

## ADMISSION AGREEMENT — ATTACHMENT C — RIGHTS AND RESPONSIBILITIES

**WVH—Chippewa Falls**  
 2175 E. Park Ave.  
 Chippewa Falls, WI 54729  
 (715) 720-6775  
 Toll-free Fax (888) 966-8821

**WVH—King**  
 N2665 County Rd. QQ  
 King, WI 54946-0600  
 (715) 258-5586  
 Toll-free Fax (888) 966-8819

**WVH—Union Grove**  
 21425 G Spring St.  
 Union Grove, WI 53182  
 (262) 878-6702  
 Toll-free Fax (888) 966-8816

### RIGHTS OF NURSING HOME MEMBERS

The Home must protect and promote the rights of each Member, including each of the following rights:

- **Privacy**

- To personal privacy and confidentiality of his or her personal and medical records
- To have personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and Member groups.
- To personal privacy, including the right to privacy in his or her oral, written, and electronic communications to send and promptly receive personal, unopened mail and other letters, packages, and other materials delivered to the Home for the Member, including those delivered through a means other than a postal service.
- To privately communicate with individuals and entities within and external to the facility, including reasonable access to a telephone, including TTY and TDD services, and to the internet, to the extent available to the facility and the ability to send mail. This includes the right to retain and use a cellular phone at the Member's own expense.
- To have access to stationery, postage and writing implements at the Member's own expense
- To have reasonable access to and privacy in their use of electronic communications such as email and video communications and for Internet research, at the Member's expense, if available to the facility, and use must comply with state and federal law.
- To approve or refuse the release of personal and clinical records to any individual outside the facility, except upon transfer to another health care institution or as required by law to include but not limited to public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, or third-party payment contract.

- **Self-Determination**

- To exercise complete choice of healthcare providers of physical and mental health care, and of pharmacist.
- The facility management must inform each Member of the name and way of contacting the primary physician responsible for his or her care.
- To a safe, clean, comfortable and homelike environment, including but not limited to receiving treatments and supports for daily living safely provided by the Home to maximize their independence.
- To be encouraged and assisted to exercise rights as a Member and as a U.S. citizen.
- To voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other Members, and other concerns regarding your stay at the Home.
- To a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.

- To choose to or refuse to perform services for the facility and the facility must not require a Member to perform services for the Home.
  - To receive visitors of his or her choosing at the time of his or her choosing, subject to the Member's right to deny visitation when applicable, and in a manner that does not impose on the rights of other Members. This includes: immediate family Members and relatives, personal physician, the Member representative, and any representatives of: the Office of the State Long Term Care Ombudsman; the Secretary; or the State; the protection and advocacy systems as designated by the state and as established under the Development Disabilities Assistance and Bill of Rights Act of 2000; and the protection and advocacy system for individuals with a mental disorder; and any entities or individuals that provide health, social, legal, or other services who wish to visit; and others with consent of the Member, subject to reasonable clinical and safety restrictions.
  - To choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his/her interests, assessments, and plan of care.
  - To interact with Members of the community and participate in community activities both inside and outside the facility.
  - To make choices about aspects of his/her life in the facility that are significant to the Member.
  - To organize and participate in Member groups in the facility.
  - To participate in family groups.
  - To have family Member(s) or other Member representative(s) meet in the facility with the families or Member representative(s) of other Members in the facility.
  - To participate in other activities, including social, religious, and community groups/activities which do not interfere with the rights of the Members who live at the Home.
  - To manage his or her personal financial affairs. This includes the right to know, in advance, what charges a facility may impose against a Member's personal funds.
- **Exercise of Rights**
    - To be free of interference, coercion, discrimination, or reprisal from the Home, and to be supported by the Home in exercising his or her rights.
    - In the case of a Member determined incompetent under the laws of a State by a court of jurisdiction, the rights of the Member devolve to and are exercised by the person appointed under State law to act on the Member's behalf.
    - In the case of a Member who has not been adjudged incompetent by the State court, the Member has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the Member's rights to the extent provided by state law. The same-sex spouse of a Member must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.
- **Information and Communication**
    - To be fully informed, as evidenced by a written acknowledgment, prior to or at the time of admission and during the stay, of all these rights, rules and regulations which govern personal conduct and responsibilities.
    - To inspect his/her own medical and personal record. Twenty-four hours notice (excluding weekends and holidays) is requested so that a staff person can be available to answer any questions which may arise. Copies from the record may be purchased, upon written request, and with a minimum of forty-eight hours' notice. Medical record information is confidential and released only with authorization. A fee per page will be charged based on facility policy.
    - To receive required notices orally and in writing in a format and a language that he or she understands
      - A description of the manner of protecting personal funds.

- A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request and assessment of resources under section 1924(c) of the Social Security Act
  - To examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction. The results must be posted by the facility in a place readily accessible to Members.
  - To receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.
- **Planning and Implementing Care**
  - The right to request, refuse, and/or discontinue treatment
  - To participate in the planning of medical treatment and be fully informed of his/her medical condition by a doctor.
  - To refuse to participate in experimental research.
  - To formulate an advance directive.
  - To be informed of, and participate in, his or her treatment and be supported in this right
  - To be fully informed in language that he or she can understand of his or her total health status, including but not limited to his/her medical condition
  - To participate in the development and implementation of his or her person-centered plan of care.
  - To participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.
  - To participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
  - To be informed, in advance, of changes to the plan of care.
  - To receive the services and/or items included in the plan of care.
  - To see the care plan, including the right to sign after significant changes to the plan of care.
  - To be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.
  - To be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
  - To self-administer medications if interdisciplinary team has determined this practice and clinically appropriate.
- **Respect and Dignity**
  - If married, to be assured of privacy during spousal visits. If both spouses are Members of the Home, to be permitted to share a room if medically feasible, regardless of sexual orientation. Same-sex spouse of the Member must be afforded treatment equal to an opposite-sex spouse if the marriage was valid where it occurred. The right to share a room with his/her roommate of choice, when practicable, when both Members live in the same nursing care building and both Members consent to the arrangement. Doesn't apply to facilities that have only private rooms.
  - To retain and use personal possessions, including furnishings and clothing as space permits, so long as doing so would not complicate a medical condition or infringe on another Member's rights, health or safety.
  - To be transferred or discharged out of the facility only for the Member's own welfare and the Member's needs cannot be met in the facility, the Member's health has improved sufficiently so the Member no longer needs the services provided by the facility,, the safety of individuals in the facility is endangered due to the clinical or behavioral status of the Member, the health of individuals in the facility would otherwise be endangered, , or for nonpayment (except as

prohibited by Medicaid, or the facility ceases to operate. The Member and Member representative must be given reasonable advance notice of transfer or discharge.

- To receive written notice, including the reason for the change, before the Member's room or roommate in the facility is changed.
  - To be free from restraints, both chemical and physical, except for the least restrictive alternative for the least amount of time as authorized in writing by a doctor for a specified and limited time period or when necessary to protect themselves or other Members from injury.
  - To be free from abuse, neglect, misappropriation of Member property, and exploitation. This includes but is not limited to freedom from corporal punishment and involuntary seclusion.
  - To reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the Member or other Members would be endangered.
1. To receive adequate and appropriate care within the capacity of the facility.
  2. The facility management must inform each Member before, or at the time of admission, and periodically during the Member's stay, of services available in the facility and of charges for those services to be billed to the Member.
  3. A statement that the Member may file a complaint with the State (agency) concerning Member abuse, neglect, misappropriation of Member property in the facility, exploitation, and non-compliance with the advance directives requirements.

## **RESPONSIBILITIES OF NURSING HOME MEMBERS**

The Wisconsin Veterans Home requires each Member, or his or her legal representative, to assume the following responsibilities:

1. Members have the responsibility to provide, to the best of their knowledge and ability, complete information about all matters relating to their health.
2. Members have the responsibility to report changes in their condition to the Wisconsin Veterans Home.
3. Members have the responsibility to let the Wisconsin Veterans Home know if they do not understand treatment programs or the Wisconsin Veterans Home's programs or policies.
4. Members have the responsibility to follow instructions provided by the Wisconsin Veterans Home or by any health care provider caring for them at the Wisconsin Veterans Home. This includes following instructions of nurses and other health care personnel as they carry out the Member's care plan and physician orders, and as they enforce the applicable rules and regulations of the Home.
5. Members assume responsibility for their actions if care is refused or if physician instructions or that of other health care providers is not followed.
6. Members have the responsibility to follow Wisconsin Veterans Home rules and regulations regarding Member care and conduct.
7. Members have the responsibility for being considerate of the rights and dignity of other Members, their visitors and the Wisconsin Veterans Home's personnel.
8. Each Member is responsible for being respectful of the personal property of other Members, of the staff, and of the Wisconsin Veterans Home.

A Member may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of Member property in the facility, non-compliance with the advance directions requirements and requests for information regarding returning to the community These may be directed to:

## **Chippewa Falls**

**Brandie Hanson**  
**Veteran Ombudsman Services Specialist**  
State Nursing Home Ombudsman Program  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
Direct Telephone: (920) 945-1030  
Help Line Telephone: 1-800-815-0015  
Direct Email: [Brandie.Hanson@wisconsin.gov](mailto:Brandie.Hanson@wisconsin.gov)  
General Email: [BOALTC@Wisconsin.Gov](mailto:BOALTC@Wisconsin.Gov)

**Wisconsin Bureau of Nursing Home Resident Care**  
Western Regional Office  
610 Gibson St., Suite 1  
Eau Claire, WI 54701  
Telephone: (715) 836-4752  
Email: [DHSDQABNHRCWRO@DHS.Wisconsin.gov](mailto:DHSDQABNHRCWRO@DHS.Wisconsin.gov)

**Wisconsin Medical Examining Board**  
Department of Safety & Professional Services  
1400 East Washington Ave.  
P.O. Box 7190  
Madison, WI 53707-7190  
Telephone: (608) 266-2112  
<http://dsps.wi.gov/Complaints-and-Inspections/Professions-Complaints/Forms-for-Complaints-Against-Professionals/>

**Disability Rights Wisconsin**  
217 W. Knapp St.  
Rice Lake, WI 54868  
Telephone: (800) 928-8778 or 715-736-1232  
Email: [info@drwi.org](mailto:info@drwi.org)

## **King**

**Brandie Hanson**  
**Veteran Ombudsman Services Specialist**  
State Nursing Home Ombudsman Program  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
Direct Telephone: (920) 945-1030  
Help Line Telephone: 1-800-815-0015  
Direct Email: [Brandie.Hanson@wisconsin.gov](mailto:Brandie.Hanson@wisconsin.gov)  
General Email: [BOALTC@Wisconsin.Gov](mailto:BOALTC@Wisconsin.Gov)

Aging and Disability Resource Center  
711 N Bridge St,  
Chippewa Falls, WI 54729  
Telephone: (715) 726-7777  
Toll Free: 1-888-400-6920  
Hearing Impaired: 1-800-947-3529  
Email: [adrc@co.chippewa.wi.us](mailto:adrc@co.chippewa.wi.us)

**Adult Protective Services**  
711 N Bridge St,  
Chippewa Falls, WI 54729  
Telephone: (715) 726-7777  
Toll Free: 1-888-400-6920  
Hearing Impaired: 1-800-947-3529  
Email: [adrc@co.chippewa.wi.us](mailto:adrc@co.chippewa.wi.us)

**Medicaid Fraud Control Unit**  
Office of the Inspector General  
1 W. Wilson Street  
P.O. Box 309  
Madison, WI  
Telephone: (608) 266-2521/ (877) 865-3432  
Follow link to complete forms  
<http://www.dhs.wisconsin.gov/fraud/index.htm>

**Medicare**  
7500 Security Blvd  
Baltimore, MN 21244  
General: 1-800-633-4227  
Eligibility: 1-800-622-1213  
No Email Available  
[www.Medicare.gov](http://www.Medicare.gov)

**Wisconsin Bureau of Nursing Home Resident Care**  
Northeastern Regional Office  
200 North Jefferson Street, Suite 501  
Green Bay, WI 54301  
Telephone: (920) 448-5255  
Email: [Leona.Magnant@dhs.wisconsin.gov](mailto:Leona.Magnant@dhs.wisconsin.gov) or [Daniel.Perron@dhs.wisconsin.gov](mailto:Daniel.Perron@dhs.wisconsin.gov)

**King Cont.**

**Medicaid Fraud Control Unit**

Office of the Inspector General  
1 W. Wilson Street  
P.O. Box 309

Madison, WI

Telephone: (608) 266-2521/(877) 865-3432

Follow link to complete forms

<http://www.dhs.wisconsin.gov/fraud/index.htm>

**Wisconsin Medical Examining Board**

Department of Safety & Professional Services  
1400 East Washington Ave.  
P.O. Box 7190  
Madison, WI 53707-7190  
Telephone: (608) 266-2112

<http://dsps.wi.gov/Complaints-and-Inspections/Professions-Complaints/Forms-for-Complaints-Against-Professionals/>

**Aging and Disability Resource Center**

811 Harding St.  
Waupaca, WI 54981  
Telephone: 715-258-6400  
Hearing Impaired: 711  
Email: [adrc@co.waupaca.wi.us](mailto:adrc@co.waupaca.wi.us)

**Adult Protective Services**

811 Harding St.  
Waupaca, WI 54981  
Telephone: (715) 258-6400  
Toll Free: 1-866-739-2372  
Hearing Impaired: 711  
Email: [adrc@co.waupaca.wi.us](mailto:adrc@co.waupaca.wi.us)

**Medicare**

7500 Security Blvd  
Baltimore, MN 21244  
General: 1-800-633-4227  
Eligibility: 1-800-622-1213  
No Email Available  
[www.Medicare.gov](http://www.Medicare.gov)

**Disability Rights Wisconsin**

131 W. Wilson St., Suite 700  
Madison, WI 53703  
Telephone: 608-267-0214/800-928-8778  
Email: [info@drwi.org](mailto:info@drwi.org)

## **Union Grove**

### **State Nursing Home Ombudsman**

Brandie Hanson  
1402 Pankratz St., Suite 111  
Madison, WI 53704  
Telephone: (715) 939-1326/(800) 815-0015  
Email: [Brandie.Hanson@wisconsin.gov](mailto:Brandie.Hanson@wisconsin.gov)

### **Wisconsin Bureau of Nursing Home Resident Care**

Southeastern Regional Office  
819 North 6<sup>th</sup> St., Room 609B  
Milwaukee, WI 53203-1606  
Telephone: (414) 227-5000  
Email: [DHSwebmailDQA@wisconsin.gov](mailto:DHSwebmailDQA@wisconsin.gov)

### **Disability Rights Wisconsin**

6737 W. Washington St., Suite 3230  
Milwaukee, WI 53214  
Telephone: (800) 708-3034  
TTY: (888) 758-6049  
Email: [info@drwi.org](mailto:info@drwi.org)

### **Aging and Disability Resource Center**

14200 Washington Ave.  
Sturtevant, WI 53177  
Telephone: (262) 833-8777  
Email: [adrc@goracine.org](mailto:adrc@goracine.org)

### **Adult Protective Services**

1717 Taylor Ave.  
Racine, WI 53403  
Telephone: (262) 638-6752  
Email: No email available, you must call

### **Medicaid Assistance T-19**

Western Racine County Service Center  
209 N. Main St.  
Burlington, WI 53105  
Telephone: (888) 794-5820  
Email: No email available, you must call

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1 W. Wilson Street  
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### **Medicare**

7500 Security Boulevard  
Baltimore, MD 21244  
General: (800) 633-4227  
Eligibility: (800) 633-1213  
Email: No email available  
Go to Website: [www.Medicare.gov](http://www.Medicare.gov)