**LIVEWELL CONNECTICUT**

**MANAGED RESIDENTIAL COMMUNITY RESIDENT’S BILL OF RIGHTS**

Name of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a resident of a Managed Residential Community, you have the right to:

* Live in a clean, safe and habitable private residential unit.
* Be treated with consideration, respect and due recognition of personal dignity, individuality and the need for privacy.
* Privacy within your private residential unit, subject to our rules that are reasonably designed to promote your health, safety and welfare.
* Retain and use your own personal property within your private residential unit so as to maintain individuality and personal dignity provided the use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents.
* Treat your residential unit as your home and have no fewer rights than any other resident of the state, including but not limited to, (A) associating and communicating privately with persons of your choice, (B) purchasing and using technology of your choice, including, but  not limited to, technology that may facilitate virtual visitation with family and other persons, provided operation and use of such technology shall not violate any individual’s right to privacy under state or federal law, and (C) engaging in other private communications, including receiving and sending unopened correspondence and telephone access.
* Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the community.
* Directly engage or contract with licensed health care professionals and providers of your choice to obtain necessary health care services in your private residential unit, or such other space as we may make available to residents for such purposes.
* Manage your own financial affairs.
* Exercise civil and religious liberties.
* Present grievances and recommend changes in policies, procedures and services to us, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from us, including access to representatives of the Department of Public Health at:

Donna Ortelle, R.N., M.S.N

Section Chief

Facility Licensing and Investigations Section

Connecticut Department of Public Health

410 Capitol Ave., MS# 12 HSR

Hartford, CT 06134-0308

Phone: (860) 509-7400

Fax: (860) 730-8390

Email: [dph.fliscomplaint@ct.gov](mailto:dph.fliscomplaint@ct.gov)

<https://dphflisevents.ct.gov/Complaints>

or the Office of the Long-Term Care Ombudsman at:

Mairead Painter

Connecticut Long-Term Care Ombudsman Program

55 Farmington Avenue

Hartford, Connecticut 06105-3730

Phone: (860) 424-5200

Toll Free In-State: (866) 388-1888

Fax: (860) 424-4966

E-mail: [ltcop@ct.gov](mailto:ltcop@ct.gov)

Lindsay Jesshop, Regional Ombudsman  
North Central Region – New Britain Office  
20 Christian Lane  
New Britain, CT 06051  
Phone: (860) 424-5221

* Upon request, obtain the name of the service coordinator or any other persons responsible for resident care or the coordination of resident care.
* Confidential treatment of all records and communications to the extent required by state and federal law.
* Have all reasonable requests responded to promptly and adequately within our capacity and with due consideration given to the rights of other residents.
* Be fully advised of the relationship that the managed residential community has with any assisted living services agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship.
* Receive a copy of our rules or regulations.
* Privacy when receiving medical treatment or other services within the capacity of the managed residential community.
* Refuse care and treatment and participate in the planning for the care and services you need or receive, provided the refusal of care and treatment may preclude you from being able to continue to reside in the managed residential community.
* All rights and privileges afforded to tenants under Title 47a of the Connecticut General Statutes.

*Revised July 2021*

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

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

Signature

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

Date

If signed by someone other than Resident:

Name of person signing on behalf of

Resident

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

Print Name

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

Signature Relationship to Resident

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

Date