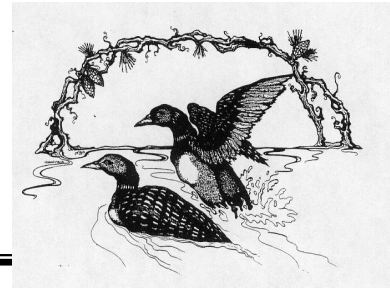


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## **RESIDENT'S BILL OF RIGHTS**

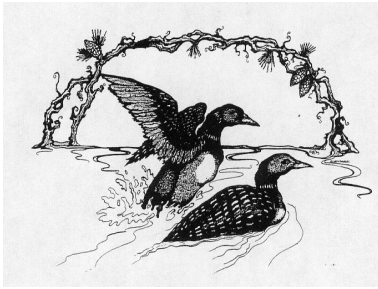
### **Exercising Your Rights**

- You have the right to be fully informed, orally, in writing and in a language you understand, of your rights and the facility's rules governing your conduct and responsibilities, and of changes in your rights and in the facility's rules.
- You have the right to exercise your rights as a resident and as a citizen. The facility must protect and promote your rights and encourage and assist you in exercising them.
- You have the right to be treated equally with other residents in receiving care and services, and regarding transfer and discharge, regardless of the source of payment for care.
- You have the right to exercise your rights without fear of discrimination, interference, coercion, or reprisal.
- If you are not capable of exercising your rights, a representative designated in accordance with the state law may exercise your rights on your behalf.

### **Dignity and Self-Determination**

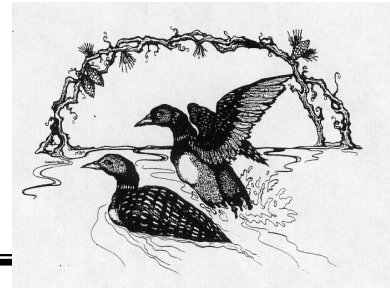
- You have the right to be treated with consideration, respect, and full recognition of your dignity and individuality.
- You have the right to reasonable accommodation of your individual needs and preferences, except when your health or safety or the health or safety of others would be endangered.
- You have the right to choose activities, schedules and health care consistent with your interests and your assessment and plan of care.
- You have the right to make choices about aspects of your life that are significant to you.
- You have the right to keep and use your personal possessions, as space permits, unless doing so would infringe on the rights, health or safety of other residents.
- You have the right to be notified before your roommate is changed.

### **Privacy**



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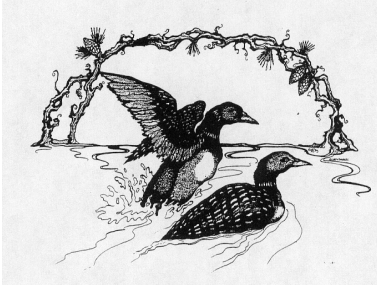
- You have the right to privacy in accommodations, in receiving personal and medical care and treatment, in written and telephone communications, in visits and in meetings with family and resident groups. However, the facility is not required to provide you with a private room.
- You have the right to associate and communicate privately with persons of your choice, including other residents.
- If you are married, you have the right to privacy for visits with your spouse.
- If you are married and your spouse is a resident of this facility, you have the right to share a room with your spouse, subject to his/her consent and when such a room is available.

#### **Communicating With Others**

- You have the right to communicate with persons both inside and outside of the facility.
- You have the right to privacy in written and spoken communications.
- You have the right to send and promptly receive unopened mail.
- You have the right to have stationery, stamps, and writing implements made available by the facility for you to purchase.
- You have the right to reasonable access to a telephone that you can use without being overheard.
- You have the right to receive information from agencies that act as resident advocates and to have the opportunity to contact such agencies.

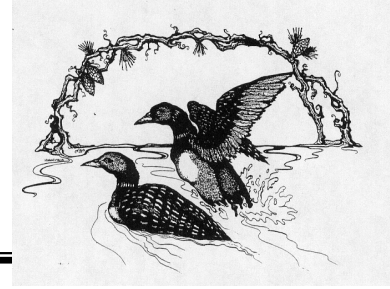
#### **Visits**

- You have the right to be visited by your family.
- You have the right to be visited by your attending physician, by the nursing home Ombudsman and representatives of federal and state agencies concerned with resident care.
- You have the right to be visited by any person of your choice, including persons who provide health, social and legal services to nursing home residents, subject to reasonable restrictions.



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- You have the right to refuse any visitor you do not want to see.

### **Group Activities**

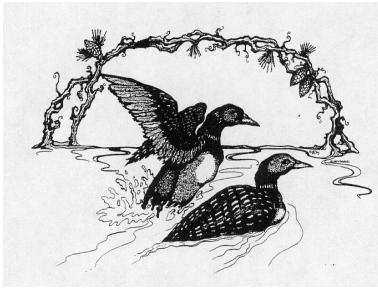
- You have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents.
- You have the right to organize and participate in resident groups in the facility.
- Your family has the right to meet with the families of other residents in the facility.

### **Grievances**

- You have the right to voice grievances without discrimination or reprisal.
- You have the right to prompt efforts made by the facility to resolve any grievances you may have, including those about the behavior of other residents.
- You have the right to file a complaint with the New Hampshire Department of Health Services or the New Hampshire Department on Aging regarding abuse, neglect or misappropriation of property. A list of the names, addresses and telephone numbers of these and other agencies you may wish to contact is attached.

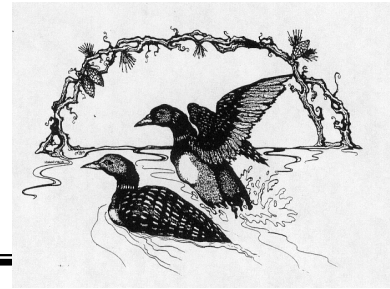
### **Care and Treatment**

- You have the right to choose your personal attending physician. The facility may require you to use another physician if your physician does not comply with applicable statutes or regulations.
- You have the right to be fully informed, in a language you understand, about your total health status, including your medical condition.
- You have the right to participate in planning your care and treatment and to be fully informed in advance about changes in your care and treatment.
- You have the right to refuse treatment, including life support systems, in accordance with the state law. If the facility is unwilling to honor your wishes regarding the use of life support systems, it must attempt to transfer you to a facility that will honor your wishes.



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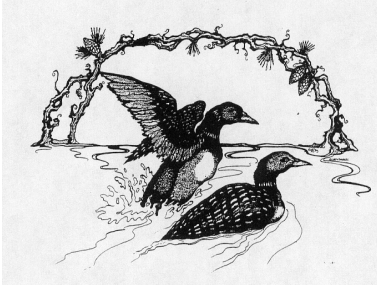
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- You have the right to administer your own drugs, if your care planning team determines that it would be safe for you to do so.
- You have the right to the opinions of two physicians concerning the need for surgery, prior to surgery, except in an emergency.
- You have the right to refuse to participate in experimental research.
- You have the right to be free from restraints administered for discipline or convenience and not required to treat your medical symptoms. Physical and chemical restraints may be used only to ensure your physical safety or enable you to function better, and then only on the written order of a physician that states when and for how long they are able to be used, except in an emergency.
- You have the right to have psychopharmacologic drugs administered only on orders of a physician, as part of a written care plan designed to eliminate or modify the symptoms the drug was prescribed to treat, and only if an independent external consultant reviews whether your drug plan is appropriate at least once a year.
- You have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment, and involuntary seclusion.
- You have the right not to perform work for the facility. If performing work for the facility is recommended as part of your care plan and suitable work is available, you have the right to choose to perform work for the facility and to choose whether you wish to work as a volunteer or for payment at prevailing rates. Your choice and the kind of work you will be doing must be documented in your care plan.
- You have the right to know where to find, and to see, the results of current federal, state, and local inspection reports and plans of correction.

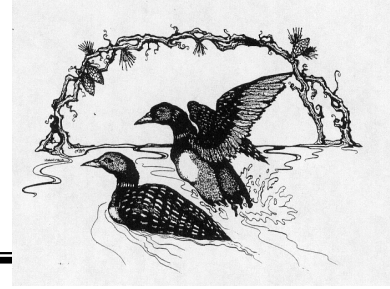
### **Personal and Clinical Records**

- You have the right to privacy and confidentiality regarding all records kept by the facility pertaining to you.
- You have the right to approve or refuse the release of these records to anyone outside the facility, except when you are transferred to another health care institution or the release of your records is required by law.



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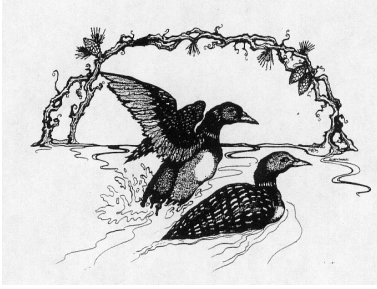
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- You have the right to have access to all facility records pertaining to you upon your request or the request of your legal representative within 2 business days after making such a request. The resident's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$0.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

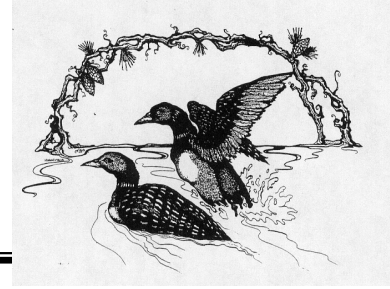
### **Transfer and Discharge**

- You have the right to be allowed to stay in the facility and may not be discharged from the facility, except as provided by federal law and New Hampshire General Statutes, Section 19a-535. Federal and state law permit an involuntary transfer or discharge only when the transfer or discharge is necessary for your welfare and your welfare cannot be met in the facility, or transfer or discharge is appropriate because your health has improved so that you no longer need the services provided by the facility, or the health or safety of individuals in the facility is endangered, or, if you are paying for your care and your account is more than 30 days in arrears, or if the facility ceases to operate.
- You must be given at least 30 days notice of a transfer or discharge from the facility unless the transfer or discharge is made because the health or safety of individuals in the facility is endangered, your health has improved sufficiently to allow for a more immediate transfer or discharge, immediate transfer or discharge is necessary due to urgent medical needs, or you have resided in the facility for less than 30 days. In such cases, you must be given as much notice as practicable.
- You have the right to appeal an involuntary transfer or discharge from the facility to the New Hampshire Long Term Care and Ombudsman program.
- You may be involuntarily transferred from one room to another within the facility if necessary due to repairs or renovations; irreconcilable incompatibility between you and a roommate; allowing another resident access to special medical equipment you no longer need, or if you no longer need programs or services offered in a specialized area of the facility. If you reside in a private room and become eligible for Medicaid assistance, you may be moved to a semi-private room (two or more beds). You must receive 15 days written notice of an involuntary room change, except that room changes due to non-emergency repairs or renovations or becoming eligible for Medicaid assistance, which require 30 days notice. In an emergency where there is the danger of physical harm to you or other residents, you may be moved immediately without advance notice.



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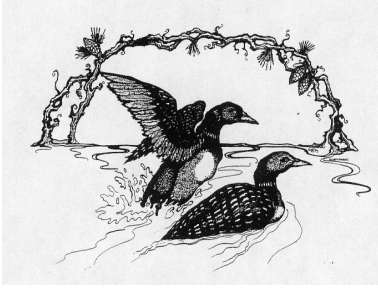
- You may not be involuntarily transferred or discharged from the facility if the transfer or discharge is medically contraindicated. You may not be involuntarily transferred within the facility if there is a reasonable likelihood of serious physical injury or harm to you because of the transfer. You may not be involuntarily transferred within the facility if you have an established history of psychiatric problems and a psychiatrist determines that your psychiatric problems will be exacerbated over a significant period of time and will require psychiatric intervention because of the transfer.
- If only part of the facility is certified for participation in the Medicare program (a “Medicare distinct part”), you may refuse transfer into or out of the Medicare distinct part. If you are receiving Medicaid assistance, refusing such transfer will not affect your eligibility for continued assistance. You may be involuntarily transferred into or out of the Medicare distinct part in accordance with the law governing transfer or discharge from the facility, after appropriate notice.

#### **Payment for Services**

- You have the right to be fully informed of the services available in the facility and, if you are paying for the cost of your care, of the per diem rate and charges for any services not covered by the per diem rate. If your care is paid for by Medicare or Medicaid, you have the right to be informed of the services that are not covered by Medicare or Medicaid and the charges for such services.
- You cannot be required to waive any rights you may have to receive Medicare or Medicaid, or to give assurance that you are not eligible for or will not apply for Medicare or Medicaid, as a condition of admission to or continued residence in the facility.
- You cannot be required to have a third-party guarantee payment for your care as a condition of admission to or continued residence in the facility.
- If you are eligible for Medicaid assistance, you cannot be required to pay or give the facility any gift, money, donation, or other consideration as a condition of admission to or continued residence in the facility.
- You have the right to be informed of how to apply for and use Medicare and Medicaid and how to receive refunds for previous payments covered by these programs.

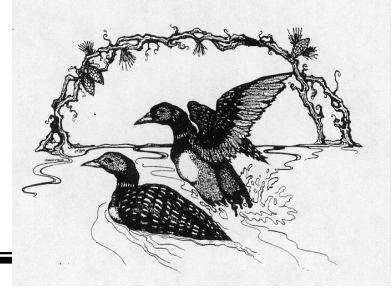
#### **Personal Funds**

- You have the right to manage your personal financial affairs and cannot be required to deposit your personal funds with the facility.



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- You have the right to have the facility manage your personal funds, if you authorized this in writing. You have the right to a quarterly accounting of your funds. A separate statement about how the facility manages resident's funds is provided.