**All StaffCompetency Checklist – Residents Rights**

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**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards**  **F550-F586** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Resident Rights – Purpose** | Describe the purpose and intent of resident rights   * Federal Laws * Rights and Protections * Informed * Own decisions * Privacy * Accommodation of needs and preferences * Language they understand * Admission and during stay * Resident’s role and responsibilities * Staff’s role and responsibilities |  |  |  |  |  |  |  |
| **Self Determination and Promoting Independence** | Describe and provide examples of self determination   * Schedules * Activities * Healthcare * Providers * Accommodation * Designation of representative * Participation in groups * Refusal of treatment * Staff role and responsibilities * Smoking policy * Use of electronic cigarettes * Use of illegal substances |  |  |  |  |  |  |  |
| **Dignity and Respect** | Describe dignity |  |  |  |  |  |  |  |
| Describe respect |  |  |  |  |  |  |  |
| Discuss dignity and respect related to:   * Provision of care * Dining * Clothing labels * Possessions * Verbal resident’s vs nonverbal residents * Staff communication * Staff interactions * Staff to staff interactions * Use of slang * Resident schedule * Nursing home jargon |  |  |  |  |  |  |  |
| Describe cultural preferences |  |  |  |  |  |  |  |
| Describe language of understanding |  |  |  |  |  |  |  |
| **Participation in Activities (internal and external)** | Identify how resident activities are developed based upon their needs, preferences, culture;   * Access to the community * Visitors of their choosing |  |  |  |  |  |  |  |
| Name ways that a resident can participate in activities internally and outside of the facility |  |  |  |  |  |  |  |
| **Discrimination** | Describe what is discrimination (race, color, creed, sexual orientation, national origin, disability, age, religion) |  |  |  |  |  |  |  |
| **Resident Representative** | Describe who or what is a resident representative (legal decision maker, guardian, DPOA, other) |  |  |  |  |  |  |  |
| Describe notification and involvement of resident representative |  |  |  |  |  |  |  |
| **Free from Abuse Neglect** | \*\*See Abuse Neglect Competency |  |  |  |  |  |  |  |
| **Restraints** | Describe what is a restraint – physical, chemical, isolation, other |  |  |  |  |  |  |  |
| Discuss your roles and responsibilities related to restraints |  |  |  |  |  |  |  |
| **Grievance/Complaints** | Describe the facility grievance process and resolution process |  |  |  |  |  |  |  |
| Discuss the residents right related making a complaint and how to assist the resident |  |  |  |  |  |  |  |
| Discuss what is fear, reprisal, retaliation or punishment examples |  |  |  |  |  |  |  |
| **Medical Condition – total health status** | Discuss how a resident is informed of their total health status in a language they understand |  |  |  |  |  |  |  |
| Describe how verbal and nonverbal residents as well as resident representatives participate in decision making and in the develop of the care plan |  |  |  |  |  |  |  |
| Identify how residents and their representatives access medical information and their record |  |  |  |  |  |  |  |
| Discuss advance directives and resident or their representative’s involvement |  |  |  |  |  |  |  |
| Describe refusal of treatment or participation and what the policy indicates/roles and responsibilities |  |  |  |  |  |  |  |
| Identify the process for a resident to choose their doctor |  |  |  |  |  |  |  |
| Discuss Resident Representative role related to medical condition |  |  |  |  |  |  |  |
| **Notification** | Describe the notification protocols to doctor, resident, representative:   * Injury * Change of condition * Life threatening condition * Medical complications * Treatment changes * Transfer or DC needs * Roommate changes |  |  |  |  |  |  |  |
| **Financial and Accounts** | Describe access to resident funds, accessibility and process |  |  |  |  |  |  |  |
| Discuss staff’s role to assist with accessibility of funds off hours |  |  |  |  |  |  |  |
| **Visitors and Access** | Discuss visitor policies, access and limitations   * Family * Visitors * Representative * Ombudsman * Health department * Limitations per resident request or health/medical |  |  |  |  |  |  |  |
| Describe leaving for visits – resident right and your role |  |  |  |  |  |  |  |
| Describe process for visitation during a communicable disease outbreak |  |  |  |  |  |  |  |
| Describe policy related to visitation and use of illegal substances – roles and responsibilities |  |  |  |  |  |  |  |
| **Privacy and Confidentiality** | * Describe your role and how you would protect resident’s privacy: * Phone calls * Meetings and attendance * Visitors * Roommates * Medical status |  |  |  |  |  |  |  |
| Discuss Right to Privacy Regarding   * Personal, financial, and medical affairs * Private and unrestricted communication with any person of their choice * During treatment and care of personal needs |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Resource:**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

LTC Survey Pathways (Download)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***