

(II) IS NOT RELATED TO THE NATURAL COURSE OF THE RESIDENT'S ILLNESS OR UNDERLYING DISEASE CONDITION.

(3) "CHANGE IN CONDITION" MEANS A SIGNIFICANT CHANGE IN A RESIDENT'S PHYSICAL, MENTAL, OR PSYCHOLOGICAL STATUS INCLUDING:

(+) (I) LIFE-THREATENING CONDITIONS;

(+) (II) CLINICAL COMPLICATIONS INCLUDING ~~THE ONSET OF~~

(+) ~~AGGRESSIVE OR INAPPROPRIATE BEHAVIOR; OR~~

(+) SIGNIFICANT SOMATIC SYMPTOMS THAT REQUIRE THE ASSESSMENT OF OR TREATMENT BY QUALIFIED MEDICAL PERSONNEL;

(+) (III) THE NEED TO DISCONTINUE A MEDICATION OR TREATMENT BECAUSE OF:

(+) 1. ADVERSE CONSEQUENCES; OR

(+) 2. THE NEED TO BEGIN A NEW FORM OF TREATMENT;

(+) (IV) EVALUATION ~~AT~~ OR ADMISSION TO A HOSPITAL;

(+) (V) ~~ACCIDENTS THAT RESULT IN INJURY~~ INJURIES HAVING THE POTENTIAL FOR REQUIRING A PHYSICIAN'S INTERVENTION; AND THAT REQUIRE THE ASSESSMENT OF OR TREATMENT BY QUALIFIED MEDICAL PERSONNEL;

(+) (VI) THE USE OF RESTRAINT OR SECLUSION; AND

(+) (VII) SUICIDE ATTEMPTS.

(B) (1) WITHIN 24 HOURS, IN ACCORDANCE WITH STATE AND FEDERAL CONFIDENTIALITY LAWS, A RESIDENTIAL TREATMENT CENTER SHALL ATTEMPT TO NOTIFY A RESIDENT AND A RESIDENT'S REPRESENTATIVE, FAMILY MEMBER, LEGAL GUARDIAN, OR CUSTODIAN OF:

(+) (I) A CHANGE IN CONDITION;

(+) (II) AN ADVERSE EVENT ~~THAT MAY RESULT IN A CHANGE IN CONDITION; AND~~

(+) ~~(III) AN OUTCOME OR CARE THAT RESULTS IN AN UNANTICIPATED CONSEQUENCE THAT REQUIRES THE ASSESSMENT OF OR TREATMENT BY QUALIFIED MEDICAL PERSONNEL; OR~~

(+) ~~(IV)~~ (III) CORRECTIVE ACTION, IF APPROPRIATE.

(2) IF A RESIDENTIAL TREATMENT CENTER SENDS A NOTICE TO AN INDIVIDUAL UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE INDIVIDUAL MAY SEND A WRITTEN NOTICE RESPONSE TO THE RESIDENTIAL TREATMENT CENTER INSTRUCTING THE RESIDENTIAL TREATMENT CENTER THAT:

(+) THE INDIVIDUAL WAIVES THE NOTIFICATION REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION; OR