

# SWING BED PATIENT RIGHTS & RESPONSIBILITIES

George L. Mee Memorial Hospital

## SWING Bed Patient Rights:

1. To exercise his or her rights as a patient of the facility and as a citizen or resident of the United States.
2. To be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.
3. To access upon oral or written request to all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays). After receipt of his or her records for inspection, the patient will be able to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.
4. To be fully informed in the language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.
5. To refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive.
6. To be informed who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or when the patient becomes eligible for Medicaid, of the items and services that are included in nursing facility services under the State plan and for which the patient may not be charged, those other items and service the facility offers and for which the patient may be charged, and the amount of charges for those services, and inform each patient when changes are made to the items and services.
7. To inform each patient before, or at the time of admission, and periodically during the patient's stay, of services available in the facility, and of charges for those services including any charges for services not covered under Medicare or by the facility's per diem rate.
8. To choose a personal attending physician, and be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the patient's well-being, and unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning and treatment or changes in care and treatment.
9. To personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits and meetings of family and patient groups. This does not require the facility to provide a private room for each patient. The patient may approve or refuse the release of personal and clinical records to any individual outside the facility. The patient's right to refuse release of personal and clinical records does not apply when the patient is transferred to another health care institution or record release is required by law.
10. To privacy in written communications including the right to send and promptly receive mail that is unopened, and have access to stationery, postage and writing implements at the patient's own expense.
11. To visitation access by the following;
  - Subject to the patient's right to deny or withdraw consent at any time, immediate family or other relatives of the patient, including, but not limited to, a spouse, support person, a domestic partner (including a same-sex domestic partner), another family member, or a friend;

Page 1 of 4



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## SWING Bed Patient Rights and Responsibilities

6171.086 (New 3/5/21 – FINAL)

- Subject to reasonable restrictions and the patient’s right to deny or withdraw consent at any time others who are visiting with the consent of the patient.
12. To retain and use personal possessions including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other patients.
  13. To share a room with his or her spouse when married patients reside in the same facility and both spouses consent to the arrangements.
  14. To remain in the facility, and not transfer or discharge the patient from the facility unless:
    - The transfer or discharge is necessary for the patient’s welfare and the patient’s needs cannot be met in the facility;
    - The transfer or discharge is appropriate because the patient’s health has improved sufficiently so the patient no longer needs the services provided by the facility;
    - The safety of individuals in the facility is endangered;
    - The patient has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a patient who becomes eligible for Medicaid after admission to a facility, the facility may charge a patient only allowable charge under Medicaid;
    - The facility ceases to operate.
  15. To be free from any chemical or physical restraints imposed for purpose of discipline or convenience, and not required to treat the patient’s medical symptoms.
  16. To be free from verbal abuse, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.
  17. To an environment that promotes maintenance or enhancement of each patient’s quality of life.
  18. To address concerns about your safety or care at Mee Memorial Healthcare System, please contact your nurse, caregiver, or the social services staff to give us the opportunity to resolve your concerns.
  19. To contact the Ombudsman or other Offices of Regulatory Services at any time.

Contact information:

**Ombudsman**

831-758-4011

247 Main St., Salinas, CA 93901

1-800-231-4024

Statewide Ombudsman toll free 24-hour Crisis Line

TDD/TYY: 1-800-735-2929/1-800-735-2922 or 711

**Hospital Grievance**

You may do so by writing or by calling **Customer Service Representative, 300 Canal Street, King City, CA 93930, and-1-831-385-7128.** The grievance committee will review each grievance and provide you with a written response within **7 (seven)** days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Peer Review Committee (PRC).



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### **State Complaint**

File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health's address and phone number are **California Department of Public Health Services, 100 Paseo de San Antonio, Suite 235, San Jose, CA 95113, 1-800-554-0348.**

### **State Agency**

File a complaint with the Department of Fair Employment and Housing at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), 1-800-884-1684 or 1-800-700-2320 (TTY) or 2218 Kausen Drive #100, Elk Grove, CA 95758.

### **Provider Complaint**

File a complaint with the Medical Board of California at [www.mbc.ca.gov/consumers/complaints](http://www.mbc.ca.gov/consumers/complaints), 1-800-633-2322 or 2005 Evergreen Street #1200, Sacramento, CA 95815.

### **Accreditation Agency**

File a complaint with The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL, 1-800-994-6610.

### **Center for Medicare Medicaid Services**

Medicare Beneficiary, file a complaint with the QIO, Livanta, 9090 Junction Drive, Suite 10, Annapolis Junction, MD 20701, 1-877-5888-1123 or TDD 1-855-887-6668.

### Reference:

State Operations Manual Appendix W – Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAH) and Swing Beds in CAHs, Rev:200, 02-21-20; C – 1608 §485.645(d) SNF Services.

The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter: §485.645(d)(1) Resident Rights (§483.10(b)(7), (c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) and (iii), (g)(8) and (17), (g)(18) and introductory text, (h) of this chapter.

## SWING Bed Patient Responsibilities

1. To provide, to the best of your knowledge accurate and complete information regarding present health problems, past illnesses and hospitalizations, medications, mobility, and other matters relating to his or her health.
2. To report unexpected changes in your condition to the health care team.
3. To participate in the plan of care and cooperate with the physician and other caregivers.
4. To be responsible for consequences of treatment if refused or if the practitioner's instruction are not followed. Refusal of treatment therapies may result in discharge from Swing Bed.
5. To make it known if education, instructions or communications are not understood.
6. To be considerate of the rights of other patients and facility personnel by assisting in the control of noise and by observing Mee Memorial Healthcare System Smoke/Tobacco Free Campus Policy.
7. To be respectful of the property of other people and of the facility.
8. To inform the hospital and physician of advanced directives formulated or durable power of medical care and provide a copy of the same.
9. To assure the financial obligations for the care provided is fulfilled as promptly as possible.
10. To cooperate and give your permission for examinations, test, nursing care and treatment once the purpose, risks and benefits have been understood.
11. To notify the caregivers of any dissatisfaction regarding your care.

Patient: \_\_\_\_\_  
Signature Date

Patient Representative:

Print name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_  
Signature Date