

Golden Acres Residential Care

Title: Resident Grievance Policy	Date Created: 01/11/2020
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Grievance Policy

PREFACE

It is the policy of every Golden Acres Residential Care Facility (“The Facility”) that each resident has the right to voice grievances to the Facility or any other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to the care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their Facility stay.

The Facility will ensure prompt resolution to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process. The Facility grievance process will be overseen by the House Manager who will be responsible for receiving and tracking grievances through to their conclusion, lead necessary investigations, maintaining the confidentiality of all information associated with grievances, communicate with residents throughout the process to resolution, and coordinate with other staff (including the Administrator or Owner as appropriate) and with state or federal agencies as may be indicated by specific allegations.

The Facility will provide a mechanism for filing a grievance/complaint without fear of retaliation and/or barriers of service; will provide residents, resident representatives and others information about the mechanisms and procedure to file a grievance; provide a designated individual to oversee the grievance process; provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by residents and resident representatives and will provide an ongoing system for monitoring and trending grievances and complaints.

OBJECTIVE OF GRIEVANCE POLICY

The objective of the grievance policy is to ensure the Facility makes prompt efforts to resolve grievances a resident may have. The intent of the grievance process is to support each resident’s right to voice grievances (e.g., those about treatment, care, management of funds, lost clothing, or violation of rights) and to assure that after receiving a complaint/grievance, the Facility actively seeks a resolution and keeps the resident appropriately apprised of its progress toward resolution. The grievance policy will be reviewed periodically.

DEFINITIONS

“**Voice grievances**” is not limited to a formal, written grievance process but may include a resident’s verbalized complaint to Facility staff.

“**Prompt efforts...to resolve**” include Facility acknowledgment of complaint/grievances and actively working toward resolution of that complaint/grievance.

“**House Manager**” - An individual who is responsible for overseeing the grievance process (in a given residential care facility, the Supervisor on shift), receiving and tracking grievances through to their conclusions; leading any necessary investigations by the Facility; maintaining the confidentiality of all information associated with grievances (for example, the identity of the resident for those grievances

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submitted anonymously), issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;

PROCEDURE

- A. The Facility will promote the grievance process throughout the organization. This includes notifying residents of their rights related to grievances as well as educating all those affected by potential grievances or concerns on the Facility grievance processes, including but not limited to:
 - a. Resident
 - b. Resident representative
 - c. Employees
 - d. Volunteers
 - e. Vendors
- B. Grievance Official - The Facility will designate an individual who is responsible for:
 - a. Overseeing the grievance process in conjunction with Facility administration
 - b. Receive and track all grievances through to their conclusion
 - c. Lead an necessary investigations by the Facility
 - d. Work with Facility staff and others as needed for resolution of the grievance or concern
 - e. Maintain confidentiality of all information associated with grievances
 - f. Complete written grievance resolutions/decisions to the resident involved
 - g. Coordinate with state and federal agencies as necessary in light of specific allegation
- C. Resident and Resident Representative Notification - The Facility will inform residents orally and in writing of their right to make Complaints and Grievances and during admission and as appropriate.
 - a. Reasonable time frame for completing the review of a complaint
 - b. Resident right to obtain a written decision regarding his or her grievance
- D. Grievances may be given to any staff member who will promptly forward the grievance to the House Manager.
- E. Response - Any employee of this Facility who receives a complaint shall immediately attempt to resolve the complaint within their role and authority. If a complaint cannot be immediately resolved the employee shall escalate that complaint to the House Manager.

Upon receipt of a grievance or concern, the House Manager will review the grievance; determine immediately if the grievance meets a reportable complaint. The House Manger will immediately report all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the Administrator and Owner; and as required by State law. The House Manager will initiate the

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appropriate notification and investigation processes per individual circumstance and Facility policies. The investigation will consist of at least the following:

- A review of the completed complaint report
- An interview with the person or persons reporting the incident if applicable
- Interviews with any witnesses to the incident or concern
- A review of the resident medical record if indicated
- A search of resident room (with resident permission)
- An interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident
- Interviews with the resident's roommate, family members, and visitors as appropriate
- A root-cause analysis of all circumstances surrounding the incident.

As necessary, the House Manager and Facility leadership will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated.

F. Resolution

- a. The Facility will strive for a prompt resolution outcome for all grievances or complaints rendered.
- b. The House Manager will complete a written response to the resident or resident representative, if requested and appropriate, which includes:
 - i. Date of grievance/concern
 - ii. Summary of grievance
 - iii. Investigation steps
 - iv. Findings
 - v. Resolution outcome and actions taken and date decision was issued

G. The Grievance Officer will maintain all grievances.

References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities 10/04/16:

- <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>

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GRIEVANCE INVESTIGATION Summary

Date received by Grievance Official	
<i>**If Reportable proceed to Abuse Prevention Policy and Notification Protocols</i>	
Reporting Individual	
Reporting Person Contact Information and Number	
Date of Occurrence	
Location of Occurrence	
Resident(s) involved	
Staff/Other(s) Involved	
Type of Concern	<input type="checkbox"/> Care <input type="checkbox"/> Missing Item <input type="checkbox"/> Food <input type="checkbox"/> Equipment <input type="checkbox"/> Roommate <input type="checkbox"/> Other Resident <input type="checkbox"/> Financial <input type="checkbox"/> Reportable <input type="checkbox"/> Other :

Describe Grievance/Complaint:

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Resolution - Action taken to resolve grievance/complaint:

Resident and/or Resident Representative Notified of Resolution Yes No

Date _____ Time _____

Physician notified of Resolution Yes No

Date _____ Time _____

Ombudsman notified of Resolution (if applicable) Yes No

Date _____ Time _____

Grievance Official: _____ Date: _____

Reviewed By:

Administrator: _____ Date: _____

Owner: _____ Date: _____

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GRIEVANCE RESOLUTION RESPONSE FORM

Today's Date: _____

Date of Occurrence	
Contact Person	
Concern	

Summary of Resolution Steps Taken

Resolution and Outcome:

Grievance Official: _____ Date Completed: _____