**LIVEWELL CONNECTICUT**

**ASSISTED LIVING COMMUNITY**

**RESIDENTS’ BILL OF RIGHTS**

LiveWell Connecticut, Assisted Living Community (“the Community”) accepts the responsibility of protecting each resident’s confidentiality, self-respect and dignity throughout the resident’s stay. The following information identifies the Resident Bill of Rights.

These rights and procedures are made available to the general public, all residents, family members and responsible parties.

**EXERCISING YOUR RIGHTS**

At the time of “move-in”, each resident, family member, and responsible party will have the resident rights and procedures explained to them. If a resident is blind, the Bill of Rights will be read to him or her. For non-English speaking residents, translators are sought to ensure that residents continue to be aware of these rights and responsibilities during their stay, written copies are posted by the Community’s entrance. All residents are advised promptly by the Community of changes in residents’ rights and responsibilities.

Each resident will receive assistance with activities of daily living and treatments as ordered by the attending physician and subject to terms of the service agreement.

Payment for Services: The residents and/or responsible party will be informed of all services available and all related charges not covered by the basic monthly rate. A resident and/or responsible party will be informed in advance at least 15 days prior of any changes in per diem charges or in the availability of services.

**BILL OF RIGHTS**

1. Residents have the right for an explanation of “move-in” criteria for services.
2. Residents have the right to participate in the planning of (or any changes in) the care to be furnished, the frequency of visits proposed, the nurse supervising the care and the manner in which the nurse may be contacted.
3. Residents have the right to participate in the development and implementation of the Resident Service Program and the right to refuse recommended services.
4. Residents have the right to be free from physical and mental abuse and exploitation and to have personal property treated with respect.
5. Residents have the right to confidential treatment of all resident information retained in the service record and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it.
6. Residents and/or responsible parties have the right to access his or her service record upon request.
7. Residents have the right to file a complaint without discrimination or reprisal from the Community regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for the resident’s property by anyone providing agency services.
8. Residents have the right to register complaints with the Commissioner (address and phone number of the Department of Public Health are attached.)
9. Residents have the right to have services provided by an individual or entity other than an Assisted Living Services Agency.
10. Residents have the right to be informed of “move-out” criteria from the Community or may not be permitted to receive services from the agency.
11. Residents have the right of a description of Medicare – covered services and billing and payment requirements for such services.
12. Residents will be informed about his or her rights under state law to make decisions about medical care, including the right to formulate advance directives, such as Living Wills and Durable Power of Attorney for health care decisions.
13. Residents have the right to make individual arrangements with an Assisted Living Services Agency, which does not have a formal contract with the Managed Residential Community in which he or she resides.
14. Residents have the right to terminate or reduce services provided by an Assisted Living Services Agency at any time.
15. Residents have the right to privacy
16. Residents have the right to communicate with others.
17. Residents have the right to use the various Common Areas within the community for individual or group activities.

**DIGNITY, RESPECT, FREE FROM PHYSICAL AND MENTAL ABUSE AND EXPLOITATION**

All residents have the right to be treated fairly and with dignity and respect. They shall have twenty-four (24) hour security and freedom from any form of any physical and mental abuse or exploitation. The Community shall investigate any reported acts of abuse or exploitation and a report of the investigation will be discussed with the resident, family member and/or responsible party.

Each resident will be provided with the names, addresses and telephone numbers of the Regional Ombudsman and other State of Connecticut Agencies. These lists will be posted in the hallway of the Community.

Each resident’s apartment and personal property will be treated with respect. Privacy will be provided during assistance with personal care. The Nursing Office will be provided for assessment meetings with residents, family members and privacy will be maintained. The resident apartment will be private for phone conversations.

**CONFIDENTIALITY**

All resident information retained in the Resident Service Record shall be kept confidential by all staff members of the Community. Information shall only be released to persons not otherwise authorized under law to receive it by written consent for release. The resident, family member and/or responsible party shall have the right to access his or her service record.

**RIGHT TO FILE A COMPLAINT**

Each resident has the right to file a complaint without discrimination or reprisal from the Community regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for the resident’s property by anyone providing agency services. The complaint will promptly be investigated and a report of the findings will be reviewed with the resident, family and/or responsible party. A Complaint Log shall be maintained.

The resident has the right to register their complaint with the Commissioner. The Commissioner’s name and telephone number, as well as the telephone number of the Department of Public Health, is posted in the hallway of the Community. Below are the names, addresses and telephone numbers of representatives from the community and state agencies.

The mission of the Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of long term care residents. This program responds to, and investigates concerns and complaints made by residents, family members, responsible parties or any other person action on their behalf.

We hope that any complaints or concerns that you have can be resolved by our staff. However, you also have the right to contact the following state agencies regarding complaints or concerns:

Department of Public Health

Faculty Licensing and Investigations

410 Capitol Avenue

MS# 12 HSR

Hartford, CT 06134-0308

Information/General/Complaints:

Supervising Nurse Consultant

Phone:(860) 509-7400

Fax:(860)730-8390

dphflisevents.ct.gov (no log in required to file a complaint)

Nancy B. Shaffer, M.A.

State Long Term Care Ombudsman

25 Sigourney Street

Hartford, CT 06106

(860) 424-5238

[nancy.shaffer@ct.gov](mailto:nancy.shaffer@ct.gov)

I ACKNOWLEDGE THAT A COPY OF THIS ASSISTED LIVING RESIDENTS’ BILL OF RIGHTS HAS BEEN GIVEN TO ME AND EXPLAINED TO ME OR THAT I WAIVE MY RIGHT TO AN EXPLANATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party Signature Date

**Community Representatives**

To obtain Medicare Services information, contact:

Anya Bounds

Director of Finance

LiveWell Connecticut

(860)628-3059

For ASLA concerns/problems/complaints, contact:

Rita Bergstrand, RN

Supervisor of Assisted Living Services

LiveWell Connecticut

(860)628-3011

**PROVISION OF SERVICES OTHER THAN BY AN ASSISTED LIVING SERVICES AGENCY**

All residents have the right to have services provided by an individual or entity other than the Assisted Living Services Agency.

All residents may also make arrangements for services by an Assisted Living Services Agency, which does not have a formal contract with the Managed Residential Community of LiveWell Connecticut.

All residents have the right to terminate or reduce services provided by an Assisted Living Services Agency at any time that they choose.

All residents shall be provided with a description of Medicare covered or third party billing services and will be provided a list of payment requirements for such services by the contracted Home Health Care Agency.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS RESIDENTS’ BILL OF RIGHTS AND THAT IT HAS BEEN EXPLAINED TO ME.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

If signed by someone other than Resident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person signing on behalf of Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Relationship to Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date