Kindred Hospital Seattle	Title of Policy ASSURANCE OF COMPLIANCE	Page No 1 of 1
Manual	**Section**	**Policy Number**
Patient Care	Patient Rights/Civil Rights	H-PC 03-001
	Effective Date: 06/15/1992	**Supersedes or Revised Date:** 5/2012

☐ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

POLICY

1. The Office for Civil Rights (OCR) of the U.S Department of Health and Human Services (DHHS) enforces federal laws that prohibit discrimination by healthcare and human service providers that receive funds from DHHS. Four of these laws are as follows:

   a. Title VI of the Civil Rights Act of 1964

   b. Section 504 of the Rehabilitation Act of 1973 (H-PC 03-001 F A)

   c. Title IX of the Education Amendments of 1972

   d. Age Discrimination act of 1975

2. Kindred will prove compliance with these laws through the *Assurance of Compliance (690)* sample form (H-PC 03-001 F B). This original document, signed by a Corporate officer, was submitted as part of a facility's civil rights packet information to the Office for Civil Rights in 1996-1997.

References-

CMS: 482.13
TJC: LD04.01.01

CONFIDENTIAL AND PROPRIETARY INFORMATION TO KINDRED HEALTHCARE AND AUTHORIZED PARTIES

Section 504, Rehabilitation Act of 1973

Section 794. Nondiscrimination under Federal grants and programs; promulgation of rules and regulations

(a) Promulgation of rules and regulations

No otherwise qualified individual with a disability in the United States, as defined in section 706 (20) of this title, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service. The head of each such agency shall promulgate such regulations as may be necessary to carry out the amendments to this section made by the Rehabilitation, Comprehensive Services, and Development Disabilities Act of 1978. Copies of any proposed regulations shall be submitted to appropriate authorizing committees of the Congress, and such regulation may take effect no earlier than the thirtieth day after the date of which such regulation is so submitted to such committees.

(b) "Program or activity" defined

For the purposes of this section, the term "program or activity" means all of the operations of --

(1) (A) a department, agency, special purpose district, or other instrumentality of a State or of a local government; or
(B) the entity of such State or local government that distributes such assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;

(2) (A) a college, university, or other postsecondary institution, or a public system of higher education; or
(B) a local educational agency (as defined in section 8801 of Title 20), system of vocational education, or other school system;

(3) (A) an entire corporation, partnership, or other private organization, or an entire sole proprietorship --
(i) if assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or
(ii) which is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation; or

(B) the entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended, in the case of any other corporation, partnership, private organization, or sole proprietorship; or

(4) any other entity which is established by two or more of the entities described in paragraph (l), (2) or (3); any part of which is extended Federal financial assistance.

(c) Significant structural alterations by small providers

Small providers are not required by subsection (a) to make significant structural alterations to their existing facilities for the purpose of assuring program accessibility, if alternative means of providing the services is available. The terms used in this subsection shall be construed with reference to the regulations existing on March 22, 1988.

(d) Standards used in determining violation of section

The standards used to determine whether this section has been violated in a complaint alleging employment discrimination under this section shall be the standards applied under title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and the provisions of sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990 (42 U.S.C. 12201-12204 and 12210), as such sections related to employment.

Section 794a. Remedies and attorney fees

(a) (1) The remedies, procedures, and rights set forth in section 717 of the Civil Rights Act of 1964 (42 U.S.C. 2000e-16), including the application of sections 706(f) through 706 (k) [42 U.S.C. 2000e-5(f) through k)] shall be available, with respect to any complaint under section 791 of this title, to any employee or applicant for employment aggrieved by the final disposition of such complaint, or by the failure to take final action on such complaint. In fashioning an equitable or affirmative action remedy under such section, a court may take into account the reasonableness of the cost of any necessary work place accommodation, and the availability of alternative therefor or other appropriate relief in order to achieve an equitable and appropriate remedy.

(2) The remedies, procedures, and rights set forth in title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq)shall be available to any person aggrieved by any act or failure to act by any recipient of Federal assistance or Federal provider of such assistant under section 794 of this title.

(b) In any action or proceeding to enforce or charge a violation of a provision of this subchapter, the court, in its discretion, may allow the prevailing party, other than the United States, a reasonable attorney's fee as part of the costs.

Section 794b. Removal of architectural, transportation, or communication barriers

(a) Technical and financial assistance

The Secretary may provide directly or by contract with State vocational rehabilitation agencies or experts or consultants or groups thereof, technical assistance –

(1) to persons operating community rehabilitation programs; and

(2) with the concurrence of the Access Board established by section 792 of this title, to any public or nonprofit agency, institution, or organization; for the purpose of assisting such persons or entities in removing architectural, transportation, or communication barriers. Any concurrence of the Access Board under this paragraph shall reflect its consideration of the cost studies carried out by States under section 792(c)(1) of this title.

(b) Compensation of experts or consultants

Any such experts or consultants, while serving pursuant to such contracts, shall be entitled to receive compensation at rates fixed by the Secretary, by not exceeding the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of Title 5, including travel time, and while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of subsistence, an as authorized by section 5703 of Title 5 for persons in the Government service employed intermittently.

(c) Conditions for assistance

The Secretary, with the concurrence of the Access Board and the President, may provide, directly or by contract, financial assistance to any public or nonprofit agency, institution, or organization for the purpose of removing architectural, transportation, and communication barriers. No assistance may be provided under this paragraph until a study demonstrating the need for such assistance has been conducted and submitted under section 792(h)(1) of this title.

(d) Authorization of appropriations

In order to carry out this section, there are authorized to be appropriated such sums as may be necessary.

Section 794c. Interagency Coordinating Council

(a) Establishment

There shall be established an Interagency Coordinating Council (hereinafter referred to in this section as the "Council") composed of the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Labor, the Assistant Secretary of Interior for Indian Affairs, the Attorney General, the Director of the Office of Personnel Management, the Chairperson of the Equal Employment Opportunity Commission, and the Chairperson of the Architectural and Transportation Barriers Compliance Board, and such other officials as may be designated by the President.

(b) Duties

The Council shall –

(1) have the responsibility for developing and implementing agreements, policies, and practices designed to maximize effort, promote efficiency, and eliminate conflict, competition, duplication, and inconsistencies among the operations, functions, and jurisdictions of the various departments, agencies, and branches of the Federal Government responsible for the implementation and enforcement of the provisions of this subchapter, and the regulations prescribed thereunder;

(2) be responsible for developing and implementing agreements, policies, and practices designed to coordinate operations, functions, and jurisdictions of the various departments and agencies of the Federal Government responsible for promoting the full integration into society, independence, and productivity of individuals with disabilities; and

(3) carry out such studies and other activities, subject to the availability of resources, with advice from the National Council on Disability, in order to identify methods for overcoming barriers to integration into society, independence, and productivity of individuals with disabilities.

(c) Report

On or before July 1 of each year, the Interagency Disability Coordinating Council shall prepare and submit to the President and to the Congress a report of the activities of the Council designed to promote and meet the employment needs of individuals with disabilities, together with such recommendations for legislative or administrative changes as the Council concludes are desirable to further promote the purposes of this section, along with any comments submitted by the National Council on Disability as to the effectiveness of such activities and recommendations in meeting the needs of individuals with disabilities. Nothing in this section shall impair any responsibilities, assigned by any Executive Order to any Federal department, agency, or instrumentality to act as a lead Federal agency with respect to any provisions of this subchapter.

Section 794d. Electronic equipment accessibility

(a) Guidelines

The Secretary, through the Director of the National Institute on Disability and Rehabilitation Research, and the Administrator of the General Services, in consultation with the electronics and information technology industry and the Interagency Council on Accessible Technology, shall develop and establish guidelines for Federal agencies for electronic and information technology accessibility designed to ensure, regardless of the type of medium, that individuals with disabilities can produce information and data, and have access to information and data, comparable to the information and data, and access, respectively, of individuals who are not individuals with disabilities. Such guidelines shall be revised, as necessary, to reflect technological advances or changes.

(b) Compliance

Each agency shall comply with the guidelines established under this section.

Section 794e. Protection and advocacy of individual rights

(a) Purpose

The purpose of this section is to support a system in each State to protect the legal and human rights of individuals with disabilities who--

(1) need services that are beyond the scope of services authorized to be provided by the client assistance program under section 732 of this title; and

(2) are ineligible for protection and advocacy programs under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. § 6041 et seq.) and the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. § 10801 et seq.).

(b) Appropriations less than $5,500,000

For any fiscal year in which the amount appropriated to carry out this section is less than $5,500,000, the Commissioner may make grants from such amount to eligible systems within States to plan for, develop outreach strategies for, and carry out protection and advocacy programs authorized under this section for individuals with disabilities who meet the requirements of paragraph (1) and (2) of subsection (a) of this section.

(c) Appropriations of $5,500,000 or more

(1) Technical assistance

For any fiscal year in which the amount appropriated to carry out this section equals or exceeds $5,500,000, the Commissioner shall set asside not less than 1.8 percent and not more than 2.2 percent of the amount to provide training and technical assistance to the systems established under this section.

(2) Allotments

Fore any such fiscal year, after the reservation required by paragraph (1) has been made, the Commissioner shall make allotments from the remainder of such amount in accordance with paragraph (3) to eligible systems within States to enable such systems to carry out protection and advocacy programs authorized under this section for such individuals.

(3) Systems within States

(A) Population basis

Except as provided in subparagraph (B), from such remainder for each such fiscal year, the Commissioner shall make an allotment to the eligible system within a State of an amount bearing the same ratio to such remainder as the population of the State bears to the population of all States.

(B) Minimums

Subject to the availability of appropriations to carry out this section, and except as provided in paragraph (4), the allotment to any system under subparagraph (A) shall be not less than $100,000 or one-third of one percent of the remainder for the fiscal year for which the allotment is made, whichever is greater, and the allotment to any system under this section for any fiscal year that is less than $100,000 or one third of one percent of such remainder shall be increased to the greater of the two amounts.

(4) Systems within other jurisdictions

(A) In general

For the purpose of paragraph (3)(B), Guam, American Samoa, the United States Virgin Islands, the Commonwealth of Northern Mariana Islands, and the Republic of Palau shall not be considered to be States.

(B) Allotment

The eligible system within a jurisdiction described in subparagraph (A) shall be allotted under paragraph (3)(A) not less than $50,000 for the fiscal year for which the allotment is made, except that the Republic of Palau may receive allotment under this section only until the Compact of Free Association with Palau takes effect.

(5) Adjustment for inflation

For any fiscal year, beginning in fiscal year 1994, in which the total amount appropriated to carry out this section exceeds the total amount appropriated to carry out this section for the preceding fiscal year by a percentage greater than the most recent percentage change in the Consumer Price Index For All Urban Consumers published by the Secretary of Labor under section 720(c)(1) of this title, the Commissioner shall increase the minimum allotment under paragraphs (3)(B) and (4)(B) by such percentage change in the Consumer Price Index For All Urban Consumers.

(d) Proportional reduction

To provide minimum allotments to systems within States (as increased under subsection (c)(5) of this section) under subsection (c)(3)(B) of this section, or to provide minimum allotments to systems within States (as increased under subsection (c)(5) of this section) under subsection (c)(4)(B) of this section, the Commissioner shall proportionately reduce the allotments of the remaining systems within States under subsection (c)(3) of this section, with such adjustments as may be necessary to prevent the allotment of any such remaining system within a State from being reduced to less than the minimum allotment for a system within a State (as increased under subsection (c)(5) of this section) under subsection (c)(3)(B) of this section, or the minimum allotment for a State (as increased under subsection (c)(5) of this section) under subsection (c)(4)(B) of this section, as appropriate.

(e) Reallotment

Whenever the Commissioner determines that any amount of an allotment to a system within a State for any fiscal year described in subsection (c)(1) of this section will not be expended by such system in carrying out the provisions of this section, the Commissioner shall make such amount available for carrying out the provisions of this section to one or more of the systems that the Commissioner determines will be available to use additional amounts during such year for carrying out such provisions. Any amount made available to a system for any fiscal year pursuant to the preceding sentence shall, for the purposes of this section, be regarded as an increase in the allotment of the system (as determined under the preceding provisions of this section) for such year.

(f) Application

In order to receive assistance under this section, an eligible system shall submit an application to the Commissioner, as such time, in such form and manner, and containing such information and assurances as the Commissioner determines necessary to meet the requirements of this section, including assurances that the eligible system will –

(1) have in effect a system to protect and advocate the rights of individuals with disabilities;

(2) have the same general authorities, including access to records and program income, as are set forth in part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. § 6041 et seq.)

(3) have the authority to pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of such individuals within the State who are ineligible for protection and advocacy programs under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. § 6041 et seq.) and the Protection and Advocacy For Mentally Ill Individuals Act of 1986 (42 U.S.C. § 10801 et seq.) or client assistance programs under section 732 of this title;

(4) provide information on and make referrals to programs and services addressing the needs of individuals with disabilities in the State;

(5) develop a statement of objectives and priorities on an annual basis, and provide to the public, including individuals with disabilities and, as appropriate, their representatives, an opportunity to comment on the objectives and priorities established by, and activities of, the system including --

(A) the objectives and priorities for the activities of the system for each year and the rationale for the establishment of such objectives and priorities; and

(B) the coordination of programs provided through the system under this section with the advocacy programs of the client assistance program under section 732 of this title, the State long-term care ombudsman program established under the Older Americans Act of 1965 (42 U.S.C. § 3001 et seq.), the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. § 6041 et seq.) and the Protection and Advocacy For Mentally Ill Individuals Act of 1986 (42 U.S.C. § 10801 et seq);

(5) establish a grievance procedure for clients or prospective clients of the system to ensure that individuals with disabilities are afforded equal opportunity to access the services of the system; and

(6) provide assurances to the Commissioner that funds made available under this section will be used to supplement and not supplant the non-Federal funds that would otherwise be made available for the purpose for which Federal funds are provided.

(g) Carryover and direct payment

(1) Direct payment
Notwithstanding any other provision of law, the Commissioner shall pay directly to any system that complies with the provisions of this section, the amount of the allotment of the State involved under this section, unless the State provides otherwise.

(2) Carryover
Any amount paid to a State for a fiscal year that remains unobligated at the end of such year shall remain available to such State for obligation during the next fiscal year for the purposes for which such amount was paid.

(h) Limitations on disclosure requirement

For purposes of any audit, report, or evaluation of the performance of the program established under this section, the Commissioner shall not require such a program to disclose the identity of, or any other personally identifiable information related to, any individual requesting assistance under such program.

(i) Ineligibility for additional funds in fiscal year 1993

Notwithstanding subsection (n) of this section, a protection and advocacy system that –

(1) received funds for fiscal year 1992, under section 796g of this title, as in effect on the day before October 29, 1992, to carry out a project; and

(2) receives a continuation award for such project for fiscal year 1993, shall not be eligible to receive additional funds under this section for fiscal year 1993.

(j) Administrative cost

In any State in which an eligible system is located within a State agency, a State may use a portion of any allotment under subsection (c) of this section for the cost of the administration of the system required by this section. Such portion may not exceed 5 percent of the allotment.

(k) Delegation

The Commissioner may delegate the administration of this program to the Commissioner of the Administration on Developmental Disabilities within the Department of Health and Human Services.

(l) Report

The Commissioner shall annually prepare and submit to the Committee on Education and Labor of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the types of services and activities being undertaken by programs funded under this section, the total number of individuals served under this section, the types of disabilities represented by such individuals, and the types of issues being addressed on behalf of such individuals.

(m) Authorization of appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 1993, 1994, 1995, 1996, and 1997.

(n) Eligibility for assistance

As used in this section, the term "eligible system" means a protection and advocacy system that is established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. § 6041 et seq.) and that meets the requirements of subsection (f) of this section.

☒ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

Purpose: The policy explains performance expectations, definitions and guidelines for Kindred Hospitals relating to patient visitation rights as required by the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC).

Policy:

The hospital respects, protects, and promotes patient rights. At the time of admission, the admitting nurse or designee provides notice to the patient (or support person, where appropriate) of the patient's rights, including patient visitation rights. The notice includes information regarding the patient's right to receive approved visitors (consented and designated by the patient), including but not limited to a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend.

The notice also advises of the patient's right to withdraw or deny consent at any time and any reasonable restrictions or limitations placed on these visitation rights. The hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. In addition, the hospital ensures approved visitors enjoy full and equal visitation privileges consistent with patient preferences.

Immediate access to the patient is provided to:

- The patient's physician(s)
- Healthcare and other personnel involved in the patient's care.
- Patient approved relatives and visitors
- A representative from a state or federal regulatory agency and its subsidiaries.

Definitions:

Visitation Rights:

A patient's right to choose visitors and their right to deny visitors during hospitalization. These rights include any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights as well as the reasons for the clinical restriction or limitation.

Reasonable Restrictions:

Limiting patient visitation rights based on professional clinical judgment of factors that would interfere with the care, safety and well-being of the patient and/or the care of other patients. Examples of possible restrictions include but are not limited to; when a patient is undergoing care interventions; when there may be infection control issues; disruptive behavior of the visitor, etc.

Support Person:

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Could be a family member, friend, or other individual who is there to support the patient during the course of the hospital stay.

Approved Visitor:

Any individual the patient (or support person, where appropriate) consents to visit.

Consent:

The patient (or support person, where appropriate) grants visitation privileges to persons of their choice.

Withdraw Consent:

The patient (or support person, where appropriate) may at anytime take away visitation privileges from an approved visitor(s).

PROCEDURE:

1. The list of Patient Rights and Responsibilities is provided to each patient at admission by the admitting nurse or designee. See Financial Policies and Procedures, Section 2.
2. The hospital will provide the patient opportunity to deny or withdraw consent to visitation privileges of any family member or other visitor at any time during the patient's hospital stay.
3. Hospitals will provide 24-hour access to:
   a. Physician (s) involved in the patient's care;
   b. Healthcare personnel involved in the patient's care;
   c. Approved relatives and other approved visitors;
   d. Representatives from a state or federal regulatory agency and its subsidiaries;
   e. Other visitors, subject to reasonable restrictions as defined above;

   However, the above are subject to "reasonable restrictions" according to the regulatory language and as defined under "Reasonable Restrictions," within the definitions of this policy.
4. The hospital may deny access to a visitor(s) if that individual(s) has been found to threaten the medical care, safety and well being of a patient in any manner.
5. If a staff member receives a report of a potential threat that may warrant visitation restrictions, it shall be reported to the supervisor, the Nurse Manager or Chief Clinical Officer or, if they are not available, the Administrator on Call for resolution.
6. Visitation locations may be changed at the hospital's discretion if the patient's visitation rights infringe upon the rights of other patients.
7. Reasonable restrictions, including visitation hours, may be placed on visitation. These restrictions will be based on professional clinical judgment of factors that would interfere with the care, safety and well-being of the patient and/or the care of other patients.

References:

TJC: RI.01.01.01

CMS: CoP 482.13 (h) (1) and § 485.635(f)(1)
Patient's Rights

CMS, 2010. *Rules and Regulations.* Federal Register, Nov. 19, 2010, Vol.75, No. 223

SEATTLE ADDENDUM

RULES AND VISITATION HOURS –

1. Kindred Hospital Seattle recognizes that should a patient be incapacitated a support person will be required to make decisions on behalf of a patient regarding visitors.
   - The support person does not necessarily need to be the person authorized as the surrogate decision-maker for the patient.
   - Unless circumstances require (see below) otherwise, Kindred Hospital Seattle shall accept a claim to be a patient support person at face value and shall not request documentation from a person claiming to be a support person.
     - When circumstances require Kindred Hospital Seattle may request written documentation of patient representation by a legal document. Examples of when documentation might be required are if there is a conflict between two visitors or if there is a dispute as to whom the patient support person is. Hospital shall follow RCW 7.70.065 in resolving conflicts among those claiming to be support person.
2. General visiting hours are established from 9:00 am to 10:00 pm, seven days a week. After 8:00 PM, visitors are only permitted to remain with the patient at bedside or in the family lounge.
3. An adult must accompany visitors who are under the age of 14 at all times.
4. We believe the support of family and friends is an integral part of the healing process and visitors are encouraged to come often to support the recovery of our patients. In order to assure that such visits assure the comfort and safety of all patients, visitors are expected to abide by the hospital's rules. These include:
   - Appropriate clean attire is to be worn at all times. Use of perfumes and colognes should be avoided, as many patients are extremely sensitive and could react negatively or be compromised.
   - Visitors must wear a visitor's badge that can be obtained by signing in at the nurse's station.
   - Visitors are expected to abide by the hospital's infection control practices, including wearing personal protective equipment if posted at the patient room entrance. In order to help keep everyone safe, persons with cold symptoms such as a cough or sore throat should refrain from visiting.
   - Visitors may only bring food items for patients if approval is obtained in advance from the attending practitioner to assure the patient's safety. Other items such as electrical devices, supportive devices such as canes or walkers must be safety checked by our staff prior to use or placement in a patient room.
   - If a linen item or food item such as juice is needed for the patient being visited, a staff member will provide assistance.
   - Loud or offensive language is not permitted at any time.
   - Visitors are expected to respect the privacy of all patients.
   - Adult visitors are to assure their children abide all rules by maintaining close supervision at all times.
   - Visitors are expected to leave the room when care is provided to the patient or the patient's roommate.
   - Smoking materials, lighters or matches are not permitted on hospital property.
5. The House Supervisor may ask a visitor to leave any time they interfere with the provision of patient care or for a violation of the visitor rules. The number of visitors is not limited but guests are asked to please be considerate of others and the available space in the room.
6. **ICU Unit:**

   All regular visitor rules apply with the following exceptions:

   a. Visitors must verify that the patient can receive visitors at the ICU Nurses Station
   b. No more than two visitors per patient at one time.
   c. No visitors under age 14 allowed without approval of the House Supervisor.
   d. Visiting hours are limited to 10:00 AM to 8:00 PM due to space limitation in the ICU.
7. Overnight visitors:
   - Visitors are not permitted to stay overnight in any of the multi-bed rooms due to space limitations and in respect for the privacy of the roommate.
   - Visitors may spend the night in a room that is occupied by only one patient if the overnight visit has been approved by the Case Manager or Social Worker.

An overnight guest accommodation, if available, may be offered under the following circumstances: 1) the first night of the patient's stay; 2) the night before an anticipated discharge; 3) family support during end of life; or 4) the case manager or social worker has determined that the overnight visitor will provide needed support to an inpatient or extenuating circumstances in which patient care will be compromised by asking the family to leave.

Overnight personal caregiver:

- Patients may employ a private duty companion (see H-PC 07-044 Private Duty Nurses and CNA's and H-PC 07-046 Patient Care Companion) to spend the night with the patient. Arrangements may be made on a compensated or non-compensated basis.
- The private duty companion may spend the night with the patient in a multi-bed room but such persons are subject to the hospital's private duty companion / sitter policy.
- Private duty companions are not permitted in the ICU due to space limitations.

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☐ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

POLICY

The federal civil rights laws, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975, prohibit discrimination on the basis of race, color, national origin (Title VI), disability (Section 504), sex (Title IX) and age (Age Discrimination Act). In addition under Section 504, people with communicable diseases, e.g., MRSA, VRE, AIDS, TB, etc., are considered disabled and should not be discriminated against in the delivery of services. Kindred Healthcare businesses that are licensed for services in designated areas are responsible for providing patient services equally throughout those areas.

The same requirements apply to each employee and there should be no distinction in the manner in which he or she will provide care. Persons and organizations (community) having occasion either to refer persons for services or to recommend services are advised to do so, knowing the facility's position governing civil rights. The person designated to coordinate compliance with this policy is the facility Chief Executive Officer.

Kindred will not discriminate in admission to, participation in, or receipt of the services and benefits of any of its programs and activities.

Refer to H-PC 03-007 A – Civil Rights Regional Office Listing.

References
CMS: 482.13
TJC: LD.04.01.01

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☐ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

POLICY

To ensure a patient's personal values and beliefs are recognized, the hospital will provide for pastoral care and other personal spiritual services for patients who request them.

1. All patients admitted to Kindred will be treated as individuals and their personal values and beliefs shall be respected.
2. Employees will respect and support the patient's expression of values and beliefs.
3. Patients may exercise their cultural and spiritual beliefs and wear religious or other symbolic items, as long as they do not interfere with diagnostic procedures, treatment or the well being of others.
4. The patient's spiritual needs may be met through the patient's or family's personal clergy. The patient or family members must approve clergy members. Patients or family members may contact the Social Worker for a listing of area churches or religious support groups. Spiritual needs may also be met through hospital-sponsored activities.
5. The hospital staff reflects a cultural mix of the community. Bilingual consent forms and language translators are available and the community can also meet cultural needs.
6. The patient's psychosocial needs may be met through:
   a. Psychiatrist/Psychologist visit upon primary physician's order;
   b. Admission assessment which includes assessment of patients and family/guardian understanding of the patient's illness;
   c. Assessment of patient's discharge plan and educational readiness of patient and/or family/guardian;
   d. Patient and/or family/guardian are included in goal setting and problem identification;
   e. Patient communication abilities are assessed and speech therapist may be requested by physician;
   f. Attempt to alleviate anxiety by orienting patient and family/guardian to hospital surroundings;
   g. Family/guardian receives formal orientation to Kindred Healthcare approach to patient care and treatment; and
   h. Support group meetings provided for family members/guardian as needed.

References-

JC: RI.01.01.01

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☐ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

POLICY

Kindred will provide program participants, employees, professional and union organizations, impaired and handicapped individuals and other interested persons, with information concerning its non-discrimination policies. These policies will be disseminated via materials such as brochures, advertisements, human resource publications and the employee handbook.

Refer to H-PC 03-010 F A for Listing.

References
CMS: 482.13
TJC: LD.04.01.01

CONFIDENTIAL AND PROPRIETARY INFORMATION TO KINDRED HEALTHCARE AND AUTHORIZED PARTIES

OFFICE for CIVIL RIGHTS

Methods Which Provide Notice of Non-Discrimination

Parties	Methods of Dissemination
Employees	• Employee handbook • Application • Employment Advertisements • Brochures
Applicants for Employment	• Application • Employment Advertisements
Unions of Professional Organizations	• Union Contracts/Negotiations • Employee handbook • Advertisements • Brochures
Community Groups and General Public	• Brochures • Educational Material • Advertisements
Referred Sources	• As Above • Admission Policy
Visually and hearing Impaired Persons, Handicapped and Elderly	• All information is distributed in writing to the hearing impaired individual or patient or to a visually impaired individual or patient in the presence of their representative • Material can be obtained in various languages, or in Braille upon request • TTD/TTY machines are available for the hearing impaired persons • All written information may be verbalized to a handicapped and/or elderly person via Kindred Healthcare representatives.

Kindred Hospital Seattle	Title of Policy **PATIENT RIGHTS AND RESPONSIBILITIES**	Page No 1 of 3
Manual	**Section**	**Policy Number**
Patient Care	Patient Safety/Risk Management	H-PC 03-012
	Effective Date: 09/1991	**Supersedes or Revised Date:** 5/2012

☐ ***ADDENDUM Attached*** *(Please read every page of policy and addendum)*

PURPOSE

To provide an environment that both respects and protects the rights of patients and patients' families; and to conduct all activities related to care with primary concern for the values and dignity of patients.

To provide a systematic process for informing patients about their rights and responsibilities and the hospital complaint and grievance process.

POLICY

The rights and responsibilities referred to in this policy shall be protected and exercised for each patient and his/her family/guardian at Kindred Healthcare hospitals. This policy applies to all patients, parents of minor children and guardians. If any violations occur, the patient and/or family shall follow the established grievance/complaint process, or contact the Chief Clinical Officer immediately.

All patients admitted shall receive a printed copy of these patient rights and responsibilities.

PROCEDURE

1. The list of Patient Rights and Responsibilities is provided to each patient at admission. See Financial Policies and Procedures, Section 2.
2. The list is also posted prominently in the hospital where patients, families and their legal representatives can view it.
3. Admission materials must also include information concerning how to access the hospital's Complaint and Grievance process (ASAP) as well as other state, federal and accreditation agencies. ***See H-PC 05-007 Complaint and Grievance Process.***

PATIENT/FAMILY/SURROGATE RIGHTS

1. The patient has the right to receive a copy of the document "Patients' Rights and Responsibilities" in advance of patient care being furnished or discontinued whenever possible.
2. The patient has the right to present any conflicts or complaints he/she has in regard to the quality of care. Any complaint or concern may be presented by contacting the nursing supervisor at the nurse's desk. All issues will be reviewed, investigated and responded to in a timely manner.
3. The patient has the right to participate in the development and implementation of his/her plan of care and to make decisions involving his/her health care, including managing pain effectively.
4. The patient has the right to accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

CONFIDENTIAL AND PROPRIETARY INFORMATION TO KINDRED HEALTHCARE AND AUTHORIZED PARTIES

5. The patient has the right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

6. The patient has the right to have a family member or representative of his/her choice and his/her physician notified promptly of his/her admission.
7. The patient has the right to personal privacy.
8. The patient has the right to care in a safe setting.
9. The patient has the right to be free from all forms of abuse or harassment.
10. The patient has the right to the confidentiality of his/her clinical records and to access information contained in his/her clinical records within a reasonable time frame.
11. The patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion or discipline.
12. The patient has the right to the hospital's reasonable response to his/her requests and needs for treatment or service, within the hospital's capacity, its stated mission and applicable law and regulation.
13. The patient has the right to considerate and respectful care including:
    - Consideration of psychosocial, spiritual, and cultural variables that influence the perception of illness.
    - Optimal comfort and dignity of the dying patient through treating primary and secondary symptoms, effectively managing pain, and acknowledging the psychosocial and spiritual concerns of the patient and family.
14. The patient or the patient's designated representative has the right to participate in the consideration of the ethical issues that arise in the care of the patient. Ethical concerns may be addressed directly to the administrator or through the nursing supervisor. The administrator may consult with the ethics committee for further discussion of the issue and then respond to you in a timely manner.
15. The patient has the right to be informed of, and to refuse any human experimentation or other research/educational projects affecting his/her care or treatment.
16. If at any time, the patient/family requests a transfer to another setting or if the needs exceed the hospital's capacity, the hospital will assist in the transfer to another facility upon approval of that facility.
17. The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with law, is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment, or is a minor.

PATIENT RESPONSIBILITIES

1. The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.

2. The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition. The patient and family help the hospital to improve its understanding of the patient's environment by providing feedback about service needs and expectations.
3. The patient is responsible for reporting whether he/she clearly understands a contemplated course of action and what is expected of him/her.
4. The patient is responsible for following the care, service, or treatment plan developed and recommended by the practitioner(s) primarily responsible for his/her care, including nurses and allied health professionals carrying out the coordinated plan of care.
5. The patient and family are responsible for understanding the consequences of the treatment, alternatives, and of not following the proposed course. The patient is also responsible for his/her actions if (s)he refuses treatment or does not follow the practitioner's instructions.
6. The patient is responsible for assuring that the financial obligations for his/her health care are fulfilled as promptly as possible.
7. The patient is responsible for following the facility rules and regulations concerning patient care and conduct.
8. The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors.
9. The patient is responsible for being respectful of the property of other persons and of the facility.
10. The patient is expected to discuss pain management and pain relief options with their physician/clinicians.

References

JC: RI.01.01; RI.01.07.01; RI.02.01.01
CMS: 482.13
H-PC 03-003; H-PC 03-004; H-PC 03-005; H-PC 03-008; H-PC 05-007

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