

<b>Policy LAS-01.0</b>	<h2 style="margin: 0;">Complaint/Grievance Policy</h2>
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### 1. Policy:

- a. It is the policy of Christian Homes Care Community not to discriminate on the basis of race, color, national origin, sex, age or disability. Christian Homes Care Community has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

- b. Section 1557 Language Assistance Services, and its regulations and our compliance program, may be examined in the office of:

Administrator, Compliance Officer  
 1923 West 4<sup>th</sup> Avenue; Holdrege, NE. 68949  
 Telephone: 1-308-995-4493, TTY Number: 1-800-833-7352  
 Fax: 1-308-995-8702  
 Email: [administrator@chrisoma.com](mailto:administrator@chrisoma.com)

who has been designated to coordinate the efforts of Christian Homes Care Community in maintaining compliance with our organization's nondiscrimination practices and to implement our Grievance Policies and Procedures.

- c. Any person who believes he/she has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. Christian Homes Care Community does NOT allow or condone retaliation against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.
- d. Complaint/Grievance forms are located at the suggestion/complaint drop box located in the main lobby. (*See attached LAS Form 101.0–Grievance/Complaint Form; LAS Form 102.0–Complaint/Grievance Investigation Report Form; LAS Form 103.0–Report of Findings; and LAS Form 104.0–Complaint/Grievance Log.*)
- e. You may place your complaint/grievance form in the drop box located in the main lobby, provide it to the person identified above, or mail/email your complaint/grievance form to the address listed above. The office manager checks the drop box daily during normal business office hours.
- f. All completed complaint/grievance forms outlined in this policy will be maintained for a minimum of one (1) year from the date of the release of the Report of Findings (*LAS Form 103.0*) to the individual(s) filing the complaint/grievance.

### 2. Procedures:

- a. Complaints/Grievances must be submitted to the individual identified in Paragraph 1b above within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- b. A complaint/grievance must be in writing, containing the name and address of the person filing it. The complaint/grievance must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- c. The individual identified in Paragraph 1b above, or her/his designee, will conduct an investigation of the complaint/grievance. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint/grievance.
- d. The individual identified in Paragraph 1b above, or his/her designee, will maintain the files and records of Christian Homes Care Community relating to such complaints/grievances.
- e. To the extent possible, and in accordance with applicable law, the individual identified in Paragraph 1b above will take appropriate steps to preserve the confidentiality of files and records relating to complaints/grievances and will share them only with those who have a need to know in compliance with our current HIPAA policies and procedures.
- f. Christian Homes Care Community will issue a written decision on the complaint/grievance, based on a preponderance of the evidence, no later than 30 calendar days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- g. The person filing the grievance may appeal the decision of Donald Bakke, Compliance Officer by writing to the Administrator, or his/her designee, of Christian Homes Care Community within 15 calendar days of receiving the decision. The Administrator, or his/her designee shall issue a written decision in response to the appeal no later than 30 calendar days after its filing.
- h. The availability and use of this complaint/grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination *electronically* through the Office for Civil Rights Complaint Portal, which is available at:
- i. <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- j. Copies of complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 calendar days of the date of the alleged discrimination.
- k. Christian Homes Care Community will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this complaint/grievance process. Such arrangements may include, but are

not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, translations of complaint/grievance forms, assistance in completing forms, or assuring a barrier-free location for the proceedings. Donald Bakke, Compliance Officer, or his/her designee, will be responsible for such arrangements.

<b>LAS Form-101.0</b>	<h1 style="margin: 0;">Complaint/Grievance Form</h1>
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*Please fill out, date, and sign this form and submit to the Business Office, or place it in the Suggestion Drop Box located by the timeclock in the beauty shop corridor.*

Your Name:		Date:
Street Address:		
City:	State:	Zip:
Telephone Number:		
Email:		
Date the incident occurred:		Time:

*Please describe the nature of your complaint/grievance. Include the names of individuals involved. If additional space is needed, use the back of this form.*

*Were there any witnesses? If so, please name them (if known).*

*What actions or recommendations do you feel need to be taken to resolve your complaint/grievance?*

*If you are filing this complaint/grievance on the behalf of another, please complete the following:*

*Their Name:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_

I attest to the facts and information provided in this complaint/grievance:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>For Office Use Only</b>
<i>Date Received:</i> _____ <i>Received By:</i> _____

Attach a copy of this record to LAS Form 102.0 – Grievance/Complaint Investigation Report Form.

<b>LAS Form-102.0</b>	<b>Complaint/Grievance Investigation Report Form</b>
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*File No: \_\_\_\_\_ . If additional space is needed, use the back of this form or additional sheets of paper. Be sure all support documents (including the original complaint/grievance form) are attached to this form.*

Name of Person Filing the Complaint/Grievance:		
Filed on Behalf of Another? If so, Identify the Individual:		
Relationship to the Individual:		
Date Incident Occurred:	Time Occurred:	
Date Investigation Started:	Date Concluded:	
Investigation Conducted By:		Title:
Describe the incident as reported by the individual filing the complaint/grievance:		
Describe the incident as seen by any witness/witnesses:		
Describe the incident as seen by any employee:		
Describe your findings of the incident:		
Your recommendations for preventing future incidents of this nature:		

Signature of Person Conducting the Investigation: \_\_\_\_\_ Date: \_\_\_\_\_

File a copy this report & support document(s) in the business office and record the findings of this investigation in the Complaint/Grievance Complaint Log

<b>LAS Form-103.0</b>	<h2 style="margin: 0;">Complaint/Grievance Investigation Report of Findings</h2>
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File No. \_\_\_\_\_. If additional space is needed, use the back of this form or additional sheets of paper.

Name of Person Filing the Complaint/Grievance: _____	
Filed on Behalf of Another? If so, Identify the Individual: _____	
Relationship to the Individual: _____	
Date Incident Occurred: _____	Time Occurred: _____
Date Investigation Started: _____	Date Concluded: _____
Investigation Conducted By: _____	Title: _____
Findings of completed investigation:	
Recommendations to prevent future incidents of this nature:	
Were the recommended solution(s) satisfactory to the individual(s) filing the complaint/grievance? If <b>NO</b> , please provide reason(s) and what further action(s) will be taken to resolve the issue.	
Signature of individual completing this report: _____ Title: _____	
Date: _____	
<b>To Be Completed by the Individual Filing the Complaint/Grievance</b>	
I certify that I received a copy of this Report of Findings on _____ Time: _____	
Signature of Individual Receiving Report: _____	
Printed Name: _____	
<p><b>Note:</b> You may appeal the findings/recommendations outlined in this report to the Administrator. Appeals must be filed within 15 calendar days of the receipt of this report.</p> <p>[ ] I accept the findings/recommendations.      [ ] I do NOT accept the findings of the findings/recommendations.</p>	

A signed and dated copy of this report, along with the complaint/grievance report and investigation report, must be filed in the business office.

<b>LAS Form-104.0</b>	<b>Complaint/Grievance Investigation Log</b>
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File Number	Date Complaint/ Grievance Filed	Person Filing Complaint / Grievance	Name of Investigator(s)	Findings/Recommendations	Date Resolved or Appealed

A copy of this record must be on file in the business office.