

530 West Beech St  
Charlotte, MI 48813  
p. 517.543.2940 f.517.541.0670  
ECHRShealth.org



## GRIEVANCE/CONCERN FORM

### INSTRUCTIONS FOR REQUESTING ASSISTANCE FROM STAFF OF EATON COUNTY HEALTH & REHABILITATION SERVICES

We are committed to providing the highest quality of care to patients and residents of our facility. We want to ensure that your voice is heard and that you feel safe, involved, and informed. Therefore, it is the policy of ECHRS to ensure prompt resolution of all grievances. You have the right to file grievances orally, in writing, or anonymously.

If you would like to file a grievance, the contact information for the grievance official for ECHRS is:

Stacey Steiner, Compliance Director  
530 W. Beech Street, Charlotte, MI 48813  
517-543-2940 extension 2709  
[ssteiner@echrshealth.org](mailto:ssteiner@echrshealth.org)

Below is the secondary grievance official for ECHRS.

Tama Cunningham, Building Services Director  
530 W. Beech Street, Charlotte, MI 48813  
517-543-2940 extension 2722

We encourage you to follow the steps identified below if you have any concerns about your care, treatment by staff, or anything else related to your stay.

- Step 1** Tell the **(staff person on each shift designated to handle complaints)** of your concern
- Step 2** If not satisfied with the staff person's response, complete our Grievance/Concern Patient- Resident Assistance Form. Let us know if you need help in completing this form.
- Step 3** Submit the form to **Stacey Steiner, Compliance Director for reported concerns.**
- Step 4** If not satisfied with the facility's response, complete a request for the administrator to review the investigation findings.
- Step 5** If not satisfied with the Administrator's resolution, you may contact the State Ombudsman or the Michigan Department of Community Mental Health, Bureau of Health Systems, to file a formal complaint.

### WE WANT YOU TO KNOW THE FOLLOWING

1. We will keep your request as confidential as possible.
2. Our time frame for investigating concerns are:
  - (A) Immediately (means as soon as possible, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or no later than 24 hours if the events that cause the allegation do

not involve abuse and do not result in serious bodily injury, to the Administrator of the facility and to other officials when required)- for abuse;

(B) As Soon As Possible but Within 5 days - for anything that has caused actual harm;

(C) As Soon As Possible but Within 15 days - for any other concern.

3. We will meet with you and discuss our written response and action plan as soon as possible but no later than 30 days after we receive your request. You have the right to receive a written copy of our response.
4. We will follow-up to ensure your concern has been addressed satisfactorily and use the finding of our investigation as part of our Quality Improvement Program - again keeping your name confidential, if possible.
5. You may contact the **Michigan Department of Community Health, Bureau of Health Systems, at 1-800-882-6006**, to file a complaint, or the **State Ombudsman at 1-866-485-9393 for assistance**.
6. We maintain evidence demonstrating the result of all grievances for a period of no less than three years from the issuance of the grievance decision.

Please give us an opportunity to address your concerns by completing this form. There is information posted that lists the person available 24 hours a day for your assistance.

## INFORMATION ABOUT PERSON WITH CONCERN:

NAME (Please print):

Are you a Patient/Resident of the facility?

YES     NO

If "Yes" what is your Room Number?

If "No" does this relate to a particular Patient or Resident?

YES     NO

What is your relationship to the Patient/Resident?

Patient/Resident Name:

- Durable Power of Attorney
- Guardian
- Employee
- Volunteer
- Other:

Address (if not Patient/Resident):

Type of Concern:

- Family Concern     Patient/Resident     Staff/Volunteer     Quality of Life Survey
- Discharge/Exit Survey     Satisfaction Survey     Suggestion Box
- Other:

**WHAT** is your concern about:

**WHEN** did the problem or incident occur? (DATE):

**WHO ELSE KNOWS** about the problem or incident? (Include title of facility staff if you know them)

Does this involve staff member(s)?

YES     NO

If yes, who?

**INFORMATION ABOUT PERSON WITH CONCERN:**

**HOW** can we address your issues?

Is this an ongoing problem?

YES     NO

If YES, for how long?

Have you contacted us in the past about this concern?

YES     NO

If YES, to whom?

Signature (Facility):

Date:

**ACTION TO BE TAKEN:**



Signature (Facility):	Date:
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I am satisfied with the response to my request for assistance

I am not satisfied with the response to my request for assistance. I request the administrator to review my concern and provide me with a response.

Signature (Facility):	Date:
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**FACILITY FOLLOW-UP**

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Signature (Facility):	Date:
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**EATON COUNTY HEALTH & REHABILITATION SERVICES**  
**POLICY AND PROCEDURE**  
**GRIEVANCE/CONCERNS**

**POLICY**

It is the policy of Eaton County Health and Rehabilitation Services to review and investigate all grievances/concerns addressed by residents, families, volunteers or staff related to the quality of care and quality of life of our residents in our facility.

**PROCEDURE**

**1. Reportable**

- A. If the person receiving the grievance/concern believes it is an allegation of abuse or neglect he/she will immediately report the allegation to the Administrator, whom will immediately, but not more than within 24 hours or sooner if required, report to the State and/or other agencies depending on the event causing the allegation.
- B. The facility will complete online the Facility Incident report <https://sso.state.mi.us/> within 24 hours, as required by regulation.
- C. A full investigation will be completed and the Administrator/designee will complete the Facility Incident Report Investigation online <https://sso.state.mi.us/> within five working days of the incident, as required by regulation.

**2. Resident/Family**

- D. When a resident or family member has a concern, a Grievance/Concern Form is completed by the staff person on each shift designated to handle complaints. This information is posted in the front of the building. During the day, Monday through Friday, this person is the Clinical Mentor in charge of the neighborhood. The Clinical Mentor will review the Grievance/Concern Form with the resident/family member. The form will be forwarded to the Compliance Director. An Evidence of Investigation will be completed if further investigation is necessary.

**3. Employee/Volunteer**

- E. When an employee has a resident concern they will notify the Administrator immediately. The employee will fill out a statement form and forward to the Compliance Director. An Evidence of Investigation will be completed if necessary.

#### 4. Surveys

- F. When a Quality of Life Resident Survey is completed by the Activities Department and the resident has a concern, the survey will be forwarded to the Department Manager and/or Clinical Mentor and he/she will complete a Grievance/Concern Form with the resident. The form will be forwarded to the Compliance Director. An Evidence of Investigation will be completed if further investigation is necessary.
- G. When a Discharge/Exit Survey is completed by the Activities Department and the resident/patient has a concern, the survey will be forwarded to the Department Manager and/or Clinical Mentor and he/she will complete a Grievance/Concern Form. The form will be forwarded to the Compliance Director. An Evidence of Investigation will be completed if further investigation is necessary.
- H. When a Resident/Family Satisfaction Survey is completed by the Activities Department and there are resident/patient concerns, the survey results will be forwarded to the Department Manager and/or Clinical Mentor and he/she will complete a Grievance/Concern Form. The form will be forwarded to the Compliance Director. An Evidence of Investigation will be completed if further investigation is necessary.
- I. When a family and/or resident/patient completes a suggestion that refers to quality of care or quality of life, the suggestion will be forwarded to the Department Manager and/or Clinical Mentor and he/she will complete a Grievance/Concern Form with the resident. The form will be forwarded to the Compliance Director. An Evidence of Investigation will be completed if further investigation is necessary.
- J. If during any of the investigations, the Compliance Director or any person on the interdisciplinary team involved in the review of the grievance/concern (Department Manager, Clinical Mentor, or Director of Nursing) believes the grievance/concern is an allegation of abuse or neglect, he/she will immediately report the allegation to the Administrator, whom will immediately, but not more than within 24 hours or sooner if required, report to the State and/or other agencies depending on the event causing the allegation.

The Grievance/Concern Form will be forwarded to the Compliance Director within 24 hours of receiving the grievance/concern. The timeframes for completing the Grievance/Concern Form investigation will be followed according to the schedule below:



Timeframes for Investigation Concerns:

- A. Immediately (no later than 24 hours)-abuse, neglect or misappropriation
- B. As Soon as Possible but within 5 Days-for anything that has not caused actual harm
- C. As Soon as Possible but within 15 Days-for any other concern

Revised/Reviewed

Date: 11/16 By: MR