

GRIEVANCE NOTICE

Our Facility is committed to providing our residents with exceptional care and services. All residents and others have the right to voice grievances to the Facility or another agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Grievances may be related to care and treatment (both furnished and not furnished), the behavior of staff and other residents, and other concerns regarding the Facility (including, but not limited to, allegations of any action prohibited by Section 1557 of the Affordable Care Act such as discrimination relating to: sex; pregnancy or related conditions; and sex stereotypes). Our Facility is committed to providing a prompt resolution of all medical and non-medical grievances through an established grievance process.

Residents, family members, and others have the right to file grievances anonymously - orally and in writing- and without interference, coercion, grievance, or reprisal from the Facility.

To file a grievance, please contact our designated Grievance Official, _____,
at: _____ [Name]
[Business address, phone number, email address]

Once a grievance is filed, we will promptly acknowledge receipt of the grievance, and we will complete a review of the grievance within 72 hours, if possible. A written decision shall be provided within 30 days, or within the timeframe required by state law, unless such delivery is impracticable.

You have the right to file a complaint with external agencies at any time:

State Survey Agency: _____
[Address and Phone]

State Ombudsman: _____
[Address and Phone]

Quality Improvement Organization: _____
[Name and Phone]

Questions regarding this Grievance Notice can be directed to the Grievance Official or the Compliance and Ethics Hotline 1-800-610-2544.