**LIVEWELL CONNECTICUT**

**NURSING HOME RESIDENTS' BILL OF RIGHTS**

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

**Exercising Your Rights**

* You are entitled to treat your living quarters as your home and, subject to rules designed to protect the privacy, health and safety of other residents, 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, and (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.
* You have the right to be fully informed, orally (spoken) and in writing (including Braille), in a language you understand, of your rights and the facility's rules and regulations governing resident conduct and responsibilities before admission and during your stay in the facility, and of any changes in your rights and in the facility's rules and regulations.
* You have the right to receive required notices of rights orally (spoken) and in writing (including Braille) in a format and language you understand.
* You have the right, throughout your stay at the facility, to exercise your rights as a resident of the facility and as a citizen or resident of the United States. To this end, you have the right to (A) be fully informed about residents’ rights by state or federally funded patient advocacy programs, (B) present grievances and recommend changes in policies, procedures and services to the manager or staff of the facility, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the facility, and access to representatives of the Department of Public Health or the Office of the Long Term Care Ombudsman. The facility must protect, support and promote your rights and encourage and assist you in exercising them.

**Participation in Care and Treatment**

* Prior to your admission, the facility must notify you of special characteristics or service limitations of the facility.
* You have the right to be fully informed, in a language you understand, about your total health status, including but not limited to, your medical condition.
* You have the right to participate in planning your care and treatment, including the development and implementation of your person-centered plan of care, and to be fully informed in advance about changes in your care and treatment.
* You have the right to identify individuals or roles to be included in the planning process and to participate in establishing the expected goals and outcomes of your care, the type, amount, frequency, and duration of your care, and any other factors that relate to the effectiveness of the plan of care.
* Your health plan planning process must (i) include you and/or your representative, (ii) assess your strengths and weaknesses, and (iii) incorporate your personal and cultural preferences in developing goals of care.
* You have the right to see your care plan and to sign your plan after significant changes are made to your plan.
* You have the right to request meetings and the right to request revisions to your plan of care.
* You have the right to be informed, in advance, of the care you are to receive and the type of professional or care giver who will provide the care.
* You have the right to receive the services and/or items included in the plan of care.
* You have the right to be informed in advance by your physician or other caregiver of the risks and benefits of any proposed care and of treatment alternatives or options. You have the right to choose the alternative or option that you prefer.
* You have the right to request, refuse and/or discontinue treatment.
* You have the right to refuse to participate in experimental research.
* You have the right to the opinions of two physicians concerning the need for surgery, except in an emergency situation, prior to such surgery being performed.
* You have the right to administer your own medications, unless your care planning team has determined that it would not be clinically appropriate for you to do so.
* You have the right to formulate an advanced directive.
* Your rights to participate in and make choices about your care do not include the right to receive medical treatment or medical services deemed medically unnecessary or inappropriate.

**Choice of Physician**

* You have the right to choose your personal attending physician or an advanced practice registered nurse (“APRN”). Your attending physician or APRN must be licensed to practice and must meet applicable regulatory requirements.
* The facility must inform you if it determines that your chosen physician or APRN is unable or unwilling to meet the licensing requirements and the facility seeks an alternate physician or APRN. The facility must discuss the alternative physician or APRN with you and honor your preferences, if any, among options. If you subsequently select another attending physician or APRN who meets the licensing requirements, the facility must honor your choice.
* You have the right to be and remain informed of the name, specialty, and means of contacting the physician, APRN and other primary care professionals responsible for your care.

**Respect and Dignity**

* You have the right to be treated with consideration, respect and full recognition of your dignity and individuality in an environment that promotes maintenance or enhancement of your quality of life and privacy in treatment and in care for your personal needs.
* You have the right to be treated equally with other residents in receiving care and services, and regarding transfer and discharge, and the facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source for your care.
* You have the right to reside and receive services in the facility with reasonable accommodation of your individual needs and preferences, except when your health or safety, or the health or safety of other individuals, would be endangered.
* You have the right to share a room with a roommate of your choice when practicable, if your chosen roommate is a resident of the facility, and subject to his or her consent.
* You have the right to receive written notice before your room or your roommate is changed and the notice must include the reason for the change.
* You have the right to refuse to transfer to another room in certain circumstances, including when the transfer is purely for the convenience of staff.
* You have the right to keep and use your personal clothing, furnishings and other possessions, as space permits or unless doing so would infringe on the rights, health, safety or welfare of other residents.

**Self-Determination**

* You have the right to choose activities, schedules (including sleeping and waking times), health care, and providers of health care services consistent with your interests, your assessments and plan of care.
* You have the right to interact with members of the community and participate in community activities both inside and outside the facility.
* You have the right to make choices about aspects of your life in the facility that are significant to you.

**Married Couples**

* If you are married, you have the right to privacy for visits with your spouse or with any other person that you designate in writing pursuant to Connecticut law.
* If you are married and your spouse is a resident of this facility, you have the right to share a room with your spouse, subject to his or her consent, unless medically contraindicated.
* If your spouse is the same sex as you, the facility must afford equal treatment to your spouse that it affords to opposite-sex spouses, if your marriage was valid in the jurisdiction where it was celebrated.

**Access and Visitation Rights**

* You have the right to receive visitors of your choosing at the time of your choosing, subject to your right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.
* You have the right to be visited immediately by your immediate family or other relatives, subject to your right to deny or withdraw consent to such visits at any time.
* You have the right, subject to your consent, to receive the visitors you designate, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend. You have the right to withdraw or deny such consent at any time.
* You also have the right to be visited by your attending physician, by your resident representative, by the nursing home Ombudsman, and by any representatives of state and federal government agencies concerned with resident care, including those responsible for developmentally disabled and mentally ill individuals. The facility must provide you with immediate access to the above individuals.
* You have the right to be visited immediately by others who are visiting with your consent, subject to reasonable clinical and safety restrictions and your right to deny or withdraw consent at any time.
* The facility must provide reasonable access to you by any entity or individual that provides health, social, legal, or other services to you, subject to your right to deny or withdraw consent at any time.
* You have the right to refuse to receive any visitor you do not want to see.
* The facility must have a written visitation policy, including any visitation limitations, reasons for limitation, and circumstances giving rise to visitation limitation and inform you of the facility policy and procedures.
* The facility may not restrict, deny, or otherwise limit visitation on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability and must ensure that all visitors enjoy equal visitation privileges consistent with your preferences.

**Performance of Services for the Facility**

* You have the right to choose to or refuse to perform services for the facility and the facility must not require you to perform services for the facility.
* You have the right to perform services for the facility, if you choose, when: (1) the facility has documented your need or desire to work in your plan of care; (2) the plan specifies the nature of services performed and whether the services are voluntary or paid; (3) compensation for paid services is at or above prevailing rates; and (4) you agree to the work arrangement described in the plan of care.

**Personal Funds**

* You have the right to manage your personal financial affairs, and the facility cannot require you to deposit your personal funds with the facility.
* You have the right to know, in advance, what charges the facility may impose against your personal funds.
* You have the right to have the facility hold, safeguard, manage and account for your personal funds, upon your written authorization. A separate statement about how the facility manages residents' funds is provided.

**Privacy and Confidentiality**

* You have the right to personal privacy in accommodations, in receiving personal and medical care and treatment, in written and telephone communications, in visits and in meetings with family and resident groups. However, the facility is not required to provide you with a private room.
* You have the right to privacy in your oral, written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for you, including those delivered through a means other than a postal service.
* You have the right to associate and communicate privately with persons of your choice, including other residents.

**Personal and Medical Records**

* You have the right to secure and confidential personal and medical records.
* You have the right to have a representative of the State Ombudsman examine your medical, social, and administrative records, in accordance with Connecticut law.
* You have the right to approve or refuse the release of your personal and clinical records to anyone outside the facility, except when: (1) you are transferred to another health care institution; (2) the release of your records is required by law or by third party payers such as Medicare, Medicaid, and private insurers; or (3) as provided by federal or state law.
* You have the right to access to your personal and medical records, upon an oral or written request, in the form and format you request (if readily producible in such form and format, and if not, in a readable hard copy or other agreed form and format), within 24 hours (excluding weekends and holidays) of a request by you or your legal representative.
* You have the right to obtain copies of your records or portions of records (including in an electronic form or format when such records are maintained electronically) upon 2 working days advance notice to the facility. The facility may impose a reasonable cost-based fee for the copies, which includes the cost of labor, supplies, and postage, if applicable. The facility must provide this information to you in a form and manner you can access and understand, including in an alternative format or in a language you can understand. The facility may charge you for translation of your records.

**Safe Environment**

* You have the right to a safe, clean, comfortable, and homelike environment, including (but not limited to) receiving treatment and supports for daily living safely.
* The facility must provide a safe, clean, comfortable, and homelike environment that allows you to use your personal belongings to the extent possible and to receive care and services safely. Further, the facility must ensure that the physical layout of the facility maximizes your independence and does not pose a safety risk.
* The facility must take reasonable care in protecting your property from loss or theft.
* The facility must provide (i) housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; (ii) a clean bed and bath linens that are in good condition; (iii) a private closet space in each resident room; (iv) adequate and comfortable lighting levels in all areas; (v) comfortable and safe temperature levels; and (vi) comfortable sound levels.

**Grievances**

* You have the right to voice grievances (orally or in writing) to the facility, or to any agency or entity that hears grievances, without discrimination or without fear of discrimination or reprisal for voicing grievances. You may voice grievances about any concern including but not limited to care and treatment that has been furnished or not furnished, the behavior of staff and of other residents and other concerns regarding your stay in the facility.
* You have the right to recommend changes in facility policies and services to staff or to outside representatives of your choice, without restraint, interference, coercion, discrimination or reprisal.
* You have the right to have prompt efforts made by the facility to resolve grievances you may have, including those about the behavior of other residents.
* The facility must make information available to you on how to file a grievance or complaint.
* The facility must establish a grievance policy and provide a copy to you upon request along with information on how to contact the facility’s Grievance Official.

**Information and Communication**

* The facility must protect and facilitate your right to communicate with individuals and entities within and external to the facility.
* You have the right to privacy in written, spoken and electronic communications.
* You have the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility unopened and in a prompt manner.
* You have the right to have reasonable access to stationery, postage and writing implements made available by the facility for you to purchase.
* You have the right to reasonable access to the use of a regularly available telephone (including TTY and TTD services) that you can use in a place in the facility without being overheard, and the right to make and receive telephone calls privately, unless medically contraindicated, as documented by your physician or advanced practice registered nurse in your medical record.
* You have the right to own and use a cellular phone, at your expense.
* You have the right to interact with members of the community both inside and outside of the facility.
* You have the right to reasonable access to the Internet, to the extent available within the facility.
* You have the right to reasonable access to and privacy in your use of electronic communications, such as email and video communications and Internet research, provided the access is available at the facility, at your expense if the facility incurs costs, and to the extent allowed by law.

**Examination of Survey Results**

* You have the right to be fully informed of the availability of and to examine the most recent federal, state and local inspection reports and plans of correction concerning this facility. The facility must make available, upon your request, reports with respect to any surveys, certifications and complaint investigations (without identifying any complainants) made concerning the facility during the preceding three years, along with any created plan of correction.
* You have the right to receive information from agencies acting as client advocates and the right and opportunity to contact such agencies.

**Notice of Changes**

* The facility must notify you immediately, consult with your physician and notify your resident representative or interested family member within 24 hours when: (1) you are involved in an accident that results in injury and has the potential for requiring physician intervention; (2) there is a significant change in your physical, mental or psychosocial status; (3) there is a need to alter your treatment significantly (discontinue or change treatment or start a new form of treatment); or (4) a decision has been made to transfer or discharge you from the facility.
* You and, if known, your resident representative or interested family member must receive prompt notification when there is: (1) a change in room or roommate assignment; or (2) a change in resident rights under federal or state law or regulations.

**Choosing a Representative**

* If you have not been adjudged incompetent by a court:
	+ You have the right to designate a representative to exercise your rights pursuant to Connecticut law, and your representative may exercise your rights to the extent provided by Connecticut law.
	+ You have the right to limit the rights you delegate to a representative, and to exercise those rights that you do not delegate. You also have the right to revoke a delegation of rights, to the extent allowed by Connecticut law.
* If you are adjudged incompetent by a court under Connecticut law:
	+ Your rights will be exercised by your court-appointed representative to the extent judged necessary by the court, and your representative must consider your wishes and preferences in exercising your rights.
	+ If the representative’s decision-making authority is limited by Connecticut law or court appointment, you maintain the right to make decisions that are outside your representative’s authority.
	+ You have the right to be provided with opportunities to participate in your care planning process, to the extent practicable.
* The facility must treat the decisions of your representative as your own, so long as the decision pertains to a delegated right. The facility may not allow the representative to make decisions beyond the extent you allow.
* If the facility has reason to believe that a representative is making decisions or taking actions that are not in your best interest, it must report those concerns pursuant to Connecticut law.

**Group Activities**

* You have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents.
* You are entitled to organize and participate in resident and family groups in the facility.
* The facility must provide a resident and family group if one exists, with private space, and take reasonable steps, with approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. Staff, visitors, and other guests may attend resident or family group meetings only upon invitation by the group.
* You are entitled to organize, maintain and participate in a resident‑run resident council, free from administrative interference or reprisal.
* You have the right to have your family or other resident representative(s) meet privately in the facility with the families or resident representatives of other residents in the facility to the extent that the facility has existing meeting space available which meets applicable building and fire codes.
* The facility must provide a designated staff person, approved by the resident or family group, responsible for providing assistance and responding to written requests that result from group meetings.
* The facility must consider the views of resident or family groups, and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility and demonstrate its response to any grievances and recommendation and its rationale for the response.

**Freedom from Abuse and Restraints**

* You have the right to be free from verbal, sexual, physical or mental abuse, neglect, misappropriation of property, exploitation, corporal punishment and involuntary seclusion.
* You have the right to be free from physical and chemical restraints imposed for discipline or convenience and not required to treat your medical symptoms.
* Physical and chemical restraints may be used only to ensure your physical safety or the safety of other patients and only upon the written order of a physician or APRN that specifies the type of restraint and the duration and circumstances under which the restraints are to be used, except in emergencies until a specific order can be obtained. The facility must use the least restrictive alternative for the least amount of time and must document ongoing re-evaluation of the need for such restraints.
* The facility must not use verbal, mental, sexual or physical abuse, including corporal punishment or involuntary seclusion and must not employ or otherwise engage individuals who have (i) been convicted of abusing, neglecting, exploiting or mistreating individuals or misappropriating individuals’ property or (ii) a disciplinary action against his or her professional license as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. The facility must ensure that all alleged violations involving mistreatment, neglect, abuse, or exploitation are reported and investigated as required by law.

**Psychopharmacologic Drugs**

* You have the right to have psychopharmacologic drugs administered only on orders of a physician or APRN and only as part of a written care plan developed in accordance with Section 1919(b)(2) of the Social Security Act and designed to eliminate or modify the symptoms the drug was prescribed to treat, and only if an independent, external consultant reviews the appropriateness of your drug plan at least once a year.

**Transfer and Discharge**

* You have the right to be allowed to stay in the facility and may not be discharged from the facility, except as provided by federal law and Connecticut General Statutes section 19a‑535. Federal and state laws permit an involuntary transfer or discharge only when: (1) the transfer or discharge is necessary for your welfare and your welfare cannot be met in the facility; (2) transfer or discharge is appropriate because your health has improved so that you no longer need the services provided by the facility; (3) the safety of individuals in the facility is endangered due to your clinical or behavioral status; (4) the health of individuals in the facility is endangered; (5) if you are paying for your care, your account is more than fifteen days in arrears; or (6) the facility ceases to operate.
* You and your legal representative or family member must be given written notice of a transfer or discharge from the facility at least thirty (30) days and no more than sixty (60) days prior to such transfer or discharge. The facility must also send a copy of the notice to the Office of the State Long Term Care Ombudsman. This notice must include: (1) the reason for the transfer or discharge; (2) a statement of your right to appeal the action, the name, mailing and email addresses, and telephone number of the entity which receives appeal requests, and information on how to obtain an appeal form and assistance in completing and submitting the form and the appeal hearing request; (3) the name, mailing and email addresses, and telephone number of the State long‑term care Ombudsman; (4) the effective date of the discharge or transfer; (5) the location to which you are being transferred or discharged; and (6) if appropriate, information concerning the facility's bed hold and hospital re-admission policy. If you have an intellectual, developmental or related disability or if you have a mental disorder or related disability, the notice must also include the mailing and email addresses and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals or the agency responsible for protection and advocacy of mentally ill individuals. If the information in the notice changes prior to your transfer or discharge, the facility must update the notice as soon as practicable once the updated information becomes available. Thirty days' notice is not required under the following circumstances: the transfer or discharge is made because the health or safety of individuals in the facility is endangered; your health has improved sufficiently to allow for a more immediate transfer or discharge; immediate transfer or discharge is necessary due to urgent medical need; or, you have resided in the facility for less than thirty days. In such cases, you must be given as much notice as practicable.
* You have the right to appeal an involuntary transfer or discharge from the facility to the Connecticut Department of Social Services (“DSS”). The notice that you receive from the facility will explain the appeals process and provide instruction on how to file an appeal.
* You have the right, prior to discharge, to a discharge summary containing a recapitulation of your stay, a final summary of your status, and a post‑discharge plan of care developed with the participation of you and your family to assist in your re‑adjustment outside the facility. The facility must assist you in finding appropriate placement.
* You have the right to be transferred to another facility that has agreed to accept you. You must give the administrator of this facility at least fifteen days written notice of the transfer and send a copy of the notice to the patients' advocate, who may help you complete the administrative procedures involved in the transfer.
* With some exceptions, you may be involuntarily transferred from one room to another within the facility only for your well-being, except that if you receive Medicaid benefits you may be transferred from a private to a non-private room. Prior to implementing an involuntary transfer, the facility must establish a consultative process that includes the participation of the attending physician or APRN, a registered nurse with responsibility for your care and other appropriate caregivers, your family or other representative. You may not be involuntarily transferred within the facility if the transfer would be medically contraindicated. In general, you and, if known, your legal representative or family member must be given at least fifteen days written notice to ensure orderly transfer from one room to another, except that thirty days written notice is required for transfers necessitated by physical plant repairs or renovations and for transfer of a Medicaid recipient from a private to a non-private room. Notice must be given within 24 hours after transfer in the following circumstances:

 (i) to protect the resident or others from physical harm;

 (ii) to control the spread of an infectious disease;

 (iii) to respond to a physical plan or environmental emergency that threatens the resident’s health or safety; or

 (iv) to respond to a situation that presents a resident with an immediate danger of death or serious physical harm.

* You have the right to refuse a transfer to another room within the facility for non‑medical reasons if a purpose of the transfer is to relocate you from a portion of the facility that is not Medicare‑certified as a skilled nursing facility ("SNF") to a portion that is Medicare‑certified as a SNF, if a purpose of the transfer is to relocate you from a SNF portion to a non‑SNF portion, or if the sole purpose is for solely for convenience of staff. Your exercise of this right will not affect your eligibility or entitlement to Medicare benefits.

**Bed Reservations**

* You and your legal representative or family member have the right to written information about the facility's bed hold policies and the duration of the state bed hold period before the facility transfers you to a hospital or allows you to go on therapeutic leave. The facility must also provide such information at the time of your hospitalization or therapeutic leave.
* If you receive Medicaid, the facility must reserve a bed for up to fifteen (15) days provided reservation is required by applicable laws.
* If you receive Medicaid, you have the right to have the facility reserve a bed for you for up to twenty-one (21) days per calendar year of home leaves authorized under the Medicaid program in accordance with applicable laws and regulations. The Facility may not request or require payment from you to reserve your bed during the 21-day authorized home leave period.
* You have the right to be readmitted to the facility when the first bed is available if your hospitalization or therapeutic leave exceeds the bed hold period, provided that you require the facility's services. If you require the services provided by the facility and are eligible for Medicare skilled nursing facility services or Medicaid nursing facility services, you must be permitted to return to your previous room if available and, if not, immediately upon first availability of a bed in a semi-private room. The facility may charge you a fee to reserve the bed in accordance with the law. If the facility refuses to readmit you following hospitalization, the facility must provide written notice stating the reason for refusal. You have the right to appeal by filing a request for a hearing with DSS within twenty (20) days of receiving the notice.

**Payment for Services**

* You have the right to be fully informed, prior to or at the time of admission and periodically during your stay, of the services available in the facility and the charges for those services, including any charges for services not covered by Medicare or the per diem rate. If your care is paid for by Medicaid, you have the right to be informed of: (1) items and services covered by Medicaid or for which you may not be charged; (2) items and services that are not covered by Medicaid and the charges for those services; and (3) changes in the above described items and services.
* If your care is paid for by Medicare and/or Medicaid, you have the right to be informed of: (1) changes to Medicare and/or Medicaid coverage, as soon as reasonably possible and (2) changes to charges for services not covered by Medicare and/or Medicaid, upon sixty (60) days advance written notice.
* If you die, are hospitalized, or are transferred and do not return to the facility, the facility must refund any deposit or charges already paid, less the facility’s per diem rate, for the days you actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. Such refunds are due within thirty (30) days of discharge.
* You cannot be requested or required to waive any rights you may have as set forth by applicable federal, Connecticut, and local licensing or certifications laws, including, but not limited to, your rights to benefits under Medicare or Medicaid.
* You cannot be requested or required to give oral or written assurances that you are not eligible for, or will not apply for, benefits under Medicare or Medicaid.
* You cannot be requested or required to waive potential facility liability for losses of your personal property.
* You cannot be requested or required to have a third-party guarantee payment for your care as a condition of admission, expedited admission, or continued residence in the facility.
* The facility may not charge, solicit, accept or receive any gift, money, donation, third-party guarantee or other consideration as a precondition of admission or expediting admission to the facility or as a requirement for your continued stay in the facility.
* You have the right to be informed about how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered by these programs.
* You are entitled to receive a copy of any Medicare or Medicaid application that we may complete on your behalf, or you may designate a family member or other representative to receive a copy of any such application.

**Changing Laws and Regulations**

* Your rights listed above are governed by federal and state laws and regulations which change from time to time. The facility will comply with current laws and regulations in recognizing and implementing your rights. You will be notified of changes in these rights as often as is practicable.

**Contact with External Entities and Resident Complaints**

* The facility cannot prohibit or in any way discourage you from communicating with federal, state, or local officials, including, but not limited to, federal and state surveyors, other federal or state health department employees, including representatives from the Office of the State Long Term Care Ombudsman, and any representative of the agency responsible for the protection and advocacy system for individuals with mental disorders, regarding any matter, whether or not subject to arbitration or any other type of judicial or regulatory action.
* You have the right to file a complaint with the Department of Social Services and the Department of Public Health concerning any suspected violation of state or federal laws or facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with advance directives and requests for information regarding returning to the community and to file a complaint with the Department of Public Health about noncompliance with advance directives requirements. The following is a list of names, addresses and telephone numbers of all pertinent state client advocacy groups that are available to assist you with various complaints or problems you may have.

State Survey and Certification/Licensing Agency

Department of Public Health

Division of Health Systems Regulation

Facility Licensing and Investigations Section

410 Capitol Avenue, MS# 12HSR

Post Office Box 340308

Hartford, CT 061340-0308

(860) 509-7400

dph.fliscomplaint@ct.gov

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

State Long Term Care Ombudsman Program

Long Term Care Ombudsman

55 Farmington Avenue

Hartford, CT 06105-3730

(860) 424-5200 or 1-866-388-1888

ltcop@ct.gov

Regional Ombudsman

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

Protection and Advocacy Network

Disability Rights Connecticut, Inc.

846 Wethersfield Avenue

Hartford, CT 06114

(860) 297-4300

info@disrightsct.org

State Protective Services for the Elderly

Protective Services for the Elderly

Department of Social Services

55 Farmington Avenue

Hartford, CT 06105

1-888-385-4225 or 1-800-203-1234 (out of state)

Medicaid Fraud Control Unit

Office of the Chief State’s Attorney

300 Corporate Place

Rocky Hill, CT 06067

(860) 258-5986

conndcj@ct.gov

# Department of Mental Health and Addiction Services

410 Capitol Avenue – 4th Floor

P.O. Box 341431

Hartford, CT 06134

(860) 418-7000

# Department of Developmental Services

460 Capitol Avenue

Hartford, CT 06106

(860) 418-6000

ddsct.co@ct.gov

Aging and Disability Resource Center

The Connecticut Aging & Disability Resource Centers are known as “Community Choices”

**[Insert the contact information for the Center in your region]**

Also, Connecticut Community Choices can be contacted by calling 1-860-424-5274 or 1-800-994-9422, visiting the website at [www.ct.gov/agingservices](http://www.ct.gov/agingservices) or emailing aging.sda@ct.gov.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS RESIDENTS’ BILL OF RIGHTS AND THAT IT HAS BEEN EXPLAINED TO ME BY THE FACILITY'S STAFF.

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

Signature

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

Date

If signed by someone other than Resident:

Name of person signing on behalf of

Resident

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

Print Name

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

Signature Relationship to Resident

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

Date

*Revised July 2021*