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.
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)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Disenrollment</th>
<th>Medication</th>
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<tr>
<td>Communication</td>
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<td>PACE Services</td>
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<tr>
<td>Contracted Specialist</td>
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<tr>
<td>Contracted Facility</td>
<td>Marketing</td>
<td>Transportation</td>
</tr>
<tr>
<td>Dietary</td>
<td>Medical Care</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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: ____________________

04/13, 02/16, 07/17
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 appointment(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 Facility:
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 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:
Dismallowment:
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:
135 Other