**Section 270.2000 Patient's Rights**

a) A patient shall not be deprived of any rights, benefits, or privileges guaranteed by law based solely on his/her status as a patient of the facility.

b) A patient shall be permitted to retain and use or wear his/her personal property in his/her immediate living quarters unless deemed medically inappropriate or socially disruptive by a physician and so documented in the patient's record.

c) The facility shall provide a means of safeguarding small items of value for the patients in their rooms or in any other part of the facility, so long as the patient has daily access to such valuables.

d) The facility shall make reasonable efforts to prevent loss and theft of patients' property. The facility shall develop procedures for investigating complaints concerning theft of patients' property and shall promptly investigate all such complaints.

e) Children under 16 years of age who are related to employees or volunteers of a facility, and who are not themselves employees/volunteers of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity.

f) A patient shall be permitted the free exercise of religion. Upon a patient's request, and if necessary at his/her expense, the facility management shall make arrangements for a patient's attendance at religious services of the patient's choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any patient.

g) The facility shall encourage and not prohibit a patient's right to vote in person or by absentee ballot in all elections.

h) The facility shall notify the patient's representative whenever the patient suffers from a sudden illness or accident, or if and when unexplained absences occur.

i) A patient may not be transferred, discharged, evicted, harassed, dismissed or retaliated against for filing a complaint or providing information concerning a complaint against the facility.

j) A patient shall be permitted to retain the services of his/her own personal physician at his/her own expense under an individual or group plan of health insurance, or under any public or private assistance program providing such coverage.

k) All patients shall be permitted to obtain from their own physicians, or the physicians retained by the facility, complete and current information concerning his/her medical diagnosis, treatment and prognosis in terms and language the patient can reasonably be expected to understand.

l) No patient shall be subjected to experimental research or treatment without first obtaining his/her informed, written consent. The experimental research/treatment shall be part of the patient's comprehensive care plan.

m) Every patient shall be permitted to refuse medical treatment and to know the consequences of such action.

n) Every patient or patient's representative shall be permitted to inspect and copy all of the patient's clinical and other records concerning the patient's care and maintenance kept by the facility or by the patient's physician.

o) All patients shall be permitted respect and privacy in their medical and personal care program. Every patient's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly. Those persons not directly involved in the patient's care must have the patient's permission to be present.

p) Neither physical restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel or volunteer. No physical restraints or confinements shall be employed except as ordered by a physician who documents the need for such restraints or confinements in the patient's comprehensive care plan and medical plan of care.

q) Restraints shall be used only upon written order of the attending physician and for the safety and security of the patients.

r) The reasons for ordering and using restraints shall be recorded in the patient's comprehensive care plan and medical plan of care. The recordings shall contain ongoing evaluations of the need for the restraints and the measures being taken to reduce or eliminate the need for the use of restraints.

s) No patient shall be restrained, confined, or subjected to adverse stimuli for the purpose of behavior modification unless and until the informed consent of the patient or patient representative has been obtained.

t) Restraints and confinements may be employed only when necessary to prevent a patient from injuring himself/herself or others. The physician's written authorization shall specify the precise time periods and conditions in which any restraints or confinements shall be employed.

u) No chemical, medication or tranquilizer shall be employed by a facility as a restraint or confinement in lieu of, or in addition to, any physical restraint or confinement. Such chemicals, medications or tranquilizers may only be employed as part of a duly prescribed therapeutic medical treatment program authorized by the patient's physician and documented in the patient's comprehensive care plan and medical plan of care.

v) Every patient shall be permitted unimpeded, private and uncensored communication of his/her choice by mail and public telephone. The facility shall ensure that correspondence is promptly received and mailed and that telephones are reasonably accessible.

w) The facility management shall ensure that patients may have private visits at any reasonable hour unless such visits are not medically advisable for the patient as documented in the patient's comprehensive care plan by the patient's physician. The facility shall allow daily visiting. Visiting hours shall be posted in plain view of visitors. The facility management shall ensure that space for visits is available and that facility personnel knock, except in an emergency, before entering any patient's room.

x) Any employee or agent of a public agency, any representative of a community legal services program or any member of a community organization shall be permitted access at reasonable hours to any individual patient or any facility if the purpose of such agency, program or organization includes rendering assistance to patients without charge, but only if there is neither a commercial purpose nor effect to such access and if the purpose is to do any of the following:

1) Visit, talk with and make personal, social, and legal services available to all patients;

2) Inform patients of their rights and entitlements and their corresponding obligations, under federal and State laws, by means of educational materials and discussions in groups and with individual patients;

3) Assist patients in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, as well as in all other matters in which patients are aggrieved. Assistance may include counseling and litigation; or

4) Engage in other methods of asserting, advising and representing patients so as to extend to them full enjoyment of their rights.

y) No visitor shall enter the immediate living area of any patient without first identifying himself/herself and then receiving permission from the patient to enter. The rights of other patients present in the room shall be respected. A patient may terminate at any time a visit by a person having access to the patient's living area. Facility staff may terminate visits or provide other accommodations for the visit if they are so requested by the patient, or the visitor is involved in behavior violating other patients' rights.

z) A patient shall be permitted to manage his/her own financial affairs. A facility shall not manage patient funds unless the facility is in compliance with Section 300.3260 of the Skilled Nursing and Intermediate Care Facilities Code.

aa) A patient shall be voluntarily discharged from a facility after he/she gives facility management, a physician, or a nurse of the facility written notice of the desire to be discharged. A patient shall be discharged upon written consent of his/her representative unless there is a court order to the contrary. In such cases, upon the patient's discharge, the facility is relieved of any responsibility for the patient's care, safety or well-being.

bb) The facility shall establish involuntary discharge procedures in accordance with subsection (cc) of this Section, which shall include at least the following:

1) Patient behavior that may result in involuntary discharge;

2) Patient decline or improvement in medical condition that may result in involuntary discharge;

3) Patient counseling that may be provided to avoid involuntary discharge;

4) Patient notification and due process concerning involuntary discharge;

5) Timeframes between counseling, notice, and involuntary discharge.

cc) A facility may involuntarily transfer or discharge a patient only for one or more of the following reasons:

1) The patient's medical condition;

2) The patient's physical safety;

3) The patient's action, or inaction, which directly impinges on the physical safety of other patients, the facility staff or facility visitors;

4) The patient's late payment or nonpayment for his or her stay. For the purposes of this Part, late payment means non-receipt of payment after submission of a bill. A facility may send a notice to the patient and responsible party requesting payment within 30 days. If payment is not received in 30 days, the facility may institute transfer or discharge proceedings by sending a notice of transfer or discharge to the patient and responsible party by registered or certified mail. Payment in full shall terminate transfer or discharge proceedings. This subsection does not apply to residents whose care is provided under the Illinois Department of Public Aid.

dd) A licensee, facility manager, employee, volunteer or agent of a facility shall not abuse or neglect a patient.

ee) A facility employee, agent or volunteer who becomes aware of abuse or neglect of a patient shall immediately report the matter to the facility administrator or designee.

ff) Upon becoming aware of abuse or neglect, the facility administrator or designee shall immediately report the matter by telephone and in writing to the patient's representative and the Department.