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| Grievance Policy/Complaint Handling Procedure for Clients, Staff  and/or Guests | | | | NO. 136 | |
| A client, employee, or guest may present complaints on behalf of himself/herself or others to the Human Resources staff, the Administrator, Resident Council, or any other person or agency without threat of discharge or reprisal in any manner including retaliation or barriers to service).   1. Anyone may by voice or in writing acknowledge his/her complaint without fear of retaliation. Grievance forms are readily available at the front office. Complaint procedures/forms will be made understandable to clients based on their disability and needs. 2. The complainant/grievance shall follow a chain of command beginning with the appropriate staff person, to the Director of the Department, and then to the Administrator, then to a member of American Health Enterprises management. 3. Pending the need for further investigation, and/or if the complainant so requests, such a complaint will be investigated by a professional staff person, who shall be a licensed nurse, department supervisor, or an individual appointed by the Administrator. Such person shall conduct a complete investigation as soon as possible, but not to exceed 48 hours unless extenuating circumstances exist. The individual grievant will receive a written response within 48 hours. 4. The investigator will document such complaint on an investigation form and/or in the patient's medical record as appropriate A copy of the investigation results shall be retained on file. 5. If the complainant is still not satisfied, he/she may request the Administrator to reinvestigate the situation and a referral to the Quality Assurance Committee (Winning Wheels) or the Human Rights Committee (S.T.R.I.V.E.; D.T.) may be made at that time. The purpose of the Quality Assurance Program is to provide patient/resident care that is optimal within available resources and is consistent with the achievable goals for the facility. The reinvestigation will be concluded within 48 hours if possible, and results of same will be communicated to the complainant. 6. If the grievance cannot be resolved, the complainant may file for an external review with the Department of Public Health, or the Winning Wheels Board of Directors. Such complaint will be resolved in writing within 30 days of filing. 7. A review of formal complaints is conducted at least annually as part of the annual program evaluation / performance goals development process, including corresponding trend analysis. Areas needing performance improvement and actions to be taken will be determined at that time and/or at the time of the review. | | | | | |
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| A patient may present complaints on behalf of himself or others to the Administrator, Resident Council or any other person or agency without threat of discharge or reprisal in any manner.   1. Anyone may by voice or in writing acknowledge his or her complaint with fear of retaliation or barrier of service. 2. The complaint shall follow a chain of command beginning with the Developmental Trainer to the Day Treatment Coordinator, and then to the Administrator. 3. If the patient request, such a complaint will be investigated by a professional staff person, who shall be the department supervisor or Administrator or his/her designee. 4. The investigator will document such complaint on an investigation form; a copy of the investigation results shall be given to the complainant and a copy placed in the patient's life. 5. If the complainant is still not satisfied, he/she may request the Administrator to reinvestigate the situation. 6. The Administrator shall give a copy of the reinvestigation results to the complainant and place a copy in the patient's file. 7. If the grievance cannot be resolved, the complainant may file a complaint with the authorized agency representative and/or a representative of American Health Enterprises, Inc. management company or the Department of Human Services / DMHDD. 8. Individual or guardians may present grievances an may appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedures shall require, at a minimum: 9. Notification of a right to appeal actions to deny, modify, reduce or terminate services be given to the individual or guardian upon entry into the program; 10. Written notices shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services; 11. That no provider action shall be implemented pending a final administrative decision; 12. That no one directly involved in the action or decision being grieved or appealed shall be part of the review of that action or decision. 13. The authorized agency representative decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the administrative review law.   The individual will not be excluded, suspended or discharged from services and services are not reduced for exercising any of his or her rights. | | | | | |
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