

Thornapple Manor wants to ensure that each resident/resident representative will be given an opportunity to express verbally or in writing any grievances, suggestions, or concerns regarding Thornapple Manor without fear of discrimination or retribution. A copy of the concern forms will be given to residents/families upon admission and extra copies will be available near the entrance of the facility and at every nursing station as well as on our web site.

Our process for concerns and suggestions is as follows;

1. When a resident/resident representative has a suggestion, grievance, or concern, she/he can take the problem directly to the nurse in charge to see if she/he can address the issue.
2. If the charge nurse is not able to answer or correct a problem, the resident/resident representative may write a written concern or contact the Administrator- Don Haney, Director of Nursing- Liz Bishop, Director of Social Work- Teresa Coenen, Eden Coordinator- Therese Maupin-Moore or their designees at (269) 945-2407 who will assist in writing out the concern or suggestion.
3. All concerns will be forwarded to the Grievance Official, Therese Maupin-Moore- Eden Coordinator, to collaborate & disseminate to the appropriate departments to investigate/address, track the progress through to its conclusion, and issue written determinations back to the resident and or resident representative in a timely manner.
4. A concern or suggestion may be filed anonymously by contacting any of the representatives above by mailing a *Resident/Family Grievance & Concern* form to 2700 Nashville Hwy., Hastings, MI 49058, calling (269) 945-2407 or submitting a sealed envelope to the business office.
5. Thornapple Manor will make every attempt possible to address any suggestion or concern within 72 hours and will also coordinate with state and federal agencies as indicated in light of specific allegations.
6. Please know that Thornapple Manor will not prohibit or discourage a resident from communicating with external entities including federal and state employees/surveyors. Thornapple Manor will not discriminate or retaliate against anyone who files or participates in a grievance.
7. If you are not satisfied with the facility's resolution of your concern, please call or direct written complaints to the Ombudsman.

Resident Room #: _____

Family Contact Information: _____



RESIDENT/FAMILY GRIEVANCE/CONCERN FORM

Resident Name: _____ Date: _____

Name of Person Filing Concern: _____ Telephone # : _____

Description of Grievance/Concern (Please be Specific, RE: Dates, Times, etc.):

Concern Received By _____

Forward to Grievance Official/Eden Coordinator, Therese Maupin-Moore for Follow-Up

Department(s) Responsible for Investigation: _____

Plan for Resolution: _____

Plan Review with Resident/Family/Date: _____

Resident/Family Signature: _____

Staff Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

This report is confidential and can be submitted by mail or delivered to the Administrator, Director of Nursing, Director or Social Work and/or Eden Coordinator.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

ORLENE HAWKS
DIRECTOR

Tuesday, May 26, 2020

Dear Residents and Family Members,

As we continue to address the impacts of COVID-19, we want to ensure that you or your loved one receives appropriate care in a safe environment. We, therefore, have asked all nursing home providers to send you this communication to explain the process of how to file a complaint with the Department of Licensing and Regulatory Affairs (LARA).

How to file a nursing home complaint with LARA:

- Complaints may be filed by email at: BCHS-Complaints@michigan.gov
- A complaint form is also included with this communication, which can be emailed as an attachment or sent by fax (517-335-7167) or U.S. Mail (information is on the complaint form).
- Individuals may choose to call the toll-free Complaint Hotline (**800-882-6006**) and leave a message for our complaint intake team.
- For more information about this process go to: www.michigan.gov/bchs
 - Click on File a Complaint
 - Click on Health Agencies & Facilities
 - This webpage outlines the three methods of filing a complaint (online form, toll-free hotline, and email, fax, or U.S. mail) as well as an overview of how LARA handles complaints.

Another resource for residents and family members with loved ones in a nursing home is to reach out to the state or local Long-Term Care Ombudsman, who serves as an advocate. The Ombudsman will also work with your nursing home facility to make sure that resident rights are being respected.

Long-Term Care Ombudsman Information:

- Salli Pung, State Long-Term Care Ombudsman
 - Phone: 517-827-8025
 - Email: spung@meji.org
 - Website: <https://mltcop.org/>
 - Address: Michigan Long Term Care Ombudsman Program
Michigan Elder Justice Initiative
15851 South US 27, Suite 73, Lansing, MI 48906

Please know that we remain both committed to working collaboratively with our public officials, local health departments, Long-Term Care Ombudsman, nursing home providers, and you, as residents and family members, in order to get through this ever-challenging time.

Sincerely,

/s/

Stephen Gobbo, Deputy Director
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs

HEALTH FACILITY COMPLAINT FORM

Michigan Department of Licensing and Regulatory Affairs (LARA)
 Bureau of Community and Health Systems
 611 W. Ottawa Street, P. O. Box 30664
 Lansing, MI 48909

Please print clearly or type information on all sections of this form. If you need help or have questions about this form, please call 800-882-6006.

| | | | |
|---|---------------------------------|---|-------------|
| Section 1 – INFORMATION ABOUT PERSON FILING THE COMPLAINT | | | |
| If you wish to remain anonymous, skip to Section 2 - RESIDENT/PATIENT INFORMATION. If anonymous, our office will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation. | | | |
| Complainant Name: | Work Phone: | Best number to reach you between 8a-5p? | |
| | Home Phone: | | |
| | Cell Phone: | | |
| Street Address: | City: | State: | Zip Code: |
| Relationship to Resident/Patient: | | | |
| E-mail Address (used if more information is needed): | | | |
| Section 2 – RESIDENT/PATIENT INFORMATION | | | |
| Resident/Patient Name: | | Birthdate: | and/or Age: |
| Date Admitted: | Room Number: | Date Discharge: | |
| Section 3 – GUARDIAN/RESIDENT REPRESENTATIVE INFORMATION | | | |
| Guardian or Resident Representative: | Work Phone: | Best number to reach you between 8a-5p? | |
| | Home Phone: | | |
| | Cell Phone: | | |
| Section 4 – FACILITY/AGENCY INFORMATION | | | |
| <input type="radio"/> Nursing Home/Long Term Care Facility <input type="radio"/> Hospice Agency or Residence <input type="radio"/> Hospital/Long Term Care Unit <input type="radio"/> Home Health Agency <input type="radio"/> Surgery Center <input type="radio"/> Other* : * Other federally certified providers include dialysis centers, rural health clinics, outpatient physical therapy (OPT) providers, comprehensive outpatient rehab facilities (CORF), portable X-ray providers, and providers offering laboratory services. | Facility/Agency Name: | | |
| | Facility/Agency Street Address: | | |
| | City: | State: MI | |
| | Zip Code: | | |

Section 5 – INFORMATION ABOUT YOUR COMPLAINT

| | | | | | |
|---------------------------|-------|--------------------------|----|--------------------------|----|
| Date of Problem/Incident: | Time: | <input type="checkbox"/> | AM | <input type="checkbox"/> | PM |
|---------------------------|-------|--------------------------|----|--------------------------|----|

The Department will not disclose the name of a complainant or resident/patient during an investigation without written consent. However, the investigation can proceed quicker if the complaint can be discussed at the time of the investigation.

| | | |
|--|------------------------------|-----------------------------|
| Do you give permission for the resident/patient's name to be released? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

What is the complaint about?
Attach additional sheets if necessary. Number of additional pages attached: ()

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | | |
|---|---------------------------------|--------------------------------|-----------------------------------|
| Have you contacted the facility about your complaint? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, name of person contacted? |
|---|---------------------------------|--------------------------------|-----------------------------------|

| | |
|-----------------|--------------|
| Your Signature: | Date Signed: |
|-----------------|--------------|

All Health Care Facilities that are state licensed and/or federally certified providers are required to post the name, title, location, and telephone number of staff responsible for receiving complaints. You may wish to contact the provider representative or administrator before filing this complaint to attempt to resolve your concerns.

The Department will send an acknowledgement letter upon receipt of the complaint and will send an additional letter after the investigation is completed to notify the complainant regarding the results of the investigation. You may submit the completed signed form to the Bureau of Community and Health Systems by email, mail, or fax:

Email: BCHS-Complaints@michigan.gov
Mail: Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems – Health Facility Complaints
P.O. Box 30664
Lansing, MI 48909
Fax: 517-335-7167

You may also file your complaint online at www.michigan.gov/BCHS.

Other agencies that help citizens with complaints are:

For complaints related to a state licensed child care center, adult foster care facility or adult/child camp, please visit our online complaint [page](#) for these additional covered providers.

The State Long Term Care Ombudsman

The long term care ombudsman program can help you file a complaint or investigate your concerns at licensed long-term care facilities.

Call: 866-485-9393 (toll-free) or Email: MLTCOP@meji.org

Find more information at MLTCOP.org

Department of Attorney General (AG)

The AG investigates elder abuse and Medicaid fraud.

Fax: 517-241-6515 or 517-241-1029

Mail: P.O. Box 30218, Lansing, MI 48909

Michigan Protection & Advocacy Service (MPAS)

MPAS can help you file a complaint or investigate an abuse/neglect allegation. Call: 800-288-5923 Fax: 517-487-1755

Find more information at www.mpas.org

Bureau of Professional Licensing (BPL)

BPL handles complaints against licensed professionals including physicians, nurses, etc. Call

517-241-0205 or find more information at www.michigan.gov/bpl

Michigan Department of Health and Human Services (MDDHS)

DHHS handles abuse and neglect complaints. Find more information at www.michigan.gov/mdhhs.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc. under the Americans with Disability Act, you may make your needs known to this agency.

BCHS-Complaint Form-361 (Rev. 1/19)

Authority: MCL 333.20176

Completion: Voluntary

Page 3 of 3