

PERSONAL RIGHTS OF RESIDENTS IN PUBLICLY OPERATED RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: This form describes the personal rights of residents in publicly operated Residential Care Facilities for the Elderly (RCFEs). It also provides the nondiscrimination notice to, and complaint information for, a resident and if applicable, their representative. A signed copy of these rights and nondiscrimination notice shall be retained in the resident's file maintained by the licensee. This form is provided as a courtesy to licensees.

California Code of Regulations, Title 22, [Section 87468](#), Personal Rights of Residents, requires that a resident and if applicable, their representative be personally advised of the personal rights and nondiscrimination notice described on this form and given a copy of the rights and nondiscrimination notice at the time the admission agreement is signed. As a best practice, facility staff and if applicable, a resident's representative should explain these rights and nondiscrimination notice to the resident in a manner appropriate to the resident's needs.

A licensee is required to post the personal rights, nondiscrimination notice, and complaint information in a prominent area accessible to residents, representatives, and the public. The personal rights, nondiscrimination notice, and complaint information shall be posted in English and in any other language in which at least 5% of the residents can only read that other language.

To file a complaint regarding any licensed care facility, contact the Centralized Complaint and Information Bureau of the California Department of Social Services Community Care Licensing Division Hotline at:

Phone: 1-844-LET-US-NO (1-844-538-8766)

E-Mail: LetUsNo@dss.ca.gov

**Mail: California Department of Social Services
Community Care Licensing Division
Centralized Complaint and Information Bureau
744 P Street
Sacramento, CA 95814**

To report known or suspected elder abuse, please contact the Statewide Ombudsman toll free 24-hour CRISIS line at 1-800-231-4024, the local Police Department and Sheriff's Department, or the Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432.

The local Long-Term Care Ombudsman's Office telephone number is _____.

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Residents in publicly operated Residential Care Facilities for the Elderly shall have all of the following personal rights:

- To be accorded dignity in their personal relationships with staff, residents, and other persons.
- To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- To have access to individual storage space for private use.
- To be free from punishment, humiliation, intimidation, abuse, or other actions of a punitive nature, such as withholding residents' money or interfering with daily living functions such as eating, sleeping, or elimination.
- To be informed by the licensee of the provisions of law regarding complaints and of procedures for confidentially registering complaints, including, but not limited to, the address and telephone number for the complaint receiving unit of the Department, and how to contact the Community Care Licensing Division of the California Department of Social Services, and the long-term care ombudsman regarding grievances in regard to the facility.
- To have the freedom to attend religious services or activities of their choice either in or outside the facility and to have visits from the spiritual advisor of their choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit a licensee from establishing house rules, such as locking doors at night to protect residents or barring windows against intruders, with permission from the Department.
- To visit the facility prior to residence along with their representatives.
- To move from the facility.
- To have their representatives regularly informed by the licensee of activities related to care or services, including ongoing evaluations, as appropriate to their needs.
- To have communications to the licensee from their representatives answered promptly and appropriately.
- To be informed of the licensee's policy concerning visits and other communications with residents, according to Health and Safety Code section 1569.313.
- To have their visitors, including ombudspersons and advocacy representatives, permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.

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- To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.
- To send and receive unopened correspondence in a prompt manner.
- To wear their own clothes; to keep and use their own personal possessions, including their toilet articles; and to keep and be allowed to spend their own money.
- To receive or reject medical care or other services.
- To receive assistance in exercising the right to vote.

All residents in all RCFEs shall be protected from the actions listed below. A licensee or facility staff may not take any of the following actions, which also includes taking these actions wholly or partially on the basis of the actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status, of a resident:

- Deny admission to a facility, transfer or refuse to transfer a resident within the facility or to another facility, or discharge or evict a resident from a facility.
- Deny a request by residents to share a room.
- Where rooms are assigned by gender, assign, reassign, or refuse to assign, a room to a resident who is transgender other than according to the resident's gender identity, unless at the request of the resident who is transgender.
- Prohibit a resident from using, or harass a resident who seeks to use or uses, a restroom available to others of the same gender identity, regardless of whether the resident is making a gender transition or appears to be gender-nonconforming. Harassment includes, but is not limited to, requiring a resident to show identity documents to gain entrance to a restroom available to other persons of the same gender identity.
- Willfully and repeatedly fail to use a resident's preferred name or pronouns after being informed of the resident's preferred name or pronouns in a clear manner.
- Deny a resident the right to wear or be dressed in clothing, accessories, or cosmetics permitted for any other resident.
- Restrict a resident's right to associate with other residents or with visitors, including the right to consensual sexual relations.
 - A licensee is not precluded from restricting or banning sexual relations as long as the restriction or ban is applied uniformly to all residents in a nondiscriminatory manner. All residents and their representatives, including potential residents prior to the time of signing the admission agreement, shall be notified in writing of any such facility restriction or ban.

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- Deny or restrict medical or nonmedical care that is appropriate to a resident's organs and bodily needs, or provide medical or nonmedical care to the resident in a manner that, to a similarly situated reasonable person, unduly demeans the resident's dignity or causes avoidable discomfort.

NONDISCRIMINATION NOTICE

(Name of facility) FAITH VILLA does not discriminate and does not permit discrimination, including, but not limited to, bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, or HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. You may file a complaint with the Office of the State Long-Term Care Ombudsman at 1-800-231-4024 if you believe that you have experienced this kind of discrimination.

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RESIDENT AND IF APPLICABLE, RESIDENT’S REPRESENTATIVE:

I/we have been personally advised of, and have received a copy of, the personal rights and nondiscrimination notice described on this form.

Print Name of Facility FAITH VILLA	Print Address of Facility 42 SIERRA WAY, CHULA VISTA CA. 91911
Print Name of Resident	
Print Name and Title of Resident’s Representative (if applicable)	
Signature of Resident	Date
Signature of Resident’s Representative (if applicable)	Date