PATIENT’S RIGHTS AND RESPONSIBILITIES STATEMENT

Mission Statement

Our mission is to give comfort, assurance and care to families and patients who have life limiting illnesses and to educate and nurture others in this care.

Every Arbor Hospice, Inc., patient and resident has the right to be informed of his or her rights, and Arbor Hospice must protect and promote the exercise of these rights. Patients and residents are entitled to humane care and treatment, and to consideration consistent with recognition of his or her human dignity. In accordance with this right to dignity and respect, patients and residents are entitled to all of the freedom and privileges of any other citizen. Patients and residents also have obligations and responsibilities to the Arbor Hospice, Inc., staff, and to other residents.

1. A patient or resident will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference, or source of payment.

2. A patient or resident is entitled to be fully informed orally and in writing in language he or she understands, as evidenced by the patient’s or resident’s written acknowledgment before or at the time of admission and during his/her stay, of the patient rights policy set forth in the Michigan Public Health Code and, as applicable, the Social Security Act. The patient or resident and personal representative shall be promptly notified of changes in the patient rights or responsibilities under state or federal law or regulations.

3. All patients and residents have the right to receive information about the services covered under the hospice benefit and receive information about the scope of services that hospice will provide and specific limitations on those services.

4. All patients or residents are entitled to adequate and appropriate pain and symptom management related to the terminal illness.

5. An individual who is or has been a patient or resident is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request. A third party shall not be given a copy of the patient’s or resident’s medical record without prior authorization of the patient.

6. A patient or resident is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the facility except as required because of a transfer to another health care facility or as required by law or third party a payment contract.

7. A patient or resident is entitled to have his or her property and person treated with respect. A patient or resident should never give an employee or volunteer their access code or keys to their property, PIN numbers or personal banking information.
Arbor Hospice will ensure patient/resident privacy to the extent feasible, in treatment and in caring for their personal needs.

8. A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the facility, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented by the attending physician in the medical record.

9. A patient or resident is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of treatment prevents a health facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice.

10. A patient or resident is entitled to exercise his or her rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the facility staff, to governmental officials, or to another person of his or her choice within or outside the facility, free from restraint, interference, coercion, discrimination, or reprisal. A patient or resident is entitled to information about the facility’s policies and procedures for initiation, review, and resolution of patient or resident complaints.

11. A patient or resident is entitled to information concerning an experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.

12. A patient or resident is entitled to receive and examine an explanation of his or her bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the health facility or agency.

13. A patient or resident is entitled to be involved in developing his or her hospice plan of care, know who is responsible for and who is providing his or her direct care, is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs, and to be involved in his or her discharge planning, if appropriate.

14. A patient or resident is entitled to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented by the attending physician in the medical record. A patient’s or resident’s civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the facility shall encourage and assist in the fullest possible exercise of these rights. A patient or resident may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion, unless medically contraindicated as documented by the attending physician in the medical record.
15. A patient or resident is entitled to be free from mental, sexual, verbal and physical abuse, neglect or exploitation, and from physical and chemical restraints, except those restraints authorized in writing by the attending physician for a specified and limited time or as are necessitated by an emergency to protect the patient or resident from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician. In case of a chemical restraint a physician shall be consulted within 24 hours after the commencement of the restraint.

16. A patient or resident has the right to choose his or her attending physician.

17. A patient or resident is entitled to be free from performing services for the health facility or agency that are not included for therapeutic purposes in the plan of care.

18. A patient or resident is entitled to information about the health facility rules or agency rules and regulations affecting patient or resident care and conduct.

19. A patient or resident has the right to formulate advanced directives and to know the organizations policy on withholding resuscitative services and the withdrawal of live sustaining treatment.

20. The patient or resident has the right to have cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
The following additional rights apply to all patients or residents residing in a facility.

21. Each nursing home patient or resident may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall be not less than 8 hours per day, and which shall take into consideration the special circumstances of each visitor, shall be established for patients to receive visitors. A patient may be visited by the patient’s attorney or by representatives of the departments named in section 20156, during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient. Each patient shall have a reasonable access to a telephone. A married patient or resident is entitled to meet privately with his or her spouse in a room which assures privacy. If both spouses are residents in the same facility, they are entitled to share a room unless medically contraindicated and documented by the attending physician in the medical record.

22. A nursing home patient or resident or home for the aged resident is entitled to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other patients or residents, or unless medically contraindicated as documented by the attending physician in the medical record. Each patient or resident shall be provided with reasonable space. At the request of a patient, the residence shall provide safekeeping of personal effects, funds and other property of a patient in accordance with section 21767, except that the residence shall not be required to provide for the safekeeping of a property which would impose an unreasonable burden on the residence.

23. A nursing home patient or resident or home for the aged resident is entitled to the opportunity to participate in the planning of his or her medical treatment. A patient or resident shall be fully informed by the attending physician of the patient’s medical condition unless medically contraindicated as documented by a physician in the medical record. Each patient or resident shall be afforded the opportunity to discharge himself or herself from the nursing home or residence.

24. A home for the aged resident may be transferred or discharged only for medical reasons, for his or her welfare or that of other residents, or for nonpayment of his or her stay, except as provided by title 18 or 19 of the social security act, 42 U.S.C. 1395-1396k. A nursing home patient or resident may be transferred or discharged only as provided in sections 333.21773 to 21777 of the Michigan Public Health Code. A patient or resident is entitled to be given reasonable advance notice to ensure orderly transfer or discharge. Those actions shall be documented in the medical record.

25. A nursing home patient or resident is entitled to be fully informed before or at the time of admission and during stay of services available in the facility, and of the related charges including any charges for services not covered under title 18 or 19 of the social security act, 42 U.S.C. 1395-1396k, or not covered by the facility’s basic per diem rate. The statement of services provided to the facility shall be in writing and shall include those required to be offered on an as needed basis.
26. A nursing home patient or resident or home for the aged resident is entitled to manage his or her own financial affairs, or to have at least a quarterly accounting of personal financial transactions undertaken in his or her behalf by the facility during a period of time the patient or resident has delegated those responsibilities to the facility. In addition, a patient or resident is entitled to receive each month from the facility an itemized statement setting forth the services paid for or on behalf of the patient and the services rendered by the facility. The admission of a patient to a nursing home or the Residence does not confer on the nursing home, Residence or its owner, administrator, employees, or representatives the authority to manage, use or dispose of a patient’s property.

27. A nursing home patient/resident or a person authorized by a patient in writing may inspect and copy the patient’s personal and medical records. The records shall be made available for inspection and copying by the residence within a reasonable time, not exceeding 1 week, after the receipt of a written request.

28. If the nursing home patient or resident desires treatment by a licensed member of the healing arts, the treatment shall be made available unless it is medically contraindicated, and the medical contraindication is justified in the patient’s medical record by the attending physician.

29. A nursing home patient or resident has the right to have his or her parents, if a minor, or his or her spouse, next of kin, or patient’s representative, if an adult stay at the facility 24 hours a day if the patient is considered terminally ill by the physician responsible for the patient’s care.

30. Each nursing home patient or resident shall be provided with meals which meet the recommended dietary allowances for that patient’s age and sex and which may be modified according to special dietary needs or ability to chew.

31. Reasonable access shall be provided to the patient/resident for any entity or individual that provides health, social, legal or other services to the patient or resident, subject to the patient’s or resident’s right to deny or withdraw consent at any time. Each patient or resident has the right to receive representatives of approved organizations as provided in the Michigan Public Health Code – Section 21763.

32. Patient or resident smoking shall be in designated smoking areas only and in accordance with the facility’s smoking policy.

33. A patient or resident has the right to examine the most recent survey of the facility conducted by federal or state surveys and any plan or correction in effect with respect to the facility. This survey report shall be posted in an accessible, public place.

34. A patient or resident shall be provided through public posting in the facility, with the names addresses and telephone numbers of all pertinent state client advocacy groups including the state licensing and certification agency, the Long Term Care Ombudsman, the Protection and Advocacy Service, and the Medicaid Fraud Control Unit.

35. A facility must consult with the patient/resident immediately and notify the patient’s/resident’s physician and, if known, the personal representative or interested
family member when there is: (a) an accident involving the patient/resident which results in injury; (b) a significant change in the patient's/resident's physical, mental or psychosocial status; (c) a need to alter treatment significantly; or (d) a decision to transfer or discharge the patient/resident from the facility.

36. The residence, its owner, administrator, employee, or representative shall not discharge, harass, or retaliate or discriminate against a patient because the patient has exercised a right protected under the Michigan Public Health Code.

37. A patient or resident is entitled to be fully informed, as evidenced by the patient’s or resident’s written acknowledgement, before or at the time of admission and during stay, of the policy that if a patient or resident is adjudicated incompetent and not restored to legal capacity, the rights and responsibilities set forth in this section shall be exercised by a person designated by the patient or resident. The facility or agency shall provide proper forms for the patient or resident to provide for the designation of this person at the time of admission.

38. The rights and responsibilities prescribed in the regulations are guidelines for health facilities, facility staff, facility employees, patient and residents. An individual shall not be civilly or criminally liable for failure to comply with those sections. Sections of this regulation should not be construed to expand or diminish other remedies at law available to a patient or resident under this code or the statatory and common law of this state. The State department shall develop guidelines to assist health facilities and agencies in the implementation of these regulations.
Responsibilities of Patient or Resident

A patient or resident is responsible for following the health facility rules and regulations affecting patient or resident care and conduct.

1. A patient or resident is responsible for providing a complete and accurate medical history. Providing information about the present complaints, past illnesses, hospitalizations, medications and other health related matters.
2. A patient or resident is responsible for making it known whether he or she clearly comprehends a contemplated course of action and the things he or she is expected to do.
3. A patient or resident is responsible for following the recommendations and advice prescribed in a course of treatment by the physician.
4. A patient or resident is responsible for providing information about unexpected complications that arise in an expected course of treatment. Providing information about symptoms or side effects so they can be addressed by the hospice staff.
5. A patient or resident is responsible for being considerate of the rights of other patients or residents and health facility personnel and property.
6. A patient or resident is expected to treat clinicians/staff with dignity, courtesy, respect and provide a safe environment for staff providing care in the home setting.
7. A patient/family is requested to refrain from smoking while Arbor Hospice staff is in the home.
8. A patient or resident is responsible for providing the health facility with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations. The patient or resident and/or personal representative is responsible for making any applicable payments to Arbor Hospice, Inc., in a timely manner.
Complaint /Grievance Procedures

A patient or family may complain to the hospice or hospice residence, or the Michigan Department of Community Health (MDCH) about any condition, event, procedure, abuse/neglect or misappropriation in the hospice and its hospice residence.

Arbor Hospice will maintain written complaints, complaint investigation reports and responses to each complainant for 3 years. The records will be available to MDCH upon request.

Patients and families are encouraged to immediately report complaints/grievances to the RN Case manager or Social Worker who is most knowledgeable about the patient’s or resident’s care. If you are not satisfied with the resolution from the RN Case Manager or Social Worker, please report your complaint/grievance orally or in writing to the following individuals:

- The Residence of Arbor Hospice – Anathea Collar, Interim Director of the Residence at 734-662-5068 or
- Ann Arbor Branch - Rhonda Palmer, Clinical Manager or Charmagne Williams, Clinical Manager at 734-662-3786 or
- Plymouth Branch - Janice Kett-Blinn, Clinical Manager at 734-656-0031 or
- Woodhaven Branch – Cindy Clos, Clinical Manager at 734-692-5979.

If the complaint/grievance is not resolved to the patient’s or family’s satisfaction please contact the President/Chief Executive Officer (CEO), Gloria D. Brooks at 734-794-5113. You may at any point contact the CEO if preferred.

All complaints reported will be investigated within 5 working days by an Arbor Hospice staff, following receipt of the complaint/grievance by the hospice and its hospice residence. Response regarding your complaint/grievance will occur within ten (10) days of receipt.

Consumer Hotlines

If your complaint/ grievance have not been resolved after working with Arbor Hospice, Inc. personnel, you may contact Community Health Accreditation Program (CHAP) the accrediting agency hotline at 1-800-656-9656, which is available 24 hours a day, seven days a week with any complaints and questions about Arbor Hospice.

The Michigan Department of Community Health maintains a 24-hour hotline, to give information and investigate complaints/grievances regarding hospice and nursing homes. You may call this hotline at anytime. An individual answers this hotline from 8am – 5pm Monday – Friday, and after 5pm and on weekends by an answering machine.

If the staff at Arbor Hospice, Inc. has not resolved your complaint/grievance, please call the Michigan Department of Community Health hotline at 1-800-882-6006 or the State Ombudsman at 1-866-485-9393 to file a complaint/grievance.