

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANZANITA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5318 MANZANITA AVENUE CARMICHAEL, CA 95608</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of one (1) complaint #CA00956406 and one (1) facility reported incidents #CA00955821</p> <p>The inspection was limited to the specific complaint and facility reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>The Department was unable to substantiate a violation of the regulations for complaint#CA00956406</p> <p>The Department substantiated a violation of regulations for FRI#CA00955821.</p>	F 000	<p>POC Received: 4/22/25 POC Approved: 4/22/25 BIC: 4/17/25 Per Hannah Quinn</p>	
F 689 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide adequate supervision for one of four sampled residents (Resident 1) when Resident 2 punched Resident 1 in the stomach which caused Resident 1 to fall and hit her head.</p>	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>4/22/25</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>This failure resulted in an injury to Resident 1's head.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility late 2021 with diagnoses which included memory loss, weight loss, muscle wasting, and depression.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 3/10/25, the MDS indicated a Brief Interview for Mental Status (BIMS, a standardized test that screens for cognitive impairment) score of 9/15 which showed moderate cognitive impairment.</p> <p>During a review of Resident 1's "eINTERACT Change in Condition Evaluation [eCOCE], " dated 4/7/25 at 5 p.m. the eCOCE indicated, " ...Resident was punched by other resident in the stomach, fell down, hit back of her head on the metal door frame, bleeding a lot. Send out via 911 ... "</p> <p>During a review of Resident 1's "Order Summary Report [OSR]," dated 4/8/25, the OSR indicated, "Monitor laceration to head ... "</p> <p>During an observation on 4/14/25 at 2:52 p.m. of Resident 1's scalp with Licensed Nurse 2 (LN 2), Resident 1 had a small area of dried dark material on the back of her head and yellow discoloration on her left shoulder.</p> <p>Resident 2 was admitted to the facility mid 2023 with diagnoses which included memory impairment caused by impaired blood flow to the brain, behavioral disturbances, progressive degenerative disorder that caused a decline in</p>	F 689			

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F 689	<p>Continued From page 2 memory, thinking and behavior, and a language disorder.</p> <p>During a review of Resident 2's MDS dated 1/28/25, the MDS indicated a BIMS score of 0/15, which showed severe cognitive impairment.</p> <p>During a review of Resident 2' s eCOCE dated 4/7/24 at 5:37 p.m. the eCOCE indicated, "... resident [Resident 2] was witnessed making contact with other resident [Resident 1] stomach resulting in resident [Resident 1] to lose balance and fall to floor ... "</p> <p>During a review of Resident 2's Care Plans (CP) dated 12/30/24-4/7/25, the CPs indicated Resident 2 had multiple episodes of physical aggression, increased agitation and aggression.</p> <p>During an interview on 4/14/25 at 12:20 p.m. with the Unit Secretary (US), the US stated she witnessed Resident 2 walked past Resident 1 and "punch her in the stomach, " which caused Resident 1 to fall to the floor and hit her head on the door frame. The US stated Resident 1 had a history of being aggressive.</p> <p>During an interview on 4/14/25 at 12:37 p.m. with the Social Services Director (SSD), the SSD stated Resident 1 was able to walk around the facility and had "hit other residents " in the past.</p> <p>During an interview on 4/14/25 at 2:42 p.m. with the Director of Nursing (DON), the DON confirmed Resident 1 had a repeated history of aggression and stated, "Safety for the resident's is our top priority, we don't want residents to get hurt. "</p>	F 689			

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F 689	Continued From page 3 During a review of the facility's policy and procedure (P&P) titled, "Safety and Supervision of Residents, " dated 7/17, the P&P indicated, " ...Resident safety and supervision and assistance to prevent accident are facility-wide priorities ...Resident supervision is a core component of the systems approach to safety ... "	F 689			

## **F-TAG 689 Free of accident Hazard/Supervision/Devices**

- **CORRECTIVE ACTIONS FOR RESIDENTS AFFECTED BY THIS DEFICIENT PRACTICE.**

Resident #1 and Resident #2 were immediately separated. 2 staff members re-directed resident #2's behavior and stayed with the resident until 911 paramedics came. Resident #1 was assessed from head to toe and provided first aid treatment and staff members stayed with the resident. Both Residents were assessed for emotional distress and given reassurance. Both residents' were transferred to hospital for further evaluation and treatment.

- **CORRECTIVE ACTIONS TAKEN TO THOSE RESIDENTS IDENTIFIED THAT HAS THE POTENTIAL TO BE AFFECTED BY DEFICIENT PRACTICE.**

All residents with interactions with resident #2 can be affected by this deficient practice. Upon notification of the incident the supervisor and all licensed nurses on duty did rounds on all residents to determine if they have any interactions with resident #2 and found none. No other residents were affected by this deficient practice.

- **SYSTEMIC CHANGES IMPLEMENTED BY FACILITY TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR.**

The Director of Staff Development (DSD) conducted an Inservice with staff on 4/17/25 on Residents Rights on 04/17/2025 and IDT team will assess and identify at last on a quarterly basis or as necessary. Residents with challenging behaviors and update POC to include de-escalation techniques and strategies and implement POC to provide adequate supervision to prevent accidents.

- **FACILITY'S PLAN TO MONITOR THAT SOLUTIONS ARE SUSTAINED.**

The Social Services Director (SSD) and or designee will be the process owner who will monitor the plan of care that is in place and is implemented to ensure all residents are safe and have adequate supervision from staff. Any trends and discrepancies will be brought to the facility's QAPI committee for review and additional guidance or recommendations.

- **DATE CORRECTIVE ACTIONS WILL BE COMPLETED.**  
04/21/2025



MANZANITA HEALTHCARE CENTER

TITLE: Residents Rights and De-escalation techniques for People with Dementia

DATE: 4/17/15

DSD NAME: ERNA DO

DSD SIGNATURE: [Signature]

START TIME: 10:00 AM - 2:00 PM

END TIME: 12:00 PM - 4:00 PM

TOTAL HOURS: 2 hours

PROVIDER ID#: F-0239

PRINT NAME	TITLE	SIGNATURE	SHIFT
Brendy Wray	CNA	[Signature]	PM
ARIANNE ANCHETA	MAINT	[Signature]	AM
Josefina chavez	CNA	[Signature]	AM
MARY LIBRU	LVN	[Signature]	AM
CECILE DELA CRUZ	CNA	[Signature]	AM
Sheila Calder	LVN	[Signature]	AM
MAH KASHKAW	un	[Signature]	AM
Dartagnan Simon	CNA	[Signature]	PM
Sapana Singh	LVN	[Signature]	PM
Richima soni	CM/LVN	[Signature]	AM
Cherry T. Velasco	HTL	[Signature]	PM
Sandeep Kaur.		Sandeep Kaur.	
CASSANDRA FORTI	SSA	[Signature]	AM
Ron Jonathan Ico	CNA	[Signature]	PM
Danelle Soriano	LVN	[Signature]	NOC
Jacqueline Seo	CNA	[Signature]	A.M.
Hai Phan	RN	[Signature]	AM
Sheng Vuc	clerk	[Signature]	AM
Jocil Coloma	maint	[Signature]	AM
Anita Devi	CNA	[Signature]	AM
Rosalba Ramirez	CNA	[Signature]	AM
Martha D. Quinteros	CNA	[Signature]	AM
Yashna Payal	CNA	[Signature]	AM
Yarisa Zaragoza	CNA	[Signature]	AM
Vicki Thew	CNA	[Signature]	AM
TANYA ABELTA	CNA	[Signature]	AM
Odalis Torres	RNA	[Signature]	AM
Sushmita Thapa	RN	[Signature]	AM
JULIO ESGUERRA	CNA	[Signature]	AM
Elicabeth Yang	CM assistant	[Signature]	AM

(Use Lesson Plan on reverse page or attach)



MANZANITA HEALTHCARE CENTER

TITLE: Resident's Rights and De-escalation techniques for People with Dementia

DATE: 04/17/25

DSD NAME: Elena Do

DSD SIGNATURE: [Signature]

START TIME: 10:00 am - 2:00 pm

END TIME: 12:00 PM - 4:00 PM

TOTAL HOURS: 2 hours

Provider #: F-0239

PRINT NAME	TITLE	SIGNATURE	SHIFT
Ling Thao	LVN	[Signature]	AM
Seni Guilavogui	CNA	[Signature]	PM
Alfonso Muna	CNA	[Signature]	PM
Brookle Bowth-seeny	LVN	[Signature]	AM
Kalechua Yang	AA.	[Signature]	
Xia Thao	LVN	[Signature]	LVN
JANELL BONDOC	PT	[Signature]	AM
Thu Nguyen	CNA	[Signature]	AM
Symeeet mehdke	PIA	[Signature]	PM
ASMIN JALTON	AA	[Signature]	
Dobbie Moore	Recept	[Signature]	PM
Somya Singh	REC	[Signature]	AM
Jazieen Singh	AA	[Signature]	AM
Heather Chanhov	AA	[Signature]	AM
Swannah Bayer	AA	[Signature]	AM
Branna Hallins	payroll	[Signature]	Day
Cari Welch	CNA	[Signature]	PM
Teresa Borkwin	CNA	[Signature]	PM
SHELA BALDENAR	CNA	[Signature]	PM
Vincent Quintans	CNA	[Signature]	PM
SUSANA SEWORA	RN.	[Signature]	AM
Marcelo Rodriguez	CNA	[Signature]	AM
Amanda Perry	CNA	[Signature]	PM
Geeta Kulkarni	LVN	[Signature]	PM
Virender	CNA	[Signature]	PM
Ashley	CNA	Ashley Wuco	PM



MANZANITA HEALTHCARE CENTER

TITLE: Residents Rights and De-escalation techniques for People with Dementia

DATE: 04/17/25 DSD NAME: Elena Do DSD SIGNATURE: [Signature]

START TIME: 10:00 am - 2:00 pm END TIME: 12:00 pm - 4:00 pm TOTAL HOURS: 2 hour

PROVIDER ID#: F-0239

PRINT NAME	TITLE	SIGNATURE	SHIFT
VIDA MIÑA FABIAN DENTE	DIETARY AID COOK	[Signature]	AM AM PM
Ursula Arizaga Myra Ioo	RNA HR	[Signature]	AM AM
Ellenra Vary Thakpa Sherpa	RNA RN	[Signature]	AM AM
Abhinav Arund Natalya Makayla	LVN COTA	[Signature]	AM AM
Emelyn Penalarz	PA	[Signature]	AM
Jessica Anderson	admissions	[Signature]	
Hazel Hoffmann Mai Vang	WVLP HR	[Signature]	AM AM
Ashley Rodriguez Lisette Cortes	HR LVN	[Signature]	AM PM
Jessica Cordeiro Eden Abell	PT RN	[Signature]	AM PM
Smahitem Tejer Mara Espinoza	CNA CNA	[Signature]	PM AM
Swareena Sharma Monique Sacha	staffing LVN	[Signature]	PM AM
ANTON RODRIGUEZ Glenda Middleton	HR CNA	[Signature]	AM PM
Natalia Korochenko JOCELYN KEBTON	LVN CNA	[Signature]	PM AM
MICHAEL LIBEN THERESA SAN JUAN	CNA CNA	[Signature]	PM PM
Mercedes Reyes	CNA	[Signature]	AM

(Use Lesson Plan on reverse page or attach)

## LESSON PLAN

Presented by: Elena Do, DSD

Duration: 1 hour

### Topic: De-escalation and Calming Techniques for People with Dementia

Objective: At the end of Inservice, participants will be able to:

- Understand Dementia and the challenging aspect of it, aggressive behaviors.
- State at least 2 common triggers of aggressive behaviors.
- State five de-escalation techniques when facing aggressive behaviors

#### Content:

##### 1. KEY TAKEAWAYS

- Dementia is a progressive condition that can lead to behavioral changes, including aggressive behaviors. Understanding this can help carers better manage these behaviors.
- Common triggers of aggressive behaviors in people living with dementia can include overstimulation, physical discomfort, misunderstanding, fatigue, health issues, and a sense of loss of control.
- Techniques such as effective communication, creating a calming environment, using distraction techniques, displaying non-threatening body language, showing understanding and empathy, giving space, and seeking professional help can be effective in de-escalating aggressive behaviors.
- Techniques such as maintaining a consistent routine, encouraging regular exercise, creating a comfortable environment, guiding mindful breathing, engaging in enjoyable activities, promoting good sleep hygiene, and ensuring proper nutrition and hydration can help prevent aggressive behaviors or help a person living with dementia relax after an aggressive episode.
- Carers should remember to take care of their own well-being too. Self-care, support networks, education, professional support, and services like Tunstall's Connected Care and Connected Health can provide valuable support for carers.

##### 2. Understanding Dementia and Aggressive Behaviors

Dementia is a collective term that describes various symptoms of cognitive decline, such as forgetfulness. It is a progressive condition, meaning it gets worse over time. The speed

at which dementia worsens varies greatly from person to person. As dementia progresses, it can significantly impact the individual's ability to function independently. It can affect several aspects of their life, including memory, thinking skills, emotional responses, and personality.

One of the challenging aspects of dementia is the behavioural changes that often accompany the condition. Aggressive verbal and physical behaviours are common among people living with dementia. These behaviours can include swearing, shouting, making threats, hitting out, damaging property, or physical violence towards others. It's important to remember that these behaviours are a symptom of the disease and not a deliberate act by the person living with dementia.

These aggressive behaviors can be distressing for the person with dementia and their caregivers. They can disrupt the care environment and make it more difficult for carers to provide support. Understanding the nature of dementia and its potential behavioral impacts is the first step in managing these challenges effectively.

### 3. Common Triggers of Aggressive Behaviors

Understanding the common triggers of aggressive behaviors in people with dementia is crucial for effective management and prevention. Here are some of the most common triggers:

- **Overstimulation:** Too much noise, a large group of people, or a change in environment can overwhelm a person with dementia, leading to aggressive behaviors.
- **Physical Discomfort:** Unmet physical needs such as hunger, thirst, needing to use the bathroom, or even pain can trigger aggressive behaviors.
- **Misunderstanding:** People living with dementia may misunderstand situations or perceive them as threatening, leading to aggressive responses.
- **Fatigue:** Lack of sleep or general tiredness can make a person with dementia more prone to aggressive behaviors.
- **Health Issues:** Certain health issues, such as infections or medication side effects, can cause or exacerbate aggressive behaviors.
- **Loss of Control:** People with dementia may feel a loss of control over their lives and become frustrated, leading to aggressive behaviors.

By identifying these triggers, carers can take preventative measures to minimize the occurrence of aggressive behaviors.

#### 4. De-escalation Techniques

Carers need to have a set of de-escalation techniques when faced with aggressive behaviors. These techniques can help diffuse tense situations and ensure the safety and well-being of the person with dementia and the carer. Here are some practical de-escalation techniques:

- **Effective Communication:** Speak in a calm, clear, and reassuring voice. Use simple and direct sentences and give the person ample time to process your words.
- **Creating a Calming Environment:** Reduce noise and clutter. Soft lighting and familiar objects can help create a soothing atmosphere.
- **Distraction Techniques:** If the person becomes fixated on a particular source of frustration, redirect their attention to a different, more positive activity.
- **Non-Threatening Body Language:** Maintain a relaxed and open posture. Avoid direct eye contact as it can be perceived as confrontational.
- **Understanding and Empathy:** Try to understand the emotion behind aggressive behavior. Express empathy and reassure the person that you are there to help.
- **Give Them Space:** If the situation escalates, it might be helpful to leave the room and give the person some space to calm down.
- **Seek Professional Help:** If aggressive behaviors persist or escalate, don't hesitate to seek help from healthcare professionals.

Remember, every person is unique, and what works for one might not work for another. Being patient, flexible, and willing to try different approaches is important.

#### Calming Techniques

Calming techniques can help prevent aggressive behaviors or help a person with dementia relax after an aggressive episode. These techniques can contribute to a more peaceful environment and enhance the quality of life for people with dementia and their caregiver. Here are some practical calming techniques:

- **Maintaining a Consistent Routine:** People with dementia often find comfort in familiarity. Maintaining a consistent daily routine can provide security and reduce confusion.
- **Encouraging Regular Exercise:** Regular physical activity can be calming and reduce anxiety. This could be as simple as a daily walk, or gentle exercises tailored to the person's abilities.

- **Creating a Comfortable Environment:** Ensure the environment is safe, comfortable, and familiar. This can include keeping the person's favorite items close by or playing their favorite music.
- **Mindful Breathing:** Guiding the person through slow, deep breaths can help them relax and reduce feelings of agitation.
- **Engaging in Enjoyable Activities:** Engaging the person in enjoyable activities can be calming. This could be a hobby, looking at family photos, or simple tasks like folding laundry.
- **Promoting Good Sleep Hygiene:** Ensuring the person gets a good night's sleep can help reduce agitation. This can include maintaining a consistent sleep schedule and creating a calm and comfortable sleep environment.
- **Nutrition and Hydration:** Ensuring the person is well-nourished and hydrated can also contribute to their overall well-being and mood.

Remember, it's important to be patient and flexible when implementing these techniques. What works one day may not work the next, and that's okay. The goal is to create a calm and supportive environment that respects and enhances the dignity of the person with dementia.

### Support for Caregivers

Caring for a person with dementia can be a rewarding experience, but it can also be challenging. Carers need to take care of their well-being too. Here are some tips and resources for carers:

- **Self-Care:** Make sure to take time for yourself. This could be taking a walk, reading a book, or any activity that helps you relax and recharge.
- **Education:** Learn as much as you can about dementia. Understanding the condition can help you provide better care and cope with the challenges.

### Method of Teaching:

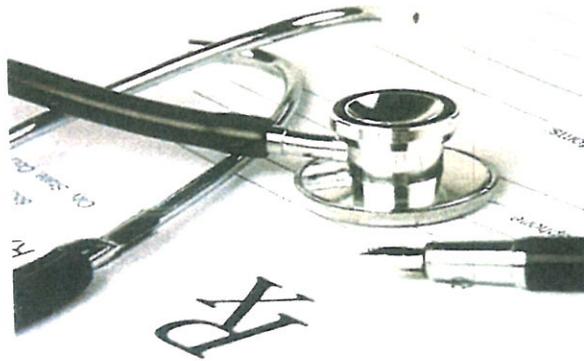
Power Point Lecture

### Method of Evaluation:

Question and answer, Discussion

Presented by: Elena Do, DSD

# Resident Rights



1

## Course Objectives:

- 1. Understand OBRA law of 1987
- 2. Know ways to promote client rights
- 3. Define the Role of an ombudsman
- 4. Understand the rights of residents
- 5. Understand how abuse violates patient rights
- 6. Define different types of abuse

2

## Introduction:

- Patients have a lot of rights, line up to protect them; it also comes with a lot of responsibilities. Make sure you let your resident and family know all that is going on within the rights of the patient. Make sure you provide the best care. You alone can make a difference, remember if the tables were turned how you would want a caregiver to treat you. Treat those like you would expect to be treated in return and you will have no problem understanding and identifying resident and client rights.

3

## Resident Rights

- Quality of life- Emphasis should be placed on dignity, choice, and independence for residents.
- Providing Services and Activities- The services and activities provided by the facility must maintain the highest physical, mental, and psychosocial well being of each resident in accordance with written plan of care designed to specifically meet the needs of the resident.

4

## Short version of resident's rights

- Right to quality of Life
- Right to participate in own care
- Right to be fully informed
- Right to make independent choices
- Right to privacy and confidentiality
- Right to dignity, respect, and freedom
- Right to security of possessions
- Rights during transfer and discharge
- Right to complain
- Right to visits (go to a doctor or have visitors, clergy, etc.)

5

## Residents have these rights as well:

1. Right to be informed
2. Right to have a copy of rules and regulations
3. Right to have the address and phone number of state agencies
4. Right to see state survey reports
5. Right to be notified of any change in their plan of care
6. Right to participate in their plan of care
7. Right to be informed of changes in medical condition
8. Right to participate in the planning of their care and discharge
9. Right to refuse any medication or treatment
10. Right to review their medical record
11. Right to make choices
12. Right to what they wear
13. Right to how they spend their time during the day
14. Right to choose own physician
15. Right to be notified of room change or roommate change
16. Right to reasonable accommodations
17. Right to participate in community activities
18. Right to participate in resident council meetings

6

## Residents have these rights as well:

19. Right to private communication
  20. Right to privacy in treatment and care
  21. Right to confidentiality
  22. Right to be treated with dignity
  23. Right to respect
  24. Right to be free from mental and physical abuse
  25. Right to self determination
  26. Right to manage own financial affairs
  27. Right to file a complaint
  28. Right to be free of charge for services covered by Medicare and Medicaid
- 29. The right to remain in the facility unless a transfer or discharge is necessary to meet resident's well-being. Transfer or discharge because health has improved and resident no longer requires nursing home care. Or to protect safety and well being of staff or other residents. A discharge may be issued for failure to pay bills.
  - 30. Right to a thirty day notice of transfer or discharge.
  - 31. Right to file a grievance complaint
  - 32. Right for the facility to resolve complaints quickly
  - 33. Right to have visitors
  - 34. Right to see physician as requested

7

## Residents have these rights as well:

35. Right to clergy and religion
36. Right to be treated with dignity and respect
37. Right to be free of chemical and physical restraints
38. Right to manage own money
39. Right to report grievances without fear of retaliation
40. Right to communicate privately
41. Right to receive and send Mail

8

## Ways to promote resident/client rights

You can help promote resident and client rights by:

- Watch for and report signs of abuse
- Follow infection control policies when providing care
- Communicate with resident and client about care they will be provided
- Provide privacy during care
- Make sure resident or client knows how to call for help

9

## Remember:

- Do not gossip about a resident or patient
- Respect a resident or patient's refusal of care
- Respect resident or patient's property
- Report observations regarding a change in condition

Abuse is an area that needs to be addressed because a violation of abuse issue is a serious violation in the resident and client's rights to dignity and respect. No person shall be subjected to harm or any means of abuse.

10

## RESPONSIBILITIES

In addition to the resident or client having a number of rights, they also have a number of responsibilities as well. The responsibilities include:

- Following the rules such as where to smoke, when people can visit, etc..
- Treat others with respect
- Give full information
- Follow doctors instructions
- Follow instructions of health care staff

11

## RESPONSIBILITIES

- Bring identification and insurance information at time of admission
- Responsibility to pay bills on time
- Responsibility to report changes

12



## OBRA Law of 1987

- This law established the minimum standards of care in which a facility must comply in long term care. OBRA law requires that states set minimum standards for the care.
- OBRA law requires that states set minimum standards for the type and length of nursing assistant training, develop nursing assistant skill competency, and set up and keep track of annual training for all employees.
- Nurses must practice within the scope of nursing practice at the level or above the minimum standards set by the board of nursing.
- The OBRA law also mandates that every state have a registry to track all CNA's certified within the state.

This is also the law that brought about resident rights.

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13

## Ombudsman

- ✓ The word "ombudsman" originally came from Scandinavia
- ✓ In parts of Scandinavia, an ombudsman is an official of the government who investigates complaints for the citizens
- ✓ In the United States, we have adopted the ombudsman approach for the reporting of elder abuse
- ✓ In Nursing homes, an ombudsman is established by law as the legal advocate for the resident
- ✓ Patients and residents protector, they make sure there is no foul play
- ✓ They work to resolve problems of individual residents and to bring about change at local, state and national levels
- ✓ Thousands of trained ombudsman visit nursing homes to be speak for those that can't be heard
- ✓ Ombudsmen help families and patients understand and exercise rights that are guaranteed by law, both at the State and Federal Level

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## Something to think about.....



You alone can make a difference, remember if the tables were turned how you would want a caregiver to treat you. Treat those like you would expect to be treated in return and you will have no problem understanding and identifying resident and client rights....

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## References:

- National Citizen's Coalition for Nursing Home Reform (NCCNHR)
  - [www.nccnhr.org](http://www.nccnhr.org)
  - Long Term Care Ombudsman Program
  - 1-800-677-1116
  - [www.aoa.gov/factsheets/ombudsman.html](http://www.aoa.gov/factsheets/ombudsman.html)
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