

FINAL Complaint Intake Process

1. Complaint Intake Function
 - a. The intake professional gathers demographic information about the complainant to the extent possible and attempts to elicit detailed information regarding the allegation(s).
 - i. Attempts should be made to have the complainant clarify value-laded descriptors (e.g., “being rough”, “jerking someone”, “foul language”, “being mean”); including such clarification, or inability to obtain clarification in the intake.
 - ii. The information shall be placed on a Complaint Intake Form. The person gathering the complaint information shall sign and date the Complaint Intake Form.
 - iii. The allegation should identify what the facility allegedly did or failed to do that constitutes a violation of the licensure/certification regulations.
 - iv. The intake professional explains the scope of the state agency’s regulatory authority and any considerations pertaining to confidentiality; the course of action that the state agency or its contracted designee will take and the anticipated time frames; information about other appropriate agencies that could provide assistance including the name and telephone number of a contact person, if available; and a state agency or its contracted designee contact name and number for follow-up by the complainant.
 - v. For all non-immediate jeopardy situations, the complaint/incident is to be prioritized within two working days of its receipt, unless there are extenuating circumstances that impede the collection of relevant information.
 - vi. Upon completion of the triaging and prioritization process, **The Arkansas Department of Human Services (DHS)** ~~the state agency or its contracted designee~~ issues a letter to the complainant acknowledging receipt of the complaint.
 - vii. Upon completion of the complaint investigation, ~~the DHS the state agency or its contracted designee~~ issues a letter that contains the following element applicable;
 1. Acknowledge the complainant’s concerns(s)
 2. Identify the state agency’s regulatory authority to investigate the complaint/incident and any statutory or regulatory limits that may bear on the authority to conduct an investigation;
 3. Provide a summary of investigation methods (e.g., on-site visit, written correspondence, telephone inquiries, etc.);
 4. Provide date(s) of investigation;
 5. Provide an explanation of your state agency’s decision-making process including definitions of terms used (e.g., substantiated or validated, unsubstantiated or not validated, etc.);
 6. Provide a summary of the state agency’s or its contracted designee’s finding(s) (Note: To the extent possible the summary should not compromise the anonymity of individuals, or include specific situations that may be used to identify individuals, when anonymity has been requested or is appropriate in the judgment of the state agency or its contracted designee);
 7. Identify follow-up action, if any, to be taken by your agency (e.g., follow-up visit, plan of correction review, not further action, etc.); and
 8. Identify appropriate referral information (e.g., other agencies that may be involved).
2. General Principles for Triaging Complaints
 - a. Self-reported incidents, where there is actual harm, even if the resident in question is no longer in the facility, should be triaged at Priority 1 unless there is a well-established reason for assigning a lower priority.
 - i. The reason for the higher priority assignment is that the state agency or its contracted designee has to rule out that other residents are not at risk of being affected in the same manner.
 - b. Allegations of abuse and/or neglect should be Priority 2 or Priority 1.
 - i. The rationale for a lower priority assignment should be clearly evident in the complaint intake narrative.
 1. For example, the complainant is using vague language or sweeping generalizations.

- ii. Instances will occur when the complainant will be making an allegation that, on the surface, would be triaged at a level 1 but in the absence of specific information such as names, dates, was there injury, was facility notified of incident, how did it happen, has it ever happened before, etc., the priority will be reduced to a Priority 2.
 - 1. This reduction in priority level will be documented in a “comment section” of the complaint database to avoid biasing the surveyor. This comment will not be placed on the complaint intake form but will be noted in the complaint database.
- 3. Prioritization of Complaints
 - a. Priority 1: The allegation(s) suggests a situation in which the provider’s non-compliance with one or more requirements or regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a client.
 - i. Complaints are assigned this priority by the state agency or its contracted designee if the intake information indicates immediate corrective action is necessary because a provider’s alleged non-compliance with one or more conditions or requirements may have caused, or is likely to cause, serious injury, harm, impairment or death to a client.
 - ii. Investigation must be initiated within 2 working days.
 - iii. Examples of Priority 1 Complaints
 - 1. Abuse allegations, especially when the facility has not reported the allegation to DPSQA and the intake clearly reveals that the administration was notified of the allegation.
 - 2. Allegations of staff-to-resident abuse/rape regardless of whether physical harm or mental anguish is reported, and/or alleged perpetrator continues to work in the facility.
 - 3. Resident-to-resident aggression resulting in physical harm and/or mental anguish, and the facility has not intervened to prevent further such incidents.
 - 4. Facility failed to respond to changes in condition of a client, resulting in actual or potential serious injury, harm, impairment, or death.
 - 5. Failure to supervise clients and the failure has caused, or is likely to cause, serious injury, harm, impairment or death of a client (for example, repeated falls with injuries, incidents involving restraints).
 - 6. Elopement where the client has not been located after search by facility staff, police, and/or volunteers, or where the client suffered serious injury, harm, impairment, or death as a consequence of the elopement.
 - 7. Client eloped and staff were slow to respond/report client missing.
 - 8. Actual or potential death or serious injury due to failure of equipment or devices such as restraints.
 - 9. Client deteriorates from being independent to dependent without any medical change in condition (e.g. client can’t walk and could walk previously).
 - 10. Client is discharged from the provider due to abusive/neglectful conditions and is fearful for the client remaining with the provider.
 - 11. Provider threatens, for any reason, that they will not provide needed care to client while the client is with the provider.
 - 12. Client to client sexual assault/sexual harassment/coercion where it appears that the provider knew or should have known that such a situation was likely to occur.
 - 13. Equipment not in safe working order.
 - c. Priority 2. Intakes are assigned this priority by the state agency or its contracted designee if a provider’s alleged non-compliance with one or more requirements or regulations may have caused harm that negatively impacts the individual’s mental, physical, and/or psychosocial status and is of such consequence to the person’s well-being that a rapid response by the state agency or its contracted designee is indicated.
 - i. Investigation must be initiated within 10 days.
 - ii. Examples of Priority 2 Complaints
 - 1. The severity of the harm, where harm has compromised the client’s prior functional status, either temporarily or permanently (e.g., chemical restraints that resulted in the client being chair/bed bound when he/she was previously ambulatory without assistance,

as opposed to actual harm such as a laceration resulting in sutures due to unsafe transfer technique by staff).

2. Repeated incidents versus isolated incidents involving the same client or staff.
3. Incidents that generate media interest.
4. Provider self-reported incidents of abuse or neglect that resulted in actual harm (physical, mental, or psychosocial) such as: spitting, slapping, sticking with sharp objects, pushing, pinching, intimidation by staff, threatening by staff, unexplained or unexpected death of a client, or circumstances indicating that there was abuse or neglect involved and the provider indicates that corrective action has been taken.
 - a. Self-reported incidents are triaged as complaints if corrective action leaves questions about effectiveness and appropriateness.
 - i. If corrective action information is not available, this would be a Priority 1.
 - b. Failure to respond to a significant change in the client's condition and actual harm is alleged.
 - c. Client to client sexual assault/sexual harassment/coercion when provider asserts that they did not/could not know that the incident would happen.

d. Priority 3: Intakes are assigned this priority by the state agency or its contracted designee if a provider's alleged non-compliance with one or more requirements or regulations has caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status to function.

- i. An onsite survey should be scheduled to review these intakes.
- ii. Examples of Priority 3 Complaints
 1. Investigation is to be initiated within 11-45 working days.
 2. Client rights are being denied and the client and client's functional status is being affected to the degree causing actual harm.
 3. Falls resulting in a fracture.
 4. Allegations involving actual harm where the complainant cannot provide specifics such as client names(s), dates and times of incidents, names and/or position of staff involved.
 5. Incidents reported by the caller 6 months to a year, or longer, after the incident actually happened.
 6. Inadequate staffing which negatively impacts on client's health and safety.

e. Priority 4: Intakes are assigned this priority by the state agency or its contracted designee if a provider's alleged non-compliance with one or more requirements or regulations may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage.

- i. Investigation is to be initiated with the next survey visit regardless of whether the next visit is an annual survey visit, complaint visit, or follow-up survey visit.
- ii. Examples of Priority 4 Complaints
 1. Food doesn't taste good or doesn't look good or they don't get enough in the absence of weight loss.
 2. Vague complaints when they say "the entire facility" or "the staff" or "a client" without knowing anything specific regarding the content of the complaint. "i.e., all the clients are left hungry all the time".
 3. A complaint regarding allegations for events that may have happened a year or two prior to reporting it.
 4. Complaints that management comes to work drunk or under the influence of drugs and has no further specific information.
 5. Altering records which render no negative impact on client care or status.
 6. Lost personal articles.
 7. Staffing concerns without care-related allegations.
 8. Failure to respond to client grievances.
 9. Environmental temperature is consistently above or below acceptable temperature range and clients are uncomfortable.
 10. (Residential) Provider is not allowing clients to have free choice in their daily routine.

11. Discharge is done without proper justification or notice to a client or family.

- f. Administrative Review/Off-site Investigation
This priority is used for complaint and incident triaged as not needing an onsite investigation. Written/verbal communication or documentation) initiated by the state agency or its contracted designee to the provider is gathered and the additional information is adequate in scope and depth to determine that an onsite investigation is not necessary; however, the state agency or its contracted designee has the discretion to review the information at the next onsite survey.
- g. Referral – Immediate: Complaints/incidents are assigned this priority by the state agency or its contracted designee if the seriousness of a complaint/incident and/or State procedures requires referral or reporting to another agency, board or network without delay for investigation.
- h. Referral – Other: Complaints/incidents assigned this priority by the state agency or its contracted designee indicate referral to another agency, board, or network for investigation or for informational purposes.
 - i. When the state agency or its contracted designee refers the complaint to another agency or entity (e.g., law enforcement, Ombudsman, etc.) for action, the state agency or its contracted designee must request a written report on the results of the investigation. Regardless of who conducts the investigation, the state agency or its contracted designee has the responsibility to assess the provider's compliance with time frames for investigation. (Expressed requests by law enforcement that the state agency or its contracted designee defer an onsite investigation would be discussed with the Director of DPSQA.
- f. No Action Necessary: Adequate information has been received about the complaint such that the state agency or its contracted designee can determine with certainty that no further investigation, analysis, or action is necessary.