

# 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 Official 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 the Administrator as indicated.

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

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

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**“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 any 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
  - g. Coordinate with state and federal agencies as necessary in light of specific allegation

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C. Resident and Resident Representative Notification

The facility will inform residents orally and in writing of their right to make Complaints and Grievances and the process to do so during admission, readmission and the care planning process. The notice shall include:

- a. Information on how to file a grievance or complaint
- b. Resident right to file grievances orally or in writing
- c. Resident right to file grievance anonymously
- d. Contact information of the facility designated Grievance Official
  - i. Name
  - ii. Business address
  - iii. Email
  - iv. Business phone
- e. Reasonable time frame for completing the review of a complaint
- f. Resident right to obtain a written decision regarding his or her grievance
- g. Contact information of independent entities with who grievances may be filed  
***(Insert state specific information here)***
  - i. Pertinent State Agencies
  - ii. State Survey Agency
  - iii. State Long Term Care Ombudsman program
  - iv. Protection or Advocacy systems/organizations
- h. *The State of Illinois Joint Committee on Administrative Rules Administrative Code describes its Complaint Procedures in the following manner:*
  - a) *A resident shall be permitted to present grievances on behalf of himself and others to the administrator, the Long-Term Care Facility Advisory Board, the residents' advisory council, State governmental agencies or other persons without threat of discharge or reprisal in any form or manner whatsoever. (Section 2-112 of the Act)*
  - b) *The facility administrator shall provide all residents or their representatives with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged. (Section 2-112 of the Act)*
  - c) *A person who believes that the Act or a rule promulgated under the Act may have been violated may request an investigation. The request may*



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*be submitted to the Department in writing, by telephone, or by personal visit. An oral complaint shall be reduced to writing by the Department. (Section 3-702(a) of the Act)*

*d) The substance of the complaint shall be provided to the licensee, owner or administrator no earlier than at the commencement of the on-site inspection of the facility which takes place pursuant to the complaint. (Section 3-702(b) of the Act)*

*e) The Department shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure or the investigation results in a judicial proceeding, or unless disclosure is essential to the investigation. The complainant shall be given the opportunity to withdraw the complaint before disclosure. Upon the request of the complainant, the Department may permit the complainant or a representative of the complainant to accompany the person making the on-site inspection of the facility. (Section 3-702(c) of the Act)*

*f) Upon receipt of a complaint, the Department shall determine whether the Act or a rule promulgated under the Act has been or is being violated. The Department shall investigate all complaints alleging abuse or neglect within seven days after the receipt of the complaint except that complaints of abuse or neglect which indicate that a resident's life or safety is in imminent danger shall be investigated with 24 hours after receipt of the complaint. All other complaints shall be investigated within 30 days after the receipt of the complaint. All complaints shall be classified as "an invalid report," "a valid report," or "an undetermined report." For any complaint classified as "a valid report," the Department must determine within 30 working days if any rule or provision of the Act has been or is being violated. (Section 3-702(d) of the Act)*

*g) Upon the request of a resident or complainant, the Department may permit the resident or complainant or a representative of the complainant to accompany the person making the on-site inspection of the facility pursuant to the complaint. (Section 3-702(c) of the Act)*

*h) In all cases, the Department shall inform the complainant of its findings within ten days of its determination unless otherwise indicated by the complainant, and the complainant may direct the Department to send a copy of such findings to another person. The Department's findings may include contents or documentation provided by either the complainant or the licensee pertaining to the complaint. The Department shall also notify the facility of such findings within ten days of the determination, but the name of the complainant or residents shall not be disclosed in this notice to the facility. The notice of such findings shall include a copy of the written determination; the correction order, if any; the inspection report; the warning notice, if any; and the State licensure form on which the violation is listed. (Section 3-702(e) of the Act)*

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*i) A written determination, correction order, or warning notice concerning a complaint shall be available for public inspection, but the name of the complainant or resident shall not be disclosed without the consent of the complainant or resident. (Section 3-702(f) of the Act)*

*j) A complainant who is dissatisfied with the determination or investigation by the Department may request a hearing under subsection (k) of this Section. The facility shall be given notice of any such hearing and may participate in the hearing as a party. If a facility requests a hearing under subsection (k) of this Section which concerns a matter covered by a complaint, the complainant shall be given written notice and may participate in the hearing as a party. A request for a hearing by either a complainant or a facility shall be submitted in writing to the Department within 30 days after the mailing of the Department's findings as described in subsection (h) of this Section. Upon receipt of the request the Department shall conduct a hearing as provided under subsection (k) of this Section. (Section 3-702(g) of the Act)*

*k) Any person aggrieved by a decision of the Department rendered in a particular case which affects the legal rights, duties or privileges created under the Act may have such decision reviewed in accordance with Sections 3-703 through 3-712 of the Act.*

*l) When the Department finds that a provision of Article II of the Act regarding residents' rights has been violated with regard to a particular resident, the Department shall issue an order requiring the facility to reimburse the resident for injuries incurred, or \$100, whichever is greater.*

*(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)*

*i. The State of Illinois Joint Committee on Administrative Rules Administrative Code describes similar Complaint Procedures for Intermediate Care for the Developmentally Disabled Facilities and Long-Term care for Under Age 22 Facilities.*

*j. Additional notices of the facility grievance process will be displayed in prominent locations throughout the facility*

#### **D. Resident Council**

The facility will review the Grievance Policy and Procedure with the Resident Council on an annual or as needed basis. The Grievance Official will attend the Resident Council meeting as agreed upon in the Resident Council Charter. All grievances identified during the Resident Council meeting will be submitted immediately to the Grievance Official for investigation and resolution. Reporting of resolution outcome will be given to the Resident Council per protocol.

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- E. A grievance or concern can be expressed orally to the Grievance Official or facility staff or in writing using a grievance form which will be located adjacent to the Bill of Rights posting located throughout the facility.
- F. Grievances may be given to any staff member who will forward the grievance to the Grievance Office or they may file the grievances anonymously in the designated box located ***(Insert facility specific information here)***
- G. 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 their supervisor and the facility Grievance Official

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 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 of the provider; and as required by State law. 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.

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.

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#### H. Resolution

- a. The facility will strive for an expedient resolution outcome for all grievances or complaints rendered. A reasonable time frame will be agreed upon with all parties involved.
- 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
- 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. QAPI

The facility will track, trend and analyze the grievance process and findings for trends, performance gaps and opportunities for individual education, system and systemic improvement. The facility will incorporate the Grievance/Complaints will be incorporated into the Quality Assurance and Performance Improvement program.





## 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>

State Operations Manual Appendix PP – Guidance to Surveyors for Long-Term Care Facilities, 06/10/16:

- [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

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>

CMS Memo Ref: S&C: 11-30-NH: Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility (LTC): Section 1150B of the Social Security Act, Revised 01/20/12 (Elder Justice Act Provisions):

- [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter11\\_30.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter11_30.pdf)

*(Illinois) Joint Committee on Administrative Rules Administrative Code Title 77: Public Health, Chapter 1: Department of Public Health, Subchapter c: Long-Term Care Facilities*

- <http://www.ilqa.gov/commission/jcar/admincode/077/077003000P33100R.html>
- <http://www.ilqa.gov/commission/jcar/admincode/077/077003500O33100R.html>
- <http://www.ilqa.gov/commission/jcar/admincode/077/077003900O33100R.html>

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**GRIEVANCE INVESTIGATION (TEMPLATE)**

<b>Date received by Grievance Official</b>	
<b><i>**If Reportable proceed to Abuse Prevention Policy and Notification Protocols</i></b>	
<b>Reporting Individual</b>	
<b>Reporting Person Contact Information and Number</b>	
<b>Date of Occurrence</b>	
<b>Location of Occurrence</b>	
<b>Resident(s) involved</b>	
<b>Staff/Other(s) Involved</b>	
<b>Type of Concern</b>	<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:**

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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: \_\_\_\_\_

<b>Date of Occurrence</b>	
<b>Contact Person</b>	
<b>Concern</b>	

**Summary of Resolution Steps Taken**

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**Resolution and Outcome:**

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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)***