

SUBJECT: Client Complaints/Grievances	PAGE: 1 OF: 2
Reference: 42 CFR 484.50(c)(3) and (e)	EFFECTIVE: May 2017
DEPARTMENT: Cedar County Public Health	REVISED: May 2018; Mar. 2019
APPROVED BY: Cedar County Board of Health	REVIEWED: May 2017; May 2018; March 2019; March 2020

Purpose: To provide a standard process for addressing clients' issues and/or concerns with the aim to arrive at a mutually acceptable resolution.

Definitions:

Appeal: Any of the procedures that deal with the review of adverse organization determinations on the health care services of a client.

Complaint: Any expression of dissatisfaction of a client made verbally or in writing which is successfully addressed by the staff present.

Grievance: A formal or informal written or verbal grievance that is made by a client or the client's representative, when a client issue cannot be resolved promptly by staff present. Any complaint or dispute either verbal or written expressing dissatisfaction with the care provided which is unable to result in an amicable resolution.

Policies:

1. A client and/or representative should have reasonable expectations of care and services and the organization should address those expectations in a timely, reasonable, and consistent manner.
2. Every client and/or representative will be informed, upon admission, of the client complaint/grievance internal policy and procedure and the applicable external policies.
3. All clients and/or representative will be informed, upon admission, of internal and external contact information including name, telephone number, and address.
4. A written complaint is always considered a grievance, whether from a current or past client regarding the client's care, abuse or neglect, or the organization's compliance with legal mandates or accreditation standards.
5. Information received from a client satisfaction survey usually does not meet the definition of a grievance. If an identified client writes or attaches a written complaint on the survey and requests resolution, then the director will contact the client to discuss the incident.
6. All complaints and grievances are documented on the Client Complaint/Grievance Log by the Director or Home Health Clinical Manager.
7. Homemaking complaints are addressed by the Home Health Clinical Manager, in collaboration with the Director. Homecare aide services and skilled nursing service complaints are addressed by the Director, in collaboration with the Home Health Clinical Manager.

Procedure:

- A. If a verbal client care complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is considered a grievance. A complaint is considered resolved when the client is satisfied with the actions taken on their behalf. Complaints are documented on the Client Complaint Form and the form is submitted to the Director.

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- B. The staff person receiving a grievance shall immediately explain that the grievance will be investigated and will initiate a Client Complaint Form and submit it to the Director or Home Health Clinical Manager within 24 hours of hearing the complaint. If the complaint is received in written form it will be given to the Director or Home Health Clinical Manager who will complete the Client Complaint Form.
- C. The Director or Home Health Clinical Manager will respond to the client either verbally or in writing within 2 business days of receiving the grievance to explain the complaint was received and will investigate the grievance within the following 5 business days.
- D. If the grievance is unable to be completely investigated in 5 business days, the Director or Home Health Clinical Manager will inform the client of such and provide an estimated length of time for the next response. Every attempt shall be made to resolve grievances within 20 business days.
- E. Upon completion of the investigation, the Director or Home Health Clinical Manager will inform the client verbally or in writing of the decision. The decision will include steps of the investigation, results of the grievance process, date of completion, and next step in the process if the client remains unsatisfied (see Client Appeal Process policy).
- F. All grievances shall be reported to the Cedar County Board of Health either immediately or at the next meeting depending upon the nature of the grievance.
- G. All documentation of the complaint, grievance, investigation, follow up actions, and response to the client will be permanently retained in the department.