**All StaffCompetency Checklist – Residents Rights**

*State logo added here. If not, delete text box*

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

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = 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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

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