**POLICY NAME:** Quyanna Care Center Grievance Process  
**EFFECTIVE:** 03-17-2017

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<th>DEPARTMENT:</th>
<th>DATE REVIEWED &amp;/OR REVISED: 08-16-2018</th>
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<td>QCC</td>
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<th>APPROVED BY:</th>
<th>QCC Medical Director</th>
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<td>Board of Directors</td>
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<th>QCC Administrator</th>
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**Purpose:** To facilitate a process for QCC residents and/or their representatives to express any concerns or dissatisfaction about the care delivered and to address them in a timely and efficient manner. All staff at NSHC share responsibility for the care of our residents and their satisfaction with the services they receive.

**Scope:** A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of resident care. A grievance may include, but is not limited to:

- The quality of services a resident receives in QCC, at a QCC sponsored event or field trip, or during an inpatient stay (hospital, rehabilitative facility);
- Behavior of any of the care providers or program staff;
- Adequacy of center facilities;
• Quality of the food provided;
• Transportation services; and
• A violation of a participant’s rights

Policy:

At any time, should residents or representatives wish to file a grievance, QCC staff is available to assist. If residents or representatives do not speak English, a bilingual staff member or translation services will be made available to assist.

Residents and/or representatives will not be discriminated against because a grievance has been filed. QCC will continue to provide you with all the required services during the grievance process. The confidentiality of your grievance will be maintained throughout the grievance process and information pertaining to your grievance will only be released to authorized individuals.

Procedure:

A. Filing of Grievances

The information below describes the grievance process for residents and/or representatives to follow should they wish to file a grievance.

1. Residents/Representatives can verbally discuss their grievance either in person or by telephone with QCC Program staff. The staff person assisting the resident/representative will make sure that the complainant is provided written information on the grievance process and that the grievance is documented on the Grievance Report form.

It is important for the complainant to provide complete information of their grievance so the appropriate staff person can help to resolve the grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

NSHC
Attn: Compliance Officer
PO Box 966
Nome, AK 99762
# 907-443-3360

Residents/representatives may also use the NSHC Ethics/Compliance Hotline: www.nortonsoundhealth.ethicspoint.com or our toll-free number at 1-855-541-4193 to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call Type: 1-800-770-8973 or Voice: 1-800-770-8255.
2. The staff person who receives the grievance will help the resident/representative document the grievance (if the grievance is not already documented) and coordinate investigation and action. ALL information related to the grievance will be held in strict confidence and will not be disclosed to program staff or contract providers, except where appropriate to process the grievance. No reference that a resident/representative has elected to file a grievance with QCC will appear in the resident’s medical record.

3. Residents and/or representatives will be sent a written acknowledgement of receipt of their grievance within five (5) calendar days. Where necessary, the Compliance Officer or Program Staff will acknowledge the grievance by telephone and will clarify information provided on the Grievance Report Form or will obtain and document additional facts related to the grievance. Investigation of the grievance will begin immediately to find solutions and take appropriate action.

4. The QCC Staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance. If residents and/or representatives are not satisfied with that resolution, you and/or your representative have the right to pursue further action.

5. In the event resolution is not reached within thirty (30) calendar days, residents and/or their representatives will be notified in writing of the status and estimated completion date of the grievance resolution.

A. Expedited Review of Grievances

If residents and/or representatives feel their grievance involves a serious or imminent threat to their health, including, but not limited to, potential loss of life, limb or major bodily function, severe pain, or violation of resident rights, the Compliance Officer or QCC Program Director will expedite the review process to a decision within 72 hours of receiving the verbal and/or written grievance and request for expedition. In this case, residents and/or representatives will be immediately informed by telephone of:

(a) The receipt of their request for expedited review, and
(b) Their right to notify the Department of Social Services of their grievance through the State hearing process.

B. Resolution of Grievances

Upon NSHC’s completion of the investigation and reaching a final resolution of the filed grievance, the resident and/or representative will receive written notification that will provide them with a report describing the reason for their grievance, a summary of
actions taken to resolve their grievance, and options to pursue if they are not satisfied with the resolution of their grievance.

C. Grievance Review Options

If, after completing the grievance process, or participating in the process for at least thirty (30) calendar days, the resident and/or representative are still dissatisfied with the resolution to their grievance, they may pursue the options described below. Note: If residents and/or representatives feel that waiting thirty (30) calendar days represents a serious health threat, residents and/or representatives need not complete the entire grievance process nor wait thirty (30) calendar days to pursue the options described below.

1. Residents are entitled to pursue their grievance with the Department of Health Care Services, by contacting or writing to:

   Office of the Long Term Care Ombudsman  
   Older Alaskans Commission  
   3745 Community Park Loop, Suite 200  
   Anchorage, AK 99508  

   **Telephone: 1-800-730-6393**

2. **State Hearing Process:**

   At any time during the grievance process, per Alaska State law, residents may also request a State hearing from the Alaska Department of Social Services by contacting or writing to:

   Alaska Department Health and Social Services  
   Office of the Commissioner  
   3601 C Street, Suite 902  
   Anchorage, AK 99503-5923  

   **Telephone: 907-269-7800**  
   **Facsimile: 907-269-0060**

   If residents want a State Hearing, they must ask for it within 90 days from the date of receiving the letter for the resolved grievance. Residents and their representatives may speak at the State hearing or have someone else speak on their behalf such as someone they know, including a relative, friend, or an attorney. They may also be able to get free legal help. Attached is a list of Legal Services offices that will be provided to residents and families.
D. Record Retention

The Compliance Officer will keep a log and file on each grievance filed and the corrective action taken.