



SPECIAL COMMITMENT CENTER

Pierce County, Washington

RESIDENT GRIEVANCES

POLICY NUMBER: 204

Page 1 of 5

Authorizing Sources: RCW 71.09, WAC 388-880

Effective Date: November 27, 1995

Re-Issued: November 29, 2002

Sunset Review: November 29, 2004

Approving Authority: MSG **Date:** 11/22/02

PURPOSE

The grievance process is one means by which the SCC engages in continuing quality improvement. Individual resident concerns are addressed informally and through formal steps of grievance, investigation, and action described in this policy. Data are reviewed to look for opportunities for quality improvement.

Grievances are no substitute for good communication. We encourage residents to talk to SCC staff and resolve complaints informally. Staff must attempt to resolve problems brought to their attention and, where a resolution is reached, ensure that the informal resolution is charted, communicated to the resident and appropriate staff and accomplished.

Authority and responsibility within this policy are assigned at three levels:

1. Initially, to the Grievance Investigator to make inquiry and seek resolution of the grievance and to provide an appropriate response to the grieving resident, and
2. Secondly, to the Quality Assurance Manager, acting as Appeal Respondent, who considers all appeals and identifies actions necessary to address appeals held valid. The Quality Assurance Manager maintains and analyzes data for continuing quality improvement.
3. Finally, the Quality Assurance Manager will review data, analyze trends and report findings to the Governing Body, Ombudsman, Resident Advocate, and SCC management.

SCOPE

This policy governs all aspects of formal grievances by residents of the Special Commitment Center. It is limited to matters within the jurisdiction of the Superintendent.

DEFINITIONS AND ROLES

Appeal: A request to higher authority to reconsider a grievance initially not addressed to the resident's satisfaction.

Appeal Respondent: The Quality Assurance Manager responds to appeals and has authority to annul or affirm the initial response and to take corrective action.

Day: A **working day** is a twenty-four hour period not including a weekend or holiday.
A **calendar day** is a twenty-four hour period counting from the subject event, report, or situation, regardless of weekends or holidays.

Decision: A written determination of the grievance or appeal made by proper SCC authority.

Grievance: A written complaint made by a resident against an employee or employees of the SCC, claiming failure to act according to established policy, procedure, or rule.

Inquiry: An investigation into the initial grievance by the Grievance Investigator.

Remedy: The action requested by a resident to resolve the grievance or a mutually agreeable alternative. The requested remedy must be reasonable, related to the aggrieved event or situation, and within the authority of the SCC Superintendent to grant.

Reprisal: Any interference, coercion, discrimination or other harmful action or threat of such action by an employee or another resident toward a resident, based on the individual's use of the grievance policy. **Reprisal of any nature is specifically forbidden.**

Resolved/Unresolved/Open:

- A grievance is considered resolved if the resident does not appeal the response.
- A grievance is considered unresolved if the grievant submits an appeal.
- A grievance remains open until resolved or appealed.

Withdrawn: A grievance or appeal rendered null at the request of the resident, prior to a written decision.

POLICY

I. **General Provisions**

- A. All residents shall have access to the grievance process.
- B. A grievance or appeal shall be processed irrespective of any person's opinion about the validity of the grievance.

II. **Training for Residents and Staff**

- A. Residents must be provided instruction on the grievance process at admission to the SCC.
- B. Instructions regarding the grievance process shall be included in the *Resident Handbook*.
- C. SCC staff shall receive instruction concerning the resident grievance policy during new employee orientation and shall be informed of changes to this policy when they occur.

III. **Assistance to Residents**

- A. RRC staff shall assist residents in both informal and formal attempts to resolve problems. On reasonable request, staff must aid residents in their preparation of written grievances, resubmissions of returned grievances, and appeals, regardless of the staff person's opinion of the validity of the grievance or of the requested remedy.
- B. A resident may receive reasonable assistance preparing a grievance by another resident or person of the resident's choice who agrees to provide assistance, including family or friends.
- C. The Resident Advocate may provide assistance in writing a grievance upon the request of a resident, and is encouraged to do so for residents with a learning disability, a physical limitation, limited skills in reading or writing the English language, or for any resident in restriction and not allowed writing materials. The resident may request desk staff to notify the Resident Advocate that his/her assistance is needed.
- D. A non-English speaking resident shall be provided assistance to understand and access the grievance process by designated staff or through an interpreter.

IV. Grievance Forms

- A. Grievance forms must be located adjacent to designated grievance collection boxes on each living unit.
- B. Persons placed in Protective Isolation or Seclusion must be provided grievance forms and a writing instrument (see policies 402 and 404 for safety and security limitations) on request.
- C. If the SCC grievance form is not available, a resident may submit a properly completed grievance on a single sheet of 8 1/2" x 11" paper, labeled "Grievance."

V. Timeframe and Method for Filing a Grievance

- A. A grievance must be filed within **five calendar days** following the aggrieved event.
- B. Residents may file no more than three grievances within a seven-day period, calculated from date and time received by the respondent.
- C. Residents whose religious beliefs do not permit their engagement in the grievance process during a holy day or period may request *and shall be granted* a reasonable variance from the time requirements specified within this policy.

VI. Grievance Content - Requirements

- A. A resident's complaint must concern a matter which:
 - Personally affects the aggrieved resident either directly or indirectly; **AND**
 - Alleges a violation or misapplication of SCC policy, procedure or rule.(Complaints regarding contracted service providers are filed using a grievance form, but are governed by policy 237, *Complaints about Contracted Services*, not this policy.)
- B. To insure clarity and timely handling, a grievance must be:
 - Limited to a single incident or concern,
 - Presented on a single grievance form, with no attachments.
- C. The following **cannot** be the subject of a grievance:
 - Alleged resident abuse (See policy 560, *Resident Abuse*);
 - Federal or state laws, regulations, codes, court actions or decisions;
 - Actions of persons not under the jurisdiction of SCC;
 - The final decision of the Appeal Respondent;
 - Third party information (hearsay);
 - Treatment related matters, such as: assignments, diagnoses, medications, contents of annual reviews, chart content, and treatment plan contents or requirements.
- D. To insure appropriate action, the resident is expected to provide:
 - Date, time and description of the incident or problem;
 - Names of persons whose acts caused the grievance (if known);
 - Names of witnesses, if any;
 - Which policies, procedures or rules were violated or misapplied (if applicable);
 - Requested remedy;
 - Description of informal efforts to resolve the issue, including names of staff with whom the problem was discussed, and dates;
 - Resident signature and date.
- E. Grievances not meeting requirements (A-D, above), or which are in excess of three grievances within a seven-day period may be returned to the resident with a brief explanation. Residents may seek assistance of the Advocate in completing returned forms.

VII. Interference, Coercion, Reprisal

- A. SCC staff will not take any form of interference, coercion, discrimination or reprisal against a resident for use of the grievance process.
- B. SCC Administration must investigate any complaint alleging staff reprisal. Staff found to have engaged in reprisal are subject to corrective or disciplinary action.

VIII. Guidelines for Response

- A. Responses to grievances and appeals must include, in writing:
 - The name and title of the respondent,
 - Steps taken on the resident's behalf to investigate the grievance,
 - The date of completion of the process,
 - Results achieved,
 - The decision rendered, with rationale.
- B. *Response to Non-Standard Grievances*
 1. A grievance revealing possible abuse.

A resident may not know or understand that the condition or act about which he or she is grieving falls under the category of Resident Abuse. If a possibly abusive situation is described in a grievance, the Grievance Respondent must file an Incident Report per policy 103, prior to the end of the work shift. A copy of the grievance must be appended to the report. Procedures in policy 560, *Resident Abuse* must be followed.
 2. Duplicate grievances or appeals filed by more than one resident.

Grievances of essentially similar content will be processed as one. A single grievance decision may be rendered and each grievant provided a copy of the response.
 3. The Grievance Investigator or Appeal Respondent shall not respond to a grievance to which they are a party. The individual must notify his or her supervisor and surrender the grievance and related documents to the supervisor. The supervisor may then act as the respondent or may assign the grievance to another qualified staff person for response.

IX. Quality Review.

The SCC Quality Assurance Manager shall review all grievances filed, as well as the monthly summaries prepared by the Grievance Investigator. From these reviews and any necessary further consultation with staff and management, the Quality Assurance Manager shall prepare quarterly reports.

- A. Quarterly reports must be submitted, by the end of the month following the quarter in question, to the Superintendent or designee, to program managers, and to the Governing Body, the Resident Advocate, and the Ombudsman.
- B. These reports shall provide a statistical summary of grievances and appeals, by category, with an analysis of trends.
- C. Grievances remaining open at the close of a reporting period shall be noted and shall be included in the next report, showing their final disposition.

PROCEDURES

Action By Action

INFORMAL PROCESS

Resident with Staff	Attempts to informally resolve the problem through discussion. (At resident request, the Resident Advocate may assist and/or speak on behalf of resident.)
---------------------	--

FORMAL PROCESS, INITIAL GRIEVANCE

Resident	If the issue remains unresolved, submits a grievance within five calendar days of attempting an informal solution to the problem. Completes, dates and signs the form.
----------	--

Resident	Removes and keeps pink copy. Places completed form in the locked "Grievances" box on the unit.
----------	---

The resident may withdraw a grievance any time by verbally informing the grievance respondent.	
--	--

Grievance Investigator	Date stamps and signs grievance on receipt. Assigns a number to grievance. Logs number, date, and resident name. Returns copy of numbered, date-stamped grievance to resident. Forwards copies to Resident Advocate, Ombudsman, and Quality Assurance Manager.
------------------------	--

IF GRIEVANCE DOES NOT MEET POLICY REQUIREMENTS (See VI A-E):
Within **seven working days** of submission of grievance, writes a brief response to the resident. If appropriate, explains any problems with the grievance which prevented its investigation. Provides information and assistance to aid resident, upon request, to correct and resubmit the grievance.
Sends copies to Ombudsman, Resident Advocate, Quality Assurance Manager, and FT.

Grievance Investigator	IF GRIEVANCE MEETS POLICY REQUIREMENTS: Within seven working days of submission of grievance, reviews the grievance and conducts an inquiry, writes response to the resident. Sends copies to Ombudsman, Resident Advocate, Quality Assurance Manager, and FT.
------------------------	--

APPEALING AN INITIAL GRIEVANCE RESPONSE

Resident	If not satisfied with the initial response, may appeal within seven calendar days of receipt by submitting another grievance. <i>Reference to the initial grievance issue and number must be included and the "appeal" box marked.</i>
----------	--

RESPONSE TO GRIEVANCE APPEAL

Quality Manager	Date stamps appeal on receipt. Sends copy of date-stamped appeal to Resident. Reviews all information, consults with Associate Superintendent for Institutional Programs, provides response to resident within ten working days . Sends copies of response to Ombudsman, Resident Advocate, and FT.
-----------------	---

The Quality Assurance Manager is the final authority for all appeals. Appeal decisions may neither be appealed nor grieved.	
--	--