



Caressant Care Nursing and Retirement Homes Limited

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| POLICY NO. Administration | POLICY TITLE: Concern or Complaint/Client Service Process |
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Policy:

Caressant Care homes will ensure that there is a written procedure that complies with legislation for initiating concerns or complaints to the Home and how the Home deals with complaints.

1. A complaint concerning the care of a resident or the operation of the Home along with a written report documenting the home's response to the complainant will be forwarded to the Director, Long-Term Care Inspection Branch immediately upon completion of the home's investigation into the complaint or at an earlier date if required.
2. Residents and family members are to be made aware of the procedure for initiating concerns or complaints to the Home and how the Home will manage these complaints and the information is to be communicated at the time of admission and orientation to the home.
3. Homes are to post the complaint process in a conspicuous and easily accessible location within in the Home and will include the contact information for the Patient Ombudsman and the Long-term Care Family Support and Action Line.
4. Complaints, analysis, and trending of complaints is viewed as part of the risk management and quality improvement programs to facilitate change that results in better customer service and results for the persons served.

Definition – Formal Complaint:

A formal complaint is a verbal or written expression of dissatisfaction or concern by a resident, family member or other (persons) with the care or services provided by the Home and requiring acknowledgement and action.

Note:

For any complaints that allege harm or risk of harm to one or more residents including, but not limited to physical harm, an investigation should start immediately, and the complaint forwarded to the Director at the MLTC immediately.

If the complaint does not allege harm or risk, it is not required to be forwarded to the Director at the MLTC.

Sources of complaints may include, but are not limited to the following:

- Expressions of complaint/concern from Residents, Families, other Stakeholders, Residents' Council, Family Council, Food Committee, Satisfaction Surveys, etc.
- Verbal complaints that can be resolved within 24 hours of the complaint being received are exempt from the following procedure.

Procedure:

1. Any person receiving a written complaint (letter or e-mail format) will need to confirm with the complainant that this indeed is meant to be a formal complaint. Once confirmed as a true formal complaint and not a form of communication, it will be forwarded to the Director of MLTC and the Regional Director of Operations.

Effective February 16, 2022, the new mandatory process for submitting a complaint will use the same secure Critical Incident System (CIS) electronic platform used to submit mandatory reports and critical incidents. Under the new submission process, licensees will submit written complaints and responses as required by Section 22 of the Act using a form called "Licensee to Forward Complaints" which will be the same section as all the other forms currently used in the Critical Incidents System Report. The form will include questions about the complaint and allow users to attach relevant documents before finalizing.

Licensees must use the new CIS submission process for written complaints:

- Received on or after February 16, 2022, or
 - Received on or prior to but not forwarded via email to the Director by February 16, 2022
2. The Department Head /designate will investigate each complaint, resolve where possible, and provide a response to the person who made the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief. The response should include:
 - What was done to resolve the complaint or,
 - If it is believed there is no cause for complaint, must explain why
 - Telephone number of the Long-term Care Family Support and Action Line
 - Contact information for the Patient Ombudsman
 - If the complaint was forwarded immediately
 3. Any person receiving a complaint is to document the complaint on a Client Service Response Form.
 4. The Department Head /designate is to commence an investigation immediately where the complaint alleges harm or risk of harm to one or more residents.

Note: The MLTC Decisions Tree on Licensee Reporting of Abuse provide guidance in determining if a Critical Incident Report (CIS) is required.

5. The Department Head /designate will provide the response to the complainant within 10 business days of the receipt of the complaint. For complaints that cannot be investigated and resolved within 10 business days, the Department Head/designate is to provide an acknowledgement of receipt of the complaint and include the date by which the complainant can expect a resolution.
6. An automatic email reminder will be sent to licensees who reported a written complaint in CIS but have not submitted a complaint response date in the system within ten (10) business days.
7. Homes should document and maintain a record of the following on the Client Service Response (Concern and Complaints) Form and Complaint Log:
 - What the complaint was about;
 - the date the complaint was received;
 - the type of action taken to resolve the complaint, including the date of the action,
 - timeframes for actions to be taken and any follow-up action required;
 - the final resolution, if any;
 - every date on which any response was provided to the complainant and a description of the response; and
 - any further responses from the complainant.

8. Maintain a written record of each review and of the improvements made in response on the Complaints Log

The Executive Director/designate is responsible to review, analyze and trend all documented complaints at least on a quarterly basis utilizing cumulative data on the Roadmap to Success Form and Concerns/Complaints Binder. Where the home has immediately forwarded the complaint to the Director at the MLTC all documentation related to the complaint should be included upon investigation.

9. The annual review of all formal complaints will include:

- Whether formal complaints were received
- Trends
- Areas needing improvement
- Actions to address the improvements needed
- Whether the actions taken accomplished the intended results

Expected Outcome:

1. The Home follows required legislation on Reporting and Managing Complaints.
2. Actions pursuant to a complaint will not result in retaliation or barriers to services.
3. The rights of each party are respected.
4. Complaint procedures and forms, as applicable, are readily available to the persons served within the Home.
5. There is documented evidence that all complaints are documented on the Complaint Form and that all concerns have been followed up and rectified within ten (10) business days.
6. There is a written analysis of all formal complaints to determine trends, areas needing performance improvement, actions taken to address the improvements needed, and actions taken, or changes made to improve performance.

See Also:

Complaint Process – Reporting Complaints Process – Reporting Written Complaints
Client Service (Concerns/Complaint) Response Form
Complaint Posting Communication
Critical Incidents
Critical Incidents -Reporting Procedure

Reference: Fixing Long-Term Care Act 2021, (FLTCA) and Ontario Regulation 246/22).

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| APPROVED: April 21, 2022 | REVISED/REVIEWED: April 21, 2022 | AUTHORIZED BY: Caressant Care Operations Team |
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*Caressant Care Nursing
and Retirement
Homes Limited*

PROCEDURE NO.

PROCEDURE TITLE:

Complaints Process – Client Service Reporting Concerns or Complaints

Purpose:

To ensure complaints are reported correctly according to all requirements.

Steps in the Procedure:

1. Effective February 16, 2022, homes must now submit written complaint letters and responses to complaints via the Critical Incident System (CIS).
2. Two forms are available for homes to submit written complaints on:
 - a. The “**Reporting Certain Matters**” form (currently named Mandatory Report form)
 - b. The “**Licensee to Forward Complaints**” form.
3. **Reporting Certain Matters Form:** Use this form for reporting written complaints that relate to a matter that meets both the criteria listed below
 - Matter must be reported to the Director and
 - **Matter was not already/previously reported in A Reporting Certain Matters (RCM) form**
Note – This means that using the same form, homes can submit written complaints that have been received for an incident that falls under section 25 of the Act but has not yet been submitted in CIS via the Reporting Certain Matters form.
4. **Licensee to Forward Complaints Form:** Use this form for reporting written complaints that meet one of the following criteria:
 - Relates to a matter that must be reported to the Director **which was already/previously reported in a Reporting Certain Matters (RCM) form or**
 - **Does not** relate to a matter that must be reported to the Director
5. Homes are required to answer all questions on the form (such as the date received, residents involved, name of person that sent the complaint) as they pertain to the written complaint and may attach any supporting document to the form (such as the complaint letter received, and response provided).
6. All attachments must be in PDF format before being attached to the CI form.
7. All complaints must be investigated and resolved where possible and provided with a response within 10 business days of the receipt of a complaint.
8. Homes will receive an email reminder when a Licensee to Forward Complaint or Reporting Certain Matters form is not finalized within 10 days of attaching the complaint letter in CIS (i.e., the forms have had the complaint letter information entered but no response date or response letter has been entered/attached).
9. If there are any questions regarding reporting requirements:
 1. Questions on the process for reporting written complaints: CIATTGeneral.moh@ontario.ca

2. Questions on CIS functionality or user account maintenance: AskHealthData@ontario.ca

See Also:

Complaint Process – Policy
Client Service Response (Concerns/Complaints) Form
Complaint Posting Communication
Critical Incidents
Critical Incidents -Reporting Procedure

Reference: Fixing Long-Term Care Act 2021, (FLTCA) and Ontario Regulation 246/22).

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| APPROVED: March 2019 | REVISED/REVIEWED: April 2022 | AUTHORIZED BY: Caessant Care Operations Team |
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