



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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ST. CROIX COUNTY
Wisconsin
Innovation Through Cooperation



“Living where they’re at”

*An in-depth review of St. Croix County’s
Dementia Stabilization Crisis Unit*

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INTRODUCTION AND BENEFITS OF A SPECIALIZED UNIT



This guidebook provides an in-depth review of the Kitty Rhoades Memorial Memory Care Unit, which holds a special designation as a Dementia Crisis Stabilization Unit (DCSU).

As outlined in the *2015 Act 272: Dementia Crisis Unit Pilot Proposal*, effective intervention for individuals exhibiting dementia-related behaviors requires a three-pronged approach:

1. Initial crisis response
2. Crisis stabilization
3. Long-term care for individuals who may require significant support

This guide focuses specifically on the second component—crisis stabilization—and highlights the design and operation of a facility built expressly for that purpose.

The need for such facilities is widely recognized. According to a report by the Wisconsin Department of Health Services (DHS), “*of all 72 counties, 90% reported they do not have access to a sufficient number of facilities willing to accept emergency protective placements of people with dementia exhibiting challenging behaviors.*” This underscores the critical role that DCSUs play in supporting individuals and families during times of crisis.

Designed for Wisconsin counties seeking to establish a DCSU or enhance an existing facility, this guide offers:

- Detailed facility information
- Lessons learned from implementation
- Essential resources and product links
- Photos of the space for visual reference

To ensure accessibility, the guide is available in both Word and PDF formats for posting on the Wisconsin DHS website.

For ease of navigation, a hyperlinked table of contents is included. Whether you are just beginning to explore the concept of a DCSU or looking for specific tools to strengthen your current approach, the table of contents allows you to quickly locate the sections most relevant to your county's needs. This flexible structure is designed to save time and support access to the most useful information for your unique circumstances.

Acknowledgements

Many members from multiple county agencies made Kitty Rhoades a beacon of light in St. Croix County including:

Health Care Campus
Aging and Disability Resource Center
Health and Human Services Administration
Behavioral Health Department
Public Information Department
Adult Protection Services
Finance Department

We also want to acknowledge our members of the guidebook team:

Sharlene Lopez, HHS Deputy Director, St. Croix County
Sandy Hackenmueller, Health Care Campus Administrator, St. Croix County
Janna Jacobsen, Nurse Supervisor
UW-Green Bay Continuing Education and Workforce Training Team

DISCLAIMER

This guide and its resources do not constitute legal advice. It is intended to support collaboration amongst across the state by highlighting St. Croix County's Dementia Crisis Stabilization Unit. Please consult with your corporation counsel and probate office to ensure compliance with your county's guidelines.

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TIMELINE OF DEMENTIA CARE IN ST. CROIX COUNTY

Over the past century, dementia care has evolved from institutional confinement to a person-centered model rooted in dignity, autonomy, and community support. Legal reforms and policy shifts gradually distinguished dementia as a unique condition requiring specialized care. Today, initiatives like Wisconsin's Dementia Redesign Plan and facilities like Kitty Rhoades, reflect a commitment to compassionate, individualized support for those living with dementia.

1897 – 1958

- The St. Croix County Insane Asylum stood at the intersect of mental health and long-term care. It served as a centralized institution for individuals whose needs were often misunderstood or unsupported elsewhere. Residents included people living with mental illness, age-related “senility,” developmental or cognitive disabilities, socially nonconforming behaviors, and those committed by the courts.
- In addition to psychiatric and behavioral reasons, many individuals were admitted to the asylum based on physical, neurological, or cognitive conditions that were poorly understood at the time.
- Diagnoses such as epilepsy, brain injuries, stroke effects, or advanced dementia were commonly cited conditions that today would be managed in outpatient clinics, specialized units, or supported housing environments.

1898-1958

- St. Croix County operated a “Poor Farm”—a refuge and resource for the county's most vulnerable residents. It served as a shelter for those who had nowhere else to go: the elderly, impoverished, widowed, orphaned,

non-English speaking immigrants, and people experiencing homelessness. This facility offered not just a roof and meals, but a measure of dignity in a time before modern social services systems.

- Unlike the asylum, the Poor Farm functioned independently. It was intentionally structured to support a diverse population of mostly able-bodied and dependent individuals outside of institutional care.
- This labor was not merely about productivity, it fostered a sense of purpose and community and provided residents with skills that could serve them beyond their time at the farm.
- The Poor Farm represents a vital chapter in St. Croix County's history, one that reflects both the challenges of poverty and the county's evolving commitment to care, inclusion, and social responsibility.
- In 1957, the Poor Farm was closed, and several buildings were demolished.

1977

- The Mental Health Services building was constructed, establishing more structured services.
- The newly constructed Mental Health Services Building was part of a national shift inspired by the Community Mental Health Act of 1963, a landmark legislation that redefined how mental health care was delivered in the U.S.
- This development marked the beginning of modern mental health care in St. Croix County and across the country, aligning with the broader national movement toward deinstitutionalization—shifting care away from large psychiatric hospitals and toward treatment within the community.

1987

- In 1987 Nursing Home Reform and the creation of the PASRR (pre-admission screening and resident review) to identify those with Serious Mental Illness or Intellectual Disabilities in nursing homes and assure they

are placed in the most appropriate setting. Continuing through the 1990, stricter enforcement assured those with mental illness were not left in nursing homes.

2012

- In 2012, Fond du Lac County case referred to as “Helen EF” Wisconsin Supreme Court found a landmark decision for individuals with incurable, degenerative conditions like Alzheimer’s. They were deemed not appropriate for involuntary commitment and not a suitable placement in a mental health facility.
- This assisted in creating a clearer distinction between mental illness and dementia diagnosis, treatment, and long-term care options.

2014

- DHS Secretary Kitty Rhoades calls for a redesign of Wisconsin’s dementia care system, advocating for safe, appropriate, and cost-effective care.
- Wisconsin’s Dementia Care System Redesign calls for a “Dementia-Capable Wisconsin” with one of the major emphases being the need to build capacity for crisis response and stabilization.
- At its core, a dementia-capable system is not just a place or a program, it is a coordinated network of people, providers, and policies working together to meet the complex and evolving needs of individuals living with Alzheimer’s and other dementias.

2015

- The idea for a dementia crisis unit emerged during planning for a new skilled nursing home in 2014–2015. Sandy Hackenmueller collaborated with HHS leadership and the county board.
- A 10-bed unit was added as a Community-Based Residential Facility (CBRF) due to regulatory and staffing considerations.

2016

- After DHS Secretary Kitty Rhoades passed away in 2016, Sandy Hackenmueller received approval from Kitty's family and the county board to name the new facility the Kitty Rhoades Memorial Memory Care Center. Kitty had previously visited the Health Care Center, where the Music and Memory program was in place, and maintained regular communication with Sandy during efforts to secure the Home and Community-Based Waiver. The center reflects many of Kitty's core values, especially her belief in collaboration among organizations to support the most vulnerable community members.

2020

- COVID delayed the opening of Kitty Rhodes for residents due to safety concerns.
- Staff and census numbers declined during the pandemic, but training efforts continued.
- The unit was repurposed temporarily for meetings and storage.

2024

- In 2024, the Wisconsin Department of Health Services released a grant opportunity, one that could redefine how communities respond to individuals living with dementia during times of behavioral health crisis.
- As part of Wisconsin's commitment to improving dementia care, St. Croix County was awarded a \$600,000 grant in 2024 to support the startup of a Dementia Crisis Stabilization Unit (DCSU).
- The Dementia Crisis Stabilization Unit (DCSU) in St. Croix County is licensed as a Community Based Residential Facility (CBRF) under [Wisconsin DHS 83 regulations](#). This licensure ensures the unit meets state standards for safety, care, and resident rights while operating in a home-like setting.

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KEY LESSONS LEARNED

The team in St. Croix County learned that creating a Dementia Crisis Stabilization Unit requires thoughtful planning across education, staffing, and facility design. Throughout their experience, they found person-centered care, proactive staff training, and flexible operational strategies are essential to meeting the complex needs of residents. Designing a supportive, home-like environment, while remaining adaptable to real-world challenges, makes a meaningful difference in both resident outcomes and staff effectiveness. They are sharing these key lessons to support other counties in developing their own approaches to dementia crisis care.

Education & Training

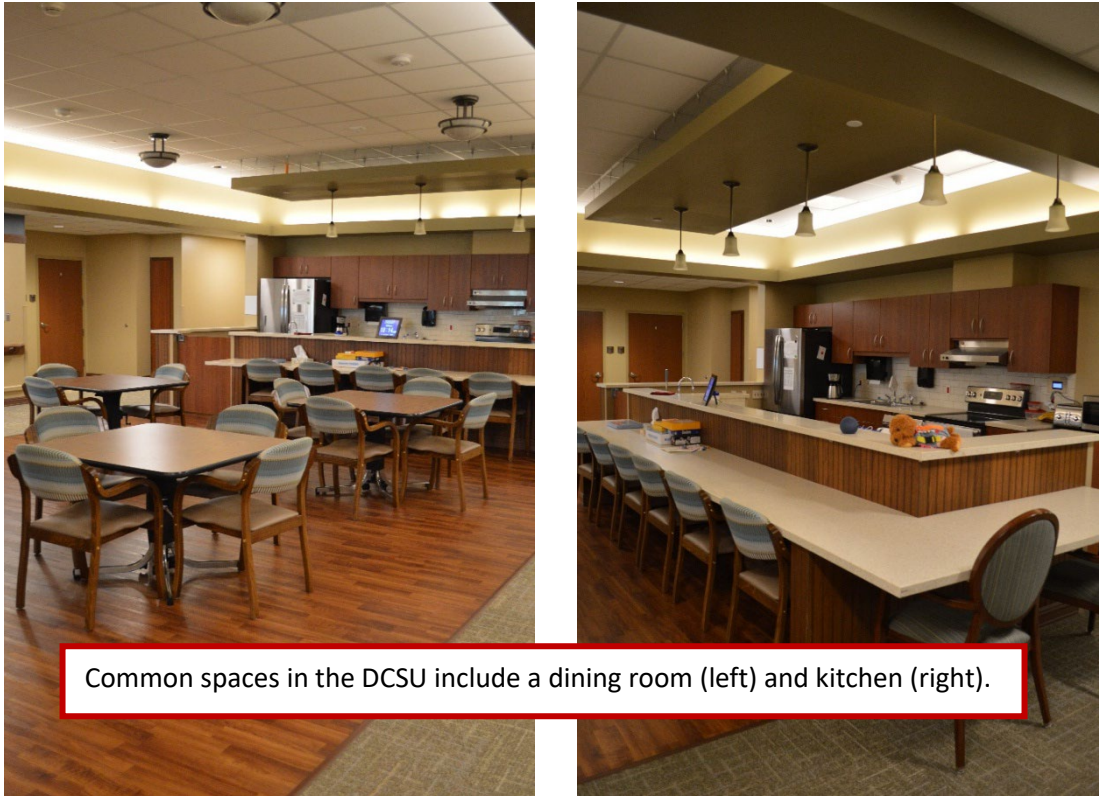
- Person-centered care and ongoing family education are essential to supporting residents effectively.
- Tailored education is a critical component for staff, families, and community partners involved in dementia care.
- Sustainable training models and staff education pipelines should be developed early in the planning process.
- A foundational principle of effective dementia care is the understanding that behavior is a form of communication.

Staffing & Operations

- Crisis stabilization care requires higher staffing ratios (1 staff to 2 residents) and specialized training to meet the needs of residents.
- Flexibility in staffing and facility usage is necessary to manage census fluctuations and budget constraints.
- Staff should take a proactive approach to care planning, particularly during admission and discharge transitions.

Facility Design & Environment

- Facility design should prioritize safety, privacy, sensory stimulation, and mobility for residents. Special considerations for common behavior for residents, like wandering, should be prioritized.
- Gathering stakeholders' (patient, patient family, caretakers, nurses, etc.) input and using mock room planning can significantly improve usability and comfort.
- Facilities should avoid an overly clinical atmosphere and instead aim to create a warm, home-like environment. This can be aesthetically achieved through things like paint colors, furniture selection, and flooring. Further recommendations can be found in the section [*Building and Facility Considerations*](#).
- Some areas that were originally included in the facility design, like a whirlpool room, did not work out as planned. This space turned into a large storage unit which helps hold extra supplies and is easily accessible and functional for staff and the whirlpool was relocated to another part of the facility. Repurposing underutilized spaces can enhance overall functionality once residents are in the unit.



Community Collaboration

- It is important to evaluate the specific needs of the community and assess existing resources.
- Effective collaboration across departments—including Adult Protective Services (APS), Aging & Disability Resource Center (ADRC) behavioral health, law enforcement, and Health and Human Services—is essential. St. Croix County’s team included members from their current Health Care Campus, Behavioral Health department, the Aging and Disability Resource Center, Health and Human Services Administration, Public Information department, Adult Protection Services department, and Finance department.
- Regional partnerships can help support overflow needs or provide access to specialized care services.

Resident Engagement

- Activities should be personalized and meaningful, such as games, pet therapy, and music programs.
- Resident engagement is enhanced by the admissions process – including [well-crafted questions](#) (see Appendix for examples) during intake to understand the resident’s past, home life, and favorite hobbies.



Birdhouses painted by residents hanging in the outdoor patio.

Philosophy of Care

- The guiding principle of “living where they’re at” encourages staff to meet residents in their current reality rather than correcting them.
- Behaviors should be interpreted as communication, with careful attention to identifying triggers and addressing comfort needs.

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ADMISSION AND DISCHARGE

A smooth and thoughtful admission process is critical to stabilizing residents quickly and effectively. The St. Croix County team developed strategies to assess behaviors holistically, communicate clearly during crisis moments, and streamline logistics to support both residents and families. Early discharge planning and strong community education efforts help ensure continuity of care beyond the unit.

Admission Process

Initial Evaluation

- Assess behaviors, not just diagnoses (e.g., wandering is not always a crisis indicator).
- Consider underlying causes of combative behavior (e.g., untreated pain).
- Review reports and assessments from EMTs and hospital staff - see **KR Admission form** located in the Appendix for an example of what to request.
- Recognize cognitive levels:
 - May be non-verbal or non-responsive.
 - May appear dazed or confused.
 - Interpret communication and non-communication as behavior.

Communication Strategies

- Use fewer words at a time to aid understanding during crisis.
- Provide step-by-step directions to reduce confusion.

Admission Logistics

- Staff work quickly to obtain necessary orders and supplies.
- Families can visit anytime; no set visiting hours.
- Inner door locks at 8 p.m.; families can still enter/exit with fob after hours.

Discharge Planning

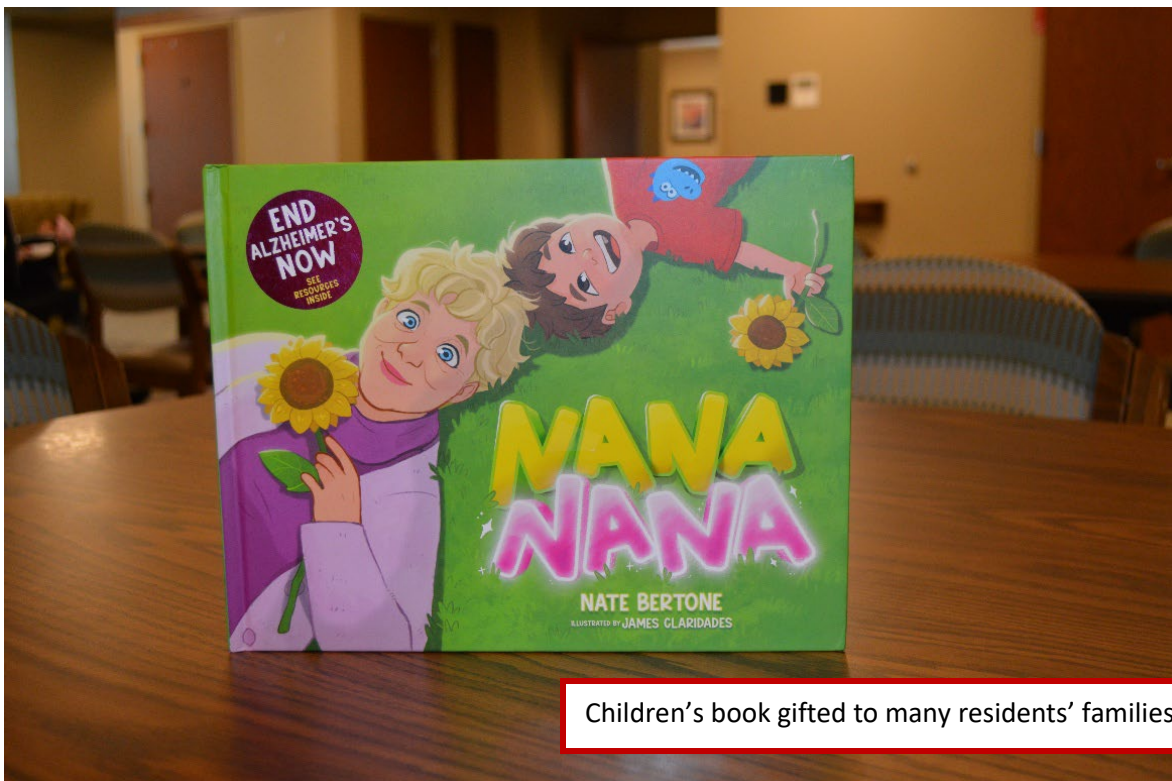
Early Planning

- Discharge planning begins at the time of admission.
- Residents can stay for up to 28 days.
- Residents may return to the unit if needed.

Family Support

Families receive discharge notebooks containing:

- Individualized Service Plans (ISPs).
- Care strategies used by qualified staff and shared with families and caregivers to maintain after discharge
- Educational resources are included such as:
 - ADRC Dementia Care Specialist materials/ADRC booklets and guides
 - Additional resources like [“Nana Nana” book by Nate Bertone](#) to help families understand dementia experiences. (for younger children)



Community & Staff Education

Outreach & Training

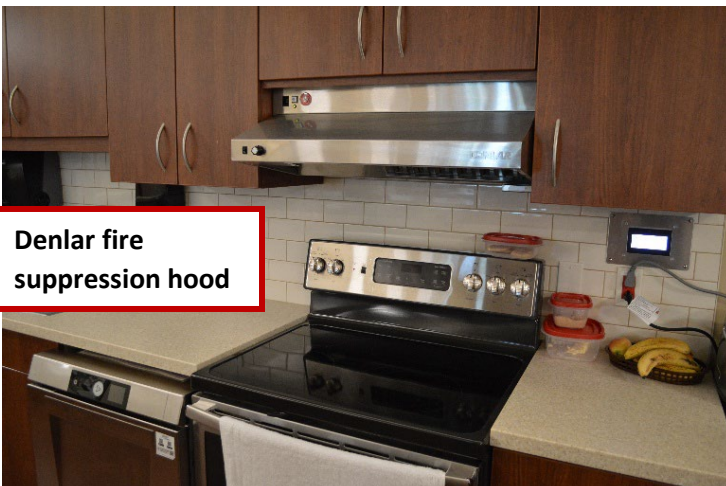
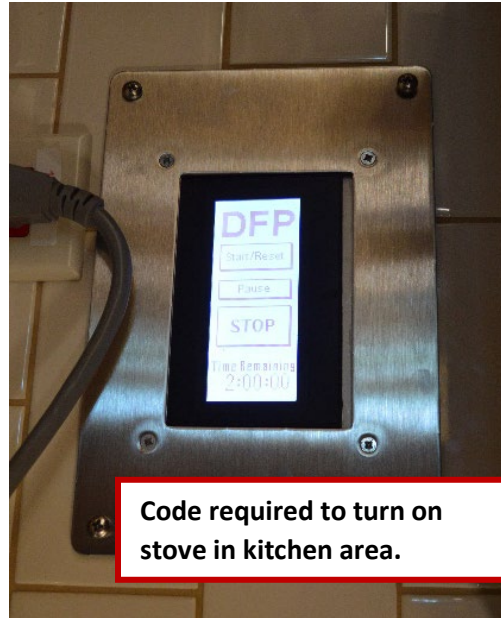
- Staff can educate hospitals and emergency rooms on dementia-specific crisis care.
- Community education efforts include training for: Adult Protective Services (APS) workers, attorneys and other frequented community organizations like staff at popular restaurants.

BUILDING AND FACILITY CONSIDERATIONS

Designing a space specifically for dementia crisis stabilization requires intentional choices that support both safety and comfort. At the Kitty Rhodes Center, their team prioritized input from staff, residents, and families to shape a facility that feels welcoming while meeting regulatory and clinical needs. From layout and lighting to furniture and emergency features, each element was selected to enhance usability and dignity for residents.

Location & Purpose

- Facility Intent: Kitty Rhodes Center was designed specifically for crisis stabilization, not just long-term dementia care.
- Pre-Construction Planning: A mock room was built to gather input from staff, residents, and families on layout and functionality.
- Design Features Based on Feedback: Gliding chairs, barn doors, and nurse servers were added to enhance usability and comfort.



Codes & Compliance

Fire Suppression: [Denlar](#) hoods installed throughout the building, including traditional stove hoods in the kitchen, to meet fire safety codes.

- Emergency button is located between toilet and shower in resident bathrooms.
- All exterior doors into the facility are locked; families receive key fobs for access.

Facility Design & Environment

Office Suite

- Quiet and separate from the unit, allowing private family meetings.
- Contains medical records, nursing station, medication storage, and staff charting laptops.
- Windows in the office suite provide visibility into the unit and patio.
- Communication with external physicians is common via fax machine.



Resident Rooms

- As part of community and home-based waiver regulations, resident rooms must be able to lock from the inside but remain accessible from the outside. During admission, residents and their families are informed that they may use a key to lock the room if they choose. However, based on the resident's Individual Service Plan (ISP), staff may need to enter a locked room to provide necessary care. While all residents have the option to lock their rooms, the Kitty Rhoades team observed that most choose not to, expressing that they feel safe and comfortable in the space.
- Each room includes a large digital clocks and dimmable lighting.
- Sliding barn doors on bathrooms were included to not take any additional space in the resident's room or bathroom.
- Curtains with metal grommets were installed for easy movement and to have a nice view outside.
- The large windows can open for fresh air, but open only slightly for safety of the resident.
- Call lights are easily accessible.

Common Areas

- Facility has an open layout with visibility into rooms.
- Includes kitchen, living space with TV, comfortable furniture, dining area, and exercise bikes.
- Coordinated soft colors and varied flooring to define spaces.

Kitchen

- Visible to residents but gated with locks for safety.
- Staff frequently bake (bread, cookies) to provide comforting smells.
- Safety features include [Denlar](#) hood and access code to operate the oven.



View of galley style kitchen (left) and gate with lock to enter kitchen area (above).

Patio

- Quiet outdoor space with wildlife (frequent cranes, deer, birds are seen).
- Birdhouses made by residents hang in trees.
- Furniture arranged to prevent tripping hazards and create natural barriers.
- Residents can eat lunch, visit the family and some even like to weed in the patio area – it can bring nostalgia to previously working in their own garden!

Storage & Equipment

- Cubbies for lift equipment to keep pathways clear.
- Nurse servers are accessible from both inside and outside resident rooms and restrooms.



The same nursing server cabinet open from inside the resident's room (left) and through hallway (right). Allows restocking of supplies and towels without disturbing resident.

Furniture & Safety

Seating

- Lockable glider chairs were sourced from Direct Supply. Recliners with lift functions are discouraged due to fall risk.
- Residents often struggle with remotes for lift chairs as they sometimes may hit a button when asleep or have trouble using the remote to get the lift down; families discouraged from bringing lift chairs.
- Crypton Fabric: Waterproof and used for all furniture for easy cleaning.
- Furniture Placement: Much of the furniture is adhered to walls for safety.

Lighting & Accessories

- Dimmable lights in rooms.
- Remotes in common area are velcroed to the back of TVs for ease of use and so they don't get taken back to resident rooms. Large button remotes for easier use are also recommended.

Restrooms

Resident Bathrooms include:

- Nurse server access from both room and restroom
- Moveable bar/toilet paper holder on both sides of toilet.
- Moveable shower head.
- Emergency button between toilet and shower.

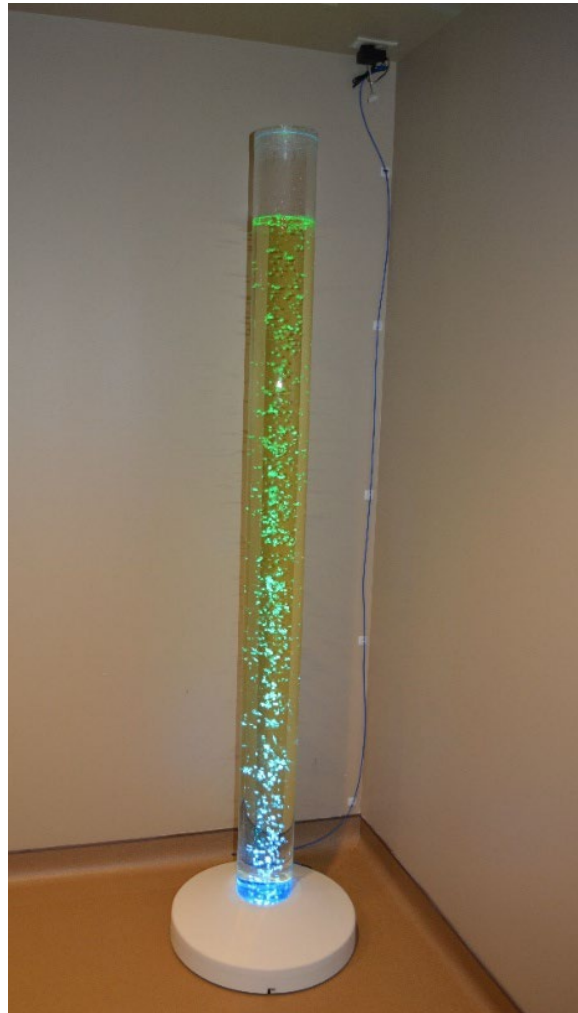
Public Restrooms are included in the common area with a fold-down changing table for children for visiting families.



View of accessible shower (left) and toilet with movable handicaps bars on both sides to help residents with cares and lifts as needed (right)

Quiet Room & Sensory Features include:

- Light switches are located outside the room to avoid visibility inside.
- Bubble devices with sound, color changes, tactile buttons, and music.
- Lap blankets and shawl-style weighted blankets are available.
- Stuffed animals with “busy board” style removable outfits.
- Interactive and robotic pets
- Comfortable furniture



One of the bubble light features. It versatile calming features include changing colors, bubbles, and a slight vibration.

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STAFFING AND TRAINING

Building a strong staffing and training foundation is essential to delivering high-quality dementia crisis care. At the Kitty Rhodes Center, they invest in ongoing education, clinical support, and community partnerships to ensure staff were equipped to respond with empathy and skill. Their approach emphasizes proactive training, real-time learning, and adapting to the unique challenges of crisis stabilization.

Training & Education

- A full-time educator was hired to support ongoing staff development.
- Monthly CBRF training sessions are conducted to maintain compliance and improve care.
- Staff completed a 40-hour video-based training on dementia and behaviors to assist with the understanding crisis stabilization and dementia care-training through *Healthcare Interactive*.
 - Training focused on identifying behavioral triggers and using non-confrontational approaches.
 - Cost concerns were noted regarding the training program.

Clinical Support

- Behavioral health nurse practitioner is available as necessary to assess and support residents placed under an Emergency Protective Placement.
- Staff are trained to:
 - Recognize and respond to behavioral triggers.
 - Use non-confrontational techniques.
 - Embrace the philosophy of “living where they’re at”—meeting residents in their reality rather than correcting them.

Partnerships & Community Impact

If you are designated as the Emergency Protective Placement for your county:

- To ensure your facility is the right fit for a resident's best care and results, communicate clearly to the person making the referral understands your current census mix, staffing patterns, staff competency, use of agency, and/or infection precautions in your facility.

Establish strong collaborations with:

- Adult Protective Services (APS)
- Aging and Disability Resource Center (ADRC)
- Behavioral health providers
- Hospitals
- Kitty Rhodes has become a regional resource, offering guidance and education to other facilities.
- Crisis response in St. Croix County is recognized as advanced, with 24/7 coverage provided by the crisis team. After hours, Sandy Hackenmueller serves as the point of contact for Emergency Protective Placements, coordinating assessments of appropriateness, bed availability, and related needs.

Staffing Challenges & Adaptations

- During periods of low census, leadership faced challenges with overstaffing. To address this, the broader healthcare campus implemented a cross-training model that allowed staff to float between units. Many Certified Nursing Assistants (CNAs) have also completed Community-Based Residential Facility (CBRF) training, enabling them to support multiple areas as needed. Payroll and scheduling systems were adjusted to support this flexibility, ensuring caregiving staff weren't penalized during low census periods but instead remained actively engaged across the campus.
- Needed to retrain long-term care nurses to comply with Community-Based Residential Facility (CBRF) regulations.
- Nurses and staff are rarely in the office, spending most of their time directly with residents.

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PROGRAMMING


One aspect that distinguishes a Dementia Crisis Stabilization Unit (DCSU) from other care units is the amount of time staff spend engaging directly with residents through activities, baking, and other meaningful interactions.

As part of the admissions process, certain medical conditions may exclude an individual from being safely admitted to the unit. These exclusions are based on [Community-Based Residential Facility \(CBRF\) regulations](#), which limit the level of skilled medical intervention that can be provided within the unit.



The staff at the unit prioritize comfort, consistency, and connection in their approach to care. Activities and interactions are tailored to the individual interests of each resident, creating a personalized experience. The unit also offers comforting items such as [interactive and robotic pets](#), which have been shown to reduce stress and agitation in individuals with various forms of dementia. A variety

of pets and dolls are available for residents to enjoy in both common areas and their personal rooms. Weighted blankets are another item used for intervention. While some residents enjoy the weighted lap or shoulder blankets, other residents feel restricted. This further emphasizes care interventions are not a one-size-fits-all.



Another supply closet full of arts and craft supplies, busy boards, and games.

The unit is also well known for its frequent baking of bread, cookies, brownies, and other treats. [Baking serves as a therapeutic activity](#) that supports cognitive and sensory stimulation, while also promoting stress reduction and memory recall.

To support daily engagement, the unit maintains a dedicated closet stocked with arts and crafts supplies, games, puzzles, and [busy boards](#), ensuring that residents have access to a wide range of stimulating and enjoyable activities.

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FINANCING AND BUDGET

While the Kitty Rhoades Center shares some similarities with other Community-Based Residential Facilities (CBRFs), its role as a short-term crisis stabilization unit requires a different approach to supplying personal items. To support a smooth and rapid transition from a resident's previous living situation, the unit provides many essentials that long-term care facilities may typically ask families to supply. These include beds and bedding, personal hygiene products, meals, snacks, drinks, and transportation. This approach is especially important given the urgent nature of admissions, which often occur with little advance notice. These types of supplies are considered within a resident's charge.

Navigating the Home and Community-Based Waiver process took three years and required extensive documentation and advocacy. Due to initial waiver restrictions, the unit opened as private pay only. Once the waiver was approved, it allowed for additional payment options, expanding access to care for more residents.

[In order to apply for a CBRF](#) license in Wisconsin, applicants must submit budgetary documents to show proof of fiscal responsibility. These include a program statement, model balance sheet, and operating expenses as outlined by the Wisconsin Department of Health Services.

Items to consider when creating a budget:

- Building a new facility or renovation of current facility
- Facility maintenance
- Supplies and equipment for common areas, resident rooms, bathrooms, and nurses' office
- Personal supplies for residents
- Insurance
- Staff salaries
- Total compensation for employees
- Initial and ongoing training efforts for employees and community partners
- Meals, drinks, and snacks

- Group activities and supplies for enrichment.
- Transportation
- Contracted services

In 2024, St. Croix County was awarded a \$600,000 grant from the Department of Health Services, which allowed the transformation of the Kitty Rhoades facility from a memory care unit into a dementia crisis stabilization unit.

Although a memory care unit was originally scheduled to open in 2020, the pandemic delayed its launch, and many of its supplies and furnishings were reassigned to other areas of the healthcare campus.

With the grant funding, the county was able not only to replace those items but also to expand the facility's physical space and crisis-specific supplies and programming. Enhancements included comfort and care features highlighted earlier in this toolkit, a sensory room, advanced safety systems such as a new building-wide call system, and sign-on bonuses for caregiving and nursing staff. The funding also supported community education efforts, including training for law enforcement, corporate counsel, and other regional partners.

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APPENDIX

Description of additional materials found in zip folder.

CBRF Admission Agreement St Croix

Resident Admission Agreement. Includes the following sections: Parties Defined, Recitals & Terms of Agreement, Execution/Signature and the following attachments: Service Amenities, Monthly Service Rate, Optional Service Available, Resident Rules & Regulations, Resident Rights, and Grievance Procedure

Inter-County Placement Agreement Addendum

Assure clarity of fiscal obligation for care services between parties.

ISP Example

Both a blank and filled-in sample for an Individual Service Plan

Kitty Rhoades Exclusionary Criteria

List of criteria that excludes a prospective resident from being admitted to Kitty Rhoades. Includes criteria under medical and nursing care needs, behavioral and psychiatric concerns, legal and safety considerations and additional considerations.

KR Admission

Information request sent to healthcare facilities prior to admission for relevant health information on a prospective resident's condition and to obtain medical clearance.

KRMMC Application for Admission

Application for admission to Kitty Rhoades. Includes the following sections: Personal Information, Contact Information, Power of Attorney or Guardian and Family Information, Other Children/Family or Friends Listed in Order or Priority, Assets, Liabilities, Insurance, Medical Provider Information, Special Arrangements, and Consents

Life Story Questionnaire

A list of questions asked during the admission process includes topics: family and childhood, daily routine, education, work, leisure, religion/faith, emotional needs, additional information noting other likes and interests.

MOU Fill in Form

Memorandum of Understanding between Kitty Rhoades and County. As stated on the document: *The purpose of this Memorandum of Understanding (“MOU”) is to set forth the responsibilities of the Counties and the legal authority for guardianship, emergency protective placement, and the involuntary administration of psychotropic medication as an emergency protective service or protective service, as a condition of admission to Kitty Rhoades Dementia Care Facility or, if needed, following admission and assessment.*

Resident Rights

Outlines rights retained by residents when entering facility

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