

Shaker Place Rehabilitation and Nursing Center
Administrative Policy

Concern & Comment Guidelines

POLICY:

The comfort, safety, health and happiness of the Residents of this facility is of primary importance. It is our policy to support, encourage, and promote the Resident's rights including the right to an easy to use and responsive grievance and suggestion procedure without fear of reprisal. A copy of this policy will be provided to the Resident/representative upon request.

PURPOSE:

To offer a method for the Residents to voice suggestions, concerns and comments in order to improve the quality of life and to make sure there is resolution.

PROCEDURE:

1. The Director of Social Work/designee is deemed the facility's Grievance Officer and is responsible for:
 - a. overseeing the grievance process,
 - b. receiving and tracking grievances through to their conclusion,
 - c. leading any necessary investigations,
 - d. maintaining the confidentiality of all information associated with grievances,
 - e. issuing written and/or verbal grievance decisions to the Resident, and
 - f. coordinating with State and Federal agencies, as necessary.
2. At admission, the Resident and/or responsible party will be completely informed, verbally and in writing, of the contact information of the Grievance Official, of their right to file a grievance orally or in writing and their right to do this anonymously if they so choose.
3. Names, addresses, and phone numbers of agency groups (Long Term Care Ombudsman Program, NYSDOH, etc.) with whom grievances may be filed will be included with the Resident's admission packet and posted throughout the facility.
4. All verbal or written suggestions or grievances will be directed to the Grievance Officer for coordination and initial investigation.
5. During the investigation, immediate action to prevent further potential violations of any Resident right will be taken if warranted. If the alleged violation of the Residents' rights is confirmed, corrective action will be taken per the facility's Disciplinary Action guidelines.
6. The Concern and Comment/Recommendation form will be completed and entered into the log kept in the Social Work Department.



7. The issue will be referred to the appropriate department for resolution and a response indicating the resolution will be provided to the Resident or responsible party within 21 days.
8. Upon completion by the designated department, the form will be returned to the Grievance Officer/designee for review and signature by the designated administrative staff.
9. Annually, the Administrator will review records and the log will be reviewed to ensure continued compliance with these guidelines and be presented to the Quality Assurance Committee as part of the Social Work Department's Annual Report. All completed forms will be kept in the Social Work Department for a period of three (3) years.

Policy Date: 12/16



**Shaker Place Rehabilitation and Nursing Center
Concern and Comment | Recommendation Form**

This form is made available so that you may exercise your right to make recommendations or complaints/concerns to our organization. We are unable to respond to anonymous concerns. Please complete the top section and return to the Director of Social Work or leave at the Administration Office.

Resident's Name: _____ Unit/ Room#: _____ Date/Time: _____

Name of person initiating Concern/Comment: _____ Relationship: _____

Address: _____ Phone #: _____

Nature of Concern/Comment:

**Forward Completed forms to the Director of Social Work or leave at the Administration Office.
Thank you for allowing us to continue to improve your experience at our facility!**

Facility Use Below This Line

Referred to Source Department: _____ (Individual) _____

Date received: _____

Grievance confirmed (explain below): Yes No

Summary of investigation / conclusion:



Action Taken/Resolution:

Resident/representative informed of resolution and satisfied with the outcome: Yes No

If no, explain: _____

Signature: _____ Title: _____

Date: _____

Forward completed forms to the Director of Social Work.

Administrative Review Below this Line

Director of Social Work:

_____ Date: _____

Quality Management:

_____ Date: _____

Director of Nursing:

_____ Date: _____

Administrator:

_____ Date: _____

