

Grievance Policy

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Grievance Policy

PREFACE

It is the policy of this facility that each resident has the right to voice grievances to the facility or 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 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 LTC 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 a designated Grievance who will be responsible for receiving and tracking grievances through 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, if he or she is not the designated Grievance Official) and with state of federal agencies as may 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 on an annual basis or more frequently and will be integrated into the facility Quality Assurance and Performance Improvement Program (QAPI).

CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) – DEFINITIONS

The following are CMS definitions or clarifications from the Draft State Operations Manual Appendix PP effective November 28, 2016:

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“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.

Grievance Official is an individual who is responsible for overseeing the grievance process, 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 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
 - f. And other stakeholders
- B. Grievance Official
The facility will train and 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 utilizing root cause analysis processes 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

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investigation and resolution. Reporting of resolution outcome will be given to the Resident Council per protocol.

- E. A grievance or concern can be expressed orally or in writing to the Grievance Official or facility staff. ***(Insert facility specific information here related to reporting and any forms that will be available, with their location)***

- F. Grievances may be given to any staff member. The staff member will forward the grievance to the Grievance Official or may file the grievances anonymously utilizing the form available. ***(Insert facility specific information here about forms and their location)***

- G. Response

Any employee of this facility who receives a complaint shall immediately attempt to resolve the complaint within the scope of his/her role and authority. If a complaint cannot be immediately resolved, the employee shall escalate that complaint to their supervisor and the facility Grievance Official. The Grievance Official will notify the facility administrator of all grievances received, in accordance with New York State regulation.

Upon receipt of a grievance or concern, the Grievance Official will review the grievance, determine immediately if the grievance meets a reportable complaint. Consistent with the facility's abuse prevention policy the facility administrator and Grievance Official will 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 of the provider; and as required by New York State Department of Health incident reporting guidelines. The Grievance Official will initiate the 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
- A root-cause analysis of all circumstances surrounding the incident.

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

H. Resolution

- a. The facility will strive for a prompt resolution outcome for all grievances or complaints rendered. A reasonable time frame will be agreed upon with all parties involved, not to exceed 21 days.
 - b. The Grievance Official will complete a written response (Insert name of form used by the facility or use the Grievance Response template) to the resident or resident representative 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
- I. The Grievance Officer will maintain a log of all grievances for a period of 3 years including:
- i. Date of the grievance
 - ii. Tracking number or identification
 - iii. Type of grievance
 - iv. Location/department
 - v. Person assigned to investigate
 - vi. Date response letter sent
 - vii. Comments/actions
- J. Quality Assurance/Performance Improvement (QAPI)
- The facility will track, trend and analyze information related to the grievance process to evaluate for trends, performance gaps and opportunities for individual education, and systemic improvement. The facility will incorporate grievances/complaints into the facility's QAPI program, in accordance with New York State regulations.



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>

New York State Department of Health Nursing Home Incident Reporting Manual:

- https://www.health.ny.gov/professionals/nursing_home_administrator/docs/incident_reporting_manual.pdf

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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:

Director of Nursing: _____

Date: _____

Administrator: _____

Date: _____

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GRIEVANCE RESOLUTION RESPONSE (TEMPLATE)

Today's Date: _____

Date of Occurrence	
Contact Person	
Concern	

Summary of Resolution Steps Taken:

Resolution and Outcome:

Grievance Official: _____ Date Completed: _____

At any time you are welcome to telephone, email, write and speak to our Grievance Official
(Name), Grievance Officer or (name)
At (phone number)
(Insert Facility Specific Information here)