



Policy Established: 4-25-2012	Prepared By: Darlene Underhill
Target: Healthcare Facilities	

SUPPORTING THE RIGHT OF RESIDENTS TO VOICE CONCERNS OR GRIEVANCES

I. Policy Statement

It is New Hampshire Catholic Charities policy to support each resident’s right to voice concerns or grievances. Concerns or grievances may be presented verbally or in writing and may include concerns about treatment, care, management of funds, lost personal items or violation of rights.

Each center actively seeks resolution to concerns and keeps the resident or responsible party apprised of its progress toward resolution. The center upholds the rights of each resident, legal representative, other involved family member and resident advocate to voice concerns or grievances without discrimination or reprisal. Each concern or grievance will be respected and handled within an appropriate timeframe. Concerns/grievances may be filed anonymously, in which case the resolution will be given to the resident; however it is preferable to know the identity of the person submitting the concern/grievance as there may be additional questions or information needed to assist in resolution of the concern.

In cases of suspected abuse, neglect, misappropriation of resident property, injuries of unknown origin, or suspicion of a crime, the Administrator/Director of Nursing Services or designated person in charge will be notified immediately of the allegation.

It is the responsibility of the Administrator/Director of Nursing Services to initiate an investigation of all allegations and follow the abuse reporting process. A Resident Concern/Grievance Form will be completed by the person bringing forward the concern, as with any other concern, but this should not delay ensuring the resident(s) immediate safety, or the prompt reporting of the allegation, which may initially be verbal, especially if the situation warrants immediate intervention such as reporting to police, or removing a staff member from duty. Please refer to the Abuse Prevention and Reporting Policy and Procedure and Reporting Reasonable Suspicion of a Crime Policy and Procedure.

II. Guidelines

1. The administrator/designee ensures that the following information is posted prominently in the center.
 - a. State Survey and Certification Agency
 - b. State Licensure Agency
 - c. The Office of the Long Term care Ombudsman
 - d. The Disability Rights Center
 - e. Quality Improvement Organization
 - f. Catholic Charities Healthcare Services Contact Information
 - g. NHCC Concern/Grievance Form
 - h. The name and contact information, including mailing, email address and phone extension of the concern/grievance officer. The Social Worker is the Grievance Officer for this facility.
 - i. The right to obtain a written decision regarding the concern and reasonable timeframe for a decision.

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2. Each employee is responsible for listening to a resident, family member or interested party's concerns and reporting the concern/grievance to the social worker or designee.
3. The facility will take action to prevent further potential violations while the concern/grievance is being investigated.
4. If the issue can be resolved immediately, the employee will resolve the concern to the resident/family member or interested party's satisfaction. Regardless of whether or not an issue can be immediately resolved, a grievance form must be completed in order to track and trend issues through the QAPI process.
5. Residents and their families may report a concern/grievance in writing to any employee. The written complaint will be given to the social worker/designee and will be logged in the grievance book upon receipt. (See attached Monthly Concern/Grievance Log)
6. Residents and their families are encouraged to bring concerns to the facility team first, but additionally have the option to contact NHCC Health Care Services Response Line for additional assistance at **603-663-0253**.
7. The social worker/designee will forward the concern/grievance to the appropriate department head who will investigate the concern and take action to correct any identified problems.
8. The social worker/designee will bring the concern/grievance form to morning meeting to review with the management team and discuss progress toward resolution.
9. The administrator/designee will inform the individual filing the concern/grievance of the investigation, conclusions and any corrective action or resolution. *This is to be done within two (2) business days of receipt of the Concern/Grievance.*
10. The administrator and social worker will complete and sign the completed Concern/ Grievance Form. (See attached)
11. If the individual is not satisfied with the resolution, the administrator/designee coordinates additional investigation and follow-up including providing information on how to contact Catholic Charities Healthcare Services Assistant Vice President/ Director of Clinical Services, the Long-Term Care Ombudsman's office or the State Department of Health and Human Services, or Quality improvement Organization as applicable.
12. The social worker/designee updates the grievance log with the resolution and maintains a copy of the completed concern/grievance form in a designated location.
13. The social worker/designee provides information regarding concerns/grievances for integration into the center's QAPI Process.
14. The facility will maintain concern/grievance logs and investigations for at least three years.

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Concern / Grievance Form

At Catholic Charities NH, our goal is to provide excellent care and service to the individuals we serve, however, if you have a concern please feel free to inform an employee so that we can resolve your concern immediately. You may also use this form to communicate your concerns in writing. Please forward this form to the social worker and we will promptly respond to your request. You may also call the Healthcare Services Response Line at 603-663-0253.

Today's Date: ____/____/____ Time: _____ am / pm Facility: _____

Resident's Name: _____ Room #: _____

Individual Reporting the Concern: Resident Resident's Representative Employee

Name: _____ Relationship to Resident: _____

Phone: _____ E-Mail Address: _____

May we contact for additional information? Yes No

Name and title of the employee concern reported to: _____

Documentation of Concern/Grievance: _____

Documentation of Center's Follow-Up:

Name/Title of individual(s) designated to take action: _____

Date Assigned: ____/____/____ Date to be Resolved by: ____/____/____ Date Resolved: ____/____/____

Action(s) taken to resolve this concern: (Be specific) _____

Has the concern been resolved to the person's satisfaction? Yes No

Employee Signature: _____ Date: ____/____/____

Resolution of Concern/Grievance:

Person(s) (including resident) resolution reported to: _____

Via: Written Letter Telephone Face-to-Face E-Mail Other: _____

Date Notified: ____/____/____ Time: _____ am / pm By: _____

Social Services Signature: _____ Date: ____/____/____

Administrator's Signature: _____ Date: ____/____/____

Resident/Representative Signature: _____ Date: ____/____/____

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