

**SENIORLIFE  
OPERATIONS MANUAL  
GRIEVANCE PROCEDURE**

**Policy:**

It is the policy of Senior LIFE (SL) to assure that all participants understand and have access to the established grievance system should a concern/complaint about their care arise. All grievances are reviewed on a routine basis by the Executive Director. The QI Coordinator maintains a log of this information in order to foster an environment of continuous improvement. In addition, grievance information is made available for review by CMS and/or the PA DHS upon request.

There shall be no discrimination against a participant on the grounds that he/she has filed a grievance. Confidentiality will be upheld at all times and the participant will continue to receive all required services during the grievance process.

Further, it is the policy of SL not to discriminate on the basis of race, color, national origin, sex, age or disability. The grievance system will provide for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (**42 U.S.C. 18116**) and its implementing regulations at **45 CFR part 92**, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability. Section 1557 and its implementing regulations may be examined in the office of the QAPI Coordinator, who has been designated to coordinate the efforts of SL to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for SL to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

**Purpose:**

To provide participants/family/representatives a process for expressing dissatisfaction with the services provided by SL. All SL participants/family/representatives will have the opportunity to express their concerns or dissatisfactions with the services of SL or any of its providers without the fear of reprisal.

The grievance process also provides SL with opportunities to improve on their service delivery system. SL recognizes that grievances may be the first indication that a problem exists. The grievance policy is outlined in the Participant Handbook and is reviewed with the participant/representative at the time of enrollment and annually via the newsletter at the minimum. In addition, the grievance policy and procedure will be made available to the participant/family upon their request and when a grievance is filed.

**Definition:**

A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

**Procedure: Filing a Grievance**

1. A grievance may be expressed to any staff member at any time. Any incoming grievances via telephone or in person given to a Senior LIFE staff member will be documented on the *Grievance Investigation Report* by the staff receiving the

complaint. This is then reported to the Program Director or the immediate supervisor of the person receiving the grievance on the next business day.

2. If during non-center operational hours the participant/family/representative wishes to file a grievance, the nurse on-call will be responsible for receiving the complaint and reporting it to IDT the next business day.
3. The grievance will be discussed and a written acknowledgement of receipt of the grievance will be provided to the person filing the grievance.

#### **Documentation of a Grievance:**

1. An investigation of the grievance is completed and documented within 5 business days of the day reported to IDT on the *Grievance Investigation Report* by the staff that was assigned.
2. Every action taken during the course of the grievance investigation is documented on the *Grievance Investigation Report*.
3. It is also written on the *Grievance Log* and maintained at the facility. Trends and patterns are identified by the QI Coordinator and reported to the QI Committee. The QI Committee is responsible for determining the need for and initiating an improvement plan. Identified trends and action plans are reported back to the Interdisciplinary Team on at least a quarterly basis.

#### **Resolution:**

1. Staff will report the grievance at the next IDT meeting or within a period of five working days (whichever is sooner).
2. If a solution is found and agreed to by the participant within five working days of when the grievance was reported to the IDT, the grievance is resolved.
3. All efforts are made by the team to pursue a resolution to its utmost ability so that problems with service delivery do not go unresolved.
4. When the grievance concerns complaints of discrimination based on race, color, national origin, sex, age or disability, a written decision on the grievance will be issued no later than 5 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within one hundred eighty (180) days of the alleged discrimination.

#### **Dissatisfaction:**

1. If a solution is not found by the staff within five working days of the date reported to the IDT or agreed to by the participant, the staff shall develop a written report regarding the nature of the grievance.

2. The written report shall be sent to the Executive Director, or if the grievance involves medical care, to the Medical Director/Physician for final action.
3. The Executive Director or Medical Director/Physician will immediately review and approve or disapprove the staff's written report, and forward a copy of the approved report to the participant within five working days. The report is considered final disposition to the grievance. The report is accompanied by a notice that contains a statement that if the participant is not satisfied with this action, he/she has 30 days to request a review by the Advisory Committee.
4. If the participant is not satisfied with the action taken as a result of their grievance, he/she may ask for a review by the Advisory Committee within 30 days of the receipt of the final disposition of their grievance.
5. The Advisory Committee will send written acknowledgement of the receipt of the grievance within five working days to the participant. The Advisory Committee will then investigate and find a solution, and take appropriate actions subject to approval of the Board of Directors.
6. The committee will send to the participant a copy of a report containing a description of the grievance, the actions taken to resolve the grievance, and the basis for such action. The committee has 30 working days from the day the grievance is filed with the committee to complete its report and send it to the participant.
7. If the decision is wholly or partially adverse to the participant, a copy of the report shall be forwarded immediately to DHS and the ombudsman.
8. The QI Coordinator is responsible for maintaining, aggregating, and analyzing information on grievance proceedings. By analyzing the number and types of grievances, SL can develop activities that will monitor and improve the grievance resolution process, as well as identify and make improvements or modifications in areas of care. This information will, in turn, be reported to the Management Team, and ultimately, the governing board.
9. SL will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The QI/Section 1557 Coordinator will be responsible for such arrangements.

**Annual Review:** The grievance process is reviewed annually with all SL employees and contract providers.