

# Staff Procedures for Accidents, Incidents and Complaints



## **STAFF PROCEDURES FOR ACCIDENTS, INCIDENTS, AND COMPLAINTS:**

Accidents and incidents will be identified, reported, investigated, and followed up with interventions to prevent and assure protection, and documented.

## **REQUIREMENTS FOR HANDLING ACCIDENTS, INCIDENTS, OR COMPLAINTS:**

The administrator will assure that the facility policies and procedures are implemented.

### **Notification of Accidents, Incidents, and Complaints:**

The administrator or person designated by the administrator will be notified of all accidents, incidents, reportable, or complaints according to the policies and procedures.

### **Notification of Accidents or Incidents involving an injury:**

The facility nurse is to be notified in all events that result in injury or medical emergency, see medical emergency policy.

### **Administrator or Designee Investigation within Thirty Days:**

The administrator or designee will complete an investigation and written report of the finding within thirty (30) calendar days for each accident, incident, complaint, or allegation of abuse, neglect, or exploitation.

### **Resident Protection:**

Any resident involved will be protected during the course of the investigation.

### **Written Response to Complaint within Thirty Days:**

The person making the complaint will receive a written response from this facility of the action taken to resolve the matter or reason why no action was taken within thirty (30) days of the complaint.

### **Facility Notification to Appropriate Agencies:**

The facility will notify the Idaho Commission on Aging or its Area Agencies on Aging, and law enforcement in accordance with section 39-5303 Idaho Code.

### **Corrective Action for Known Allegations:**

When an allegation of abuse, neglect, or exploitation is known by the facility, corrective action will be immediately taken and monitored to assure the problem does not recur.

### **Notification of Licensing and Survey Agency within Twenty-Four Hours:**

When a reportable incident occurs, the administrator or designee must notify the Licensing and Survey Agency within twenty-four (24) hours of the incident.

### **Definitions:**

Accident: an unexpected, unintended event that can cause a resident injury.

Incident: an event that can cause resident injury.

# Staff Procedures for Accidents, Incidents and Complaints



## **COMPLAINTS:**

### **Definition:**

A formal expression of dissatisfaction, discontent, or unhappiness by, or on behalf of, a resident concerning the care or conditions at the facility. This expression could be oral, in writing, or by alternative means of communication.

This facility will assure that the individual resident's record documents complaints and grievances, the date the complaint was received, the investigation, outcome, and the response to the individual who made the grievance or complaint.

The policy of this facility is to make every effort to investigate and respond to complaints and incidents from residents, the neighborhood, community and friends and relatives of residents. Complaints and incidents should be given directly to the administrator or person designated in charge.

Administrator will be available at least 20 hours a week between the hours of 8:00 am and 5:00 pm. Monday –Friday. However, the administrator or designated person can be reached ANYTIME by phone.

During the time the administrator is not available, staff will contact the designated person if a complainant wishes to lodge a complaint, or the incident of such nature that it needs to be resorted immediately. Written complaints are always accepted. All complaints and incidents will be investigated by the administrator or designated person in charge and a written report kept of actions or a reason why no action needs to be taken. In case of an anonymous complaint, the administrator/owner will document the action taken or a reason why no action needs to be taken. A log of complaints will be maintained that includes a list of all complaints lodged, the name of the person lodging the complaint, the date and time complaint lodged, who investigated and what actions were taken to resolve the complaint, if any.

**By signing below, I acknowledge receipt of the above policy and have read and understand the contents herein.**

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First, Last Name

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Signature

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Date