

Annual Report on Complaints and Grievances
Calendar Year 2014

Introduction:

Life Alliance welcomes feedback from our consumers, employees, and stakeholders. We have policies and procedures in place regarding the submission of formal complaints, grievances, and suggestions, as well as a strict non-retaliation policy. All complaints and grievances are reviewed quarterly by the Quality Management Committee.

Formal Complaints:

Life Alliance had no formal complaints/grievances from employees or consumers this calendar year. Three complaints were lodged to us regarding our contracted Managed Care Organization. The MCO was contacted and the individuals mentioned in the complaint were notified.

Informal Complaints:

All those who have a complaint or grievance are encouraged to submit them formally. In some cases, however, consumers or employees just want to express their feelings on service-related issues without lodging an official grievance.

These complaints are also discussed by the full committee, or, when applicable, at the administrative and/or supervisory staff meetings. The primary informal complaints we receive regard the DHHS policy on Relative as Direct Service Provider. For more information regarding this issue see the Annual Report on Quality Management 2014.

Plans of Correction:

In 2014 Life Alliance received three Reports of Findings from one of our contracted Managed Care Organizations. The three reports required five Plans of Correction. All Plans of Correction were handled by the President/Owner, VP of Administration, and Quality Assurance Coordinator. All Plans of Correction were submitted within the mandated timeframe and all were accepted by the MCO.

Plans of Correction Summary:

Finding:

An employee who was not credentialed to transport a consumer did so on multiple occasions. The fact that the employee was not credentialed to transport was not in the employee's supervision plan even though the consumer had community goals requiring transportation.

Action Taken:

The supervisor completed in-service training. The supervisor was instructed that if an employee is not credentialed to transport a consumer, this must be documented in the employee's supervision plan. If the employee is not credentialed to transport a consumer who has community goals, alternate transportation should be documented in the consumer's plan of care.

As an additional check, line items for this documentation were placed on employee and consumer chart review sheets. Each consumer and employee chart is reviewed at least once annually. The Quality Assurance Coordinator reviews 60% annually and the Quality Management Committee reviews 40% annually.

Status:

The Plan of Correction was accepted on 6/12/14 and passed implementation review on 8/8/14.

Finding:

A review of supervision plans showed identical wording and therefore the plans were not individualized.

Action Taken:

The supervisor completed in-service training regarding individualization of supervision plans. A line item was added to the employee chart review sheet. Each consumer and employee chart is reviewed at least once annually. The Quality Assurance Coordinator reviews 60% annually and the Quality Management Committee reviews 40% annually.

Status:

The Plan of Correction was accepted on 6/27/14 and passed implementation review on 6/30/14.

Finding:

Identical wording was found in supervision notes and therefore the notes were not individualized.

Action Taken:

The supervisor completed in-service training regarding individualization of supervision notes. Supervision notes will be reviewed during the Quality Management Committee's chart review process to ensure individualization.

Status:

The Plan of Correction was accepted on 6/27/14 and passed implementation review on 6/30/14.

Finding:

Supervision notes discussing concerns about an employee's ability to demonstrate core skills due to health issues were not followed-up on in future notes.

Action Taken:

The supervisor completed an in-service training and was instructed to address all relevant concerns in future notes until the concern is resolved. All monitoring, assistance, direction, and training required to resolve the concern should be documented in supervision notes, as well as the date of final resolution. Supervision notes will be reviewed during the Quality Management Committee's chart review process to ensure individualization.

Status:

The Plan of Correction was accepted on 6/27/14 and passed implementation review on 6/30/14.

Finding:

Documentation of services provided by two employees was found to have been completed by only one employee. All documentation was completed for both employees but one employee completed documentation for another.

Action Taken:

The supervisor and responsible employees received in-service training. The employees were instructed to complete his or her own documentation only. The supervisor was instructed to monitor for identical handwriting and markings on employee on employee documentation.

Status:

The Plan of Correction was accepted on 6/27/14 and passed implementation review on 6/30/14.

Additional Information:

There was an additional incident that initially required a Plan of Correction. An employee providing Respite services to a consumer listed on their documentation that they were “shopping with consumer and parent/guardian.” This was initially found to be an improper use of Respite services.

Life Alliance’s clinical team met to discuss the definition of Respite. This definition is: “To provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the participant.” The North Carolina Innovations Waiver also states that Respite may be provided in or out of the home.

The clinical team drafted an email reflecting this to the Managed Care Organization. The MCO responded that they agreed with our team’s assessment and that no Plan of Correction was warranted.