

## ***We're here to help***

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Delaware has many resources available to help you with issues and decisions related to long-term care. Contact the following organizations for guidance, information, and support.

### ***Useful Phone Numbers***

For State Inspection Records on Long-term Care Facilities:

#### ***Division of Long Term Care Residents Protection***

*New Castle County: 302.577.6661*

*Kent/Sussex Counties: 302.424.6377*

#### ***For Long-term Care Complaints***

(24 hour, Toll Free)

(P) 877.453.0012 (F) 877.264.8516

Email: [lrc.residents.protection@state.de.us](mailto:lrc.residents.protection@state.de.us)

#### ***Useful Web Sites:***

Data on the quality of Long-term care Facilities

**[www.medicare.gov](http://www.medicare.gov)**

For general and state-specific information about facilities, interest groups, events and news

**[www.elderweb.com](http://www.elderweb.com)**

For Consumer-focused information relating to Facilities

**[www.theconsumervoic.org](http://www.theconsumervoic.org)**

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*If a resident is found to be incompetent or determined to be incompetent by his or her attending physician, or is unable to communicate, his or her rights shall transfer to his or her next of kin, guardian, or representative.*

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### **Need to Register a Complaint?**

**Your Long-Term Care Ombudsman can help:**

**800.223.9074**

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### **Residents of Delaware Nursing**



#### ***DELAWARE HEALTH AND SOCIAL SERVICES***

*Office of the Secretary*

*Long-Term Care Ombudsman Program*

Main Administration Building  
1901 North DuPont Hwy  
New Castle, DE 19720  
800.223.9074

**[www.dhss.delaware.gov/dhss](http://www.dhss.delaware.gov/dhss)**



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# ***RESIDENTS YOU HAVE RIGHTS!***

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## CARE

### You have the right:

- ◇ To receive considerate, respectful, and appropriate care, treatment and services.
- ◇ To receive reasonable continuity of care.
- ◇ To choose a personal attending physician.
- ◇ To not be transferred or discharged out of a facility except for medical reasons, your own welfare or the welfare of other residents; or for non-payment of justified charges. You will be given 30 days advanced notice, except where the situation is deemed an emergency.

## DIGNITY

### You have the right:

- ◇ To respect and privacy.
- ◇ To be free from restraints.
- ◇ To privacy in your room.
- ◇ To privacy in visits from your spouse.
- ◇ To retain and use your own clothing and personal possessions.
- ◇ To not have to perform a service for the facility.

## Choice

### You have the right:

- ◇ To make choices regarding activities, schedules, healthcare, and other aspects of your life.
- ◇ To participate in ongoing program of activities.
- ◇ To participate in social, religious, and community activities.

## Respect

### You have the right:

- ◇ To receive from the administrator and staff a timely, courteous and reasonable response to requests and grievances—in writing if requested.
- ◇ To associate or communicate with others without restrictions.
- ◇ to manage your own financial affairs.
- ◇ To recommend changes or present grievances to the facility staff, the Long-Term Care Ombudsman or others.
- ◇ To be fully informed of all rights and responsibilities.
- ◇ To be free from verbal, physical, or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food, and deprivation of sleep.
- ◇ To receive notice before your room or roommate is changed, except in emergencies, and to have the facility honor requests for a room or roommate whenever possible.
- ◇ To exercise your rights as a citizen of the State and the United States of America



## Information

### You have the right:

- ◇ To receive, prior to or at the time of admission, a written statement of the services provided.
- ◇ To receive a written itemized statement of charges and services.
- ◇ To receive from the attending physician complete and current information concerning your diagnosis, treatment, and prognosis.
- ◇ To inspect all records pertaining to you.
- ◇ To have the facility place at your bedside, the name, address, and phone number of the physician responsible for your care.
- ◇ To receive, in writing, information regarding any relationship the facility has with other healthcare or related institutions or service providers.
- ◇ To examine the most recent survey of the facility.
- ◇ To receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies.
- ◇ To request information regarding minimum acceptable staffing levels as it relates to your care.
- ◇ To request the names and positions of staff members providing care to you.
- ◇ To request an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.