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Subject: Grievance Policy/Procedure

Issue Date: 09/17/19

Policy #: G08.11

Revised Date: 10/04/22

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***PURPOSE:***

To offer guidance to the facility in identifying, investigating, and resolving grievances reported by residents, visitors, family members or staff.

***POLICY:***

This care facility will make every effort to promptly and satisfactorily resolve any complaint, concern or grievance brought to the attention of administration. This includes, but is not limited to, grievances concerning missing property and allegations of improper resident treatment. This facility views complaints/grievances as an opportunity for quality improvement. Grievances are reviewed at QAPI meetings.

***RESPONSIBILITY:***

It is the responsibility of all staff members to report concerns/grievances to the Executive Director, Director of Social Service or designee.

Consistent with federal standard, 483.10(f), the facility respects the individual's right to:

1. Voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished
2. Have prompt efforts by the facility to resolve grievances the resident or his/her representative may have, including those with respect to the behavior of other residents.

***PROCEDURE:***

1. In accordance with federal law, the facility shall post a sign or signs notifying individuals of the right to file a grievance or complaint, including the right to file this action anonymously and the sign shall include contact information for the State QIO organization, the State Survey Agency and the local Ombudsman. Additionally, the sign may include a time frame for the organization's response and notification that this response may be in writing.



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2. The designated staff member will meet with the complainant to discuss the nature of the complaint, and will act promptly to resolve the matter to the resident or representative's satisfaction. If the person voicing the grievance is not satisfied with the facility's response, the issue will be reviewed by administration and may be discussed by the interdisciplinary team at the next QAPI. Administration may re-visit the issue and try to resolve the matter to a satisfactory conclusion.
3. Grievances and complaints may be verbalized or written and provided to any staff member. Grievance forms are available from the Social Service Department and may also be located at nursing stations and in administrative offices. Staff are instructed to attempt to address the alleged complainant's needs promptly within reason, and, if this approach is not successful, to complete a complaint/grievance form and forward it to the Social Service Department or Administrator. The Grievance Officer (who may be the Social Service Director and/or Administrator) will take steps to see that the resident and/or his/her representative are contacted with a prompt response delineating a summary of action(s) taken.
4. The facility shall identify a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility and maintaining the confidentiality of all information associated with grievances.
5. As necessary and as applicable, the facility shall take appropriate action to prevent further potential violations of any resident right while the alleged violation is being investigated. The facility is committed to addressing grievances professionally without reprisal or retribution.
6. The facility shall maintain evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.
7. Documenting grievances - If a staff member is writing a summary of an alleged complaint/grievance he/she is responsible for documenting objectively, that is refraining from any statements of opinion and refraining from embellishing.



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8. All original written grievances will be kept in an electronic on-line grievance portal. Various department head's may keep a copy of grievances concerning their area of expertise and may contribute to Quality Assurance/Quality Improvement studies regarding filed grievances, complaints, and compliments.

9. Each grievance should clearly document a timely and detailed response showing how the grievance was resolved. As requested, the complainant may receive a copy of the grievance resolution in writing.