

MDS Alert

Compliance: Give Your Grievance Policy Another Look

Letting grievances fall through the cracks may mean failing residents.

The requirement of a system for processing grievances is intended as a means of ensuring that residents have a way to address any discomforts, complaints, or even safety issues. The documentation necessarily involved in a watertight grievance process should serve as a record that a facility takes grievances seriously and makes good faith attempts to help residents feel safe, secure, and content.

Take the time now to make sure that your grievance process is serving residents well.

"Grievances are an area that facilities tend to address in multiple ways, including timeframes for responses, so it's worth reviewing practices in your own building to see if your system is actually working," says **Linda Elizaitis, RN, BS, RAC-CT, CDS**, president of **CMS Compliance Group** in Melville, New York.

Prioritize Documentation

Like just about everything else in long-term care, if there's no written record or other documentation, there's no evidence that an incident occurred.

"If complaints are made, whether they are based on issues that arise during a resident council meeting or if a resident complains about a lost item or the quality of the food, something actually needs to be done for follow-up with an associated 'paper trail,'" Elizaitis says. "A lack of follow-up for an actionable item in response to a written or voiced grievance does not meet standards of practice. This can be problematic for several reasons."

One reason to create a good paper trail: penalties from surveyors.

"First, remember that, during survey, there is an interview with the resident council that is expected to happen early in the survey to provide the survey team with time to follow up on information shared," Elizaitis notes.

"During that interview, a surveyor will ask the resident council about grievances that have been presented at prior meetings - including asking if they have been addressed by the facility."

The long-term care survey process (LTCSP) has five questions targeting the grievance process, including a look into whether a facility provides a rationale for a lack of response, she says.

If your facility's standard of practice does not already include addressing resident satisfaction over how a facility handles an expressed grievance, it should, Elizaitis says. Inappropriately handling grievances can "definitely result in a survey deficiency, as well as poor resident and/or family/representative satisfaction," she adds.

Failure to Address May Create a Mess

Residents have the right - and should feel empowered - to take their concerns to another entity, which could mean additional or more serious backlash for a facility that fails to address a grievance. Other entities may get involved, but the facility in question may also suffer harm to its reputation, in terms of public opinion.

"If a grievance is filed for an issue and is not followed up on, the next steps the individual who filed the grievance may take could involve contacting the health department or the ombudsman's office, and, in some instances, we know that this leads to poor reviews on public media and/or initiation of legal action by the grievant," Elizaitis says.

Know these Proposed Changes

The Requirements of Participation is addressing the current grievance process regulations in hopes of making the system both more accessible to residents and more effective in actually addressing issues.

"The regulation at F585 Grievances currently requires that facilities identify a Grievance Official to oversee the process. Under the proposed changes, facilities would have flexibility as to who responsibilities can be delegated to, including an expansion of the number of people who could responsible for the process," Elizaitis explains.

The changes would reduce the burden on any individual staff member while also potentially allowing the grievance to be addressed by someone whose role is most closely aligned to the issue.

"In theory, this should help with the facility's ability to respond in a more timely manner because more than one person should be able to address a grievance, and it makes sense, for example, to assign a grievance related to care to the director of nursing versus the director of social work."

Consider Adjusting Language in Policies

Facilities know that there can be a vast difference between general criticism from a resident and the gravity of a "proper" grievance, particularly in the facility's responsibility in addressing the issue.

CMS is therefore proposing to emphasize the difference between the two, which would alleviate facilities' responsibility to conduct a full investigation when such action may be unwarranted.

The clarification would note that "there is a difference between a grievance and 'resident feedback' since the current expectation is that a grievance would generally require an investigation of the allegation of problematic care," Elizaitis says.

If this change is made final, your facility should adjust its own policies to reflect the difference by defining the process in which a grievance is expressed and addressed, versus resident feedback. Honor the gravity of grievances by properly documenting all steps of an investigation into the issue, the reporting of how the facility addressed the problem, and its resolution with the respective resident, and making sure that a system is in place that is accessible to residents.