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Marwood Nursing & Rehab will utilize the following policy and procedure to comply with State and Federal regulation for Nursing Homes (Public Act 11 of 2002 – section 21723) in creating a procedure for filing complaints by nursing home residents and other interested parties. Complaints may be received in person or by telephone, or in writing from residents, resident representatives, employees, and visitors. Any person who believes that Federal or State Laws or Rules applicable to nursing homes or nursing care facilities have been violated may make a written or oral complaint. A resident may file a complaint for abuse, neglect, mistreatment and misappropriation. This policy is a guideline for posting, filing, investigating and the resolution of complaints and alternative reporting procedures.

PROCEDURE:

Posting:

1. The Grievance Official responsible for overseeing the grievance process is Community Outreach.
2. The procedural guidelines for making a complaint against a nursing home are posted on the public information board in the Main Hallway, and copies can be obtained at reception.
3. Each resident/resident representative is given a copy of this policy and an oral explanation upon admission. This is explained by the social worker after admission. This information is signed off as received by the resident/resident representative. This policy is also available upon request.
4. The Administrator, Assistant Administrator, Director of Nursing, Nursing Supervisor, and the Building Supervisor are facility representatives to receive complaints, investigate, and to initiate their resolution.
5. The facility will post each day on the clipboard located in the main hallway, the name, title, location, and telephone number of the designated facility staff person(s) for each shift that is available to receive complaints and conduct complaint investigations. The facility will ensure that at least one individual is identified above in paragraph 3, is on duty and on site at all times to receive complaints and to conduct complaint investigations.
6. Staff members designated to receive complaints may also be contacted at Marwood by calling the central number at (810) 982-9500 and connected through the receptionist.
7. Marwood will post a procedure outlining the steps for communicating with the complainant that includes how to complete the Complaint Form. It will also outline how the complaint form will be addressed by the facility. Forms are available upon request from reception or each nursing station.
8. Available for review at the clipboard in the Main Hallway:
 - Daily designated staff person with Name, title, location, telephone number (posted on daily resident staffing sheet)
 Available at Reception:

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- Procedure for completing the Complaint Form
- Blank Complaint Forms
- Policy posted in public location.

Filing an In-house Complaint:

1. Complaints are to be treated with concern and interest by Administration. Complaints related to disclosure of confidential information (HIPAA privacy rules) or other issues that are considered or related to a privacy issue can be addressed through the Privacy Officer. To contact the Privacy Officer, use Marwood’s central number (810) 982-9500 and receptionist will connect to the privacy officer or their voice mail extension.
2. The resident has the right to voice **ANY** complaint, including those about treatment and care.
3. A verbal complaint from a resident that is not resolved to the satisfaction of the resident will be put in writing. A Marwood representative will provide the resident assistance in completing the complaint form if needed and/or upon request. The oral complaint will be put into writing using the complaint form. The designated-posted complaint contact person on duty at the time the complaint is received will be responsible to follow up with Administration and ensure the investigation is initiated within the appropriate timeframe.
4. Complaints may be presented to staff other than the designated staff person such as a nurse aide, nurse, or clinical coordinator. Staff are to report complaints to their supervisor. If the complaint can be resolved to the satisfaction of the complainant immediately or before the end of the shift, it may not be required to be put in writing (as outlined below). A written complaint report will **not** be required unless it is requested by complainant.
5. Whenever possible, complaints are to be resolved within the facility. If the complainant insists on action by a State of Michigan agency, all consideration and help will be rendered.
6. If the complaint originates at the facility level, it is very important to make the complaint in writing and make the form available (see attached). Written complaints in any form will be accepted. In this instance, a complaint form will be attached to the original written complaint and the complaint will be handled in the same manner as a complaint form.
7. A complaint form may be generated by a Marwood representative at the direction of Administration. In this instance, the complaint form would be used to outline a concern or issue brought to the attention of the facility and to provide feedback to the complainant on the resolution or plan of action taken by the facility to resolve the situation. This will be used for ongoing issues where the complainant has **not** submitted a written complaint but has expressed verbal complaints that may be complex in nature or are best clarified and resolved in writing.
2. Blank forms are to be kept on the wing in the nurse’s file cabinet and at the front reception desk.

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Types of In-house Complaints:

Verbal complaint: Does not require documentation if reported and resolved prior to the end of the shift. This is for items that are of a lesser degree in seriousness.

Unusual Occurrence (Form 0-110A):

Initiated by a staff member to provide documentation of the details of a verbal complaint when more than one shift is required to follow up. This document will be used to maintain a flow of communication and to monitor the progress and ensure resolution of the verbal complaint.

The Quality Assurance program monitors unusual occurrence reports for patterns and trends, utilizes an investigative process, and tracks findings and outcomes/resolution of complaints.

When a written complaint is received by the designated facility representative, that individual will complete a Unusual Occurrence report form to provide a document for quality assurance and monitoring purposes. If the complainant requests the complaint be put into writing, the complaint form will also be used.

Complaint Form (Form 0-110 B):

If complainant requests that a verbal complaint be reduced to writing and documented, this is to be done on a complaint form. Residents, resident representatives, employees, and visitors are to utilize the complaint form for written complaints that are to be followed up by Administration and require a written response and documented resolution to the complaint. The complaint form is not required. A handwritten or typed complaint on plain paper will be addressed appropriately as if it were written on a complaint form.

Types of complaints that are required to be put in writing:

- Missing, lost, damaged, or stolen property.
- Staff reporting verbal complaint from resident, resident representative or visitor that is not able to be satisfactorily resolved prior to end of shift.
- Injury occurring to resident/staff/visitor.
- Complaints addressed by the designated facility staff.
- Staff reported Allegations of abuse, neglect, mistreatment, or misappropriation of property.



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Complaint Form:

- Resident / Resident representative / staff / or visitor filing a written complaint.
- Staff or designee assisting resident in filing a complaint.
- Anyone filing a complaint and/or requesting follow up with Administration.
- Allegations of abuse, neglect, mistreatment, or misappropriation of property will be reduced to writing, investigated and reported (see policy: abuse reporting).

Receipt of Complaint:

1. Verbal Complaints, unless otherwise indicated, may be addressed at the appropriate department level. If by the end of the shift, the complaint is not resolved to the satisfaction of the complainant, an unusual occurrence will be completed to follow up. When an unusual occurrence form is completed, it is reported to the Nurse in Charge, the Clinical Coordinator, Director of Nursing, Administration as appropriate.
2. The resident, resident representative, employee or visitor will be contacted if additional information is necessary to resolve the complaint.
3. There is no formal written report of the results given to the complainant when resolving a complaint from an Unusual Occurrence form. This is a quality assurance document utilized for process improvement.
4. The Complaint form may be submitted by anyone with a complaint. This written document will receive timely and appropriate attention towards a goal of satisfactory resolution.
5. The written Complaint Form may be submitted to the attention of the Administrator by mail, in person, with the assistance of staff, or at the time of reporting to the designated staff person that is to receive and initiate resolution to a complaint.

Investigation:

1. Each complaint will be reviewed to determine the appropriate investigation approach.

The timeframe from receipt of the complaint to the initiation of the investigation will be timely and appropriate in accordance with the nature of the complaint. The following guideline will be used:
 - A. Immediately (no later than 8 hours): for abuse, neglect, or misappropriation. (refer to abuse policy)
 - B. As Soon As Possible but Within five (5) Days: for anything that has caused actual harm or a HIPAA related privacy compliance complaint.



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- C. As Soon As Possible but Within 15 Days: for any other concern.
2. The written complaint will be kept confidential unless disclosure is considered essential to the investigation.
 3. The investigation process will include interview(s) of relevant persons that may have information related to the complaint including resident, resident representative, staff, and visitors.
 4. Review of the final investigative findings will be conducted with Nursing Supervisor, Administration and/or other department supervisors as appropriate.
- Resolution:**
1. The designated staff investigating the complaint will make recommendations as to the relevant factors of the complaint, resolution, and action to prevent recurrence. The resolution of the complaint will be at the approval of Administration.
 2. When a complaint form is submitted, a written response (form O-209) will sent to the complainant within 30 days from receipt of the complaint.
 3. When the complaint investigation is not completed within 30 days the Facility shall provide the complainant with a status report of the investigation indicating when the final documentation may be expected.
 4. For **HIPAA Privacy** related complaints, a written report of the findings of the investigation will be provided to the individual filing the complaint within 30 days of receiving a complaint unless an extension is necessary to complete the investigation such an extension may not exceed 30 days.
 5. The written response form is completed by the designated staff member that received the initial complaint, or other staff as directed by Administration. It is preferred if a meeting can occur to review resolution with the complainant. If this is not possible, two copies of the written response form will be signed and mailed to the complainant with a self-addressed stamped envelope for them to return a signed original for the facility. The written response form will be mailed certified US Mail with Return / Receipt. This will be kept with the complaint form as verification of date sent.
 6. The written response will include an area for the complainant to sign, date, and indicate if they

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are satisfied with the response. This will be returned to Marwood and filed in the Archives for 3 years and will be available to the State as required by regulation.

7. A complainant who is dissatisfied with the determination of the investigation, may indicate it on the written response form, and may request a review of the investigation findings by the Facility Administrator.
8. The Administrator will respond to the appeal from the complainant with a second written response form in the same manner as outlined above.
9. If the complainant is not satisfied with the Administrator review, then they may contact The Michigan Department of Community Health (MDCH) to file a complaint.

Alternative Reporting:

The Michigan Department of Community Health (MDCH) investigates complaints against health care facilities that fail to deliver services as required by federal and state laws. The types of facilities covered by the Bureau of Health Systems (BHS) are listed below. Examples of allegations investigated include physical, mental, or sexual abuse of a resident or patient; neglect of a resident or patient; misappropriation of property; failure to provide adequate care or in accordance with a physician’s order; unsanitary conditions; inadequate staffing to meet resident or patient care needs.

All nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home that is responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints. You may wish to contact the facility representative or administrator before filing this complaint.

Filing A Complaint

BHS must have the following minimum information to open a complaint:

- Complainant’s name, address, and telephone number
- Facility’s name and location
- Resident/patient name and location
- Nature of complaint/Date of Incident

Anyone may file a complaint against a licensed or certified health care facility by:



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- Submitting the BHS *Online Complaint Form* at <http://www.michigan.gov/bhs>, clicking “Health Systems & Licensing” button and then “Featured Services”
- Completing and mailing a *Nursing Home Complaint Form* (BHS-OPS-361a) – for nursing homes only
- Submitting a letter with at least the required complaint information shown above to:
Michigan Department of Community Health
Bureau of Health Systems, Complaint Investigation Unit
P.O. Box 30664, Lansing, MI 48909
Fax: 517-241-0093
- Calling the toll-free Complaint Hotline at 1-800-882-6006

NOTE: The name of the complainant and a resident named in a complaint are not disclosed to a nursing home during an investigation unless the complainant or resident consent in writing. However, the investigation can proceed more quickly if the complaint can be discussed at the time of the investigation.

Other Agencies that Help Citizens with Health Facility Complaints:

- Citizens for Better Care (CBC) – an advocacy group for nursing home residents & families: 1-800-833-9548 or <http://www.cbcmi.org>
- Centers for Medicare & Medicaid Services (CMS) – The official US Government site for people with Medicare, including nursing home comparisons and inspection reports and other information: <http://www.medicare.gov/>
- Department of Attorney General (AG) – Investigates elder abuse and Medicaid fraud: 1-800-99NO-ABUSE (996-6228) or <http://www.michigan.gov/ag/> (to file an online complaint with AG)
- Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, Office of Fire Safety – investigates complaints concerning health care facility physical plant problems: 1-517-322-1162
- Department of Human Services (DHS) – investigates complaints against Homes for the Aged: 1-866-856-0126
- Michigan Department of Community Health, Bureau of Health Professions (BHP) – receives complaints against individual health care professionals, such as doctors, nurses, social workers and nursing home administrators: 1-517-373-9196 or <http://www.michigan.gov/healthlicense>
- Michigan Protection & Advocacy Service (MPAS) – tells you who you should call to report abuse/neglect, helps you file a complaint or investigate an abuse/neglect allegation: 1-800-288-5923 or <http://www.mpas.org/>

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- State Long-Term Care Ombudsman – will help identify, investigate and help resolve complaints of residents of licensed long-term care facilities through its network of local ombudsmen: 1-866-485-9393
- Medical Services Administration – reporting problems with Medicaid bills or payments: 1-800-642-3196, P.O. Box 30479, Lansing, MI 48909-7979
- Elder Law of Michigan, Inc – 1-866-400-9164
- Medicare-Medicaid Assistance Program (MMAP) – 1-800-803-7174
- Legal Hotline for Michigan Seniors – 1-800-347-5297

FORMS USED:

- O 207 INSTRUCTIONS FOR REQUESTING ASSISTANCE (COMPLAINT FORM PROCEDURE)
- O 110A COMPLAINT FORM
- O 110B INVESTIGATION REPORT
- O 209 WRITTEN RESPONSE TO COMPLAINT
- P-151 DAILY COMPLAINT CONTACT PERSON
- A CITIZEN'S GUIDE FOR FILING A COMPLAINT AGAINST A HEALTH FACILITY