

# **A Guide to Your Rights as an Individual Living in Licensed Assisted Living**

**Summary Prepared by:**

**Long-Term Care Ombudsman Program**

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

**1237 W Divide Avenue, Ste 6  
Bismarck, ND 58501**

**1-855-462-5465, option 3**

**or**

**701-328-4617 or 711 (TTY)**

The contents of this booklet are a summary of your rights as a resident/tenant of an assisted living facility as set forth by North Dakota state law. The links listed inside direct you to the complete law.

**If you live in an apartment/unit licensed as assisted living you are an assisted living tenant regardless of what label is given to the services.**

Updated: 7/2025

ND Century Code updated 8/1/2025

**Dear Resident,**

**This booklet provides a summary of the rights you have while living in an assisted living apartment – your home. You keep the rights you had before this move and are still in charge of your choices and lifestyle.**

**If you experience memory and understanding changes, your power of attorney documents may go into effect, or a court may assign a guardian to manage your health and/or financial decisions. Even if you have such a representative, you should still be informed and consulted about decisions that involve you.**

**Remember and respect that the other residents in the facility have the same rights as you. Your choices and actions should not interfere with their rights.**

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

**Landlord/tenant law applies to Assisted Living Housing. You also choose what services you need and there will be separate charges for your service package. Each assisted living offers different services.**

**Sincerely,**

**The Long-Term Care Ombudsmen**

**An Assisted Living Facility is defined by ND Century Code (law) as a building that has at least five (5) separate living units where individualized support services are made available to individuals to accommodate needs and inabilities to enable individuals to remain independent.**

## **North Dakota Century Code and Administrative Rules**

- North Dakota Century Code 50-10.2 Rights of Health Care Facility Residents

Scan below with your smart phone to connect with web site



- [North Dakota Century Code 50-32 - Assisted Living](#)
- North Dakota Century Code 47-16 – Leasing of Real Property (also known as Landlord Tenant Law)
- [North Dakota Century Code 23-09 - Lodging Establishments and Assisted Living Facilities](#)
- [North Dakota Administrative Code 75-03-34 - Licensing of Assisted Living Facilities](#)
- [North Dakota Administrative Code 33-33-04 - Food Code](#)
- [North Dakota Administrative Code 33-33-05 - Smoke Detectors](#)
- [North Dakota Administrative Code 33-33-09 - Emergency Lighting, Emergency Plans, and Sprinkler Systems](#)
- Landlord/Tenant Law
  - <https://attorneygeneral.nd.gov/consumer-resources/tenant-rights/>

## **SELF- ADVOCACY OPTIONS**

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

- ✓ **Talk to administrative persons** who have oversight of the staff or the area of concern.
  - 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 meeting** to discuss what is and isn't working to meet your needs.
  - Invite staff who need to be a part of the discussion and also invite family or friends who can be supportive and help voice your thoughts. You may also invite your ombudsman who can add his/her voice to yours to achieve change.
- ✓ **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**

## **RESIDENT RIGHTS INFORMATION**

- \* The assisted living is required to provide you, a member of your immediate family, and your resident representative at the time of admission,
  - a written statement of your rights,
  - the responsibilities of both you and the facility, and
  - the facility rules governing your conduct.
  
- \* Within 30 days after your admission, the statement must be verbally explained to you and if you are unable to understand, it should be explained to your immediate family member or resident representative. This should also happen every year for as long as you live in the facility.
  
- \* The facility's staff shall fully encourage and assist you in exercising your rights.

## **ADMISSION**

- \* 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.

- \*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 HAVE THE RIGHT TO BE INFORMED**

- about the details of your lease, and the tenancy agreement which lists the tenancy criteria. You have the right to have a copy of the tenancy agreement. Read this thoroughly.
- about the services offered by the assisted living facility and the costs.
- about changes in cost or the availability of services at least 30 days before the change
- about refund policies.
- about your rights, your responsibilities, the assisted living responsibilities, and the rules on resident conduct.
- about the facility's grievance process.

### **Billing and Financial**

- 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.

## **YOU HAVE THE RIGHT TO CHOOSE**

- your daily routine.
- how to spend your money.
- what activities to participate in both at the assisted living facility and in the community.
- who you want as visitors.
- 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. You may not be charged for repackaging if that cost can be included on the facility cost report.

## **YOU HAVE THE RIGHT TO PRIVACY**

- In your living area.
- To receive unopened mail and have private conversations by telephone and during visits.
- Regarding your personal, medical or financial information and to approve who can be given your personal and medical information.

## **YOU HAVE THE RIGHT TO BE FREE FROM**

- Mental, sexual, and physical abuse, neglect or even the threat of abuse or neglect.
- Financial exploitation

- Discrimination
- Retaliation or the fear of retaliation for voicing complaints
- Physical or chemical restraints

## **YOU HAVE THE RIGHT TO**

- Live in a safe and clean environment. (Facility must follow fire and life safety codes and, when applicable, food establishment inspections.)
- Be treated with courtesy, fairness, and with the fullest measure of dignity and respect.
- Have your individuality respected.
- Have your belongings with you, have their security protected, and have a locked space.
- To present concerns and recommendations to the assisted living staff.

## **Transfer and Discharge/Eviction Rights**

- In cases of transfer or discharge (the facility ending your lease as per your tenancy agreement you must receive a **written** notice from the facility.
- The facility should assist with 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:
  1. Medical Needs, the safety of an individual in the facility who is endangered due to the clinical or behavioral status of the resident;

2. Your welfare or the safety of an individual in the facility who is endangered due to the clinical or behavioral status of the resident.
  3. Non-payment of your bill.
  4. The facility ceases to operate.
  5. A temporary transfer during times of remodeling.
- Written notice of Transfer or Discharge should be given **at least 30 days in advance** of the transfer or discharge. **However, the written notice may be less than 30 days if:**
    1. The resident has urgent medical needs that require a more immediate transfer or discharge or,
    2. A more immediate transfer or discharge is required to protect the health and safety of residents and staff within the facility.
  - For transfer and discharge actions taken by a facility, the written transfer or discharge notice issued by the facility must include:
    - a. The reason for the transfer or discharge.
    - b. The effective date of transfer or discharge.
    - c. The location the resident is to be transferred or discharged to.
    - d. The name, mailing and electronic mail address, and telephone number of the office of the state long-term care ombudsman.

## **FACILITY LICENSURE**

- The Assisted Living Facility must certify that operation of

its facility follows all applicable federal, state, and local laws.

- An Assisted Living Facility must display its license(s) in a conspicuous place on its premises.
- The Assisted Living Facility must notify all tenants and third-party payers of the Department's revocation of its license within fifteen days from the date of the final revocation notice.
- An Assisted Living Facility cannot advertise or claim to be an Alzheimer's, dementia, or special memory care facility. Only a licensed basic care facility or a certified skilled nursing facility can claim that.

### **YOU HAVE THE RIGHT TO VOICE COMPLAINTS WITHOUT FEAR OF RETALIATION TO**

- Your family and friends,
- Others living at the facility,
- Facility staff, facility administrator, government officials,
- Assisted Licensing personnel,
- The ombudsman.

The Assisted Living Facility must provide each tenant with written notice of how they may report a complaint.

### **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:** [LTCconcerns@nd.gov](mailto:LTCconcerns@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.)

### **Vulnerable 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/eforms/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**

can 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)

The next two pages show a comparison of the different levels of long-term care facilities available in North Dakota.

	<b>ASSISTED LIVING</b> <i>(most independent)</i>	<b>BASIC CARE</b> <i>(needing more assistance)</i>	<b>SKILLED NURSING HOME</b> <i>(needing skilled nursing care)</i>
<b>Definition</b>	<i>An apartment setting that provides or coordinates individualized support services (see Features) to meet the resident's needs and abilities to maintain as much independence as possible.</i>	<i>A residence that provides room and board to people who because of impaired ability for independent living, require health, social, or personal care services. Basic Care residents do not require regular 24-hour medical or nursing services. Staff are available to respond at all times to meet the 24-hour per day scheduled and unscheduled needs of a resident. <u>Some</u> Basic Care facilities are Alzheimer's, dementia, or memory care units.</i>	<i>A facility that provides room and board AND 24-hour care/supervision to its residents. This facility is under the supervision of a licensed health care practitioner and has 24-hour nursing care.</i>

<b>Features</b>	<b>Services (commonly referred to as Service Plan/Contract/Level/Package) are purchased at costs above rental fees according to the resident's needs. Services MAY include meals, housekeeping, laundry, activities, 24-hour supervision, personal care, medication reminders, and varying levels of health care services. This setting is NOT appropriate for memory-impaired (advanced stage) residents. Residents may choose additional in-home care agencies to supplement services.</b>	<b>Provides room and board as well as health and social services. Assistance with Activities of Daily Living (ADLs) is provided 24-hours per day. Also includes recreational and therapeutic activities, dietary consultation, and medication administration.</b>	<b>Provides room and board and ALSO nursing, medical, rehabilitative care, recreational activities, social services, assistance with Activities of Daily Living (ADLs), and protective supervision 24-hours a day.</b>
<b>License</b>	<b>Licensed by ND Dept. of Health &amp; Human Services</b>	<b>Licensed by ND Dept. of Health &amp; Human Services</b>	<b>Licensed by ND Dept. of Health &amp; Human Services</b>
<b>Regulation/ Oversight</b>	<b>No state oversight - Landlord Tenant Law and ND Contract Law apply. It is up to the resident to manage their contract/lease and monitor costs and services.</b>	<b>Surveyed by ND Dept. of Health &amp; Human Services.</b>	<b>Surveyed annually by ND Dept. of Health &amp; Human Services</b>
<b>Payment</b>	<b>Housing is a landlord/tenant rental agreement, so billed separately from Services. Usually private pay (resident's own income sources/assets) or may be covered partially through Long-Term Care insurance.</b>	<b>One rate is billed for room and board. There may be a separate payment for the personal care, and ADL assistance. This may be paid through the ND Basic Care Assistance Program (BCAP) or if in memory care you may qualify for a Medicaid Waiver. Neither of these can pay for the room and board fee. Your payment source could also be private pay (resident's own income sources/assets).</b>	<b>Individual rates include room and board, personal cares, nursing and ADLs assistance. May be private pay (resident's own income sources/assets), through Long Term Care insurance, through the state Medicaid Program, or Medicare. There may be limits on the types of services paid for or the length of time benefits can be utilized.</b>

<p><b>Nursing Staff Availability</b></p>	<p><b>NO set requirement or regulation. May not have any after-hours or overnight staff on duty.</b></p>	<p><b>RESPONSE staff are available at all times to meet the 24-hour per day scheduled and unscheduled needs to residents.</b></p>	<p><b>Sufficient qualified nursing personnel on duty at all times to meet the nursing care needs of the residents. Required staff are at least 1 registered nurse on duty 8 consecutive hrs. per day, 7 days a week, AND at least 1 licensed nurse on duty and designated to work charge 24-hours a day, 7 days a week.</b></p>
<p><b>Additional Facts</b></p>	<p><b>Most issues with lease agreement or lease contract need to be resolved between tenant and facility due to NO oversight by a state entity. Residence in an ALF with an attached Basic Care or SNF facility does not guarantee you placement in that level of care should you require it - placement depends upon availability and facility admission protocol. There can be many additional costs associated with this level of care.</b></p>	<p><b>Not required to have regular 24-hour medical or nursing services; only RESPONSE staff.</b></p>	<p><b>Not staffed by a physician; a physician is available for consultation at all times. There are differences among SNFs with regard to services provided (i.e.. IV therapy, wound care, etc.) Nursing homes should disclose to residents/potential residents its special characteristics or service limitations. There is no mandated staff to resident ratio - facilities are required to be staffed to adequately meet the needs of the total number of residents.</b></p>