged accordingly.

## **BEAUTY AND BARBER SALON SERVICES**

Hair care services for men and women are provided on a scheduled basis at a nominal cost. A fully equipped salon is available in the building.

Should you or a friend (excluding licensed beauticians) wish to use the facilities to provide personal grooming and care for the resident, stop at the reception desk to make arrangements.

## **RESIDENT TRUST FUND**

A Resident Trust Fund is handled through the business office. Residents, who wish to, may have funds on deposit. To open an account, visit the reception area to sign a Resident Trust Fund form and make a deposit. Residents may draw against this account for incidental purchases. Marwood Nursing & Rehab is accountable for all such funds and routine posting and receipts are maintained. Residents are not advised to accumulate large amounts of cash on their person or in their room. Usually \$5.00 or less is more than adequate. Larger amounts may be withdrawn as needed for specific purposes. We ask for 24 hours notice to accommodate withdrawals of \$100.00 dollars or more. Upon discharge, monies will be applied toward any outstanding balance owed to Marwood Nursing & Rehab before a refund is issued.

## **PERSONAL PHONE CALLS – PRIVATE PHONES**

Residents have access to telephones at nurse's stations, in the activity room and social worker offices. Residents wishing extra privacy may obtain it by asking staff. There are a number of quiet areas and offices available to our residents. (The staff will assist when necessary.) In select cases, your call may be transferred to an in-house portable phone that can be taken to the Resident's bedside if they do not have their own phone. If they are not readily available, please leave your number and we will have the Resident return the call promptly. Local calls are available at no cost to the Resident. (Long distance calls can be handled by utilization of their cell phone, or by accessing phone credit or a calling card that a Resident may choose to keep). A phone can be installed in the residents room for a fee. Requests for phones can be made at the reception desk.

## **TELEVISIONS – RADIO**

Resident rooms are equipped with a television. Resident should be considerate of television viewing choices, volume and hours of the day and evening when viewing occurs. Televisions are also available in our public spaces and in lounges.

Radios, clock radios and clocks should be labeled with the Resident's name. (We recommend using an engraving tool. Electronic equipment volume and hours of operation must be such that it does not disturb others).

## **MAIL**

Residents receive their mail daily. If needed, help in reading and/or writing will be provided. Families are welcome to send cards, letter and packages, etc.

## **EMAIL/SKYPE**

There are computers located throughout the facility for you to use if you wish to send an email or Skype your loved ones.

## **NEWSPAPER DELIVERY**

Newspaper subscriptions are available through the Detroit News and Times Herald. Arrangements may be made for daily, weekly, or Sunday only. The Times Herald is also available from a vending machine at the main entrance.

## **GRATUITIES**

Tips and gratuities to employees from Residents and families are not necessary and are prohibited.

## **SMOKING**

Marwood Nursing & Rehab is a smoke free campus. Smoking is strictly prohibited in the facility and anywhere on Marwood property. Smoking paraphernalia is not allowed to be stored in Resident rooms.

## **MEDICATION**

The attending physician has total control of all medications given, their timing etc. All medications, including over-the-counter items must be prescribed by a physician. To avoid any possibility of error, all medications brought into the facility from home should be taken home or Marwood will have to dispose of them upon admission. No such items should be kept at bedside at any time. Medications will be obtained and dispensed only under the direction of a physician and administered by a licensed nurse.

## **THERAPY PROGRAM**

We have an excellent therapy program which operates seven days a week. An assessment will be done on each Resident to determine their therapy potential. Family members may be present in our therapy gym provided space is available, and the Resident approves.

## **ANCILLARY MEDICAL SERVICES**

We offer dental, optometry, audiology and podiatry services on site, as well as x-ray services. These services are available to all Residents who choose to use them. A form will be reviewed upon admission.

## **DINING SERVICES**

Our dining service department provides an excellent array of menus and special dishes. Diets are planned by the attending physician to meet the needs of each Resident. Our dieticians ensure that meals are prepared according to physician recommendations.

## **GUEST TRAYS**

Trays must be ordered no later than one (1) hour before the meal. Trays will consist of the regular diet planned for that meal. Arrangements and payment are to be made in advance through reception.

## **MEAL AND SNACK TIMES**

Information regarding meal times is posted on each neighborhood. If perishable items are brought in for a Resident, please arrange for the items to be kept in the kitchen. Refrigerated food must be dated and must have the resident's name on it. All refrigerated items are disposed of after 24 hours per state regulations. Non-perishable items can be given to the nurse's station or placed in a covered container at the Resident's bedside stand.

## **ACTIVITIES**

Activity plays an important role in our facility. We have a full-time activity staff, augmented by capable and conscientious volunteers. A broad spectrum of activities are available – some regular – some seasonal. Samplings are: our annual cookout, Christmas tea, movies, religious services, cooking classes, reading club, card tournaments, live music, newspaper and novel readings, and a well equipped activities room.

## **ROOM CHANGES**

On occasion, the nursing department must move Residents to different areas within the facility. These moves are generally done for medical needs or reasons of compatibility. Your cooperation in easing the transition for is appreciated. When a resident is here for skilled therapy and the plan is to stay long term, the resident will be moved from our Rehab Unit to a long term care neighborhood.

## **FINANCIAL/INSURANCE CHANGES**

Any changes in either or financial status or insurance must be brought to the attention of the billing department as soon as you are aware. (e.g. Medicare, Medicaid, Blue Cross, Long-Term Care Insurance, Veteran's benefits, etc.). This is critical to allow us to help you coordinate your benefits to prevent any loss of coverage.

## **SECURITY**

All Residents are assigned an identification band/bracelet to help guard against medication errors and to assist with dietary and transfer precautions.

## **SOCIAL SERVICES**

Social Workers strive to identify medically related social and emotional needs of Residents. Social workers act as a liaison between you, your family and the health care team and are assigned to Residents upon admission. Referrals to community resources are initiated on an as-needed basis to help meet the needs of the Resident.

## **NON-DISCRIMINATION**

It is the policy of Marwood Nursing & Rehab to admit and treat all Residents without regard to race, color, national origin, sexual preference, or handicap. There is no distinction in eligibility for, or in the manner of providing, any Resident service provided by the nursing home or by others in or outside of the home.

## **ABUSE**

If a resident has a concern regarding abuse, neglect, misappropriation of resident property in the facility they should file a complaint. Please contact the Nursing Supervisor immediately by calling 966-5494 or The Abuse hotline is 1-800-882-6006.

## **RESIDENT RIGHTS AND RESPONSIBILITIES**

### **PREAMBLE**

The dignity of the individual is never more important and never more in danger, than in old age. With its traditional concern for the older person, this facility believes that Residents are not only entitled to high standards of social and physical care, but also to the exercise of those inherent human rights that contribute to the totality of individual dignity.

To emphasize this belief, the Board of Trustees/Owners of Marwood Nursing & Rehab have approved this statement of Resident rights and responsibilities, in the hope that it will contribute to the Resident's physical and mental well-being, to his/her opportunities for continued personal growth, and to the affirmation of his/her human dignity.

#### Resident rights

(a) *Residents Rights.* The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

(b) *Exercise of rights.* The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.

(i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.

(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.

(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.

(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.

(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns in the manner required under State law.

(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law

(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decision outside the representative's authority.

(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.

(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.

(c) *Planning and implementing care.* The resident has the right to be informed of, and participate in, his or her treatment, including:

(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.

(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

(iii) The right to be informed, in advance, of changes to the plan of care.

(iv) The right to receive the services and/or items included in the plan of care.

(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must—

(i) Facilitate the inclusion of the resident and/or resident representative.

(ii) Include an assessment of the resident's strengths and needs.

(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.

(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.

(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

(7) The right to self-administer medications if the interdisciplinary team, as defined by § 483.21(b)(2)(ii), has determined that this practice is clinically appropriate.

(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

(d) *Choice of attending physician.* The resident has the right to choose his or her attending physician.

(1) The physician must be licensed to practice, and

(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.

(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.

(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.

(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.

(e) *Respect and dignity.* The resident has a right to be treated with respect and dignity, including:

(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with § 483.12(a)(2).



- (2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
  - (3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.
  - (4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.
  - (5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.
  - (6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.
  - (7) The right to refuse to transfer to another room in the facility, if the purpose of the transfer is:
    - (i) To relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or
    - (ii) to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.
    - (iii) solely for the convenience of staff.
  - (8) A resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits.
- (f) *Self-determination.* The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.
- (1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.
  - (2) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.
  - (3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.
  - (4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.
    - (i) The facility must provide immediate access to any resident by—
      - (A) Any representative of the Secretary,
      - (B) Any representative of the State,

(C) Any representative of the Office of the State long term care ombudsman, (established under section 712 of the Older Americans Act of 1965, as amended 2016 ([42 U.S.C. 3001 et seq.](#))),

(D) The resident's individual physician,

(E) Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([42 U.S.C. 15001 et seq.](#)),

(F) Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000 ([42 U.S.C. 10801 et seq.](#)), and

(G) The resident representative.

(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;

(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;

(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and

(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.

(vi) A facility must meet the following requirements:

(A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.

(B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

(C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

(D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.

(5) The resident has a right to organize and participate in resident groups in the facility.

- (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.
- (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.
- (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.
- (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.
  - (A) The facility must be able to demonstrate their response and rationale for such response.
  - (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.
- (6) The resident has a right to participate in family groups.
- (7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.
- (8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.
- (9) The resident has a right to choose to or refuse to perform services for the facility and the facility must not require a resident to perform services for the facility. The resident may perform services for the facility, if he or she chooses, when—
  - (i) The facility has documented the resident's need or desire for work in the plan of care;
  - (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
  - (iii) Compensation for paid services is at or above prevailing rates; and
  - (iv) The resident agrees to the work arrangement described in the plan of care.
- (10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds.
  - (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section.
  - (ii) *Deposit of funds.* (A) In general: Except as set out in paragraph (f)(10)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds

to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund.

(B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.

(iii) *Accounting and records.* (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(C) The individual financial record must be available to the resident through quarterly statements and upon request.

(iv) *Notice of certain balances.* The facility must notify each resident that receives Medicaid benefits—

(A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and

(B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

(v) *Conveyance upon discharge, eviction, or death.* Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.

(vi) *Assurance of financial security.* The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.

(11) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with § 489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See § 447.15 of this chapter, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)

(i) *Services included in Medicare or Medicaid payment.* During the course of a covered Medicare or Medicaid stay, facilities must not charge a resident for the following categories of items and services:

- (A) Nursing services as required at § 483.35.
  - (B) Food and Nutrition services as required at § 483.60.
  - (C) An activities program as required at § 483.24(c).
  - (D) Room/bed maintenance services.
  - (E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing assistance, and basic personal laundry.
  - (F) Medically-related social services as required at § 483.40(d).
  - (G) Hospice services elected by the resident and paid for under the Medicare Hospice Benefit or paid for by Medicaid under a state plan.
- (ii) *Items and services that may be charged to residents' funds.* Paragraphs (f)(11)(ii)(A) through (L) of this section are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if they are not required to achieve the goals stated in the resident's care plan, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:
- (A) Telephone, including a cellular phone.
  - (B) Television/radio, personal computer or other electronic device for personal use.
  - (C) Personal comfort items, including smoking materials, notions and novelties, and confections.
  - (D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.
  - (E) Personal clothing.
  - (F) Personal reading matter.
  - (G) Gifts purchased on behalf of a resident.
  - (H) Flowers and plants.
  - (I) Cost to participate in social events and entertainment outside the scope of the activities program, provided under § 483.24(c).
  - (J) Non-covered special care services such as privately hired nurses or aides.
  - (K) Private room, except when therapeutically required (for example, isolation for infection control).

(L) Except as provided in (e)(11)(ii)(L)(1) and (2) of this section, specially prepared or alternative food requested instead of the food and meals generally prepared by the facility, as required by § 483.60.

(1) The facility may not charge for special foods and meals, including medically prescribed dietary supplements, ordered by the resident's physician, physician assistant, nurse practitioner, or clinical nurse specialist, as these are included in accordance with § 483.60.

(2) In accordance with § 483.60(c) through (f), when preparing foods and meals, a facility must take into consideration residents' needs and preferences and the overall cultural and religious make-up of the facility's population.

(iii) *Requests for items and services.* (A) The facility can only charge a resident for any non-covered item or service if such item or service is specifically requested by the resident.

(B) The facility must not require a resident to request any item or service as a condition of admission or continued stay.

(C) The facility must inform, orally and in writing, the resident requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(g) *Information and communication.* (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.

(2) The resident has the right to access personal and medical records pertaining to him or herself.

(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and

(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:

(A) Labor for copying the records requested by the individual, whether in paper or electronic form;

(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and

(C) Postage, when the individual has requested the copy be mailed.

(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.

(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including;

(i) *Required notices as specified in this section.* The facility must furnish to each resident a written description of legal rights which includes—

(A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section;

(B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act.

(C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and

(D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(ii) Information and contact information for State and local advocacy organizations, including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 ([42 U.S.C. 3001 et seq.](#)) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([42 U.S.C. 15001 et seq.](#));

(iii) Information regarding Medicare and Medicaid eligibility and coverage;

(iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program

(v) Contact information for the Medicaid Fraud Control Unit; and

(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(5) The facility must post, in a form and manner accessible and understandable to residents, and resident representatives:

(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and

(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements ([42 CFR part 489](#) subpart I) and requests for information regarding returning to the community.

(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.

(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to:

(i) A telephone, including TTY and TDD services;

(ii) The internet, to the extent available to the facility; and

(iii) Stationery, postage, writing implements and the ability to send mail.

(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:

(i) Privacy of such communications consistent with this section; and

(ii) Access to stationery, postage, and writing implements at the resident's own expense.

(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for Internet research.

(i) If the access is available to the facility

(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.

(iii) Such use must comply with state and federal law.

(10) The resident has the right to—

(i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and

(ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(11) The facility must—

(i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.

(ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and



(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.

(iv) The facility shall not make available identifying information about complainants or residents.

## **BA CITIZEN'S GUIDE TO FILING A COMPLAINT AGAINST A LICENSED HEALTH CARE FACILITY**

The Michigan Department of Community Health (MDCH) investigates complaints against health care facilities that fail to deliver services as required by federal and state laws. The types of facilities covered by the Bureau of Health Systems (BHS) are listed below. Examples of allegations investigated include physical, mental, or sexual abuse of a resident or patient; neglect of a resident or patient; misappropriation of property; failure to provide adequate care or in accordance with a physician's order; unsanitary conditions; inadequate staffing to meet resident or patient care needs.

All nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home that is responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints. You may wish to contact the facility representative or administrator before filing this complaint.

### **Filing A Complaint**

BHS must have the following minimum information to open a complaint:

- Complainant's name, address, and telephone number
- Facility's name and location
- Resident/patient name and location
- Nature of complaint/Date of Incident

Anyone may file a complaint against a licensed or certified health care facility by:

- Submitting the BHS *Online Complaint Form* at <https://www.michigan.gov/bhs> clicking "Health Systems & Licensing" button and then "Featured Services"
- Completing and mailing a *Nursing Home Complaint Form* (BHS-OPS-361a) – for nursing homes only
- Submitting a letter with at least the required complaint information shown above to:

Michigan Department of Community Health  
Bureau of Health Systems, Complaint Investigation Unit  
P.O. Box 30664, Lansing, MI 48909  
Fax: 517-241-0093

- Calling the toll-free Complaint Hotline at 1-800-882-6006

NOTE: The name of the complainant and a resident named in a complaint are not disclosed to a nursing home during an investigation unless the complainant or resident consent in writing. However, the investigation can proceed more quickly if the complaint can be discussed at the time of the investigation.

### **Other Agencies that Help Citizens with Health Facility Complaints:**

- Citizens for Better Care (CBC) – an advocacy group for nursing home residents & families: 1-800-833-9548 or <http://www.cbcmi.org>
- Centers for Medicare & Medicaid Services (CMS) – The official US Government site for people with Medicare, including nursing home comparisons and inspection reports and other information: <http://www.medicare.gov/>

- Department of Attorney General (AG) – Investigates elder abuse and Medicaid fraud: 1-800-99NO-ABUSE (996-6228) or <http://www.michigan.gov/ag/> (to file an online complaint with AG)
- Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, Office of Fire Safety – investigates complaints concerning health care facility physical plant problems: 1-517-322-1162
- Department of Human Services (DHS) – investigates complaints against Homes for the Aged: 1-866-856-0126
- Michigan Department of Community Health, Bureau of Health Professions (BHP) – receives complaints against individual health care professionals, such as doctors, nurses, social workers and nursing home administrators: 1-517-373-9196 or <http://www.michigan.gov/healthlicense>
- Michigan Protection & Advocacy Service (MPAS) – tells you who you should call to report abuse/neglect, helps you file a complaint or investigate an abuse/neglect allegation: 1-800-288-5923 or <http://www.mpas.org/>
- State Long-Term Care Ombudsman – will help identify, investigate and help resolve complaints of residents of licensed long-term care facilities through its network of local ombudsmen: 1-866-485-9393 located at 15851 S. US 27, Suite 73, Lansing MI 48906
- Medical Services Administration – reporting problems with Medicaid bills or payments: 1-800-642-3196, P.O. Box 30479, Lansing, MI 48909-7979
- Elder Law of Michigan, Inc – 1-866-400-9164
- Medicare-Medicaid Assistance Program (MMAP) – 1-800-803-7174
- Legal Hotline for Michigan Seniors – 1-800-347-5297