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HOME HEALTH HOSPICE

Managing Complaints Effectively:

Investigation, Resolution, Compliance & QAPI



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Why Complaint Handling Matters



It's the Law

Complaint handling is a federal patient rights requirement



Unsafe to Ignore

Often involves safety, dignity, and quality



Survey Risk

Surveyors closely review complaint processes



Affects Bottom Line

Mishandling complaints often results in loss of business

Complaints and Government

Specific Law Codes and Guidance

CMS	**Patient rights, investigation, documentation, protection**	G414 §484.50(a), G448 §484.50(c), G478 §484.50(e), G484/G486 484.50(e)(1), G488 §484.50(e)(2)
ACHC	**Evaluates compliance; accepts complaints about accredited organizations**	HH2-2A, HH2-3A, HH2-4A, HH2-4B, HH2-9A.01, HH4-2I.01, HH4-5A.01, HH4-8A.01, HH6-1A, HH6-4A.02, HH6-4A.06
OIG	**Reporting channels, nonretaliation, investigation, corrective action**	OIG General Compliance Program Guidance—2023

Complaints and Safety, Dignity and Quality

Complaint Types and How they Affect Your Agency

Patient Safety Missed visits, medication errors, delayed treatments, falls, infections, or unreported changes in condition.

Staff Safety Unsafe home conditions, threatening behavior, harassment, aggressive animals, weapons, or hazardous environments.

Patient Dignity	Quality of Care
Disrespectful communication, privacy violations, cultural insensitivity, improper personal care, or failure to honor patient preferences.	Inconsistent services, care that does not follow the plan of care, inadequate supervision, poor communication, or unresolved clinical concerns.

Care Continuity	Abuse/Neglect
Scheduling problems, frequent staff changes, incomplete handoffs, or services being reduced or discontinued w/o appropriate planning.	Allegations of verbal, mental, physical, or sexual abuse; neglect; exploitation; injuries of unknown source; or misappropriation of property.

Patient Rights	System Issues
Failure to explain care, involve the patient in decisions, provide required notices, respect refusals, or offer a complaint process free from retaliation.	Repeated complaints may reveal staffing shortages, training gaps, ineffective policies, weak supervision, or breakdowns requiring corrective action and QAPI review.

Complaints and Surveys

Complaint Deficiencies Quickly Escalate to Conditional Level

Before the Complaint

1. Written Materials Meet Requirements
2. Patients Know How to Complain
3. Staff Know How to Accept Complaints

Complaint Resolution Workflow

1. Document
2. Investigate
3. Reply to Person Complaining w Resolution

QAPI and PIP's

1. Complaints are Documented and Logged
2. Complaint Data Reviewed at QAPI Meetings
3. Recurring Issues are Addressed Through PIP



Complaints and Business Success

You Can Lose a Patient or Referral Source, OR Gain an Unofficial Sales Rep



Bill Gates
Microsoft co-founder

"Your most unhappy customers are your greatest source of learning."



Shep Hyken
Customer-experience expert

"Some of your most loyal customers may be the ones who have had problems and complaints in the past."



John Goodman
Customer-care consultant

"We can only resolve problems we know about."

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Complaints and the Law

Understand the federal requirements for receiving, investigating, documenting, and resolving complaints while protecting patients from retaliation.

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Complaint Related CoP's

§484.50(a)

G414

Notice of rights. The HHA must—

- (1) Provide the patient and the patient's legal representative (if any), the following information during the initial evaluation visit, in advance of furnishing care to the patient:]

- (ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.

Complaint Related CoP's

§484.50(c)

G448

Rights of the patient. The patient has the right to—

- (11) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.

Complaint Related CoP's

§484.50(e)(1)(i)

G478

Investigation of complaints. The HHA must—

- (i) Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:
  - (A) Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately;
  - (B) Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the HHA.

Complaint Related CoP's

§484.50(e)(1)(ii)

G484

The HHA must—

- (ii) Document both the existence of the complaint and the resolution of the complaint;

Complaint Related CoP's

§484.50(e)(1)(iii)

G486

The HHA must—

- (iii) Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.

Complaint Related CoP's

§484.50(e)(2)

G488

- Any HHA staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to the HHA and other appropriate authorities in accordance with state law.

ACHC Complaint Regulations

Standard HH2-2A

Written policies and procedures are established and implemented by the HHA in regard to the creation and distribution of the Patient Rights and Responsibilities statement.

Standard HH2-3A

Written policies and procedures are established and implemented by the HHA in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the HHA.

Standard HH2-4A

Written policies and procedures are established and implemented by the HHA requiring that the patient be informed at the initiation of care/service how to report grievances/complaints.

ACHC Complaint Regulations

Standard HH2-2B

The HHA provides the patient with written information concerning how to contact the HHA, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.

Standard HH2-9A.01

Written policies and procedures are established and implemented by the HHA in regard to a Compliance Program aimed at preventing fraud and abuse.

The Compliance Program details actions the HHA takes to prevent violations of fraud and abuse. The guidelines include, but are not limited to: Developing open lines of communication between the Compliance Officer and/or Compliance Committee and HHA personnel for receiving complaints and protecting callers from retaliation.

ACHC Complaint Regulations

Standard HH4-2I.01
Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Including, but not limited to: Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

Standard HH4-5A.01
Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

Including but not limited to: Handling of patient grievances/complaints.

ACHC Complaint Regulations

Standard HH4-8A.01

A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of in-service training for each classification of personnel.

Including but not limited to: How to handle grievances/complaints.

Standard HH6-1A

The HHA must develop, implement, evaluate and maintain an effective, on-going, HHA-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program… focuses on indicators related to improved outcomes… The HHA measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, services, and operations.

Including but not limited to: incident reports, complaints, patient satisfaction surveys.

ACHC Complaint Regulations

Standard HH6-4A.02
QAPI activities include an assessment of processes that involve risks…

A review of all variances, which includes, but is not limited to incidents, accidents, complaints/grievances, and worker compensation claims, are conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Standard HH6-4A.05
QAPI activities include satisfaction surveys.

The QAPI plan identifies the process for conducting satisfaction surveys, which include, but are not limited to: Patient, Personnel, Referral source, Home Health Care CAHPS Surveys, if applicable.

ACHC Complaint Regulations

Standard HH6-4A.06:
QAPI activities include the ongoing monitoring of patient grievances/complaints.

QAPI activities include ongoing monitoring of patient complaints/grievances and the actions needed to resolve complaints/grievances and improve patient care/service.

OIG General Compliance Program Guidance—2023 (Voluntary)

Open Lines of Communication

- The requirement that employees report conduct that a reasonable person would, in good faith, believe to be erroneous, improper, or fraudulent;
  - The creation of a user-friendly process (such as an anonymous drop box) for effectively reporting erroneous, improper, or fraudulent conduct;
- A policy indicating that a failure to report erroneous, improper, or fraudulent conduct is a violation of the compliance program;
- The development of a simple and readily accessible procedure to process reports of erroneous, improper, or fraudulent conduct;
- If a billing company is used, communication to and from the billing company's compliance officer or compliance contact and other responsible staff to coordinate billing and compliance activities of the entity and the billing company, respectively;
- The utilization of a process that, if requested and to the extent possible, maintains the anonymity of the person reporting the concern; and
- A policy indicating that there will be no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be erroneous, improper, or fraudulent.

OIG General Compliance Program Guidance—2023 (Voluntary)

Risk Assessment, Auditing, and Monitoring

- Small entities should assess their compliance risks at least once a year.
- Small entities should review their own data to identify potential risks, such as claims denials, challenges to medical necessity, and patient safety data (e.g., fall rates, product return rates, complaints).

External Reporting Requirements

Complaint	Reporting Pathway	Required Timeframe
Suspected abuse or mistreatment— physical, sexual, verbal, or mental	Notify HHA leadership **and appropriate external authorities under state law**, such as APS, law enforcement, or child protective services.	**Immediately**, without delay after discovery. **§484.50(e)(2)**
Suspected neglect	Notify HHA leadership and appropriate protective services or other authorities designated by state law.	**Immediately**; follow any additional state reporting deadlines. **§484.50(e)(2)**
Injuries of unknown source	Notify HHA leadership and appropriate authorities according to state law.	**Immediately**. **§484.50(e)(2)**
Suspected theft or misappropriation of patient property	Notify HHA leadership and appropriate authorities under state law, potentially APS or law enforcement.	**Immediately**. **§484.50(e)(2)**
Complaint revealing a reportable HIPAA breach of unsecured PHI	Notify affected individuals and **HHS OCR**; media notification when applicable.	Individuals: **without unreasonable delay, no later than 60 calendar days after discovery**. OCR: same limit for **500+ affected individuals**; for fewer than 500, **within 60 days after the end of the calendar year of discovery**.

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The Complaint Process

Follow a consistent workflow to receive, assess, investigate, resolve, and document every complaint.

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Written Materials Requirements



Material

Rights and Responsibilities notice

Patients

Audience



Right to complain about care provided, care not provided, and disrespect for the patient or property; freedom from abuse, neglect, and misappropriation; and freedom from discrimination or retaliation for complaints to the HHA **or an outside entity**.

Details

What's Included



Give to the patient and legal representative, if any, **during the initial evaluation visit before furnishing care**. Obtain a signature confirming receipt. Give the patient-selected representative written notice within **4 business days**

Timing

Documentation

Written Materials Requirements



Material

How to file a complaint



Written instructions identifying how to contact the agency, including the Administrator's name, business address, and business telephone number. Explain how complaints are investigated and how the agency communicates with the patient/family.



Include in admission materials and explain the process to the patient/representative. Keep evidence of receipt and education.

Patients

Audience

Details

What's Included

Timing

Documentation

Written Materials Requirements



Material

External complaint contacts



State home health complaint hotline, hours and purpose; ACHC complaint telephone number; agency complaint contact and clinical manager information. Also provide contact information for the local Agency on Aging, Center for Independent Living, Protection and Advocacy Agency, Aging and Disability Resource Center, and QIO.



Include current information in patient materials.

Patients

Audience

Details

What's Included

Timing

Documentation

Written Materials Requirements



Material

Written procedures and education



How to receive and escalate complaints; whom to notify; documentation and investigation responsibilities; patient communication; confidentiality; protection from retaliation; and recognition/reporting of abuse, neglect, unknown-source injuries, and misappropriation.



Address during orientation and ongoing education. ACHC's annual checklist specifically includes handling grievances/complaints and Patient Rights and Responsibilities among required annual education topics. Retain training records.

Staff

Audience

Details

What's Included

Timing

Documentation

Written Materials Requirements



Material

Complaint/grievance policy



Responsible person; investigation time frames including after hours; reporting information; review and evaluation; communication with patient/family; and documentation of receipt, investigation, analysis, and resolution.



Maintain and implement a written policy under HH2-4A. Establish actual agency deadlines and follow them.

Staff

Audience

Policy

What's Included

Timing

Documentation

Written Materials Requirements

Material

Abuse/neglect investigation and reporting policy

Covered allegations; reporting and investigation timeframes; internal/external recipients; and immediate measures to prevent further violations while allegations are investigated. Include state mandated-reporting procedures.

Written policy under HH2-3A. Medicare requires reporting findings immediately to the HHA and appropriate authorities under state law.

Staff

Audience

Policy

What's Included

Timing

Documentation

Written Materials Requirements



Material

Complaint records and oversight



Complaint log or equivalent; investigation findings, protective actions, resolution, and patient/family communication. Summaries for governing-body review.



Document each complaint through resolution. ACHC specifies reporting complaints/grievances to the governing body quarterly.

Staff

Audience

Policy

What's Included

Timing

Documentation

Complaint Workflow

01 Receive

Listen, acknowledge, and document the complaint.

02 Protect

Take immediate action to prevent harm or retaliation.

03 Investigate

Gather facts and evaluate the evidence fairly.

04 Resolve

Reply to the person complaining with outcome. Time frame based on agency policy (usually 5-10 business days)

05 Trend

Analyze complaints for recurring patterns and risks

06 Improve

Implement and monitor corrective actions to prevent recurrence.

Staff Complaint Details

Overview

- Report concern immediately
- Document complaint
- Initiate immediate investigation
- Protect patient and staff
- Implement corrective action
- Reply to person complaining with outcome
- Document outcome
- Monitor for retaliation

Non-Retaliation Requirements

- No retaliation for reporting concerns
- No schedule reduction or intimidation
- Strict enforcement required
- Includes all staff and contractors



Sample Roles in Complaint Handling

Office/Administrator

Log complaint IMMEDIATELY (within 24 hours)

Clinical Supervisor

Lead investigation

Administrator

Approve resolution

QA/Compliance

Trend, audit, escalate to QAPI

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Complaints and QAPI

Trend complaint data to identify recurring risks, develop corrective actions, and measure whether improvements are effective.

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QAPI Steps

01

Log and Document

Record each complaint, investigation, findings, resolution, and corrective action in a consistent, traceable format.

02

Review at Meetings

Regularly present complaint trends, serious events, repeat concerns, and unresolved corrective actions for QAPI oversight.

03

Analyze and PIP

Use complaint data to identify root causes and initiate a Performance Improvement Project when problems are recurring, high-risk, or systemic.

04

Improve Process

Implement corrective actions, measure their effectiveness, and revise policies, training, or workflows to prevent recurrence.

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Complaints and Surveys

Learn how surveyors evaluate complaint records, patient reports, investigations, resolutions, and corrective actions.

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Required at Survey

01 **Resources**

Patient/Staff complaint instructions, policies on handling complaints, staff training logs

02 **Documentation**

Incident forms show complaint receipt, investigation, resolution, communication

03 **Communication**

Documentation of resolution communication within required time frames

04 **Logs**

Complaint logs over the past 18-36 months

05 **QAPI Meetings**

Review of Complaint data in QAPI meetings

06 **PIP's**

Documented actions/process changes to avoid patterned issues

Survey Success Elements

Surveyor Expectations

- Patients and staff know where/how to complain
- Review complaint logs and resolutions
- Interview patients and staff
- Verify no retaliation occurred
- Ensure complaints tracked from start to finish

High Risk Deficiencies

- Complaint information not written in admission packages
- Patients unaware of complaint process
- Failure to investigate promptly
- No corrective action documented
- No documented response to person complaining



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Complaints and Customer Service

Use responsive, respectful complaint handling to restore trust and strengthen patient relationships.

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Complaints Can Escalate Quickly

Loss of Business

You can lose the patient, and any of their connections, including the referral source.

Complaint Survey

You can be subject to a complaint survey, resulting in conditional deficiencies, immediate jeopardies, fines, penalties and general business disruption.

ADR's

You can fall under ADR and have to reimburse based on findings.

Turn That Frown Upside Down

- **Listen:** Let them explain without interrupting.
- **Acknowledge:** Recognize the impact and apologize.
- **Ask:** “What would help resolve this?”
- **Solve:** Offer realistic options and a fair remedy.
- **Own it:** Assign one contact and a clear deadline.
- **Follow through:** Keep promises and confirm satisfaction.

Avoid: Blame, excuses, defensiveness, and “calm down.”



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Thank You

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