Cornerstone Care	Policy and Procedure
Title: Patient Grievance Policy	Review: Cornerstone Care Board of Directors Every 3 Yrs.
Approval Date: 1/25/2021	
Policy Owner: Director of Clinical Operations	
Effective Date: 7/1/2015	

PURPOSE

To establish a uniform process by which the patient and/or patient's representative can bring forth grievances, concerns, and complaints to be evaluated and resolved in a manner that assures quality care and services throughout Cornerstone Care's sites and services. Cornerstone Care values the patients of our community and hold their safety and satisfaction of the utmost importance.

POLICY

Cornerstone Care will maintain written procedures for receiving, resolving and responding to grievances, complaints, and concerns of patients and/or patient's authorized representative. A representative will be identified in each office. Procedures will address the following:

- Informing a patient or patient's authorized representative of the right to file a grievance or complaint and mechanism for so doing,
- Investigating the grievance/complaint
- Receiving the grievance/complaint and ensuring a uniform system
- Investigating the grievance/complaint
- Responding to the grievance/complaint of the patient or patient's representative in an appropriate manner

DEFINITIONS

Complaints are patient issues that usually can be resolved promptly and involve the staff who are present (i.e. front office personnel, nursing, patient advocates, and administration) at the time of the complaint. Complaints typically involve minor issues, from billing, scheduling, housekeeping and unfriendly staff, etc. that do not rise to the level of an "event/incident" and therefore do not require an investigation or peer-review process. Most complaints do not require a written response to the patient. However, even if a patient's complaint is addressed quickly and informally, the complaint and subsequent action should be documented and maintained in the patient's health record for quality improvement activities and training if appropriate.

If a patient feels a complaint has not been resolved or has a more in-depth concern, a formal grievance may be submitted. A grievance may concern an unresolved issue or one that cannot be addressed immediately, may concern an alleged violation of patient rights, or may involve a patient request for response. Examples of such grievances include but are not limited to: care/service, not meeting the patient's care expectations, staff did not notify the provider of the patient's concern, a patient confidentiality breach, and failure to obtain informed consent, abuse, neglect, or other unethical behavior.

Adopted by Cornerstone Care Board of Directors on this date <u>1/25/2021</u>			
Attested by:	Victor Bell Board Chair Print Name and Position	<u>Víctor Bell</u> Signature	<u>-</u>
Date Approve	ed: <u>1/25/2021</u>	-	
This policy up	odates last version adopted on	6/26/2017	

Cornerstone Care

Risk Management and Compliance Officer | 1227 Smith Twp State Road, Burgettstown, PA 15021 Phone: 724-947-2255 Ext. 1390 | Fax: 724-947-2477 | shannigan@cornerstonecare.com

PATIENT GRIEVANCE FORM

Patient's Name:	Date of Birth:
Describe the concern in detail: (Use additional sheets if necessary)	
How have you tried to resolve the concern? (Use additional sheets if no	ecessary)
What can we do to resolve the concern? (Use additional sheets if neces	ssary)
Patient Signature:	Date signed:

You can send this to our Risk Management and Compliance Officer information above, ask at the Front Desk for the Office Manager or ask for an Envelope and Write "Office Manager" on front, or mail.