State of Connecticut Residential Care Homes & ADC for Heightened Scrutiny August 2024

Questions	Bethel Health Care/The Cascades	Bradley Ho	Elim Park	Jerome Ho	Leeway	Lutheran H	McLean	Noble Hor	St. Joseph	St. Joseph	St. Mary's	Adult Day Center-Hebrew Senior Care
Were participants give the choice of available options regarding where to live, including non-disability setting, and are they satisfied with the RCH setting?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Does the participant have a residency agreement in place?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	N/A
Is the home on the grounds of, or adjacent to a nursing home?	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Is the setting a privately owned facility that provides in patient services?	YES	NO	YES	YES	YES	YES	NO	YES	NO	YES	NO	NO
Does the setting have the ability to isolate or seclude individuals from the broader community?	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Are visitors restricted to a specific meeting area in the home?	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Are visitors restricted in the home?	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Are participants able to come and go from the home when they want to?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	N/A
For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	N/A
Is there public transportation available near the home?	YES	YES	YES	YES	YES	NO	YES	NO	YES	NO	YES	YES
Do participants have access to their funds at all times?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	N/A
Does the home have supports (e.g., grab bars, seats in the bathroom, ramps, lifts and elevators) for participants who need them?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants have the ability to control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants have access to a telephone or cell phone for personal communication in private at their convenience?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants have access to a computer, iPad, or similar devices in private at their convenience?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Regarding participants who share a bedroom, were participants given a choice of a roommate?	N/A	N/A	YES	N/A	N/A	N/A	N/A	YES	N/A	N/A	N/A	N/A
Can participants lock the bedroom and bathroom door?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES-Bathroom
Are participants able to furnish and decorate their bedroom in a way that suits them?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	N/A
Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants have access to a kitchen with cooking facilities?	NO	YES	NO	YES	NO	NO	YES	YES	YES	NO	NO	N/A
Can participants choose when to have a meal?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants have access to food at all times?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants know how to file a complaint?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Are staff members friendly and attentive to participants' requests and needs?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do staff members always request and receive permission prior to entering a participant's bedroom/bathroom?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Is participant health information kept private and confidential?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Are there surveillance cameras present at the home?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered planning tool?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Are participants generally satisfied with services they receive from staff at the home (e.g., personal care, independent living skills training)?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Do participants generally use the same providers for HCBS and support (e.g., ABI group day)	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	NO	NO
Are participants who need assistance to dress, dressed in their own clothes and dressed appropriate to the time of day?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES