Resident Rights and Alternate Decision-Makers

Presented by Residential Care Services
In Collaboration with the Adult Family Home Council, LTC Ombuds, Washington Health Care Association and LeadingAge
Disclaimer

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Today’s Presentation

• Informed Consent
• Alternate Decision-Maker
• Resident Rights
• Ombuds Role
Definitions

• **A Legal Guardian:** A person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called an incapacitated person.

• **A Power of Attorney:** A legal document giving one person (called an "agent" or "attorney-in-fact") the power to act for another person (the principal). The agent can have broad legal authority or limited authority to make legal decisions about the principal's property and finance.

• **A Durable Power of Attorney:** A type of POA instrument that can last beyond the incapacity of the principal.

• **Informed consent:** The process by which a resident learns about and understands the purpose, benefits, and potential risks of a medical or surgical intervention, including clinical trials, and then agrees to receive the treatment or participate in the trial.

• **A Fiduciary:** A individual with the legal responsibility to act in the best interest of a person or organization.

• **An Advance Directive:** A legal document (as a living will) signed by a capacitiated person to provide guidance for medical and health-care decisions (as the termination of life support or organ donation) in the event the person becomes incapacitated to make such decisions.
Informed Consent

- **RCW 7.70.065**
- Allows Authorized Person to Provide Consent for “Health Care” Decisions.
- Resident must be incapacitated which means: incapacitated by reason of mental illness, developmental disability, senility, habitual drunkenness, excessive use of drugs, or other mental incapacity, of either managing his or her property or caring for himself or herself, or both. **RCW 11.88.010**
What Does Informed Consent Consist of?

• The nature of the contemplated treatment
• The risks involved
• The prospects of success
• The possibility of complications
• The alternatives available
• The likely result if the resident remains untreated
What Decisions Does it Apply to?

• ‘Health care’ means any care, service, or procedure provided by a health care provider:
  • To diagnose, treat, or maintain a resident's physical or mental condition; or
  • That affects the structure or any function of the human body.” RCW 70.02.010(14)

• “‘Health care provider’ means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.” RCW 70.02.010(18)
Emergencies – [RCW 7.70.050](#)

- In the event of a recognized health care emergency, the patient’s consent will be implied.
  - Life-or-death situations *and*
  - Resident is not competent to consent and nobody authorized to provide consent is readily available *then*
  - All “required treatment” will be provided
Who Can Give Informed Consent?

• Number #1-The Resident

• Alternate Legal Decision-Maker Order of Priority:
  • Guardian
  • DPOA (of Health Care Decisions)
  • Spouse or Registered Domestic Partner
  • Adult Children (all)
  • Parents
  • Adult Brothers and Sisters
Skilled Nursing Facility Requirements

**WAC 388-97-0260 Informed Consent**

The nursing home must ensure that the informed consent process is followed with:

- The resident to the maximum extent possible, taking into consideration his or her ability to understand and respond; and

- The surrogate decision maker when the resident is determined to be incapacitated as established through the provision of a legal document such as durable power of attorney for health care, a court proceeding, or as authorized by state law, including [RCW 7.70.065](#).
The Surrogate Decision Maker Must:

• First determine if the resident would consent or refuse the proposed or alternative treatment;

• Discuss determination of consent or refusal with the resident whenever possible; and

• When a determination of the resident's consent or refusal of treatment cannot be made, make the decision in the best interest of the resident.
To ensure informed consent or refusal by a resident, or if applicable the resident's surrogate decision maker, the nursing facility must provide the informed consent process as follows:

• In a neutral manner and in a language and words the resident can understand

• Inform the resident of the right to consent or refuse care/service options
Assisted Living Specific Requirements

**WAC 388-78A-2600 Policies and Procedures**

The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

- When there is reason to believe a resident is not capable of making necessary decisions and no substitute decision maker is available
- When a substitute decision maker is no longer appropriate
Assisted Living Specific Requirements

**WAC 388-78A-2410 Content of Resident Records**

The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident.
Adult Family Home Specific Requirements

WAC 388-76-10320 Resident Record Content

(2) The name, address and telephone number of the resident’s: (a) Representative (b) Health care providers (c) Significant family members identified by the resident; and (d) other individuals the resident wants involved or notified.

WAC 388-76-10325 Resident record- Legal Documentation- If available

When available, the adult family home must obtain copies of the following legal documents for the resident’s records: (1) Any powers of attorney granted by the resident, including for health care decision making and financial; and (2) Court order of guardianship for the resident.

WAC 388-76-10515 Resident rights- Exercise of rights

The adult family home must: (4) Ensure the resident’s right to choose a representative who may exercise the resident’s rights to the extent provided by law.
Adult Family Home Specific Requirements

**WAC 388-76-10235** Guardianship.

(1) Effective February 1, 2009, the adult family home must ensure that no provider, entity representative, resident manager, or staff becomes any resident’s guardian.

(2) Provider, entity representative, resident manager or staff who is a resident’s guardian before February 1, 2009 may continue to be that resident’s guardian.

**WAC 388-76-10240** Durable power of attorney for health care or financial decisions.

The adult family home must not allow a provider, entity representative, owner, administrator, or employees of the home to act as a resident’s attorney in fact, according to chapter 11.94 RCW, unless the provider, entity representative, owner, administrator, or employee is the resident’s: (1) Spouse; (2) Adult child; or (3) Brother or sister.
What is “Capacity”?  

• Ability to make decisions regarding one’s person and property  
• A legal determination, not a strictly medical one  
• A person may have capacity to make some decisions but not others  
• Capacity may change and fluctuate over time
When May A Person Be Incapacitated?

- Dementia
- Mental Illness
- Intellectual Disability
- Habitual drunkenness
- Excessive use of drugs

Types of Incapacity

- Incapacity as to person
- Incapacity as to estate
Financial Surrogate Decision-Makers

• Legal Guardian
• Power of Attorney
• Representative Payee
Guardians

• Chapter 11.88 and 11.92 RCW
• Different Types, Different Authorities
• Do not have the authority to consent to:
  • Psychotropic medications
  • Sterilize
  • Detain in a facility against the incapacitated person’s will
Guardianship Authority: Common Areas of Confusion

• Freedom of expression
  • Lifestyle choices, recreation, leisure, religious activities

• Freedom of movement
  • Community access, mobility, community involvement

• Individual preferences
  • Clothes, food, drink, use of possessions
Durable Powers of Attorney

• DPOA is “Durable” because it lasts past incapacity of the resident
• Chapter 11.94 RCW

• May be very specific or quite vague
• Limited to the Express Terms of the Document
Common Issues with DPOAs

• Durable vs. Non-Durable
• Proper execution
• Still effective
• Scope of decision making authority
• Standby power of attorney has *no authority*
• No transfer of power of attorney
  • A is POA of B. B is POA of C. A cannot act as POA for C.
DPOA: Duties and Limitations

• The “Attorney-in-Fact” has the fiduciary duties of loyalty and care to the resident

• Cannot detain a person in a facility against their will
Substituted Judgment

• Alternate Decision-Makers Must Use “Substituted Judgment”
  1. Consider the stated wishes
  2. Consider past decisions and stated wishes

• Only after these are exhausted,
  3. Make a decision in the individual’s best interest
Medical Decisions/Housing

• Alternative Decision-Makers may have the authority to make decisions about medical care and housing for the resident

• But, a person may not be detained in a facility through the alternative decision-maker alone.
Resident Rights

• Residents have rights—even when they have an alternative decision-maker

• Residents have the opportunity to exercise reasonable control over life decisions
Intent of Resident Right Laws

- Ensure residents can exercise reasonable control over life decisions
- Ensure a resident’s right to a dignified existence and self determination
- Ensure that a resident’s quality of life includes a safe, clean, comfortable, and homelike environment

“No decision about me without me”
Resident Rights

Increasing Choice and Participation can “…foster a sense of self worth and enhance the quality of life for long-term care residents.” RCW 70.129.005

• *It’s more than exercise...*
  • Promote
  • Protect
  • Assist
Advocates and Visitation

The facility must ensure each resident receives information from client advocate agencies AND has opportunities to contact these agencies.

The facility must ensure a client has the right to access and visit with:

- Advocates
- Physician
- Ombudsman
- Family and friends (with resident permission)
- Any social, legal, health, or other representative
Guidance on Access and Visitation Rights

• LTC facilities must ensure all individuals seeking to visit a resident be given full and equal visitation privileges, consistent with expressed preferences of the resident concerning visitors and within reasonable restrictions ensure safety of residents
Resources

WA State LTC Ombuds Program

• The Washington State Long-Term Care Ombudsman advocates for residents of nursing homes, adult family homes, and assisted living facilities.

• Purpose is to protect and promote the Resident Rights guaranteed these residents under Federal and State law and regulations.

• Trained to resolve problems in situations involving quality of care, use of restraints, transfer and discharge, abuse and other aspects of resident dignity and rights.

  Patricia Hunter, State LTC Ombudsman
  Vicki Elting, Assistant State LTC Ombudsman

  Hotline: 1-800-562-6028
  TTY Users: 1-800-737-7931

http://www.waombudsman.org
Resources

Washington Health Care Association

http://www.whca.org/

Lori Heiner, Assisted Living Program Specialist
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Toll-free (800) 562-6170
Resources

**Leading Age WA**

http://leadingage.org

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Resources

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(888) 439-8999
Resources

DSHS/RCS

https://www.dshs.wa.gov/altsa
Julie Peters, NH Training Manager
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