RESIDENT/FAMILY CONCERNS AND GRIEVANCES

Great customer service happens when we see the person and not just the issue. Unforeseeable and perhaps regrettable events may happen, but it’s how we respond to those events that makes us great. As a member of the ASC community it is our job to act on complaints quickly and to ensure the appropriate resolution. It is important to remember that being handed a complaint is a “gift”. It gives us the opportunity to understand our weakness and make improvements accordingly.

Our ASC Resident/Family Concerns and Grievances Policy was developed in accordance with state guidelines to capture and resolve our residents’ and families’ concerns. The intent of our policy is to support each resident’s right to voice grievances (e.g., complaints about treatment, care, management of funds, lost clothing, violation of rights, etc.) and to assure that after receiving a complaint/grievance, we actively seek a resolution and keep the resident appropriately apprised of our progress toward resolution.

Included is a copy of the Resident Concerns and Grievances Policy and Procedure, Resident/Family Concern/Grievance Form, and Resident/Family Concern/Grievance Log.

Guidance:

1. Ensure all staff are trained on the Resident/Family Concerns and Grievances Policy and Procedure, and understand when a Resident/Family Concern/Grievance Form should be generated, and the facility protocol for routing these forms to the appropriate person(s).

2. Concern/grievance forms should be placed in a location that is easily accessible to our families and residents.

3. It is recommended that each facility designate an employee to log and track concerns and grievances. Always log the concerns and grievances on the Resident/Family Concern/Grievance Log before forwarding the Concern/Grievance Form to the appropriate staff member for resolution and follow-up. It may also be helpful to make a copy of the form to keep with the log before forwarding the form to staff for action.

4. The designated employee will then track the concern/grievance forms to ensure action has been taken by the department and that follow up with resident and/or family has occurred within the timeframe specified in the policy.

5. When the designated employee follows up with the resident and/or family, the name of the individual contacted, the date and time of the contact, and whether or not the family was satisfied with the plan of action is to be documented on the Concern/Grievance Form.
POLICY

- It is the policy of this facility that resident or family concerns/grievances occurring during the resident’s stay in the facility shall, whenever possible, be responded to by the designated Social Service worker or responsible Department Head closest to the cause of the concern/grievance.
- Regardless of which supervisor/department head responds, the Executive Director or his/her authorized representative shall review all complaints and agree with the actions taken towards resolution. Responses to resident/family shall be made as soon as possible and preferably immediately. Actions taken to resolve the complaint shall be made within 72 hours from the time the Concern/Grievance Form was received. Actions taken include contacting the resident and/or family with an explanation of the steps we are going to take to resolve the complaint and to ensure their satisfaction. Actions taken must be documented. It should be noted if the resident or resident’s family continues to express a concern and in their view, the problem is not resolved, the Executive Director must be apprised of the situation and the Executive Director must keep the Director of Operations informed. The Director of Operations must be kept informed of pertinent information, further intervention and communication to remedy the resident or resident’s family’s concerns. Ongoing concerns or disenchantment with the services and/or resident care must be dealt with in a one-on-one fashion by the Executive Director.
- The concern/grievance must always be handled first, followed by the appropriate reporting and trending of information.
- Responses may be written or verbal, depending on the situation.

PROCEDURE

Definition: a grievance is any written or verbal concern by a resident, relative or any other representative relating to resident care or the quality of services provided.

- If a concern/grievance of any kind is noted, the Concern/Grievance Form is used. The person receiving the concern completes Section I.
- The following information is placed on the form by the individual completing the record:
  - Date incident occurred
  - Time incident occurred
  - Date concern/grievance was received
  - Name of person receiving the concern/grievance
  - Department receiving the concern/grievance
  - Detailed accounting of concern/grievance
  - Date the complaint form was completed
- The Concern/Grievance Form is then referred to the Department Head for review and actions taken. Actions taken will be recorded in Section II by the Department Head. The signature of the Department Head and date are added. The Executive Director (or his designee) shall initial the form to confirm agreement with the action plan.
• Section III of the form is to be completed by the employee designated to ensure satisfaction with the resolution of complaints.
• The Executive Director will then complete Section IV of the form by checking the appropriate box indicating resolution or further actions required. All concern/grievance forms will be signed off by the Executive Director.
• Responses, appropriate plan/resolution to all complaints, and follow up with resident and/or family will be made within 72 hours.
• The Executive Director will sign off on all completed concerns/grievance forms, ensuring resident and/or family satisfaction.
• If the Executive Director requests committee review for additional action and follow up, the designated committee will look at the report, any action taken, etc., in terms of how resident care is affected, any opportunities to improve quality of care or whether an evaluation of the action or any related issue is needed. With the Executive Director’s approval, the committee may take action itself or make recommendation concerning the concern/grievance.
• If recommendations are made, the committee will follow or track the progress in its minutes until resolution of the concern/grievance occurs.
• All concerns/grievances will be trended monthly by the administrative office and reported in summary form by the Executive Director to the Medical Director and CQI Committee. The trended information will be forwarded to the Director of Operations.
RESIDENT/FAMILY
CONCERN/GRIEVANCE FORM

Resident Name: ___________________________ Room #: ________ DOA: ________

Date of Concern: ____________ Time of Concern: ____________

Person receiving concern: ___________________________ Date received: ____________

Department Responsible for Concern: ___________________________

Section I: Nature of concern:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Concern Received from: _______ Resident _______ Visitor _______ Family _______ Other

Contact Information: _______________________________________________________

Section II: All concerns must be referred to the Department Head for Review

Department Head review and action taken: ______________________________________

________________________________________________________________________

Department Head Signature: ___________________________ Date: ____________

Executive Director in agreement with above action plan_______ (Initial)

Section III: Follow up must be made with the resident and/or individual who voiced/wrote the concern:

Name of Individual Contacted: ___________________________ Date: ____________

Comments: _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Staff completing follow up: ___________________________ Date: ____________

Section IV: Executive Director to Complete:

☐ Further Actions Required & New Grievance Generated

☐ Concern & Grievance Resolved

Executive Director: ___________________________ Date: ____________
<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Concern/Grievance</th>
<th>Date Received</th>
<th>Date Resolved</th>
<th>Still Open</th>
<th>Comments</th>
</tr>
</thead>
</table>

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