Illinois Long-term Care Ombudsman PROGRAM

Your care advocacy guide

RESIDENTS' RIGHTS

for People Living in Nursing Homes

As a long-term care resident in Illinois, you are guaranteed certain rights, protections and privileges according to state and federal laws.

State of Illinois
Illinois Department on Aging

As an individual living in a long-term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities.

Federal Regulations supporting resident rights can be found at 42 CFR 483

State regulations supporting resident rights can be found at 77 IL Admin Code 300

Scan the QR code with your smart device to go directly to the links listed below.

Code of Federal Regulations–Title 42:
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl

Administrative Code–Title 77:
https://www.ilga.gov/agencies/JCAR/Sections?PartID=07700300&TitleDescription=TITLE%2077:%20%20PUBLIC%20HEALTH

Your rights to dignity and respect

- **You have a right to make your own choices**.
- **Your facility must treat you with dignity and respect** and must care for you in a manner that promotes your quality of life.
- **Your facility must provide equal access to quality care** regardless of diagnosis, condition, or payment source.

Your rights to safety

- **You must not be abused, neglected, or exploited by anyone** – financially, physically, verbally, mentally or sexually.
- **The facility must ensure that you are free from retaliation** and discrimination, in exercising your rights.
- **Your facility must provide services** to keep your physical and mental health at their highest practicable levels.
- **Your facility must be safe, clean, comfortable and homelike.**
- **You have a right to be free from physical or chemical restraints.**
- **You may be given medicine** intended to change your mood or how you think ***only with your permission.***
- **You have the right to purchase and use an electronic monitoring device.** An electronic monitoring device is a video camera or an audio recording device installed in your room that can broadcast or record activity and sound occurring in your room. You must complete the Electronic Monitoring Notification and Consent Form available at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/formsohcrem-idph-electronic-monitoring-consent-form.pdf

Scan for the Electronic Monitoring form



Your rights to participate in your own care

- **You may participate in developing a person-centered care plan** which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices.
- **A care plan conference should be held every 90 days** or more often when a needed. The care plan conference is where the person-centered care plan is discussed.
    - **You may attend the care plan conference** at a time and location convenient to you.
    - **You may choose to have family,** friends or a representative join in the care plan conference.
- **You may request care plan meetings** and revisions to the plan of care at any time.
- **You may be informed, in advance, of changes to the plan of care**.
- **You should receive the services and/or items included in the plan of care**.
- **You must be allowed to see the care plan**, including the right to sign after significant changes to the plan of care.
- **You have the right to choose your own doctor.**
- **Your facility must tell you the name** and specialty of each doctor responsible for your care, and how to contact that doctor.
- **You have the right to be in charge** of taking your own medicine if your care plan team and your doctor say that you are able to do so.
- **You have the right to request, refuse, and/or discontinue any treatment.** If you refuse treatment, your facility must tell you what may happen because of your refusal and tell you of other possible treatments.
- **You have the right to complete information** about your medical condition and treatment in a language that you can understand.
- **You have the right to choose activities and schedules** (including sleeping, waking, and bathing times).

- **You have the right to make a Living Will, Durable Power of Attorney for Health Care,** Declaration for Mental Health Treatment or POLST/Do Not Resuscitate Order so that the facility will know your wishes if you can no longer speak for yourself.
- **You may refuse to participate** in any experimental treatment or allow anyone to use information about you for research without your permission.
- **Your facility must allow you to see your records** within 24 hours of your request (excluding weekends and holidays). You may purchase a copy of part or all of your records at a reasonable copy fee within two working days of your request.
- **You have the right to move out of your facility** after you give the administrator, nurse, or doctor written notice that you plan to move.
- **Your discharge plan and steps to achieve the goal should be included in your care plan.**

Your rights to privacy and confidentiality

- **You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private.** Facility staff must respect your privacy when you are being examined or given care.
- **Facility staff must knock** before entering your room.
- **Your facility may not give information about you or your care** to unauthorized persons without your permission, unless you are being transferred to a hospital or to another health care facility.
- **You have the right to have private visits** at the hour of your choosing if it does not impose on the rights of other residents.
- **You may ask any visitor to leave** your personal living area at any time.
- **You have the right to make and receive phone calls** in private and to have access to the use of a telephone where calls can be made without being overheard.
- **Your facility must deliver and send your mail** promptly. Your facility may not open your mail without your permission.
- **If you are married, you and your spouse have the right to share a room** if both spouses agree to the arrangement.

Your rights regarding your money

- **You have the right to manage your own money.** The facility must not require you to let them manage your money or be your Social Security representative payee.
- **If you ask the facility to manage your money** it may only spend your money with your permission. **It must give you a current, itemized written statement** at least once every three months, and **it must put your money in a bank account** that earns interest for you if:
  - o Medicaid helps pay for your care at the facility and have over $50 or
  - o You do not receive Medicaid and have over $100.
- **If your facility manages your money *and* you get Medicaid,** your facility must tell you if your savings come within $200 of the amount Medicaid allows you to keep.
- **You may see your financial record** at any time.

Your personal property rights

- **You have the right to keep and wear your own clothing.**
- **You may keep and use your own property.**
- **You have the right to expect your facility to have a safe place** where you can keep small valuables which you can get to daily.
- **Your facility must try to keep your property from being lost or stolen**. If your property is missing, the facility must try to find it.

Your rights in paying for your care and getting Medicare and Medicaid

- **If you are paying for some or all of your care at your facility**, you must be given a contract that states what services are provided by the facility and how much they cost. The contract must say what expenses are not part of the regular rate.
- **Your facility must not require anyone else to sign an agreement** saying that they will pay your bill if you cannot pay it yourself. The only one who can be required to pay your bill for you is a court appointed guardian or someone else who is handling your money for you.
- **Your facility must give you information about how to apply for Medicaid and Medicare** and rules about "prevention of spousal impoverishment." Prevention of spousal impoverishment rules allow you to give money and property to your spouse and still be eligible for Medicaid.

- **You have a right to apply for Medicaid or Medicare** to help pay for your care.
    - **If you get Medicaid**, the facility may not make you pay for anything that Medicaid pays for. The facility must give you a written list of what items and services Medicaid pays for, and for items and services for which you could be charged.

Your rights to stay in your facility

- **You have the right to keep living in your facility.**
- **You must be given written notice if your facility wants you to move from the facility. The reasons for asking you to leave must only be for the following reasons:**
    - you are a danger to yourself or others;
    - your needs cannot be met by the facility;
    - your health has improved and you no longer need the services of a long-term care facility
    - you have not paid your bill after reasonable notice;
    - your facility closes
- **The notice must:**
    - tell you why your facility wants you to move;
    - tell you how to appeal the decision to the **Illinois Department of Public Health**;
    - provide a stamped and addressed envelope for you to mail your appeal in; and
    - be received 30 days prior to the day they want you to move
- **You have the right to appeal** to the **Illinois Department of Public Health** and if you choose to appeal:
    - A Department of Public Health administrative law judge will hold a meeting to hear why you believe you should stay in the facility and why the facility believes you should move, and
    - Usually your facility cannot make you leave until the appeal is decided by the Department of Public Health.
    - If you do not appeal the decision, you are agreeing to the transfer or discharge.
- **Before your facility can transfer or discharge you**, it must prepare you to be sure that your discharge is safe and appropriate.

- **You cannot be forced to leave your facility** because you are applying for Medicaid or you are on Medicaid and a Medicaid bed is available. It is important to ask the facility how many Medicaid beds it has available.
- **You have the right to ask the Long-Term Care Ombudsman for help** in appealing the transfer or discharge. **Call 1-800-252-8966** (711 TRS).
- **If you have a developmental disability or mental illness**, you may ask **Equip for Equality, Inc.** for help in appealing your facility's forcing you to move. Call **1-800-537-2632** (voice and TTY).
- **You must be allowed to return to your facility** after you are hospitalized as long as you still need that level of care. **If you get Medicaid and are hospitalized for ten or fewer days**, your facility must let you return when you leave the hospital even if the facility has given you a written discharge notice. If you are hospitalized **for more than ten days**, your facility must let you return if it has a bed available and you still need that level of care. If your facility is full, you must be allowed to have the first available bed, if you still need that level of care.
- **You have the right to choose your roommate** when practicable.
- **You have the right to receive notice**, including the reason for the change **before your room or roommate in the facility is changed.**

Your rights as a citizen and a facility resident

- **You do not lose your rights as a citizen** of Illinois and the United States because you live in a long-term care facility.
- **If a court of law has appointed a legal guardian for you**, your guardian may exercise your rights for you.
- **If you have named an agent** under a Power of Attorney for Health Care, your agent may exercise the rights you listed in your power of attorney document.
- **You have freedom of religion**. At your request, the facility must make arrangements for you to attend religious services of your choice as long as you agree to pay any cost. The facility may not force you to follow any religious beliefs or practices and cannot require you to attend any religious services.
- **You have the right to vote** for the candidate of your choice.
- **You have the right to participate in social and community activities**.
- **You have the right to participate in the resident council.**

- **You have the right to see reports of all inspections** by the Illinois Department of Public health from the last five years and the most recent review of your facility along with any plan that your facility gave to the surveyors saying how your facility plans to correct the problem. The facility must keep copies of theses reports and make them available for review.
- **You have the right to meet with the Long-Term Care Ombudsman**, community organizations, social service groups, legal advocates, and members of the general public who come to your facility.
- **You have the right to complain to your facility** and to get a prompt response. Your facility may not threaten or punish you in any way for asserting your rights or contacting outside organizations and advocates including the following agencies:
  - **Long-Term Care Ombudsman, 1-800-252-8966** (711 TRS).
  - **Equip for Equality, Inc.**, for persons with mental illness or developmental disabilities, **1-800-537-2632** (Voice & TTY).
  - **Illinois Department of Public Health, 1-800-252-4343 or 1-800-547-0466** (TTY).

If the rights presented in the booklet are not uniformly and consistently applied within your long-term care facility, the following actions are suggested:

- Define the problem. Writing it down may help make clear exactly what has happened and why it is wrong. When did it happen? (give times and dates, if possible.) Who was involved or saw the incident? Ask questions of others who may be involved or know about the problem.
- If it seems appropriate, talk the problem over with the staff responsible for taking care of you. Find out the facility procedures for resolving problems or concerns. If this does not seem like a good idea, or if you are not satisfied after you do, choose someone with more authority in the facility to talk to. Consider the Administrator, Director of Nursing, the social worker, your physician or floor nurse.
- Ask for assistance from the resident council. The council may complain on behalf of a resident to any person it considers appropriate.
- If you or the resident council need help solving the problem, you may wish to contact the Long-Term Care Ombudsman Program for assistance. The Long-Term Care Ombudsman Program offers confidential help to residents who have questions, concerns and/or complaints regarding the care they are receiving in their long-term care facility.
  - **Long-Term Care Ombudsman Program 1-800-252-8966** (711 TRS)

- Equip for Equality, Inc. is the agency named by the Governor to provide protection and advocacy for persons with developmental disabilities or mental illness.
  - **Equip for Equality, Inc. 1-800-537-2632** (Voice & TTY)
- Illinois has a formal Central Complaint Registry in the Department of Public Health. If you think your facility is violating your rights or those of your fellow residents, you can make a complaint against them. The Department of Public Health will investigate your complaint and if a violation has been found, the long-term care facility will be cited and corrective action will be taken.
  - **IDPH Central Complaint Registry 1-800-252-4343** (Voice) **1-800-547-0466** (TTY) or **dph.ccr@illinois.gov**
  - To complete the form online, go to: **https://llcs.dph.illinois.gov/s/file-a-complaint?language=en_US**

Illinois Long-Term Care Ombudsman Areas

Illinois Department on Aging

Senior HelpLine: 1-800-252-8966; 711 (TRS)

Area 1: 1-800-369-0895

Area 2: 1-800-942-9412 (DuPage)
1-847-741-0404
(Kane, Kendall, McHenry)
1-888-401-8200 (Lake)
1-815-724-1120
(Grundy, Kankakee, Will)

Area 3: 1-800-798-0988

Area 4: 1-309-637-3905

Area 5: 1-800-888-4456

Area 6: 1-888-348-2530

Area 7: 1-800-842-8538

Area 8: 1-855-336-4778

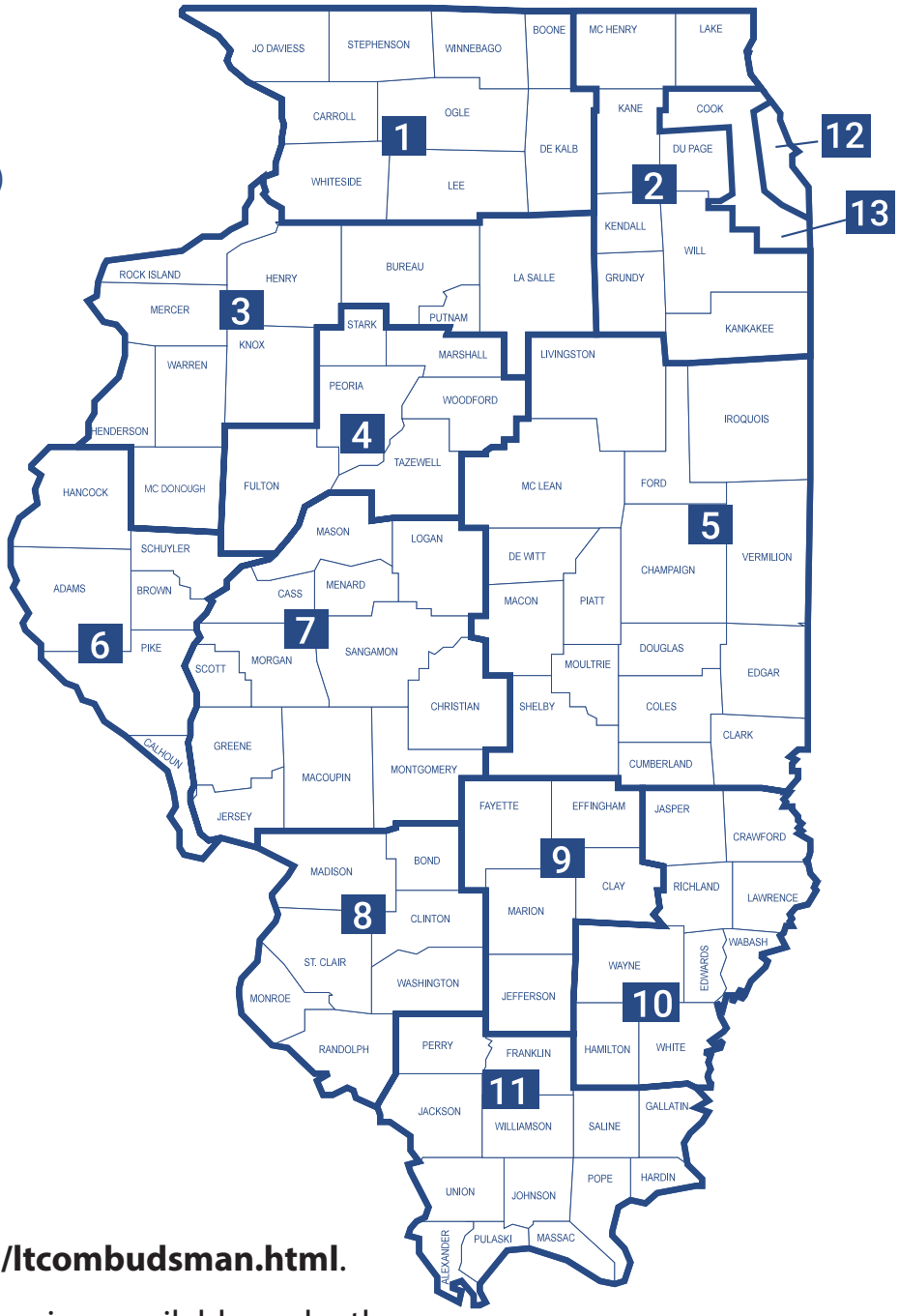
Area 9: 1-800-283-4070

Area 10: 1-888-715-6260

Area 11: 1-800-642-7773

Area 12: 1-312-744-4016

Area 13: 1-847-448-8696
(City of Evanston)
1-888-401-8200
(All except Evanston)



For more details visit **ilaging.illinois.gov/programs/ltcombudsman.html**.

Long-Term Care Ombudsman services available under the Older Americans Act are provided at no charge; however, contributions are gratefully accepted and will help to make services available to more seniors.

Illinois Long-Term Care
OMBUDSMAN PROGRAM

ilaging.illinois.gov/programs/ltcombudsman.html

Illinois Department on Aging
One Natural Resources Way # 100
Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966; 711 (TRS)
(8:30am to 5:00pm, Monday through Friday)
Email: aging.ilsenior@illinois.gov
ilaging.illinois.gov

LOCAL OMBUDSMAN PROGRAM:

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information call the Senior HelpLine: 1-800-252-8966; 711 (TRS).

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