

# Participant Grievance Procedure

## *What do I do if I am not satisfied with my health care plan or the care I receive?*

We want to be sure that you are satisfied with the care that you receive from us. Please let us know right away if there is a problem or concern about any aspect of the program. As a PACE @ Home Participant you have the right to file a grievance about anything you are not satisfied with regarding our program. Here are a few examples:

- The quality of services you receive in the home, at the Day Health Center, or in any inpatient stay (hospital, skilled nursing facility, or nursing facility);
- Mistakes you feel have been made;
- Waiting times on the phone or in the waiting/exam room;
- Behavior of any of your care providers or program staff;
- Adequacy of center facilities;
- Quality of food provided;
- Transportation services.

Information on how to file a grievance will be reviewed with you at least annually and anytime you or your family requests it.

If you file a grievance, you will continue to receive health services the same as before you filed the grievance. PACE@Home employees will not discuss your grievance with other Participants or anyone else not involved with investigating your grievance.

You may file a grievance with any staff member, either verbally or in writing, at any time. You or your family member can telephone the center during the hours of 8:00 a.m. - 5:00 p.m. or call the Administrator On-call at 828-468-3980 after hours. Written requests can be mailed to PACE@Home 1915 Fairgrove Church Road SE Newton NC 28658 or fax to 828-464-2845.

Once you or your family member have filed a grievance, PACE @ Home will discuss it with you or your representative and provide you with the specific steps, including the time frames for response, that will be taken to resolve the grievance, which includes a written notification of the grievance process. We will continue to furnish you with all services at the frequency provided in the current plan of care during the grievance process.

It is the responsibility of our Center Manager to investigate and seek a resolution of the grievance, as soon as possible, but no later than 30 business days. Participants will be notified in writing of the resolution of their grievance.

All efforts will be made by the team to pursue a resolution to its utmost ability, so that problems with service delivery do not go unresolved. If you or your family member is still not satisfied with the resolution proposed by the team, you will be informed, either orally or in writing, of what action you may take.

All efforts will be made by the PACE @ Home Center Manager to resolve the ongoing grievance within 30 days by using the resources of the program.



## Grievance Reporting Form

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

**Process:** After a grievance is filed, the PACE @ Home Center Manager will seek to resolve the grievance as soon as possible, but no later than thirty (30) business days after the grievance was received. You will be notified orally and in writing of the team's resolution. Any participant/caregiver who is dissatisfied with the outcome of the grievance resolution proposed can contact the Center Manager within thirty (30) days of the resolution. If the participant/caregiver is still not satisfied with the resolution proposed, he/she can request a review by the PACE @ Home Program Director.

**Directions:** Record grievance on this form and in the Grievance Log. Provide a copy of this form and explanation to complainant (the one complaining) and/or the participant. The original copy must be given to either the Center Manager or the Quality Assurance Coordinator.

Participant Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Relationship to ppt: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Grievance Source:**

Caregiver

Participant

Contracted Provider

Family

**Type of Grievance:** (Please check only one; if more than one apply please fill out another form)

Activities	Disenrollment	Medication
Communication	Enrollment	PACE Services
Contracted Specialist	Home Care	Supplies
Contracted Facility	Marketing	Transportation
Dietary	Medical Care	Other:

**Specific Issue:** (Please refer to list on back and choose option that applies)

**Details of Grievance** (Dates, Verbatim Comments, Objective Facts and Details)

**Steps Taken to Resolve Grievance** (Add time frame if not done within five (5) days)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Specific Issues (write the number on the line provided on the grievance form – select only one)**

**Activities:**

- 1 Not age or ability appropriate
- 2 Dissatisfied with frequency of activities
- 3 Dissatisfied with quality of activities
- 4 Dissatisfied with variety or type of activities
- 5 Requesting activities outside of the Center
- 6 Requesting more activities for men
- 7 Other:

**Communication:**

- 8 Call(s) not returned
- 9 Communication is unclear
- 10 Difficulty contacting on-call
- 11 Difficulty contacting PACE
- 12 Not informed of appointment(s) in timely manner
- 13 Not informed of appt(s) outside the Center
- 14 Not informed of changes in participant's condition
- 15 Not informed of changes to HC schedule
- 16 Not informed of medication changes
- 17 Not informed of appointment changes
- 18 Rude behavior/communication
- 19 Staff is inattentive
- 20 Other:

**Contracted Specialist:**

- 21 Dissatisfied with care provided
- 22 Dissatisfied with hoe toenails were cut
- 23 Length of time to receive dentures
- 24 Length of time to receive glasses
- 25 Length of time to schedule appt.
- 26 Physician behavior (rude)
- 27 Records were not sent prior to appt.
- 28 Specialist appt. was not made

- 29 Time in waiting room
  - 30 Other:
- Contracted Facility:**
- 31 Availability of staff to provide assistance
  - 32 Cleanliness of facility
  - 33 Did not provide for prt ADLs
  - 34 Missing clothes or personal items
  - 35 Prt left in bed too long
  - 36 Quality of care at facility
  - 37 Report of abuse
  - 38 Staff behavior (rude)
  - 39 Staffing
  - 40 Other:

**Dietary:**

- 41 All prts at table not served at same time
- 42 Dissatisfied with alternate selection
- 43 Dissatisfied with prescribed diet
- 44 Dissatisfied with selection/variety of foods
- 45 Dissatisfied with sugar free items
- 46 Food temp too cold
- 47 Food temp too hot
- 48 Foreign object in food
- 49 Not allowed to bring food from home
- 50 Not allowed salt or pepper
- 51 Not enough staff assistance
- 52 Quality of food
- 53 Staff hand washing/infection control
- 54 Wait time too long for food
- 55 Other:

**Disenrollment:**

- 56 Dissatisfied with how care coordinated with new provider
- 57 New provider did not receive medical records
- 58 Other:

**Enrollment:**

- 59 Dissatisfied with cost
- 60 Not aware of the need to utilize PACE network of providers
- 61 Unaware of participant liability
- 62 Other:

**Home Care:**

- 63 Staff behavior (rude)
- 64 Dissatisfied with staff member
- 65 Missed appointment

- 66 Report of abuse
- 67 Report of missing items
- 68 Requesting decrease in home care
- 69 Requesting additional home care
- 70 Staff does not have enough time to complete tasks
- 71 Staff early for appt.
- 72 Staff late for appt.
- 73 Staff unaware of assigned tasks
- 74 Staff unable to enter home
- 75 Tasks not completed
- 76 Unable to hear or understand staff
- 77 Other:

**Marketing:**

- 78 PO misrepresented services
- 79 PO's marketing is misleading
- 80 Other:

**Medical Care:**

- 81 Activity interrupted for clinic visit
- 82 Activity interrupted for therapy
- 83 Disagree with diagnosis or treatment
- 84 Too few clinic visit
- 85 Dissatisfied with wait time in clinic
- 86 Insufficient privacy in clinic
- 87 Insufficient privacy with personal care
- 88 Insufficient clinic staff
- 89 Insufficient therapy staff
- 90 Therapy area too small
- 91 Pain not addressed
- 92 Personal care rushed
- 93 PCP does not listen to prt concerns
- 94 Other:

**Medication:**

- 95 Disagreement with medication regime
- 96 Medication error
- 97 Medication is missing
- 98 Medication not administered in private setting
- 99 Medication not available
- 100 Medication discontinued
- 101 Medication not delivered
- 102 Requested medication not provided
- 103 Other:

**PACE Services:**

- 104 Dissatisfied with ability to obtain routine dental care
- 105 Dissatisfied with ability to obtain routine hearing services
- 106 Dissatisfied with ability to obtain routine vision care
- 107 Dissatisfied with availability of specialist services
- 108 Center attendance – too few days
- 109 Center attendance – too many days
- 110 Dissatisfied with provider network – home care
- 111 Dissatisfied with provider network – hospitals
- 112 Dissatisfied with provider network – nursing facilities
- 113 Dissatisfied with provider network – specialists
- 114 Other:

**Supplies:**

- 115 Dissatisfied with quality
- 116 Insufficient quantity
- 117 Prt privacy issue
- 118 Supplies not delivered
- 119 Other:

**Transportation:**

- 120 Arrives too early
- 121 Cannot take w/c on van
- 122 Complaint of discomfort
- 123 Condition of vehicle
- 124 Drivers speed or driving
- 125 Late pick-up
- 126 Length of ride too long
- 127 Missed pick-up
- 128 Not aware of change in pick-up time
- 129 Not enough room on van when supplies are being delivered
- 130 Other participants' behavior
- 131 Arrived home in soiled clothing
- 132 Temperature too hot/ too cold
- 133 Van crowded
- 134 Other:

**Other:**

- 135 Other