

# **Your Rights as an Individual Living in a Nursing Facility in North Dakota**

**Summary prepared by:**

**Long Term Care Ombudsman Program**

**A free and confidential resident directed  
advocacy service**

1237 W. Divide Ave. – Suite 6  
Bismarck, ND 58501

701-328-4617 or 711 (TTY) or  
1-855-462-5465 option 3

**This is a summary of your rights as an individual living  
in a nursing facility as written in Federal Regulations  
and ND State Law. Use the links listed on Page 3 to find  
the complete regulations.**

Updated: 8/1/2025

Dear Resident:

This booklet provides a summary of the rights you have living in a nursing facility. You keep the rights you had before you moved here and can still direct care, choices and lifestyle. You should not intrude on the rights of other residents.

If you are diagnosed with a developmental disability, a mental illness, or an intellectual disability, there are added rights guaranteed to you by State and Federal law.

While living in the nursing facility you may choose a family member or friend to be included in decision-making. You must state that in writing. Also, the facility needs your permission to share information with your family member(s) or others.

Memory and understanding changes may activate your power of attorney or a court may determine your health and/or financial decisions need to be managed by a guardian. However, you should

always be informed and consulted about choices and changes.

If you, or any of your family members or friends, have questions about how these rights apply to you or any situation, you may ask facility staff, or please call the Long-Term Care Ombudsman Program at 701-328-4617 or 1-855-462-5465 (choose option 3).

Sincerely,

The North Dakota Long-Term Care Ombudsmen

## **SELF- ADVOCACY OPTIONS**

You have the right to speak up, voice your needs and changes you want in your care community.

- ✓ **Talk to administrative persons** who have oversight of the staff or concern area.
  - For example, social worker, director of nursing, administrator, dietary supervisor, etc.
- ✓ **Use the grievance procedure** for your care community.
  - Ask for a copy of the **grievance procedure** and follow the steps. It should give direction on how to:
    - Write the grievance,
    - Who to give it to, and
    - A time frame to expect a written response to your concern.
- ✓ **Ask for a care plan meeting** to discuss what is and isn't working to meet your needs, and to update the plan as needed.
  - Your rights in care planning are:
    - To be part of the planning process and to speak and have questions answered.
    - To participate in setting goals and outcomes of care
    - To have a copy of the care plan
  - Staff providing direct cares should be educated on your entire care plan, including changes and put the care plan into action.
- ✓ **Attend resident council meetings.**
  - Discuss concerns and choose the top ones.
  - As a group present the concerns to administration for resolution.
  - Keep minutes of your resident council meetings.
  - Remember staff should attend your resident council meeting only when invited to do so – it is your meeting.
- ✓ **Contact the ombudsman who advocates for individuals in your long-term care community.**
  - Call 1-855-462-5465 (enter option 3) to get the name and contact information for that ombudsman as needed.
  - The ombudsman can discuss self -advocacy and provide guidance for further action if self-advocacy doesn't resolve the situation to your satisfaction.

**ND Long-Term Care Ombudsman Program**

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**Legal Authority: (see the links below for full copies of your resident rights.)**

**Code of Federal Regulations 42 CFR §483**

**<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483>**

**State Law: NDCC 50-10.2**

**<http://www.legis.nd.gov/cencode/t50c10-2.pdf?20140919124429>**

## **ADMISSION RIGHTS**

- ✱ Binding arbitration is an alternative to judges or courts settling disputes between consumers and businesses. It means to work out a deal through an independent, third-party body. The arbitrator's decision is final and cannot be disputed or appealed. This removes the right to sue in court.

Effective 09/16/2019 if you or your representative are asked to sign an agreement for binding arbitration the facility must:

- **Not require the signature as a condition of admission, or as a requirement to continue to receive care at the facility** and clearly tell you or your representative of this requirement.
- Explain the agreement to you and your representative in a way that you understand;
- Have you and your representative acknowledge that you understand the agreement;

- Have the agreement give you or your representative this right to **cancel the agreement within 30 days of signing it.**
- \* You have the right to review the facility's admission agreement/contract and its rules and policies prior to admission.
- \* You cannot be discriminated against in the admission process based upon your source of payment (private, LTC insurance, Medicare, Medicaid, etc.).
- \* You have the right to choose where you want to live – either in a long-term care setting or in your home and community. The long-term care facility location you choose may not have an immediate opening so you may have to go where there is an opening and move when you can to your choice of location. For information on home and community service support calls 1-855-462-5465 (option1).



- \* You can request and receive, in **writing**, the reason for the denial of your admission. The facility shall note in the written denial if the denial is based on the special characteristics or service limitations of the facility.
- \* The facility can't require your family or friends to commit to pay your facility bill from their personal funds.
- \* You cannot be required to give advance payment, gratuity, or gift to the facility to assure admission or to be placed on the waiting list.
- \* You cannot be asked to waive or give up any of your rights as a condition of admission or to continue to live at the facility.
- \* You can't be asked or required to waive facility liability for losses of your personal property.

- ✱ You must be given notice of special features or service limitations of the facility prior to admission.

### **Example of a rights violation:**

- ✱ The administrator of the Skilled Nursing Facility asked Carl's son to pay a \$500 deposit to put Carl's name on the waiting list for a room.

## **RESIDENT RIGHTS NOTIFICATIONS**

- ✱ At the time of admission, the facility is required to provide you and a member of your immediate family, or the resident representative, a written statement of your rights, the responsibilities of both you and the facility, and the facility rules about your conduct. Within 30 days after your admission, (and every year from then on) your rights must be verbally explained to you. If you are unable to understand, it should be explained to your immediate family member or your resident representative.

- \* You and your resident representative must be promptly notified by the facility of any changes in resident rights under federal regulations or state law.
- \* You have the right to request additional written copies of your rights at any time during your stay at the facility
- \* If after a time of not being able to understand your rights, you recover and can understand, the facility shall then inform YOU of your rights and responsibilities.
- \* The facility's staff is responsible for assisting you in fully knowing and using your rights.

## **MEDICAID & MEDICARE PAYMENTS**

- \* Staff at the facility must tell you, and also provide you with written information, on how to apply for Medicaid and Medicare and how

these programs may be able to pay for your care.

- ✱ You can ask for and receive information about your community spouse's rights under the Medicaid program from facility staff.
- ✱ You can ask for a written list of the items for which Medicaid and Medicare pay. You may ask about the facility's daily rate, as well as what may increase or decrease your rate.
- ✱ You cannot be asked to give up your right to participate in Medicaid or Medicare.
- ✱ You must be treated and cared for the same as all other residents, regardless of who is paying for your care.
- ✱ You cannot be asked to leave the facility if you have submitted all the necessary paperwork to a potential payment source (Medical Assistance, Medicare, LTC Insurance, etc.) and are awaiting approval and payment. If

that payment source DENIES your application, then you are responsible for payment. If you refuse to pay, you may be given a discharge notice.

### **Examples of rights violations:**

- ✦ John's wife is told to "contact the county" for help with John's Medicaid application and offered no other information.
- ✦ The social worker tells Ethel's husband he must pay Ethel's bill while waiting for Medicaid approval.

### **COST OF CARE**

- ✱ You can request written information about the services you are provided by the facility and the costs of those services.
- ✱ You must be informed by the facility at least 30 days before any change in the costs or availability of any services.

- \* The facility needs to assist you in filing for additional sources of payment for which you may be eligible.
- \* You cannot be asked to pay more for your services or room (unless you are in a private room) if you are private paying for your care, than someone whose bill is being paid for by Medicaid.
- \* You have the right to appeal/formally challenge any changes in your resident classification (based on assessment) that affect the cost of care.

### **Example of a rights violation:**

- ❖ Abigail, her aunt's financial Power of Attorney agent, talks to the facility about concerns that her aunt's rate increased due to a change in the classification but isn't told about the right to appeal the classification.

## **PROTECTION OF FUNDS**

- \* You have the right to manage your personal funds while in the facility and to use your funds how you choose.**
- \* You can authorize the facility in writing to handle your personal funds. (The facility cannot refuse to handle your funds or require you to deposit your funds with them.)**
- \* You can ask for the written policy on how your personal funds will be protected and managed by the facility.**
- \* The facility must return any funds within 5 working days upon a written request to close your account.**
- \* The facility must make available quarterly statements or a statement at any time upon request from the resident or the resident representative.**

- ✱ The facility shall pay out in full:
  - a. Refunds due as a result of an overpayment to the facility within thirty days from the date the overpayment is discovered.
  - b. Other refunds due to you upon discharge, eviction, or death within thirty days from the resident's date of discharge from the facility.
  - c. Within 30 days of discharge or your death, any remaining personal funds and give a final written accounting to you, or to the administrator of your estate.

### **Example of a rights violation:**

- ✱ Clinton has his funds managed by the facility, and they allow him to only withdraw \$1 a day because he is diabetic and uses the money to buy a candy bar.



## **INVOLVEMENT IN HEALTH CARE**

- \* You have the right to choose the health care providers you want while in the facility such as your doctor, pharmacy, and dentist.**
- \* You have the right to choose your pharmacist regardless of the type of medication distribution system used by the facility, and to not be charged a fee or receive a financial incentive or disincentive for choosing a pharmacy other than the facility's preferred pharmacy. The resident may not be charged for repackaging if that cost can be included on the facility cost report.**
- \* You have the right to services and care that will help you attain and maintain your highest level of physical, mental and psychosocial well-being.**
- \* If you receive services from someone outside of the facility, you have the right to know who they are and what agency they work for.**

- ✱ You should be informed about your total health status including your medical care, nursing care, nutritional status, activities potential, rehabilitation potential and any physical impairments.
- ✱ You should be informed in advance of any care or treatment to be provided and be given the opportunity to participate in decisions regarding proposed care or treatment.
- ✱ You should be included in the development and implementation of the person-centered care plan. You should be informed in advance of any changes to the care plan.
- ✱ You can give yourself certain medications and drugs unless professionals have determined it is not safe for you to do so.
- ✱ You should choose who you want involved in or notified about your care.

**\* You are to be informed immediately, plus your legal/resident representative or an interested family member, if:**

1. You are involved in an accident resulting in injury which may require a doctor's involvement.
2. There is a significant change in your physical, mental or psychosocial condition.
3. Your treatment needs to be changed significantly.
4. You are going to be transferred or discharged from the facility.

**\* You, plus your legal/resident representative or an interested family member, should be informed promptly of any proposed room changes.**

**\* If there is a change in your rights the facility must promptly inform you of those changes.**

**\* You can request, refuse or discontinue treatment to include medications. When doing**

so you should be notified by your doctor of any medical consequences of your decisions.

✱ You can look at, or authorize someone else to look at, your records within 24 hours of your request, excluding weekends and holidays. You can purchase copies of your records, at a reasonable cost, within 2 working days at your request.

✱ The facility should give you a written statement about their policy to follow any advance healthcare directive you may have. If the facility will not follow your wishes, it must take reasonable steps to transfer your care to a facility or care provider who will.

### **Examples of rights violations:**

✦ Elizabeth has asked to see the medication list from her chart and the nurse has assured her that what she is taking is necessary and ordered by her doctor, so she doesn't need to see the list or worry about those things.

- ✦ The facility shares information about your care and condition with your children without your consent and against your wishes and you have are still your own legal decision maker.

## **FREEDOM FROM ABUSE, NEGLECT, EXPLOITATION & RESTRAINTS**

- \* You should not experience verbal, sexual, physical, mental abuse, neglect, or financial exploitation. This includes physical punishment or involuntary isolation.
- \* You may request a copy of the facility's written policies on how they protect you from abuse, neglect or financial exploitation.
- \* Chemical and Physical Restraints may be used with you ONLY:
  1. In an emergency, or if necessary to protect you from injury to self, or to keep you from harming others

2. When ordered, in writing, by a doctor, nurse practitioner, or physician's assistant for a **specified and limited period of time** to treat a medical symptom or for safety.
3. A chemical restraint must be administered by a licensed nurse, physician, nurse practitioner, or physician's assistant.

### **Federal Law definitions:**

Physical Restraints are “any manual or physical or mechanical device, material, or equipment attached or adjacent to your body that you cannot remove easily and which restricts freedom of movement or normal access to your body”.

Physical restraints include, but are not limited to, hand mitts, soft ties and rests, wheelchair safety bars, bed rails, or chairs that prevent rising. Also included as restraints are facility practices such as tucking in a sheet so tightly that a bed-bound resident cannot move or placing a wheelchair-bound resident so close to wall that the wall prevents the resident from rising.

Chemical Restraints means a “psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms”.

**Example of a rights violation:**

- ✦ Delilah refuses to have her fingernails trimmed, so staff hold her wrists down and trim them against her will.

**TRANSFERS & DISCHARGES**

- ✱ You must receive prompt notice of a proposed change in your room or roommate.
- ✱ The facility must inform you, and a family member or legal/resident representative if they are transferring or discharging you.
- ✱ The facility must prepare you for a safe and orderly transfer or discharge from the facility.
- ✱ A facility cannot transfer or discharge you from the facility against your wishes, unless it is for the following reasons:

- Your doctor documents your needs cannot be met by the facility,
- Your doctor documents your health has improved so you no longer need the facility's services.
- The safety and welfare, of individuals in the facility is threatened.
- Non-payment of your bill, whether by you or outside paying source
  - If you have an application pending with a third-party payer (such as Medicaid) there must be a denial of the claim before this applies.
- The facility ceases to operate.
- During times of remodel – can be temporary only.

✱ In cases of transfer or discharge, you must receive a 30-day **written** notice stating the following information:

- The reasons for the transfer or discharge.
- The effective date of the transfer or discharge.



- The location to which you are being transferred or discharged.
- Your right to appeal/challenge the transfer or discharge.
- The name, address, and phone number of the Ombudsman program, Developmental Disabilities Advocate, or Mental Health Advocate.

**\* Notice of Transfer or Discharge **may be less than 30 days if:****

- The resident has urgent medical needs that require a more immediate transfer or discharge or,
- A more immediate transfer or discharge is required to protect the health and safety of residents and staff within the facility.

**\* A copy of the involuntary transfer/discharge notice must be sent to the Long-Term Care Ombudsman.**

✱ If there are changes to the information in the 30-day notice updates must be sent as soon as possible.

✱ You and a family member or your legal/resident representative should receive written information about the facility's **bed-hold policy (time during which the resident can return to the residence at the facility)**, before you are transferred to a hospital or go on therapeutic leave. The written information must tell you:

- The facility's policy regarding your right to a bed hold, the amount of time a bed-hold can apply, the duration of the bed hold and the cost per day. (NOTE: If bed-hold is declined this is considered a discharge by the resident or resident representative. This means you are not promised a bed at that facility when leaving the hospital.)
- The number of days Medicaid will pay for your bed to be held for you to return.
- If you are on Medicaid and your hospital stay or therapeutic leave exceeds what

Medicaid will pay for bed-hold you have the right to:

- Be readmitted to the facility immediately upon the first availability of a bed in a semi-private room, if you require the facility's services.
  - Pay, or have someone else pay, to hold your current bed using funds other than your monthly income.
- ✱ You have the right to be discharged from the facility if you give written request.

### **Examples of rights violations:**

- ✱ Stacy was notified via letter than her uncle would need to move out of the facility within 15 days as his bill is not being paid.
- ✱ John received a letter from the nursing home stating that he would need to pick his father up from the facility and find another nursing home for him as the facility could no longer meet his father's needs.

## **PERSONAL & PRIVACY RIGHTS**

- \* The facility staff must treat you courteously, fairly and with dignity.**
- \* You should have privacy in visits with your spouse, partner, or significant other and can share a room with your spouse, partner, or significant other if you both agree, a room is available, and there are no health or safety concerns with room sharing.**
- \* You can share a room with a roommate of your choice if the potential roommate agrees to the room assignment.**
- \* You should have privacy in medical treatment and personal care along with confidentiality of those records. Your personal and medicals records can only be released to persons of your choice, except if you are being transferred to another facility or the release of information is required by law.**

- \* You have the right to safe, clean and comfortable surroundings.
- \* You have the right to have your personal belongings in your room to the extent space permits. The facility must provide you with reasonable accommodation for your personal needs and preferences.
- \* You should be able to send and receive unopened personal mail and be able to purchase supplies for such from the facility.
- \* You can choose what activities to participate in and choose to set your own schedule (for example sleeping and waking times.)
- \* You have the right to visitors, to attend meetings, and communicate with people of your choosing. (Visitors who are not immediate family or relatives may be subject to reasonable clinical and safety restrictions as written in the facility's policies and procedures.)

✱ You cannot be denied immediate access at any time free from restrictions to:

- 1) Your personal doctor;
- 2) Representatives from state and federal agencies;
- 3) Representatives from the Ombudsman program, Developmental Disabilities, or Mental Health Advocacy Programs; and
- 4) Immediate family or other relatives you consented to visit with.

✱ If you so choose, besides your legal/resident representative you can have your family representative involved in your health care.

✱ The facility must provide a telephone in a private area for your use for communication.

✱ You can make choices about how you want to live your life that are significant to you. This includes deciding how you want to spend your time, what you want your daily schedule and

routine to be and what your health care wishes are consistent with your personal beliefs, values, interests, as well as assessments and plans of care.

- ✱ You have the right to civil and religious liberties, including knowledge of available choices (civil liberties include your right to vote, marry, divorce, sign papers, obtain and dispose of property, etc.)

### **Examples of rights violations:**

- ✦ Walter was informed by the social worker that his nephew may no longer visit because Walter's daughter doesn't want the nephew to visit.
- ✦ Because Violet's daughters argue when they visit her, the facility has decided it is best that none of the daughters visit her at this time.

## **GROUPS AND ACTIVITIES**

- ✱ You can choose to participate in social, religious, and community activities of your

choice, as long as they do not interfere with the rights of other residents.

- ✱ These activities may be inside the facility or in the community.
- ✱ You have the right to spend time outside.
- ✱ You may help organize and take part in resident council meetings. The facility must provide space for the meetings and a staff person to assist when requested. Staff, visitors or other guests may attend the resident council meeting only if invited by a resident.
- ✱ The facility cannot force you to work or perform services for them. If you want to work and perform services, it must be documented in your care plan with the type of services performed and whether it is voluntary or paid.

### **Examples of rights violations:**

- ✱ Helen wants to drive her scooter to attend church a few blocks from the nursing home,



but is told she is not allowed to leave the facility by herself.

- ✦ Martha is told she has be in bed at 7:30 because the facility is short staffed in the evening and after that time nobody will be available to assist with her evening cares.

## **GRIEVANCES AND COMPLAINTS**

- ✦ You can state and discuss problems, concerns, grievances, or suggestions for change with anyone you choose. The facility must protect you from retaliation or punishment for speaking up.
- ✦ The facility must provide you with a statement about your right to file a complaint with the Department of Health and Human Services, Health Facilities, concerning resident abuse, neglect and misappropriation of your property in the facility.
- ✦ You must be provided a copy of the facilities grievance policy. It should tell you

how to file a grievance and the time frame for a response from the facility towards resolution of your grievance.

- The policy should include:
  - the name, business mailing and e-mail address, and business phone number of the grievance official.
  - the reasonable expected time frame of review and response to the grievance

✱ You must be given information about other agencies and organizations, such as the State Ombudsman Program or Medicaid Fraud, that may assist you with resolving a complaint or providing information and assistance.

### **Example of a rights violation:**

✦ Tony was told that if he is not happy about something at the facility he can talk to the social worker or administrator. If he is still not happy they will help him find a different place to live.

## **ACCESS TO FACILITY INFORMATION**

- \* The facility must make available all State Survey reports to include complaint investigations and the approved plans of correction for the past three years.**
- \* You can request a copy of the names of the owners, board members, and partners of the facility.**
- \* You may ask for a statement setting forth any conflict of interest in the operation of the facility, such as, an owner's family member being employed or doing business with the facility.**
- \* The facility must notify you if they receive a waiver of licensed nursing staff requirements.**

## **Virtual Monitoring, Virtual Visitation, and Electronic Recording in your Room**

- \* A resident and the resident representative may treat the resident's living quarters as the**

resident's home and, subject to rules to protect the privacy and safety of another resident, may purchase and use a technology device of the resident's choice, including a technology device that may facilitate virtual monitoring or virtual visitation with family and other persons, provided operation and use of the technology device does not violate an individual's right to privacy under state or federal law.

✱ Definitions:

- **"Authorized electronic recording"** means the placement and use of an authorized electronic recording device, by a resident or resident representative, in the resident's room.
- **"Authorized electronic recording device"** means a device that is installed in the room of a resident which is intended to record or is recording and transmitting video, communications, or other sounds occurring in the room.
- **"Technology device"** means a device capable of remote audio or video

communications which is used for the purpose of the resident having contact with another person but not for the purpose of virtual monitoring or recording audio or video of a resident and the resident's room. A technology device includes a cellular mobile telephone used primarily for telephonic communication, an electronic tablet not used for virtual monitoring or recording, and an assistive communication device.

- **"Virtual monitoring"** means remote live action monitoring conducted without recording a resident by a third party via the placement and use of a virtual monitoring device in the resident's room.
- **"Virtual monitoring device"** means a device owned and operated by the resident or resident representative placed in the resident's room which allows live action monitoring without recording of a resident by a third party.

- **"Virtual visitation"** means remote visitation between a resident and another individual using a technology device.

**WHO** has the right to place and use an authorized electronic recording device in your room?

- You as the resident of the facility; or
- Your resident representative (if you are not able to consent to electronic recording).
  - Must be a power of attorney agent for health care (agent must be in effect as per the terms of the POA document); or
  - Guardian of the resident

**WHEN** can you exercise this right to install and use an authorized electronic recording device?

- The law first went into effect on August 1, 2019, and was updated August 1, 2025.
- At any time while you live in the long-term care facility upon completion and submission of the applicable notices and authorizations.

**WHAT** you should know before giving consent.

**\* Video recording device**

All residents in the room should consider the following.

- Who, and what, may be captured on video e.g. visitors, equipment in room, personal cares provided, intimate relations, etc.
- With whom will the recording be shared? Do you want to restrict sharing of the video recording?
- Are there times you want the recording device turned off (examples: intimate interactions, private conversations, etc.)

### **\* Audio only recording device**

All residents in the room should consider the following.

- The device will likely record conversations with staff, family and friends, etc. for both the resident wanting the recording and for any other resident sharing the room. Be aware when having private conversations about finances, family relationships, and health information. Ask for the recording device to be

turned off during those times if you want it kept private.

- With whom will you share the recording? Do you want all conversations and possibly private information being on a recording? You can choose to go to a family room or conference room for private conversations.

**WHAT** is the process to use an authorized electronic recording device in your room at the facility?

✱ **ALL** the following is required by law.

**1. WRITTEN NOTICE GIVEN TO LONG-TERM CARE FACILITY**

- a. You, the resident, or your resident representative, must complete and give a Notice to Facility of your intent to place and use an authorized electronic monitoring device.
- b. You, or your resident representative, must give the facility an **installation plan** that follows the facility's regulations and policies.



## **2. DOCUMENTATION OF CONSENT**

- a.** You, the resident, or the resident representative, completes a document showing consent.
- b.** Each of the resident's roommates, or his/her resident representatives, must also complete a document of consent.
  - i.** The roommate may put limits on the authorized electronic recording which must be followed for the authorized electronic recording device to be used.
- c.** The documentation of consent includes:
  - i.** Written consent for the placement and use of the authorized electronic recording device and
  - ii.** written authorization for disclosure of protected health information and

## **3. PAYMENT**

- a.** You, the resident, or your resident representative, are responsible to pay for the authorized electronic recording device,

and all installation, operation, maintenance, and removal costs associated with the device except for electricity.

**4. INFORMATION REQUIRED ON VIDEO RECORDINGS**

- a. All recordings from a video electronic recording device must include the date and time of the recording.

**5. AUTHORIZED ELECTRONIC RECORDING DEVICE**

- a. The authorized electronic recording device shall be in a fixed, stationary position.
- b. The authorized electronic recording device shall be focused only on the resident who is installing and using the authorized electronic recording device.
- c. The authorized electronic recording device shall be placed for maximum protection of the privacy and dignity of the resident and the roommate.

A person may be subject to a Class B misdemeanor if he

- Intentionally hampers, obstructs, tampers with or destroys a recording or an authorized electronic monitoring device placed in a resident's room without the express written consent of the resident or resident representative.

A person may be guilty of a crime or civilly liable if he

- Unlawfully violates the privacy rights of another by placing an electronic monitoring device in the room of a resident or by using or disclosing a tape or other recording made by the device.

- You can choose at any time to revoke your consent to have an authorized electronic recording device in your room by written notice.
- The roommate must agree to the use of an authorized electronic recording device in the room or it can't be used. You can request to move to a different room with a roommate that

will agree to the use of an authorized electronic recording device

- A facility cannot refuse to admit you or discharge you if you choose to have an authorized electronic recording device.
- A facility, or staff of the facility, may not access any recording from the authorized electronic recording device without written permission from you or your resident representative, or a court order.

## **IMPORTANT AGENCIES AND CONTACT INFORMATION**

### **Long-Term Care Ombudsman Program**

**Phone:** 1-855-462-5465 (toll free),  
option 3; 701-328-4617

**Address:** 1237 W Divide Ave Suite 6  
Bismarck ND 58501

**E-mail:** [dhsagingombud@nd.gov](mailto:dhsagingombud@nd.gov)

**ND Department of Health & Human  
Services (Health Facilities – Regulatory  
Agency & Licensing Agent)**

**Phone:** 1-701-328-2352

**Address:** 600 East Boulevard Ave.,  
Dept. 301

Bismarck, ND 58505- 0200

**E-mail:** [LTConcerns@nd.gov](mailto:LTConcerns@nd.gov)

**Protection and Advocacy Project**

**Phone:** 1-800-472-2670 or 1-701-  
328-2950

**Address:** 400 East Broadway Suite  
409

Bismarck ND 58501

**E-mail:** [panda\\_intake@nd.gov](mailto:panda_intake@nd.gov)

## **Legal Services of North Dakota**

**Phone: Under age 60** call toll-free **1-800-634-5263** (Monday, Tuesday, and Thursday between 9 a.m. - 3 p.m. CST).

**Age 60+** call toll-free **1-866-621-9886** (Monday - Thursday between 8 a.m. - 5 p.m. CST. Friday between 8 a.m. - 2 p.m. CST.)

## **Adult Protective Services**

**Phone:** Central intake line 1-855-462-5465 (choose option 2)

**E-mail:** SFN 1607 Report of Vulnerable Adult Abuse, Neglect, or Exploitation <https://www.nd.gov/efor.ms/Doc/sfn01607.pdf> ;

Send the completed form to  
[carechoice@nd.gov](mailto:carechoice@nd.gov) or **FAX** it to 701-  
328-8744

**Link for online reporting:**

<https://fw2.harmonyis.net/NDLiveIntake/>

**The Aging and Disability Resource LINK (ADRL)** intake line is answered weekdays between 8 a.m. and 5 p.m., Central Time. If you call after hours leave a message and your contact information. 1-855-462-5465 option 1

## **Medicaid Fraud Control Unit**

report Fraud or abuse and neglect

**By email:**

[agomedicaidfraud@nd.gov](mailto:agomedicaidfraud@nd.gov)

**By telephone:**

701-328-5446 (Monday-Friday, 8AM – 5PM only)

**By mail**

MFCU

PO Box 2495

Bismarck ND 58502-2495

## **State Health Insurance Counseling Program (SHIC)**

Offers free help with Medicare and other health insurance including long-term care insurance.



**Phone:** 1-888-575-6611 or 1-701-328-2440

**Address:** 600 E Boulevard Ave  
Bismarck ND 58505-0320

**E-mail:** [ndshic@nd.gov](mailto:ndshic@nd.gov)