



Connecticut
LTCOP

Long Term Care Ombudsman Program

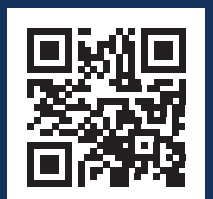
Byenveni nan Gid Etablisman swen rezidansyèl

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ESKANYE OSWA
KLIKE ISIT LA





Byenveni nan Gid Residansye Kay

Pwogram Connecticut Long Term Care Ombudsman (LTCOP) kontan ba ou gid Gid Etablisman swen rezidansyèl sa a (RCH). Gid sa a te kreye pou enfòmè ou sou dwa rezidan yo, resous yo, ak pwogram yo.

Ombudsmann Rejyonal (ROs) nan LTCOP vizite RCH yo chak trimès epi yo disponib pou ede rezidan yo nan nenpòt moman. Sèvis LTCOP yo konfidansyèl yo gratis. Nou espere w ap kontakte LTCOP si ou gen nenpòt kesyon oswa si ou kwè dwa ou yo te vyole.

Ou kapab kontakte biwo Ombudsmann yo an telefòn nan nimewo gratis pou tout eta **866-388-1888**.

Ou kapab tou voye imel ban nou nan **ltcop@ct.gov**.

Nou la pou sipòte w.



Bòn chans,

Mairead Painter

Ombudsmann Swen Sante Long Tèm Eta

Misyon Nou

Misyon Pwogram Ombudsman Swen Alontèm Connecticut la se pou pwoteje sante, sekirite, byennèt ak dwa rezidan swen alontèm yo lè:

- Envestige plent ak enkyetid ki fèt pa rezidan yo, oswa nan non rezidan yo, nan yon fason rapid ak alè.
- Mennen rezidan yo al nan avan pou yo ka ekspriye enkyetid yo dirèkteman bay ofisyèl piblik yo sou zafè ki afekte lavi yo.
- Sipòte rezidan yo nan demach yo pou fòme pwòp ajanda lejislatif yo e pou reprezante enterè rezidan yo devan ajans gouvènmanal yo.

Table of Contents

DWA W YO

Kòmmanse Konprann Dwa w ko yon Rezidan nan RCH	7-9
Dwa Finansye w	10-11
Dwa Konfidansyalite w.....	12
Dwa pou Pwopriyete Pesonèl ou	13
Dwa pou w gen Vizit.....	14
Dwa Kominotè w	15
Dwa pou w Chwazi pwòp Doktè w.....	16
Dwa Transfè pou Ijans nan yon Lòt RCH	17
Chamn ou ak Bilten RCH la	18-19
Dwa pou Transfè soti nan Yon Chamn poual nan yon Lòt.....	20-21
Dwa pou Lajans	22-23
Dwa pou w Retounen ankò.....	23

RÈGLEMAN KONSÈNAN SÈVIS YO

Kijan pou Jwenn Sèvis lakay ak nan Kominote ou nan RCH ou	25-27
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PWOJÈJE DWA OU

Pwoteje Dwa w yo.....	29-33
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APENDIS

Konsèy Rezidan yo	36-39
Fòm Plent Etablisman Swen Residansyèl	41
List Envèntè Pesonèl Rezidan yo	43-44

RESOUS

Resous yo	46-47
Lwa pou Rezidan nan RCH yo	48-56
Afich Dwa ou	57

DWA W YO

Se Lakay Ou!

Dwa Rezidan nan RCH yo

Kòm yon rezidan nan yon RCH, ou gen pwoteksyon ak dwa anba lwa eta a. Dwa sa yo gen rapò ak kalite lavi ou nan yon RCH, lajan ou/finans ou, swen sante ou, chaan ou, ak plis ankò. Gid sa a gen eksplicasyon kout sou dwa sa yo. Pou li lwa eta a konplè, tanpri ale nan seksyon “Resous” nan liv sa a epi gade *Lwa pou Rezidan nan RCH yo*.

Ou ta dwe jwenn enfòmasyon ekri sou dwa w ak règ RCH la anvan w deplase. Apre sa, RCH la ta dwe mande ou siyen yon fòm ki konfime ou te resevwa enfòmasyon sa a.



KONPRANN DWA OU ANTANKE YON REZIDAN NAN RCH

Rezidan nan RCH gen dwa pou yo:

- **TRETE YO AVEK DIGNITE**
- **TRETE YO AVEK RESPÈ**
- **KONSIDERE BEZWEN PÈSONÈL AK DEZI YO**

Twa dwa sa yo dwe aplike nan chak sitiyasyon ant ou, ekip la, ak lòt rezidan nan RCH ou a.

RCH ou se kay ou. Kòm yon rezidan, ou gen dwa.

- Pandan ou viv nan yon RCH, ou pa bezwen abandone nenpòt dwa w anba Medicare oswa Medicaid. Ou gen chwa tou pou aplike pou youn nan pwogram sa yo
- Pandan w viv nan RCH la, ou gen dwa resevwa swen ak sèvis ki kalite, ak aranjman ki jis baze sou bezwen ak dezi pèsonèl ou
- Ou pwoteje pa lalwa kont abi mantal oswa fizik nan mem ekip la oswa lòt rezidan. Si ou kwè ou te sibi abi oswa neglijan, ou gen dwa depoze yon plent bay Depatman Sèvis Sosyal (DSS) ak/oswa Depatman Sante Piblik (DPH).
- Si ou gen nenpòt enkyetid sou jan y ap trete w, ou gen dwa eksprime yo san sa pa gen okenn konsekans. Ombudsmann Rejyonal ou ka ede ou rezoud pwoblèm lan.
- Ou gen dwa chwazi sa w vle pote oswa ki lòt zafè pèsonèl ou ka kenbe nan chanm ou. Ou gen dwa tou kenbe ak itilize rad ak zafè pèsonèl ou
- Ou pa bezwen fè nenpòt travay nan RCH la ou pa vle fè.
- Ou gen dwa pou pwogram defans dwa eta ak federal bay ou enfòmasyon sou dwa ou.

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou “Pwoteje Dwa w.”

DWA FINANSYE W

Pa gen lalwa ki di yon RCH ka pran kontwòl sou finans pèsonèl ou, tankou avantaj sekirite sosyal ou, lòt fòm revni, oswa kat kredi/debit ou, san pèmisyon w.

Lajan w ak enfòmasyon pèsonèl ou pwoteje pa lwa federal ak leta. Kòm yon rezidan RCH, ou gen dwa ak chwa sou jan lajan ou jere.

- Ou gen dwa jere lajan w pandan w ap viv nan yon RCH..
- RCH ou dwe mete w okouran de tout sèvis ou ka itilize nan RCH la. Si gen yon pri pou sèvis sa yo, ou ta dwe tou enfòme sou kisa pri yo ye.
- RCH la pa ka aksepte oswa mande kado, lajan, oswa don pou pèmèt ou rete nan RCH la.
- Ou kapab gen benefis Medicare ak Medicaid. Pèson pa ka fòse w bay dwa w anba Medicare ak Medicaid.
- Ou gen dwa pou tretemenm jan ak lòt rezidan pou sa ki konsène transfè, reta, ak resevwa sèvis, kèlkeswa kote revni w soti.



Si ou vle RCH la jere lajan pèsonèl ou, ou kapab bay RCH la pèmisyon pou fè sa lè ou siyen yon fòm konsantman ekri. RCH la pa ka okipe lajan ou san fòm sa a, e ou kapab mete fen nan aranjman sa a nenpòt lè.

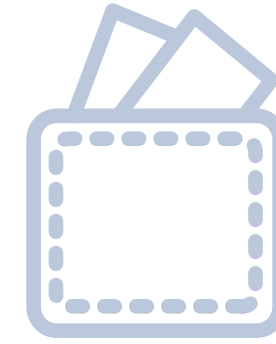
SI OU DESIDE POU KITE RCH OU JERE LAJAN W:

- RCH ou dwe kenbe yon dosye pou chak depans rezidan yo ak sous revni yo.
- Ou gen dwa resevwa resevwa resi ki siyen pou nenpòt bagay ou depanse.
- Ou gen dwa gen aksè ak dosye finansye ou.
- RCH la dwe bay ou yon deklarasyon sou dosye finansye w chak twa mwa.



Si w decide bay RCH kontwòl sou benefis sekirite sosyal ou, gen lalwa sekirite sosyal ki pwoteje w tou.
Eskane kòd QR la ak aparèy entelijan ou a oswa klike LA pou aprann plis.

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou “Pwoteje Dwa w.”



DWA KONFIDANSYALITE

Kòm yon rezidan nan yon RCH, ou gen anpil dwa konfidansyalite ki pwoteje pa lalwa.

Rezidan RCH yo gen dwa konfidansyalite.

- Ou gen dwa pou w kenbe tout konvèsasyon w konfidansyèl, ni an pèsòn ni nan telefòn.
- Ou gen dwa voye ak resevwa lèt pèsònèl. RCH ou pa gen dwa ouvri, li, oswa retire anyen nan lèt ou san pèmasyon w.
- Ou gen dwa fè ak resevwa apèl telefòn prive. Li ilegal pou ekip la tandè konvèsasyon pèsònèl ou.
- Ou gen dwa kenbe konvèsasyon w prive, ki gen ladan konvèsasyon ak Ombudsmann
- Rejyonal ou, avoka w, oswa nenpòt moun ou chwazi pale ak li.
- Ou gen dwa ak vizit prive avèk mari w.
- Ou gen dwa pou fè zanmi avèk moun ou vle, sa ki gen ladan lòt rezidan.
- Ou gen dwa ak konfidansyalite lè w ap resevwa tretman ak swen pou bezwen pèsònèl ou. RCH la dwe tou kenbe tout dosye pèsònèl ak medikal ou prive.

DWA SOU PWOPIYETE PÈSONÈL

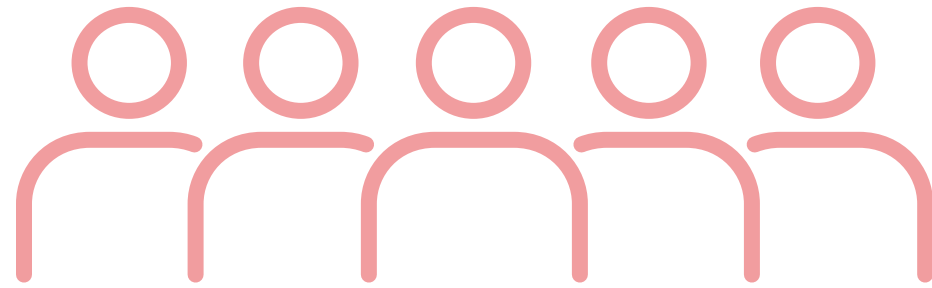
Li se yon bon lide pou fè yon lis byen pèsònèl ak atik ki nan chanm ou. Ou ka itilize lis verifikasyon an nan Apendis la pou kenbe tras pwopriyete pèsònèl ou.

RCH ou an responsab pou pwopriyete pèsònèl ou.

- Kenbe yon lis atik pèsònèl ou yo (gade Apendis) yon kote ki an sekirite epi mande RCH ou an pou kenbe yon kopi pou dosye biwo yo. Mete lis la ajou jan sa nesesè.
- Menm si li ka pa posib pou pote tout atik pèsònèl nan RCH la lè w ap demenaje, RCH ou a ta dwe bay yon aranjman jis pou pwopriyete w chwazi pou pote. Nòm sante ak règ kòd dife ka limite tou atik ou ka pote. RCH la pwobableman pap kapab estoke pwopriyete ki pa ka ale nan chanm ou.
- Si yon atik pèsònèl disparèt oswa yo pran li, ou ta dwe imedyatman ranpli yon fòm pwopriyete ki manke ak manadjè RCH la. Mande yon kopi ki gen dat ak so fòm ou ranpli a epi kenbe l yon kote ki an sekirite.
- Si w pa jwenn pwopriyete w la, ou ka depoze yon plent ak RO w, lapolis lokal la, ak/oswa Depatman Sèvis Sosyal (DSS) ak Depatman Sante Piblik (DPH).

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou "Pwoteje Dwa w."

Dwa w Yo



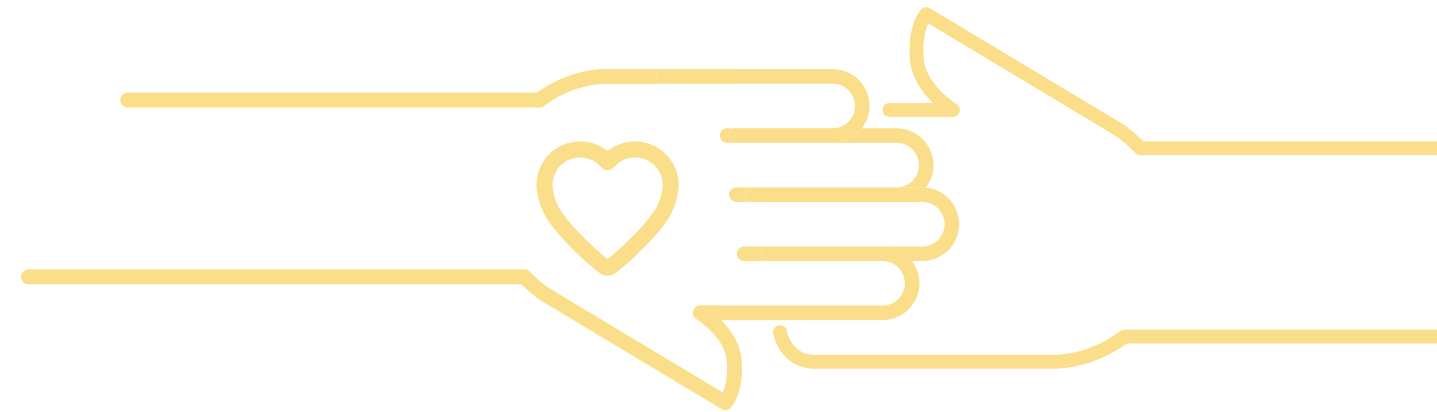
DWA VIZIT

Orè ak règ vizit yo ka diferan nan chak RCH, men dwa fondamantal pou yon vizit jis obligatwa baze sou politik federal ak eta.

RCH ou se lakay ou epi ou ka gen vizitè.

- Orè vizit pou manm fanmi yo pa ta dwe limite.
- Ou gen dwa a konplè pou yo respekte vi prive w pandan vizit ak yon konjwen, moun ou chwazi kòm moun ki pou pran desizyon, yon reprezantan LTCOP, oswa founisè sèvis pwofesyonèl nan nenpòt ki lè.
- Si w pa vle wè yon vizitè an patikilye, lè sa a yo pa gen dwa pou vizite w.
- Ou dwe respekte dwa lòt rezidan yo. Vizit ou yo ak vizitè w ou yo pa ta dwe fè mal oswa jennen lòt rezidan yo.
- Ou pa bezwen fè manadjè RCH la konnen si w ap tann yon vizitè.

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou “Pwoteje Dwa w.”



DWA KOMINOTÈ

Ou gen dwa pou mete kanpe e patisipe nan gwoup rezidan, ki gen ladan Konsèy Rezidan yo.

RCH ou se yon kominote e rezidan yo ka travay ansanm pou ede amelyore lavi youn lòt.

- Manm pèsònèl yo pa ta dwe entèwonp oswa asiste reyinyon rezidan w yo amwenske yo envite yo. Responsab yo pa ka “pini” w paske w fè reyinyon.
- LTCOP la ka ede w kreye yon konsèy rezidan. Gade seksyon “Konsèy Rezidan yo” nan Apendis lan pou plis enfòmasyon.
- Ou gen dwa gen reyinyon sipò fanmi nan RCH la; epi ou lib pou mete kanpe e patisipe nan nenpòt aktivite sosyal, relijye, oswa kominotè selon chwa w. LTCOP la ka ede w kreye yon konsèy gwoup sipò fanmi.
- Tout rezidan RCH yo ta dwe ankouraje pou itilize dwa yo kòm sitwayen, tankou kapasite pou vote pandan eleksyon. RCH la ta dwe ede w itilize dwa sa yo.

Dwa w Yo

DWA POU CHWAZI PWÒP DOKTÈ W

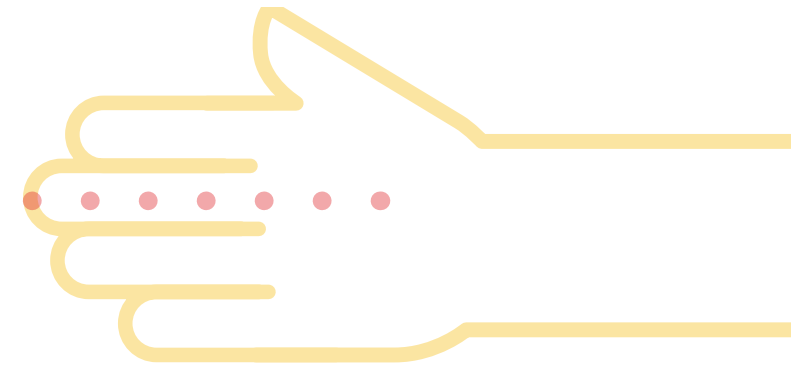
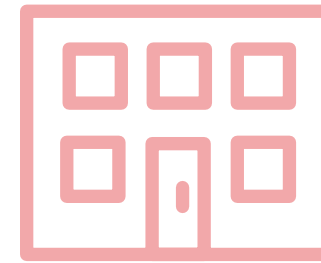
Ou gen dwa pou chwazi pwòp doktè w.

Sante w se trè enpòtan, e gen fason ou ka jere swen ou pandan w ap viv nan yon RCH.

- Doktè w dwe enfòme w sou kondisyon medikal ou e ou gen dwa pou patisipe nan planifikasyon tretman medikal pa w.
- Si w sou Medicaid, yo dwe ba w transpò pou ale kay doktè w.
- Ou gen dwa pou jwenn opinyon de doktè diferan pou nenpòt operasyon yo di w bezwen. Dwa sa a pral ba ou lapè nan tèt epi li ka ba ou opsyon apa de operasyon.



Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou "Pwoteje Dwa w."

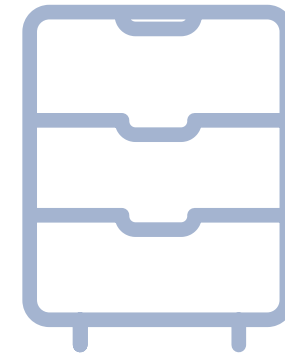
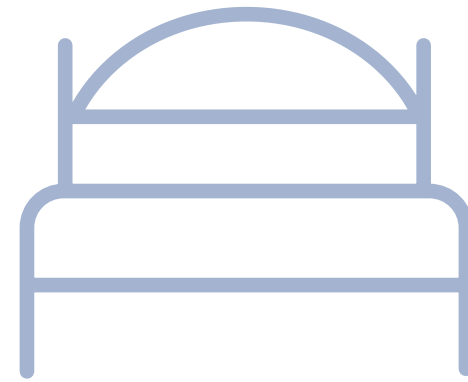


DWA TRANSFÈ POU IJANS NAN YON LÒT RCH

Yon transfè ann ijans, oswa deplasman, soti nan RCH ou a ka sèlman rive nan sitiyasyon trè grav, tankou yon dife oswa kèk lòt domaj fizik nan RCH ou a.

Ijans lan dwe yon bagay ki mete sante w, sekirite w, oswa byennèt ou an danje.

- Anvan yon transfè ann ijans ka fèt, RCH ou a dwe mande Komisyonè Depatman Sante Piblik (DPH) pou decide si yon transfè nesèsè.
- Nan ka ta gen yon ijans, RCH a ka mande DPH pou yon transfè imedyat oswa voye tout oswa kèk rezidan yo. Si sa rive, DPH dwe fè w konnen w oswa reprezantan w la. DPH dwe pran yon desizyon nan sèt (7) jou apre demann lan. Desizyon DPH la dwe baze sou prèv ki montre transfè oswa ranvwa ou nesèsè pou sante, sekirite oswa byennèt ou oswa lòt rezidan yo.
- Yon fwa DPH pran desizyon li, yon odyans, oswa reyinyon nan tribinal, dwe fèt nan sèt (7) jou apre desizyon an. Ou ta dwe ale nan odyans sa a si w pa dakò ak lefètke w ap deplase.



CHANM OU AK BATIMAN RCH LA

RCH ou dwe ba ou yon zòn ki an sekirite, pwòp, e konfòtab pou viv.

RCH ou se lakay ou e li ta dwe toujou santi konsa. Depatman Sante Piblik (DPH) gen règleman sou konstriksyon, dife, ak sante piblik ke tout RCH yo dwe swiv pou ede ba ou pi bon eksperyans viv posib.

- RCH ou dwe byen konstwi epi dwe gen antretyen regilyèman.
- Ou gen dwa pou zòn pwòp e òdone andedan ak deyò RCH ou.
- Ou gen dwa pou nenpòt reparasyon nesèsè mekanik, plonbri, ak elektrik.
- Ou gen dwa pou enfòmasyon sou batiman RCH ou an.
- Ou gen dwa pou revize tout rapò enspeksyon ak plan koreksyon.

DPH gen règleman sou kijan enteryè RCH ou ta dwe ye. Règleman sa yo trè detaye konsènan gwo chak chanm, twalèt, plaka, fenèt, tip mèb RCH ou ta dwe genyen (tankou sofa, chèz konfòtab, mèb solid, e plis ankò).

- Chanm ou ak twalèt ou dwe pwòp e konfòtab.
- Chanm ou ak tout lòt zòn yo pa ta dwe mwens pase 71 degre pandan ivè.
- Chanm ou ta dwe gen yon kabann, limyè, komòd ak yon glas, ak yon chèz konfòtab.
- Chak RCH dwe gen yon chanm rekreyasyon ak yon sal akèy ki gen yon twalèt pou vizitè ak yon telefòn piblik.

DPH gen règleman tou sou kijan deyò RCH ou ta dwe ye.

- Pa ta dwe gen fatra oswa debri sou pwopriyete a.
- Ou ta dwe gen yon gwo lakou deyò ak plant ak ale pou w ka pwofite.

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou "Pwoteje Dwa w."

DWA TRANSFÈ CHANM

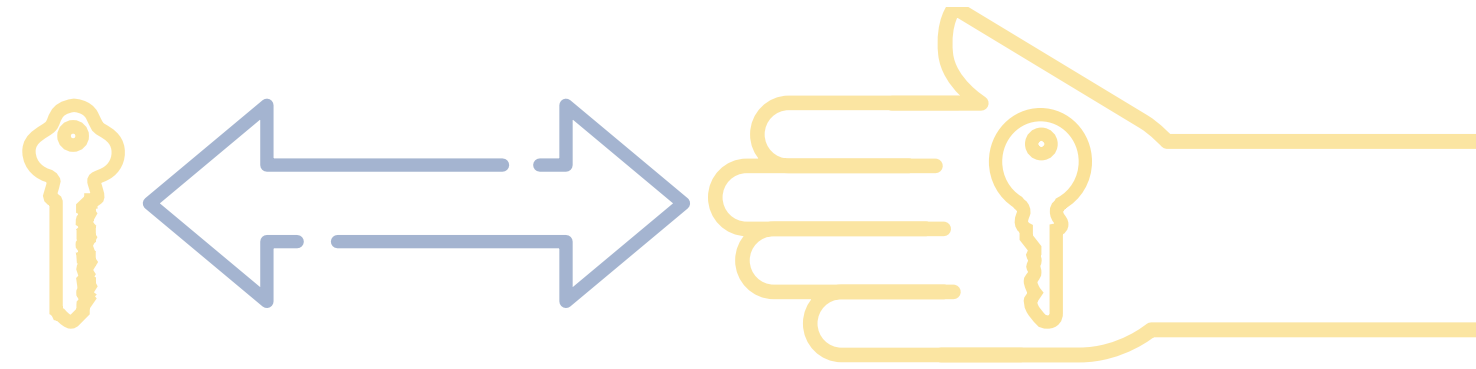
Okenn transfè chanm pa ka fèt san pèmisyon w si doktè w ka pwouve yon deplasman soti nan yon chanm ale nan yon lòt ta ka fè w mal fizikman oswa mantalman.

Pandan w ap viv nan yon RCH, ka gen yon moman kote yo mande w pou deplase ale nan yon lòt chanm.

GEN TWA (3) REZON YON CHANJMAN CHANM KA FÈT SAN PÈMISYON W:

1. Gen yon nesesite medikal pou deplase w ale nan yon lòt chanm.
2. Pou byennèt ou oswa byennèt lòt rezidan yo.
3. Ou resevwa Medicaid epi RCH la vle w deplase soti nan yon chanm prive ale nan yon chanm ki pa prive.

Si youn nan twa (3) rezon sa yo bay pou fè w deplase nan yon lòt chanm, ou dwe resevwa yon lèt ekri soti nan RCH la ki eksplike poukisa w ap deplase. Yo dwe remèt ou lèt sa a omwen 30 jou, men pa plis pase 60 jou, anvan deplasman an.

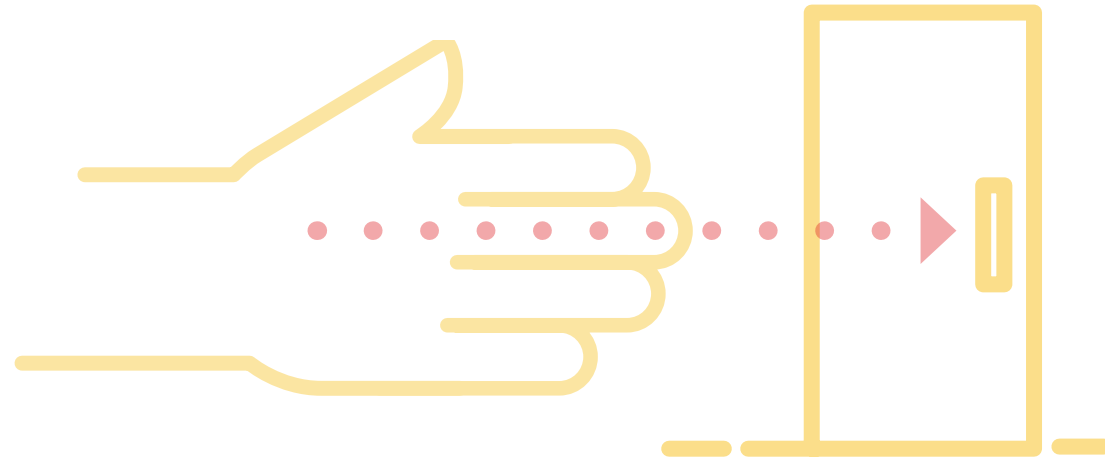


RCH LA KA DEPLASE W ALE NAN YON Lòt CHANM SAN OKENN AVI AVAN POU SELMAN TWA (3) REZON. TWA (3) REZON SA YO SE:

1. Sante, sekirite, oswa byennèt oumenm oswa lòt rezidan yo an danje.
2. Bezwen medikal imedyata w yo.
3. Ou te viv nan RCH la pou mwens pase 30 jou.

Si yo di w ou bezwen deplase nan yon lòt chanm pou yon rezon medikal oswa pou byennèt lòt rezidan yo, dosye w la dwe genyen nòt ki detaye aksyon RCH la pran pou rann pwosesis transfè a pi alèz pou ou.

Dwa w Yo



DWA DEHAJ

Kòm yon rezidan RCH, ou ka mande yon odyans si ou pa dakò ak desizyon RCH la pou fè w kite. Pa pè mande yon odyans.

DAPRÈ LWA, YON RCH KA SÈLMAN FÈ W KITE, OSWA MANDE W POU KITE, POU SIS (6) REZON:

1. Ou pa peye lwaye w.
2. Sante w oswa yon lòt bagay chanje e w pa bezwen rete nan yon RCH ankò.
3. Bezwen medikal oswa fizik ou yo pa ka satisfè ankò nan yon RCH.
4. Rete w rete nan RCH la se yon danje pou sekirite lòt rezidan yo.
5. Rete w rete nan RCH la se yon danje pou sante lòt rezidan yo.
6. RCH la ap fèmen.

Pesonn pa ka fòse w kite amwenske youn nan rezon legal yo mansyone pi wo a yo bay, sipòte ak prè, epi pwouve.

Ou pa gen pou kite RCH ou tou paske lòt rezidan yo ap plenyen sou ou.

Si ou kwè ke nenpòt nan dwa w antanke rezidan pa respekte, ale nan seksyon nan gid sa a sou “Pwoteje Dwa w.”

SI YO DI W KE RCH LA PLANIFYE POU FÈ W KITE:

- RCH la dwe ba ou yon lèt ekri ki bay rezon pou w kite a ak fè ki sipòte desizyon an. Pa tann si w vle mande yon odyans pou repanse sou yon desizyon pou w kite a.
- Lèt la dwe mete nimewo telefòn Depatman Sante Piblik (DPH) la ak enstriksyon sou kòman ou ka mande yon odyans, oswa revizyon an pèsòn, nan men DPH.
- Yo dwe remèt ou lèt la omwen trant (30) jou anvan dat yo espere w kite.
- Yon fwa ou resewa lèt ekri a nan men RCH ou sou kite w la, ou menm oswa reprezantan w gen dis (10) jou pou mande yon odyans nan men DPH.
- DPH ap lè sa a mete yon dat pou odyans lan. Ou pral gen yon pi bon chans pou rete nan RCH la si w mande epi ale nan odyans lan.

Pou plis enfòmasyon sou pwosesis odyans lan, ou ka kontakte LTCOP. LTCOP la ka ede w ak papyè, reprezante w, oswa sijere yon avoka pou ou. Li trè rekòmande pou w reprezante pa yon avoka, LTCOP, oswa yon lòt moun ou fè konfyans, men ou pa oblije epi ou ka reprezante tèt ou.

DWA POU W RETOUPEN

Chanm ou ta dwe kenbe pou ou pandan absans kout.

Pandan w ap viv nan yon RCH, gen anpil rezon pèsònèl ki ka fè ou oblije kite bilding lan pou plizyè jou. Men, ou toujou gen dwa menm lè ou pa la.

Depi lwaye w peye, chanm ou ta dwe rete pou ou pandan sejour lopital, vakans, oswa lòt absans.

Si w sou Pwogram Siplemanète Eta a epi ou vle retounen nan RCH ou, Eta a pral kontinye peye pou chanm ou pandan mwa ou absan an ak mwa apre a.

Règleman konsènan sèvis yo

KONPRANN
SÈVIS KI BAZE LAKAY AK NAN
KOMINOTE

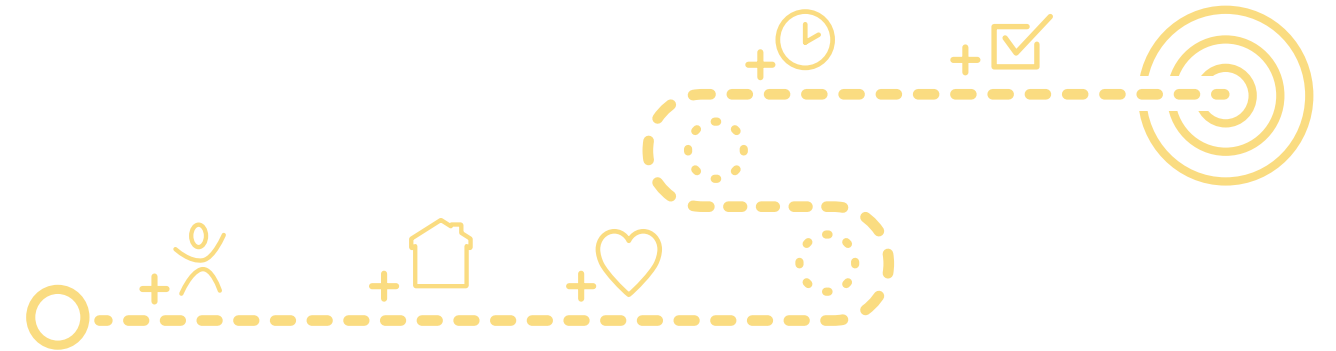
Règleman konsènan sèvis yo

KI JAN POU JWENN SÈVIS LAKAY AK NAN KOMINOTE W NAN RCH OU

Gen anpil pwogram ki ofri sèvis pou ede rezidan tankou ou viv pi endepandan posib dirèkteman lakay ou. Pwogram sa yo rele Sèvis lakay ak nan Kominote w (HCBS) pwogram “waiver”. Pou w kapab resevwa sèvis kouvri HCBS “waiver” yo nan RCH ou, RCH ou a dwe an konfòmite ak règ HCBS yo.

Sa gen ladan pèmèt rezidan yo:

- Gen aksè konplè nan kominote w, ki gen ladan libète pou gen yon travay, jere pwòp lajan ou, epi jwenn sèvis lokal yo. RCH ou a pa ka trete ou yon fason diferan paske w ap resevwa HCBS atravè Medicaid.
- Trete ak diyite ak respè. Ou gen dwa tou a vi prive e ou pa oblije fè okenn chwa ou pa vle fè.
- Fè pwòp chwa w sou aktivite chak jou, kote w pase jounen w, ak ki moun ou pase tan w.
- Chwazi kote w vle viv, ki gen ladan aranjman k ap viv ki pa sèlman pou moun k ap viv ak andikap.
- Chwazi ki sèvis ou vle ak moun ki bay w yo.



Si RCH ou a pa bay oswa pa kapab swiv règ sa yo, ou pap kapab jwenn sèvis HCBS “waiver” yo nan RCH ou. Si w vle jwenn sèvis HCBS yo, ou ka bezwen demenaje ale nan yon lòt RCH ki swiv règ HCBS yo.

Kòm yon rezidan RCH nan Connecticut ou gen lòt dwa anba règ HCBS yo. Dwa sa yo se:

- Pwoteksyon kont kesyon mete ou deyò, oswa fòse w soti nan yon RCH.
- Vi prive nan chanm ou oswa apatman ou. Sa vle di pòt chanm ou oswa apatman ou dwe gen seri sou andedan e sèlman kèk manm pèsònèl ta dwe gen yon kopi kle w. Ou kapab tou chwazi pwòp konpayonchanm ou.
- Kontwòl sou pwòp plan ak aktivite w. Ou gen dwa tou pou gen aksè a manje a toutan.
- Kapasite pou gen vizitè a nenpòt ki lè.
- Kapasite pou viv nan yon RCH ki konfòtab e aksesib pou bezwen fizik ou yo.
- Dwa pou w dakò ak nenpòt chanjman ki gen rapò ak dwa sa yo.

Pwoteje Dwa w

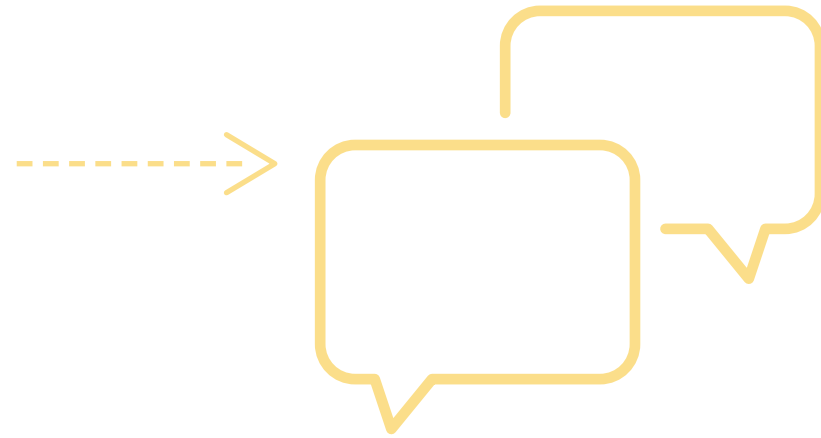
Kòm yon rezidan nan yon RCH, gen etap senp ou ka pran pou asire dwa w antanke rezidan pwoteje.

1 PALE SA

2 JWENN SIPÒ SIPLEMANTÈ

3 CHÈCHE ÈD DEYÒ

Pwoteje Dwa w



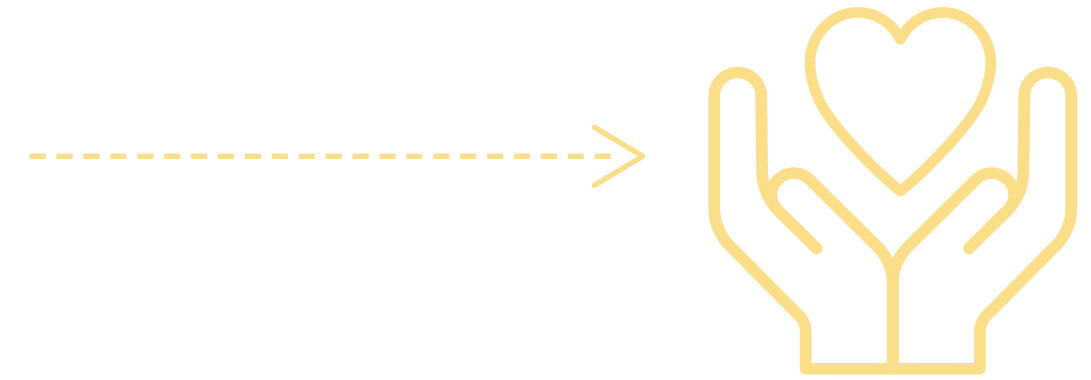
Etap 1 PALE SA

Pwoblèm ak yon rezidan oswa yon manm pèsònèl:

Si w gen yon pwoblèm ak yon lòt rezidan oswa ak yon manm pèsònèl, eseye pale tèt-a-tèt ak moun sa a pou rezoud pwoblèm nan ansanm. Pale ak yo yon fason kal e avèk respè sou sa k ap deranje w, epi wè si nou toude ka dakò sou yon fason pou rezoud pwoblèm nan. Lè w pale ak lòt moun nan, ou ka kapab rezoud pwoblèm nan ansanm rapidman. Si sa pa rezoud pwoblèm nan, pale ak manadjè RCH ou a. Si pale ak manadjè RCH la pa ede rezoud pwoblèm ou a, lè sa a ale nan Etap Twa.

Pwoblèm ak manadjè RCH la:

Si w gen yon pwoblèm ak manadjè RCH la, mande pou yon reyinyon ak manadjè a pou pale sou li. Fè sa anjeneral ka ede rezoud pwoblèm nan. Si pale ak manadjè RCH w la pa ede rezoud pwoblèm nan, lè sa a ale nan Etap De.



Etap 2 JWENN SIPÒ SIPLEMANTÈ

Si manadjè RCH la pa rezoud pwoblèm ou a, ou ka jwenn sipò nan men lòt rezidan yo ak fanmi yo atravè konsèy rezidan yo ak/oswa gwoup sipò fanmi yo. Reyinyon ak lòt rezidan yo oswa fanmi yo ka ba ou yon espas sekirize pou jwenn enfòmasyon enpòtan, tandè lòt opinyon, epi pale sou fason pou rezoud pwoblèm ki ka ap pase nan RCH la. Konsèy rezidan ou a ak/oswa gwoup sipò fanmi an ka lè sa a mande yon reyinyon ak manadjè RCH la oswa pwopriyetè yo pou pale sou pwoblèm sa yo ak pi bon fason pou rezoud yo.

LTCOP ka ede w kreye yon konsèy rezidan. Gade seksyon “Konsèy Rezidan yo” nan apendis la pou plis enfòmasyon.

Si pale ak manadjè RCH la pa ede sityasyon an, ale nan Etap Twa.

“ Si manadjè RCH la pa rezoud pwoblèm ou a, ou ka jwenn sipò nan men lòt rezidan yo ak fanmi yo atravè konsèy rezidan yo ak/oswa gwoup sipò fanmi yo. ”

Pwoteje Dwa w

Etap 3 JWENN ÈD DEYÒ

Si w ap gen difikilte pou jwenn èd andedan RCH ou pou rezoud yon pwoblèm, ou ka chèche èd nan men òganizasyon deyò RCH ou. Òganizasyon sa yo gen ladan l:



ESKANYE OSWA
KLIKE ISIT LA

Connecticut Long Term Care
Ombudsman Program (LTCOP): (866) 388-1888

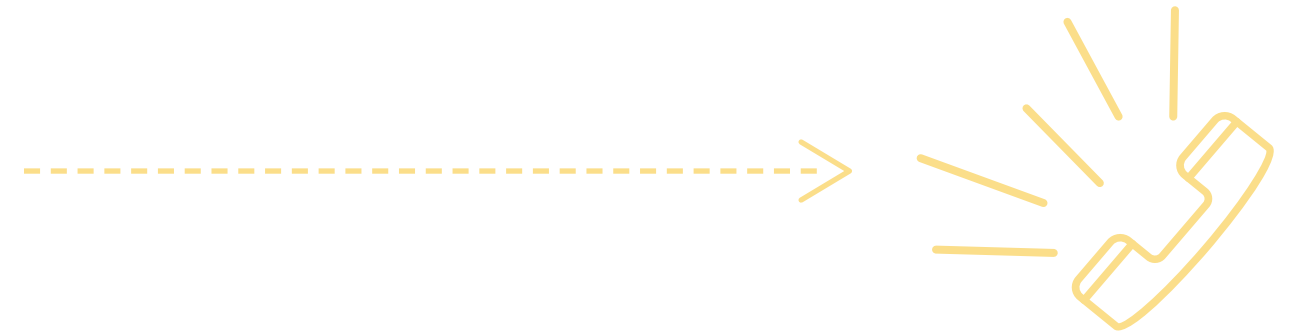
Depatman Sante Piblik (DPH): (860) 509-8000

Depatman Sèvis Sosyal (DSS): (855) 626-6632
TTD/TTY (800) 842-4524

Biwo Avoka Jeneral Connecticut: (860) 808-5318

Èd Legal Greater Hartford: (860) 541-5000

Asosyasyon Asistans Legal New Haven: (203) 946-4811



SÈVIS LEGAL CONNECTICUT:

Bridgeport: (800) 809-4434

Stamford: (800) 541-8909

Waterbury: (800) 413-7797

Willimantic: (800) 413-7796

Apendis

- KONSÈY REZIDAN
- FÒM PLENT POU KAY REZIDANSYÈL
- LIS ENVENTÈ AFÈ PÈSONÈL REZIDAN

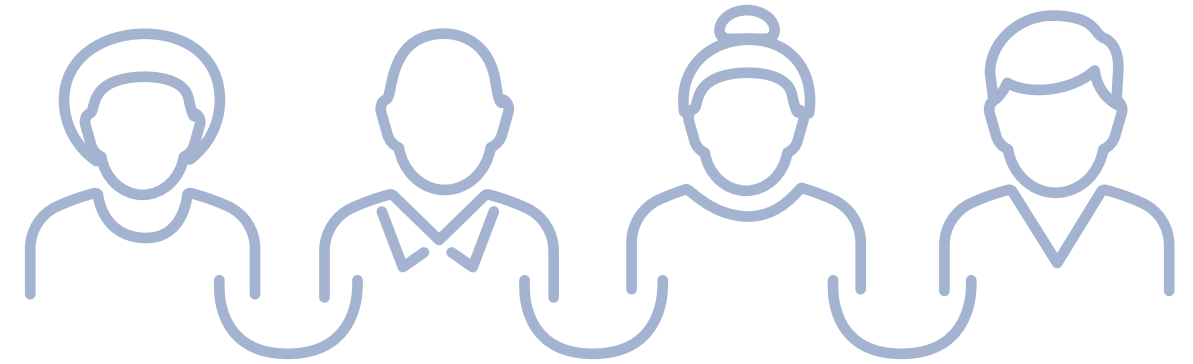
Apendis

TRAVAY AK KONSÈY REZIDAN

Konsèy Rezidan yo ka trè itil pou ou lè li rive reprezante tèt ou ak bezwen w yo nan yon RCH. Ou menm ak lòt rezidan yo ka itilize konsèy rezidan yo pou ede fè chanjman pozitif nan RCH ou a. Sa pral mande angajman, planifikasyon, pasyans, ak konpreyansyon.

Pwoblèm rezidan yo poze nan reyinyon Konsèy Rezidan yo ka ekri nan nòt reyinyon w yo e pote bay jesyon RCH la. Yo ta dwe ankete pwoblèm sa yo epi jesyon RCH la ta dwe adrese yo. Ou ta dwe mande pou nenpòt rezilta oswa lidè ki soti kote responsab yo epi rapòte bay Konsèy Rezidan an nan pwochen reyinyon an.

“Konsèy Rezidan yo ka trè itil pou ou lè li rive reprezante tèt ou ak bezwen w yo nan yon RCH. Ou menm ak lòt rezidan yo ka itilize konsèy rezidan yo pou ede fè chanjman pozitif nan RCH ou a.”



KONPÈTANS KOMINIKASYON

Rezidan yo pral vle patisipe nan reyinyon Konsèy Rezidan yo ki byen planifye e ki fè yo santi yo tandè yo. Sa mande bon konpètans kominikasyon kote lidè ak manm Konsèy Rezidan yo. Men kèk konpètans kominikasyon debaz ki ka ede manm yo ak lidè yo bati bon relasyon epi reyalize objektif yo:

- Koute epi respekte opinyon lòt moun.
- Eksplike pwen w yo avèk konfyans san ofanse lòt moun.
- Kenbe yon atitud pozitif epi rete louvri ak lòt ide.
- Santre reyinyon yo epi rete sou sijè a.
- Asire w tout rezidan ki prezan yo tandè.
- Ankouraje patisipasyon aktif ak angajman.
- Rete enfòmè—konnen dwa w yo!

Apendis



KONSÈY REZIDAN YO TA DWE JERE

- Pa rezidan yo
- Avèk sipò, men san twòp entèripsyon, nan men manm pèsonèl yo
- Kote pwoblèm yo prezante epi fè yo suivi yo nan pwochen reyinyon an
- Kote enkyetid ak pwoblèm yo jere rapidman pa responsab yo
- Kote tout rezidan yo santi yo alèz pou souleve yon sijè epi pale lib
- Kote rezidan yo ka gen aksè a enfòmasyon jan yo bezwen epi jan Konsèy la mande sa
- Kote rezidan yo trete avèk respè epi yo pran pwoblèm yo oserye
- Kòm yon mwayen pou fè chanjman pozitif pou tout rezidan yo nan RCH la

KONSÈY REZIDAN YO ANJENERAL FONKSYONE FASON SA A

1. Byenveni: Kòmanse reyinyon an, mande sekretè a pou li pwosè vèbal reyinyon anvan an
2. Pwosè vèbal: Li pwosè vèbal yo, mande pou ajoute oswa korije, apwouve pwosè vèbal yo
3. Anons
4. Ansyen dosye/Rapò komite
5. Nouvo dosye
6. 6.Fèmti ak planifye pwochen reyinyon an

Apendis

FÒM PLENT POU KAY SWEN REZIDAN

Menm si w pa oblije itilize fòm sa a pou depoze yon plent, li ka ede w rasanble enfòmasyon enpòtan sou pwoblèm w ap prezante a.

Kenbe yon kopi plent sa a.

Yon fwa fòm sa a ranpli, siyen, epi mete dat, voye yon kopi bay:

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

OSWA

Department of Social Services

Office of Legal Counsel, Regulations, and Administrative Hearings

55 Farmington Avenue

Hartford, CT 06105

Fax Number: (860) 424-5729

Verifye ak LTCOP pou detèmine kote espesifik pou depoze plent ou a.

Gade seksyon “Resous” pou enfòmasyon kontak.

FÒM PLINTE POU KAY SWEN REZIDAN

Non Rezidan: _____ Dat: _____

Adrès: _____

Telefòn: _____ Imèl: _____

Non Kay Swen Rezidansyèl: _____

Adrès Kay Swen Rezidansyèl: _____

Telefòn: _____ Manadjè oswa Pwopriyètè: _____

Plent la: Dekri pwoblèm ou ap fè fas.

Tache nenpòt papye enpòtan ki gen rapò ak pwoblèm sa a.

KI MOUN ki enplike: _____

KI SA ki te pase: _____

KILÈ ak KOTE sa te pase: _____

Eksplike kijan sa te afekte w: _____

Siyati: _____ Dat: _____

LIS ENVANTÈ AFÈ PÈSONÈL REZIDAN

ENSTRIKSYON:

1. Ranpli fòm sa a pa lis tout afè pèsonèl ou genyen avèk ou nan RCH ou.
2. Fè yon kopi pou dosye pèsonèl ou.
3. Remèt fòm ki ranpli a nan biwo biznis RCH ou.
4. Mete fòm envantè sa a ajou omwen yon fwa pa ane.

Nòt: Mete envantè a ajou jan sa nesesè. Tou de biwo rezidan ak biwo biznis yo ta dwe kenbe kopi tout nouvo lis/anrejistreman.

Non Rezidan: _____ Chanm Rezidan #: _____

Dat ou ranpli Envantè a: _____ Dat Admisyon: _____

MÈB

Kabann/Matla _____

Etagè pou Liv _____

Chèz _____

Tab Bò Kabann _____

Komòd _____

ATIK PÈSONÈL

Bous/Pòtfèy _____

Kouvèti _____

Aparèy pou mache/Baton _____

Linèt _____

Pòch Linèt _____

Dantye _____

Razwa _____

Aparèy Oditif _____

LIS ENVANTÈ AFÈ PÈSONÈL REZIDAN (kontinye)

RAD

Pantalòn _____ Chemiz/Blouz _____
Pijama _____ Chosèt _____
Kalson _____ Soutyen _____
Jakèt/Manto _____ Chanday _____
Kostim/Rob _____ Chòt _____
Soulye/Bòt _____ Pantouf _____
Sentiron _____ Chapo _____
Gan/Mitèn _____ Mayot _____

AFÈ PÈSONÈL

Televizyon _____ Radyo/CD _____
Lektè DVD/VCR _____ Remòt _____
Liv _____ Foto _____
Dekorasyon _____ Tablo _____
CD _____ Odinatè/Laptòp _____
Mp3/Discman _____ DVDs/VHS _____
Papyè Pèsonèl _____
Frijidè _____ Kofrefò/kòf _____

NÒT

Resous

Resous

Pou èd gratis ak kesyon sou, oswa pwoblèm ak, dwa w kòm yon rezidan nan yon RCH, rele:

The Connecticut Long Term Care Ombudsman Program (LTCOP):
(866) 388-1888 • portal.ct.gov/LTCOP.

CONNECTICUT LEGAL SERVICES, INC.

Sèvis Legal yo se kabinè avoka san bi likratif ki ede pwoteje dwa rezidan RCH ki gen revni fèb. Tout sèvis yo gratis e enfòmasyon w pataje yo konfidansyèl. Kontakte biwo ki pi pre w.

www.ctlegal.org

Dessèvi zòn sa yo:

Bridgeport:	(203) 336-3851
Middletown:	(860) 344-0447
New Britain:	(860) 225-8678
New London:	(860) 447-0323
Stamford:	(203) 348-9216
Waterbury:	(203) 756-8074
Willimantic:	(860) 456-1761
Greater Hartford Legal Aid: <i>Dessèvi zòn Greater Hartford la.</i>	(860) 541-5000
New Haven Legal Assistance Association: <i>Dessèvi zòn Greater New Haven la.</i>	(203) 946-4811

AJANS LOKAL OU POU MOUN AJE:

Ajans pou Moun Aje yo (AAA) se òganizasyon san bi likratif ki ofri planifikasyon, pwogram, ak sèvis pou granmoun aje ak moun ki gen andikap pou ede yo viv endepandan nan kominote yo. Sèvis AAA finanse yo gen ladan l sèvis sosyal, sèvis nitrisyonèl, prevansyon maladi ak sèvis pwomosyon sante, sèvis sipò pou fanmi kap bay swen, ak èd pou swen nan jounen pou moun ki gen pwoblèm mantal.

Nan Connecticut, gen senk AAA rejyonal - youn nan chak rejyon nan eta a:

Southwestern CT:	www.swcaa.org	(203) 333-9288
South Central CT:	www.aosccc.org	(203) 785-8533
Eastern CT:	www.seniorresourcesec.org	(860) 887-3561
North Central CT:	www.ncaaact.org	(860) 724-6443
Northwest CT:	www.wcaaa.org	(203) 757-5449
Biwo Pwokirè Jeneral la:		(860) 808-5420
Depatman Sante Piblik la:	portal.ct.gov/dph	(860) 509-8000
Depatman Sèvis Sosyal yo: <i>pou moun ki gen difikilte pale oswa tande:</i>	portal.ct.gov/dss	(855) 626-6632 (800) 842-4524
Dwa Moun Andikape CT:	disrightsct.org	(860) 422-4220
Sèvis Pwoteksyon pou Granmoun Aje yo:	portal.ct.gov/dss	(888) 385-4225

Lwa pou Rezidan RCH yo

Lwa Asanble Jeneral Connecticut la gen lwa ki ede pwoteje dwa rezidan tankou w pandan wrete nan yon RCH. Men kèk lwa kle ki gen rapò ak chanjman chanm ak degèpisman envolontè, oswa retire w nan yon RCH, rezidan yo ka al kontakte.

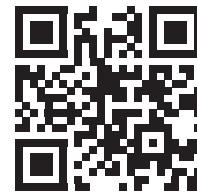
Pou li lwa konplè yo mansyone nan gid sa a ak lòt lwa sou dwa w pandan w ap viv nan yon RCH, tanpri vizite:

https://www.cga.ct.gov/current/pub/chap_368v.htm



*Eskanye oswa
klike isit LA*

https://www.cga.ct.gov/current/pub/chap_319mm.htm#sec_17b-601



*Eskanye oswa
klike isit LA*

Dwa Chanjman Chanm

[CGS 19a-550(b)(4)]

There is established a patients' bill of rights for any person admitted as a patient to any nursing home facility, residential care home or chronic disease hospital. The patients' bill of rights shall be implemented in accordance with the provisions of Sections 1919(b), 1919(c), 1919(c)(2), 1919(c)(2)(d) and 1919(c)(2)(e) of the Social Security Act. The patients' bill of rights shall provide that each such patient: in a residential care home or a chronic disease hospital is transferred from one room to another within such home or chronic disease hospital only for medical reasons, or for the patient's

welfare or that of other patients, as documented in the patient's medical record and such record shall include documentation of action taken to minimize any disruptive effects of such transfer, except a patient who is a Medicaid recipient may be transferred from a private room to a nonprivate room, provided no patient may be involuntarily transferred from one room to another within such home or chronic disease hospital if (A) it is medically established that the move will subject the patient to a reasonable likelihood of serious physical injury or harm, or (B) the patient has a prior established medical history of psychiatric problems and there is psychiatric testimony that as a consequence of the proposed

move there will be exacerbation of the psychiatric problem that would last over a significant period of time and require psychiatric intervention; and in the case of an involuntary transfer from one room to another within such home or chronic disease hospital, the patient and, if known, the patient's legally liable relative, guardian or conservator or a person designated by the patient in accordance with section 1-56r, is given not less than thirty days' and not more than sixty days' written notice to ensure orderly transfer from one room to another within such home or chronic disease hospital, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another within such home or chronic disease hospital is necessitated by urgent medical need of the patient or where a patient has resided in such home or chronic disease hospital for less than thirty days, in which case notice shall be given as many days before the transfer as practicable.

[CGS 19a-550(c)]

The patients' bill of rights shall provide that a patient in a rest home with nursing supervision or a chronic and convalescent nursing home may be transferred from one room to another within such home only for the purpose of promoting the patient's well-being, except as provided pursuant to subparagraph (C) or (D) of this

subsection or subsection (d) of this section. Whenever a patient is to be transferred, such home shall effect the transfer with the least disruption to the patient and shall assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. When a transfer is initiated by such home and the patient does not consent to the transfer, such home shall establish a consultative process that includes the participation of the attending physician or advanced practice registered nurse, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative. The consultative process shall determine: (1) What caused consideration of the transfer; (2) whether the cause can be removed; and (3) if not, whether such home has attempted alternatives to transfer. The patient shall be informed of the risks and benefits of the transfer and of any alternatives. If subsequent to the completion of the consultative process a patient still does not wish to be transferred, the patient may be transferred without the patient's consent, unless medically contraindicated, only (A) if necessary to accomplish physical plant repairs or

renovations that otherwise could not be accomplished; provided, if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the repairs or renovations are completed; (B) due to irreconcilable incompatibility between or among roommates, which is actually or potentially harmful to the well-being of a patient; (C) if such home has two vacancies available for patients of the same sex in different rooms, there is no applicant of that sex pending admission in accordance with the requirements of section 19a-533 and grouping of patients by the same sex in the same room would allow admission of patients of the opposite sex, that otherwise would not be possible; (D) if necessary to allow access to specialized medical equipment no longer needed by the patient and needed by another patient; or (E) if the patient no longer needs the specialized services or programming that is the focus of the area of such home in which the patient is located. In the case of an involuntary transfer, such home shall, subsequent to completion of the consultative process, provide the patient and the patient's legally liable relative, guardian or conservator if any or other responsible party if known, with at least fifteen days' written notice of the transfer, which shall include the reason for the transfer, the location to which the patient is being transferred, and the name, address and telephone number of the

regional long-term care ombudsman, except that in the case of a transfer pursuant to subparagraph (A) of this subsection at least thirty days' notice shall be provided. Notwithstanding the provisions of this subsection, a patient may be involuntarily transferred immediately from one room to another within such home to protect the patient or others from physical harm, to control the spread of an infectious disease, to respond to a physical plant or environmental emergency that threatens the patient's health or safety or to respond to a situation that presents a patient with an immediate danger of death or serious physical harm. In such a case, disruption of patients shall be minimized; the required notice shall be provided not later than twenty-four hours after the transfer; if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the threat to health or safety that prompted the transfer has been eliminated; and, in the case of a transfer effected to protect a patient or others from physical harm, the consultative process shall be established on the next business day.

[CGS 19a-550(d)]

(d) Notwithstanding the provisions of subsection (c) of this section, unless medically contraindicated, a patient who is a Medicaid recipient may be transferred from a private to a non

private room. In the case of such a transfer, the nursing home facility shall (1) give not less than thirty days' written notice to the patient and the patient's legally liable relative, guardian or conservator, if any, a person designated by the patient in accordance with section 1-56r or other responsible party, if known, which notice shall include the reason for the transfer, the location to which the patient is being transferred and the name, address and telephone number of the regional long-term care ombudsman; and (2) establish a consultative process to effect the transfer with the least disruption to the patient and assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. The consultative process shall include the participation of the attending physician or advanced practice registered nurse, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative.

Dwa Degèpisman/Dechaj Envolontè

[CGS 19a-535a]

(a) As used in this section:

(1) "Facility" means a residential care home, as defined in section 19a-490;

(2) "Emergency" means a situation in which a resident of a facility presents an imminent danger to the resident's own health or safety, the health or safety of another resident or the health or safety of an employee or the owner of the facility;

(3) "Department" means the Department of Public Health; and

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(b) A facility shall not transfer or discharge a resident from the facility except to meet the welfare of the resident which cannot be met in the facility, or unless the resident no longer needs the services of the facility due to improved health, the facility is required to transfer the resident pursuant to section 17b-359 or 17b-360, or the health or safety of individuals in the facility is endangered, or in the case of a self-pay resident, for the resident's nonpayment or arrearage of more than fifteen days of the per diem facility room rate, or the facility ceases to operate. In each case the basis for transfer or discharge shall be documented in the resident's medical record by a physician, a physician assistant or an advanced practice registered nurse. In each case where the welfare, health or safety of the resident is concerned the documentation shall be by the resident's physician, physician assistant or advanced practice registered nurse.

A facility that is part of a continuing care facility which guarantees life care for its residents may transfer or discharge (1) a self-pay resident who is a member of the continuing care community and who has intentionally transferred assets in a sum that will render the resident unable to pay the costs of facility care in accordance with the contract between the resident and the facility, or (2) a self-pay resident who is not a member of the continuing care community and who has intentionally transferred assets in a sum that will render the resident unable to pay the costs of a total of forty-two months of facility care from the date of initial admission to the facility.

(c) (1) Before effecting any transfer or discharge of a resident from the facility, the facility shall notify, in writing, the resident and the resident's guardian or conservator, if any, or legally liable relative or other responsible party if known, of the proposed transfer or discharge, the reasons therefor, the effective date of the proposed transfer or discharge, the location to which the resident is to be transferred or discharged, the right to appeal the proposed transfer or discharge and the procedures for initiating such an appeal as determined by the Department of Social Services, the date by which an appeal must be initiated in order to preserve the resident's right to an appeal hearing and the date by which an appeal must be initiated in order to

stay the proposed transfer or discharge and the possibility of an exception to the date by which an appeal must be initiated in order to stay the proposed transfer or discharge for good cause, that the resident may represent himself or herself or be represented by legal counsel, a relative, a friend or other spokesperson, and information as to bed hold and nursing home readmission policy when required in accordance with section 19a-537. The notice shall also include the name, mailing address and telephone number of the State Long-Term Care Ombudsman. If the resident is, or the facility alleges a resident is, mentally ill or developmentally disabled, the notice shall include the name, mailing address and telephone number of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system. The notice shall be given at least thirty days and no more than sixty days prior to the resident's proposed transfer or discharge, except where the health or safety of individuals in the facility are endangered, or where the resident's health improves sufficiently to allow a more immediate transfer or discharge, or where immediate transfer or discharge is necessitated by urgent medical needs or where a resident has not resided in the facility for thirty days, in which cases notice shall be given as many days before the transfer

or discharge as practicable.

(2) The resident may initiate an appeal pursuant to this section by submitting a written request to the Commissioner of Social Services not later than sixty calendar days after the facility issues the notice of the proposed transfer or discharge, except as provided in subsection (h) of this section. In order to stay a proposed transfer or discharge, the resident must initiate an appeal not later than twenty days after the date the resident receives the notice of the proposed transfer or discharge from the facility unless the resident demonstrates good cause for failing to initiate such appeal within the twenty-day period.

(d) No resident shall be transferred or discharged from any facility as a result of a change in the resident's status from self-pay or Medicare to Medicaid provided the facility offers services to both categories of residents. Any such resident who wishes to be transferred to another facility that has agreed to accept the resident may do so upon giving at least fifteen days written notice to the administrator of the facility from which the resident is to be transferred and a copy thereof to the appropriate advocate of such resident. The resident's advocate may help the resident complete all administrative procedures relating to a transfer.

(e) Except in an emergency or in the case of transfer to a hospital,

no resident shall be transferred or discharged from a facility unless a discharge plan has been developed by the personal physician, physician assistant or advanced practice registered nurse of the resident or the medical director in conjunction with the nursing director, social worker or other health care provider. To minimize the disruptive effects of the transfer or discharge on the resident, the person responsible for developing the plan shall consider the feasibility of placement near the resident's relatives, the acceptability of the placement to the resident and the resident's guardian or conservator, if any, or the resident's legally liable relative or other responsible party, if known, and any other relevant factors that affect the resident's adjustment to the move. The plan shall contain a written evaluation of the effects of the transfer or discharge on the resident and a statement of the action taken to minimize such effects. In addition, the plan shall outline the care and kinds of services that the resident shall receive upon transfer or discharge. Not less than thirty days prior to an involuntary transfer or discharge, a copy of the discharge plan shall be provided to the resident's personal physician, physician assistant or advanced practice registered nurse if the discharge plan was prepared by the medical director, to the resident and the resident's guardian or conservator, if any, or legally

liable relative or other responsible party, if known.

(f) No resident shall be involuntarily transferred or discharged from a facility if such transfer or discharge is medically contraindicated.

(g) The facility shall be responsible for assisting the resident in finding appropriate placement.

(h) (1) Except in the case of an emergency, as provided in subdivision (4) of this subsection, upon receipt of a request for a hearing to appeal any proposed transfer or discharge, the Commissioner of Social Services or the commissioner's designee shall hold a hearing to determine whether the transfer or discharge is being effected in accordance with this section. A hearing shall be convened not less than ten, but not more than thirty days from the date of receipt of such request and a written decision made by the commissioner or the commissioner's designee not later than thirty days after the date of termination of the hearing or not later than sixty days after the date of the hearing request, whichever occurs sooner. The hearing shall be conducted in accordance with chapter 54. In each case the facility shall prove by a preponderance of the evidence that it has complied with the provisions of this section.

Except in the case of an emergency or in circumstances when the resident

is not physically present in the facility, whenever the Commissioner of Social Services receives a request for a hearing in response to a notice of proposed transfer or discharge and such notice does not meet the requirements of subsection (c) of this section, the commissioner shall, not later than ten business days after the date of receipt of such notice from the resident or the facility, order the transfer or discharge stayed and return such notice to the facility. Upon receipt of such returned notice, the facility shall issue a revised notice that meets the requirements of subsection (c) of this section.

(2) The resident, the resident's guardian, conservator, legally liable relative or other responsible party shall have an opportunity to examine, during regular business hours at least three business days prior to a hearing conducted pursuant to this section, the contents of the resident's file maintained by the facility and all documents and records to be used by the commissioner or the commissioner's designee or the facility at the hearing. The facility shall have an opportunity to examine during regular business hours at least three business days prior to such a hearing, all documents and records to be used by the resident at the hearing.

(3) If a hearing conducted pursuant to this section involves medical issues, the commissioner or the commissioner's designee may order an independent

medical assessment of the resident at the expense of the Department of Social Services that shall be made part of the hearing record.

(4) In an emergency the notice required pursuant to subsection (c) of this section shall be provided as soon as practicable. A resident who is transferred or discharged on an emergency basis or a resident who receives notice of such a transfer or discharge may contest the action by requesting a hearing in writing not later than twenty days after the date of receipt of notice or not later than twenty days after the date of transfer or discharge, whichever is later, unless the resident demonstrates good cause for failing to request a hearing within the twenty-day period. A hearing shall be held in accordance with the requirements of this subsection not later than fifteen business days after the date of receipt of the request. The commissioner, or the commissioner's designee, shall issue a decision not later than thirty days after the date on which the hearing record is closed.

(5) Except in the case of a transfer or discharge effected pursuant to subdivision (4) of this subsection, (A) an involuntary transfer or discharge shall be stayed pending a decision by the commissioner or the commissioner's designee, and (B) if the commissioner or the commissioner's designee determines the transfer or discharge is

being effected in accordance with this section, the facility may not transfer or discharge the resident prior to fifteen days from the date of receipt of the decision by the resident and the resident's guardian or conservator, if any, or the resident's legally liable relative or other responsible party if known.

(6) If the commissioner, or the commissioner's designee, determines after a hearing held in accordance with this section that the facility has transferred or discharged a resident in violation of this section, the commissioner, or the commissioner's designee, may require the facility to readmit the resident to a bed in a semiprivate room or in a private room, if a private room is medically necessary, regardless of whether or not the resident has accepted placement in another facility pending the issuance of a hearing decision or is awaiting the availability of a bed in the facility from which the resident was transferred or discharged.

(7) A copy of a decision of the commissioner or the commissioner's designee shall be sent to the facility and to the resident, the resident's guardian, conservator, if any, legally liable relative or other responsible party, if known. The decision shall be deemed to have been received not later than five days after the date it was mailed, unless the facility, the resident or the

resident's guardian, conservator, legally liable relative or other responsible party proves otherwise by a preponderance of the evidence. The Superior Court shall consider an appeal from a decision of the Department of Social Services pursuant to this section as a privileged case in order to dispose of the case with the least possible delay.

(i) A resident who receives notice from the Department of Social Services or its agent that the resident is no longer in need of the level of care provided by a facility and that, consequently, the resident's coverage for facility care will end, may request a hearing by the Commissioner of Social Services in accordance with the provisions of section 17b-60. If the resident requests a hearing prior to the date that Medicaid coverage for facility care is to end, Medicaid coverage shall continue pending the outcome of the hearing. If the resident receives a notice of denial of Medicaid coverage from the department or its agent and also receives a notice of discharge from the facility pursuant to subsection (c) of this section and the resident requests a hearing to contest each proposed action, the department may schedule one hearing at which the resident may contest both actions.

(j) Whenever a facility is discharging a resident to the resident's home in the community, the discharge shall be in

accordance with sections 19a-535c and 19a-535d.

(k) A facility shall electronically report each involuntary transfer or discharge to the State Ombudsman, appointed pursuant to section 17a-405, (1) in a manner prescribed by the State Ombudsman, and (2) on an Internet web site portal maintained by the State Ombudsman in accordance with patient privacy provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.



Rezidan RCH yo Gen Dwa!

DIYITE + RESPÈ

Ou gen dwa pou yo trete w avèk respè ak diyit.

SE POU W OKOURAN

Patisipe nan desizyon enpòtan sou swen w epi chwazi pwòp doktè w.

LIBÈTE

Ou gen dwa pou w pa sibi okenn kalite abi.

JERE LAJAN

Jere pwòp finans ou oswa jwenn èd pou jere yo.

FÈ TANDE VWA W

Ou gen dwa pou pataje plent san sa pa gen konsekans.

PALE LIB

Pase tan ak kominike an prive ak nenpòt moun ou chwazi.

RETE AN KONTAK

Ou gen dwa pou w gen vizitè epi voye ak resevwa kourye pèsònèl.

PWOPRIYETE PÈSONÈL

Ou gen dwa pou gen atik pèsònèl nan chanm ou epi pou atik sa yo an sekirite.

KONFIDANSYALITE

Ou gen dwa pou kenbe dosye pèsònèl ak medikal ou konfidansyèl.

AKSÈ EGAL

Aplike pou asistans finansye leta ak federal san diskriminasyon.

BYEN ENFÒME

Byen enfòmè sou dwa w yo anvan w antre.

RETE OSWA ALE

Yo dwe ba ou avi alavans ak dwa pou w konteste yon transfè chanm oswa dechaj.

SA LTCOP KA FÈ POU OU

Nou bay sèvis gratis ak konfidansyèl pou sitwayen Connecticut k ap viv nan kay swen rezidansyèl pou amelyore kalite lavi ak swen yo. Si w gen kesyon sou dwa w oswa bezwen asistans, kontakte Biwo Ombudsman Swen Alontèm nan lè w rele nimewo gratis eta nou an **866-388-1888**.

ESKANYE OSWA
KLIKE ISIT LA





Pote ba ou pa Long Term Care Ombudsman
Program, an patenarya ak



Aging and Disability Services
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Mental Health & Addiction Services

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We refuse to be invisible