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	Reference:	NYSDOH 763.11(a)(10)				

POLICY:

Patients have the opportunity to express their concerns regarding the services provided by the agency without threat or fear of reprisal or discrimination. At the time of admission patients are provided with information as the procedure for submitting complaints/concerns regarding care provided. Complaints, written or verbal, will be investigated and its resolution documented in a timely manner. Any Patient who feels his/her rights have been denied, or who desire to lodge a complaint will be encouraged to contact the Agency’s Coordinator/Nurse.

Assured Care Home Health staff receives information concerning the complaint process at the time of hire, during orientation.

GENERAL INFORMATION:

A complaint is defined as a verbal or written expression of a problem in the delivery of care, which appears to threaten the health and/or well-being of the home care patient. Assured Care Home Health investigates and resolves complaints in accordance with agency policies and procedures to ensure the welfare and rights of patients.

Issues requiring legal decisions may be presented to the agency’s attorney.

PROCEDURES:

1. At the start of care, the patient is provided with verbal and written information concerning the procedure to voice concerns regarding the services provided by Assured Care Home Health.
2. Agency staff is expected to take all patient concerns and complaints seriously. Complaints/Concerns are considered as opportunities for agency improvement.
3. Agency staff will encourage patients to contact Assured Care Home Health to discuss their concerns. These concerns will be documented in the complaint log.
4. The Director of Patient Services (DPS) is responsible for maintaining adherence to the Agency’s patient complaint policy and ensuring that staff follows agency policy.
5. Upon receipt of a written or verbal complaint or grievance, the complaint is directed to the appropriate Staff member. Staff will:
 - A. Listen to the complaint expressed by the patient;




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- B. Record the complaint on the Patient Complaint form and/or provide Patient Complaint Forms to the patient and assist patient in returning the written complaint to the agency;
 - C. Documents receipt of the date of complaint in the Complaint Log with a copy of the complaints/concerns attached.
 - D. Notify the Director of Patient Services/designee of the complaint.
 - E. Management/supervisory staff will be designated to conduct an investigation and document the findings/outcome of the investigation on the Patient Complaint form.
6. In conducting an investigation, information may be obtained by interviews and conversations with all involved individuals, including assessing with the patient the exact nature of the complaint and the probable cause of the complaint. These interviews/findings are documented on the Patient Complaint form. Information should be objective and opinions and inferences should be avoided.
7. In resolving the complaint, any decision made is documented on the Patient complaint form. A written response will be provided to all written complaints and to oral complaints when requested within 15 days of receipt of the complaint. Included in the response is an explanation of the complaint investigation finds and the decision rendered to date in the written response. The Agency's staff will also advise the complainant of the right to appeal the outcome of the agency's complaint investigation and the appeal procedure to be followed. Any appeal will be forwarded to the Administrator who will review the agency's complaint investigation with a member of the Board. The complainant will be notified of the outcome of the review within 30 days of receipt of the appeal.
8. Staff will plan appropriate corrective action and implement a corrective action plan. An evaluation of the outcome of the corrective action is conducted to determine if the cause of the patient concern has been corrected.
9. If a complainant files an appeal, it is to be reviewed and responded to by a member of the governing authority within thirty (30) days of receipt of the appeal.

If the patient is not satisfied with the response, he/she is informed that complaints can also be submitted to:

**New York State Department of Health
Metropolitan Area Regional Office
90 Church Street, 15th floor
New York, NY 10007
(212) 417-5888**


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10. The DPS will:

- A. Present information regarding the patient’s complaint/concern to the agency’s Quality Improvement Committee quarterly to identify reoccurrences and make recommendations for improvement. The DPS may take appropriate steps to improve agency performance according to the recommendations of the QAPI Committee.
- B. Respond to the recommendation of the QAPI Committee regarding patient complaints as appropriate.

11. Assured Care Home Health QAPI Committee will:

- A. Review all patient complaints/concerns, as appropriate.
- B. Make recommendations relative to patient complaints as appropriate.
- C. Audit all charts of patients who have expressed a complaint, at their next scheduled meeting.

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POLICY:

1. Assured Care Home Health is responsible for ensuring that all staff are in-serviced, for monitoring the implementation of the rights, and for offering guidance to staff in observing these rights. Assured Care Home Health staff receives a copy of the patient rights as part of orientation/in-service programs and are made aware of the rights of patients and their responsibility to protect and promote the patient rights.
2. Prior to initiation of care and services, each patient is given written information regarding the Patient Bill of Rights and Responsibilities in a form the patient can reasonably be expected to understand. Assured Care Home Health staff will advise the patient of his/her right to be followed and information regarding submission of a complaint to Assured Care Home Health staff, the New York Department of Health or any other outside organization.
3. If a patient lacks capacity to exercise his/her rights, an individual guardian or entity legally authorized to represent the patient shall exercise these rights. If the patient has no individual or agency willing to assume these responsibilities, a referral will be made to the protective services for adults program for protective services intervention.

PROCEDURES:

1. The admitting Nurse will present and verbally review the written Patient Bill of Rights and Responsibilities Form with the patient/representative at the initial home visit and prior to the provision of care. The patient/family is given the opportunity to ask questions regarding the home care Bill of Rights and Responsibilities.
2. The admitting Nurse will also:
 - A. Provide a written description of services available;
 - B. Advise the patient, before any care is provided, the payment for home care services that may be expected from any third party payer and the cost that he/she will be responsible to pay. Information regarding any changes in payment information will be provided to the patient, verbally and in writing, as soon as possible, but no later than 30 days from the date the agency becomes aware of the change;
 - C. Inform the patient of all services the agency is to provide, when and how services will be provided, and the name, title, functions and responsibilities of any person and affiliated Agency providing care and services.



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3. The nurse will advise the patient of the Agency’s complaint/grievance process and inform them and that they may voice complaints to the New York Department of Health about the care and service provided or not provided.
4. The patient has the right to refused care and treatment after being fully informed of and understanding the consequences of such actions. If refusal of treatment, the Director of Patient services/appropriate health professional will explain the consequences of such action and note it in the patient’s record.
5. The patient will be asked to acknowledge that the Bill of Rights information has been received, read and understood by him/her by signature on the Agency’s Acknowledgement form.
6. The nurse will give the patient/representative a copy of the form.
7. The signed Acknowledgement form will be filed in the patient’s clinical record.
8. If the patient refuses to sign the Acknowledgement for the Direct of Patient Services/designee will be notified and the nurse will document this information in the clinical record.

As a patient of Assured Care Home Health, you have the right to:

1. Be informed of your rights both verbally and in writing at the time of admission and prior to the initiation of care.
2. Receive a timely response to your request for services.
3. Be given information regarding policies, charges for services, and information and assistance for third party reimbursement.
4. Receive information regarding charges, orally and in writing, before care is initiated and to be notified within 30 calendar days of the date the agency becomes aware of any changes.
5. Have access, upon request, to all bills for service the patient has received regardless of whether the bills are paid out-of-pocket or by another party.
6. Have your care and services coordinated with other health care providers involved in your care.
7. Be given appropriate and professional quality health care without discrimination against your race, color, sex, religion, creed, sexual preference, diagnosis or age.



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8. Be treated with courtesy, respect and dignity, including respect for property by all who provide care to you.
9. Assured Care Home Health will respect your cultural, psychological, spiritual beliefs and will respect your right to personal dignity.
10. Be free from physical and mental abuse or neglect.
11. Be given proper identification by name and title to everyone who provides care to you and have the caregiver display a photo ID while on duty.
12. Be informed of and give consent for any procedures.
13. Be given, upon request, information regarding your diagnosis, treatment, alternatives and risks in language you are able to understand.
14. A care plan which will be developed to meet your individual needs. You and your family may participate in the development of a care plan.
15. Confidentiality of medical records as well as information about their health, social, and financial circumstances and about what takes place in the home; and
16. Expect the agency to release information only as required by law or authorized by the patient and to be informed of procedures for disclosure.
17. Review your clinical record.
18. Be given information regarding discharge, transfer or termination of service.
19. Request changes or make complaints regarding services.
20. Control decisions about accepting or refusing any medical care including life sustaining treatment under the provisions of the Patient Self Determination Act and expect that Assured Care Home Health will abide by provisions of your Advance Directive.
21. Be informed of the procedure they can follow to lodge complaints with the home care provider about the care that is, or fails to be furnished and about a lack of respect for property.
22. All complaints will be investigated and the investigation report shall be retained in the agency files. All complaints will be acted upon within 15 days of receipt. Written complaints will receive a written reply, within 15 days of receipt. All patients who request a written reply will receive a written reply, within 15 days of request. If the complaint is not resolved the complainant has the right to appeal to the Complaint Review Committee. Results of the appeal will be provided to the patient in written form within 30 days of the receipt of a request for appeal. If the patient is not satisfied with the agency's response then the patient may register a complaint with The New York State



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Department of Health, or any outside representative of the patient's choice without interference, coercion, discrimination or reprisal. All patients admitted for service will be provided with agency's and telephone number, the complaint procedure and the address and telephone number of the New York State Department of Health Metropolitan Area Regional Office, Home Health Care and Hospice, 90 Church Street, 15th Floor, New York, NY 10007. (212) 417-5888.

23. Assured Care Home Health will support you by providing information and by assessing and assisting in your pain control plan.
24. The agency shall respect and protect the privacy and security of Patients in all policy and practices. The patient's property will be treated with respect.
25. Each patient's privacy shall be protected, including confidentiality of records. The patient has the right to refuse to release the patient record to any individual outside the agency except upon transfer to another health care facility, as required by law, third party payer.
26. If the patient lacks the ability to exercise these rights, the rights shall be exercised by any individual, guardian or entity legally authorized to represent the patient.


Your Responsibility as a patient of Assured Care Home Health include:

1. Provide accurate information regarding your diagnosis and condition to Assured Care Home Health and notify the agency of changes in your condition (e.g. hospitalization, changes in the plan of care, symptoms to be reported);
2. Participate in development and update of your care plan to the extent possible and to follow the plan of care;
3. Maintain a safe environment that supports home care services;
4. Notify the agency if the visit schedule needs to be changed or at least 4 hours in advance if, for any reason, you must cancel services.
5. To immediately inform the agency of the existence of any changes made to advance directives;
6. To advise the agency of any problems of dissatisfaction with the services provided;
7. To provide a safe environment for care to be provided;
8. Identify an able adult with knowledge of patient care who will provide care/services in the absence of the aide.

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9. To fulfill your financial responsibilities to the agency as indicated in the Home Care service agreement. To immediately communicate any change in financial status so that the agency can plan for your needs.

10. To maintain an ongoing relationship with a medical practitioner who will consult with the agency in health care needs of the patient. Present for evaluation and treatment if a change in your health status occurs.

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POLICY:

1. Assured Care Home Health is responsible for ensuring that all staff are in-serviced, for monitoring the implementation of the rights, and for offering guidance to staff in observing these rights. Assured Care Home Health staff receives a copy of the patient rights as part of orientation/in-service programs and are made aware of the rights of patients and their responsibility to protect and promote the patient rights.
2. Prior to initiation of care and services, each patient is given written information regarding the Patient Home Care Bill of Rights in a form the patient can reasonably be expected to understand. Assured Care Home Health staff will advise the patient of his/her right to be followed and information regarding submission of a complaint to Assured Care Home Health staff, the New York Department of Health or any other outside organization.
3. If a patient lacks capacity to exercise his/her rights, an individual guardian or entity legally authorized to represent the patient shall exercise these rights. If the patient has no individual or agency willing to assume these responsibilities, a referral will be made to the protective services for adult program for protective services intervention.

PROCEDURES:

1. The admitting Nurse will present and verbally review the written Patient Home Care Bill of Rights Form with the patient/representative at the initial home visit and prior to the provision of care. The patient/family is given the opportunity to ask questions regarding the Home Care Bill of Rights and Responsibilities.
2. The admitting Nurse will also inform the Patient of:

As a patient of Assured Care Home Health you have the right to:

1. Be informed of your rights both verbally and in writing at the time of admission and prior to the initiation of care.
2. Receive competent, individualized care and service from Assured Care Home Health staff regardless of age, race, color, national origin, religion, sex, disease, disability or any other category protected by law or decisions regarding advance directives.



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3. Be treated with dignity, courtesy, consideration, respect and have your property treated with respect.
4. Be informed verbally and in writing of the services available and related charges, as they apply to the primary insurance, other payers, and self-pay coverage before care is initiated. To be informed of any changes in the sources of payment and your financial responsibility as soon as possible no later than thirty (30) calendar days after Assured Care Home Health becomes aware of the change.
5. Be informed both orally and in writing, in advance of the Plan of Care, of any changes in the Plan of Care, and to be included in the planning of care before treatment begins; be informed of all treatment prescribed, when and how services will be provided, and the names and functions of any person and affiliated program providing care and services, including photo identification of NYC Home Health Care LLC staff and participate in the development of the discharge plan.
6. Be provided with a copy of the Agency's Notice of Privacy Practices.
7. Be provided with information for pain management.
8. Participate in the planning of your care and be advised in advance of any changes to the plan of care.
9. Refuse care and treatment after being fully informed of and understanding the consequences of such actions and to initiate an Advance Directive, "Living Will", durable power of attorney and other directives about your care consistent with applicable law and regulations. Refuse to participate in research or experimental treatment.
10. Receive information regarding community resources and to be informed of any financial relationships between Assured Care Home Health and other providers to which you may be referred to by the agency.
11. Express complaints about the care and services provided or not provided and complaints concerning lack of respect for property by personnel furnishing services on behalf of Assured Care Home Health and to expect the agency to investigate such complaints within 15 days of receipt of complaint. Also, if dissatisfied with the outcome, may submit an appeal to the agency's governing authority, which will be reviewed within 30 days of receipt of appeal request.
12. Be informed of the procedures for submitting patient complaints, voice complaints and recommend changes in the policies and services to Director of Patient Services by calling the following telephone number: 718-627-7050. If dissatisfied with the outcome, you may also



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submit a complaint to the New York State Department of Health or any outside representative of the patient's choice.

NYS Department of Health Metropolitan Regional Office 90 Church Street New York, New York 10007 212-417-5888	The Joint Commission One Blvd. Oakbrook Terrace, IL 60181 phone: (630)792-5000
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13. The expression of such complaints by the patient or patient designee shall be free from interference, coercion, discrimination or reprisal.
14. Receive timely notice of impending discharge or transfer to another agency or to a different level of care and to be advised of the consequences and alternatives to such transfers.
15. Privacy, including confidential treatment of records and access to your records on request. Information will not be released without your written consent except for those instances required by law, regulation or third party reimbursement.
16. In the situation when the patient lacks capacity to exercise these rights, the rights shall be exercised by an individual, guardian or entity legally authorized to represent the patient.

As a Home Care Patient, you have the responsibility to:

1. Be seen by a doctor on a regular and ongoing basis.
2. Share complete and accurate health information.
3. Be responsible for following the recommended treatment plan.
4. Make it known if you do not understand or cannot follow the treatment plan.
5. Cooperate with Agency staff and not discriminate against staff.
6. Notify Assured Care Home Health in advance when you cannot keep a scheduled appointment.
7. Notify Assured Care Home Health if you receive services from another agency.
8. Notify Assured Care Home Health in the event of change in your health status.
9. Be responsible for your actions if you refuse treatment or do not follow the Agency's recommendations/directions.
10. Take responsibility for financial obligations of your care.
11. Maintain a home environment that facilitates effective home care.