

Hope Enterprises Inc.		Policy and Procedure	
Policy Name:	Individual Grievances and Public Complaints		
Effective Date:	2/2015		
Revised Date:	2/2018, 12/21/2021, 11/2/2022, 10/4/2023, 12/6/2023, 9/4/2024		
Policy:	<ol style="list-style-type: none"> 1. Hope shall inform the individual, and persons designated by the individual, upon initial entry into the provider’s program and annually thereafter of the right to file a complaint and the procedure for filing a complaint. 2. Hope shall permit and respond to an oral or written complaint from any source, including an anonymous source, regarding the delivery of a service. Hope shall assure that there is no retaliation or threat of intimidation relating to the filing or investigation of a complaint. 3. If an individual indicates the desire to file a complaint in writing, Hope shall offer and provide assistance to the individual to prepare and submit the written complaint. A complaint is an expression of dissatisfaction with or allegation of wrongdoing by the provider, including staff persons. Complaints may range in severity such that some can be easily addressed while others may require reporting, investigation, and referral to protective services. The procedures will be considered acceptable as long as investigation and resolution are addressed, and all of the parties specified in the regulation are referenced. 4. Hope will provide contact information for the local representative of the Long-Term Care Ombudsman Program as applicable. 5. Hope shall document and manage a complaint, including a repeated complaint. 6. Hope shall document the following information for each complaint, including an oral, written or anonymous complaint, submitted by or on behalf of an individual: <ol style="list-style-type: none"> A. The name, position, telephone number, e-mail address and mailing address of the initiator of the complaint, if known. B. The date and time the complaint was received. C. The date of the occurrence, if applicable. D. The nature of the complaint. E. The investigation process, findings and actions to resolve the complaint, if applicable. F. The date the complaint was resolved. 7. Hope shall resolve the complaint and report the findings or resolution to the complainant within 30 days of the date the complaint was submitted Unless Hope is unable to resolve the complaint within 30 days due to circumstances beyond Hope’s control. In such instances, Hope shall document the basis for not resolving the complaint within 30 days and shall report the complaint findings or resolution within 30 days after the circumstances beyond the Hope’s control no longer exist. 8. Employee related concerns will be resolved through Personnel Policy 11.20, Problem Solving Procedure. 		
Procedure:	<ol style="list-style-type: none"> 1. Any participant, family/guardian of the participant, or individual acting on the participant’s request wishing to file a complaint or formal grievance regarding services provided may do so in accordance to the following steps: 		

	<p>A. The person wishing to file the complaint should approach assigned program staff regarding their grievance and attempt to reach an immediate resolution or contact the Compliance Department and Hope’s HELP-Line by calling 326-3745 (and press 3) or email help@hopeability.org.</p> <p>B. If a resolution cannot be reached, the person should approach the next level of management to assist.</p> <p>C. If the complaint remains unresolved, the formal grievance can be submitted orally or in writing to the appropriate Director of the service provided or designee utilizing the “Notification of Grievance” form.</p> <p style="padding-left: 40px;">I. Within five working days of receipt, contact will be made with the person to discuss grievance.</p> <p style="padding-left: 40px;">II. Hope shall report the findings or resolution to the complainant within 30 days of the date the complaint was submitted. A written response shall be provided to the complainant upon request.</p> <p>2. If the person filing the grievance is not satisfied with the response they may contact the relevant Director or designee, who will notify the Chief Operating Officer that there is a level of dissatisfaction present.</p> <p style="padding-left: 40px;">A. A response plan will be formulated at that time determining the next course of action and administrative involvement.</p> <p style="padding-left: 40px;">B. If the Administration is contacted directly, the complaint should be directed to the appropriate middle manager to follow steps outlined above.</p> <p>3. All documentation regarding any grievance will be filed in the Compliance Department or Human Resource Department.</p>
<p>Cross References:</p>	<ul style="list-style-type: none"> • Chapter 6100 - Services for Individuals with an Intellectual Disability or Autism (6100.52) • Chapter 6400 - Community Homes for Individual with an Intellectual Disability or Autism (6400.23) • Policy #5.11 – Incident Management • Personnel Policy 11.20
<p>Training References:</p>	<p>109. Notification of Grievance Form</p> <p>149. Hope HELP-LINE</p>
<p>Approval:</p>	<p style="text-align: center;"><u><i>Suzanne Glisan, COO</i></u> <small>Suzanne Glisan, COO (Sep 18, 2024 19:31 EDT)</small></p>

HOPE ENTERPRISES, INC.

Notification of Grievance

Instructions:

Please complete **Section A** of this form and return it to Hope Enterprises, Inc. **Quality Management Department, 2401 Reach Road, Williamsport, PA 17701**. Additional pages may be added as needed. If you do not feel comfortable submitting this form to Hope Enterprises, Inc., arrangements can be made to submit your grievance to the appropriate Department Head by calling 570-326-3745. **Within 5 days upon receipt of your grievance**, you will be contacted to schedule a time to meet with Hope Enterprises, Inc. to discuss your grievance.

Section A

Individual's Name: _____

Name of Person Completing Form: _____

Phone Number: _____

Date of Filing: _____

Date of Occurrence Resulting in Grievance: _____

Description/Nature of the Grievance:

HOPE ENTERPRISES, INC.

Notification of Grievance

Section B

(To be completed by Hope Enterprises, Inc.)

Action taken by Hope Enterprises, Inc. to resolve the Grievance:

Resolution as agreed upon by all parties:

Date of Resolution: _____

Number of Days from Receipt to Resolution: _____

Participate Indicated Satisfaction to Resolution of Grievance: YES _____ NO _____