must make the results available for ex-
amination in a place readily accessible
to participants, and must post a notice
of their availability; and
(2) Receive information from agen-
cies acting as client advocates, and be
afforded the opportunity to contact
these agencies.
(g) Work. The participant has the
right to—
(1) Refuse to perform services for the
facility;
(2) Perform services for the facility,
if he or she chooses, when—
(i) The facility has documented the
need or desire for work therapy in the
plan of care;
(ii) The plan specifies the nature of
the services performed and whether the
services are voluntary or paid;
(iii) Compensation for (work therapy)
paid services is at or above prevailing
rates; and
(iv) The participant agrees to the
work therapy arrangement described in
the plan of care.
(h) Access and visitation rights. (1) The
program management must provide
immediate access to any participant by
the following:
(i) Any representative of the Under
Secretary for Health;
(ii) The State long-term care omb-
udsman;
(iv) Immediate family or other rel-
atives of the participant subject to the
participant’s right to deny or withdraw
consent at any time; and
(v) Others who are visiting subject to
reasonable restrictions and the partici-
pant’s right to deny or withdraw con-
sent at any time.
(2) The program management must
provide reasonable access to any par-
ticipant by any entity or individual
that provides health, social, legal, or
other services to the participant, sub-
ject to the participant’s right to deny
or withdraw consent at any time.
(3) The program management must
allow representatives of the State Omb-
udsman Program to examine a parti-
cipant’s clinical records with the per-
mission of the participant or the par-
ticipant’s legal representative, subject
to State law.
(i) Telephone. The participant has the
right to reasonable access to use a tele-
phone where calls can be made without
being overheard.
(j) Personal property. The participant
has the right to have at least one
change of personal clothing.
(k) Self-administration of drugs. An in-
dividual participant may self-admin-
ister drugs if the interdisciplinary
team has determined that this practice
is safe for the individual and is a part
of the care plan.
(Authority: 38 U.S.C. 101, 501, 1741-1743)
(The Office of Management and Budget has
approved the information collection require-
ments in this paragraph under control num-
ber 2900-0160)
§ 52.71 Participant and family care-
giver responsibilities.

The program management has a written
statement of participant and family caregiver responsibilities that are
posted in the facility and provided to
the participant and caregiver at the
time of the intake screening. The
Statement of responsibilities must in-
clude the following:
(a) Treat personnel with respect and
courtesy;
(b) Communicate with staff to de-
velop a relationship of trust;
(c) Make appropriate choices and
seek appropriate care;
(d) Ask questions and confirm under-
standing of instructions;
(e) Share opinions, concerns, and
complaints with the program director;
(f) Communicate any changes in the
participant’s condition;
(g) Communicate to the program di-
rector about medications and remedies
used by the participant;
(h) Let the program director know if
the participant decides not to follow
any instructions or treatment; and
(i) Communicate with the adult day
health care staff if the participant is
unable to attend the adult day health
care program.
(The Office of Management and Budget has
approved the information collection require-
ments in this paragraph under control num-
ber 2900-0160)
§ 52.80 Enrollment, transfer and dis-
charge rights.

(a) Participants in the adult day
health care program must meet the