

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION of LICENSING SERVICES
Office of Long Term Care
150 N. 18th Avenue, Ste. 440, Phoenix, AZ 85007; 602/364-2690
400 West Congress, Tucson, AZ 85701; 520/628-6965

THE COMPLAINT PROCESS

TYPE OF COMPLAINTS - complaints are related to quality of life and quality of care, including residents' rights, abuse, dietary problems, staffing and environmental concerns.

WHO CAN FILE A COMPLAINT - Anyone with knowledge or concerns about a nursing home may file a complaint either in writing, by phone, by e-mail (INSERT E-MAIL ADDRESS), by fax or in person. Most complaints are filed by residents, family members, concerned friends, a guardian of a resident, facility staff members, other health professionals and ombudsman. Complaints may be filed anonymously as well. It is most important that the complainant be able to provide as much specific information as possible including the name and address of the facility, date and time of events indicated in the complaint. It is imperative that complaints be reported timely since it is difficult to effectively gather information surrounding an incident that occurred months before.

Complaints are prioritized and assigned for investigation. An investigation of a complaint may result in a complete licensure and/or certification survey being conducted. The results of the investigation will determine whether the allegation can be substantiated; unsubstantiated, or unable to be substantiated. Complainants are notified of the findings.

PRIORITIZING COMPLAINTS - When complaints are received they are prioritized:

- Priority 1: Must be initiated within 2 working days
- Priority 2: Must be initiated within 10 working days
- Priority 3: Must be initiated within 45 working days

A single complaint may consist of a number of allegations, all of which must be investigated.

COMPLAINT ASSIGNMENTS - Complaints are assigned to a surveyor and investigated. The investigation may include a review of records, interviews with staff and residents, and observation of the care of the residents. If names have been provided in the complaint, those persons will be contacted.

COMPLAINTS INVOLVING HEALTH CARE PROFESSIONALS - If the investigation indicates that an occurrence was caused by a licensed health care professional (registered nurse, physician, pharmacist, etc.), the occurrence will be reported to that person's licensing board (Board of Medical Examiners, Board of Nursing, etc.) so that regulatory body can conduct its own investigation if it deems it to be warranted.

COORDINATING INVESTIGATIONS - If the investigation indicates that an occurrence involves another state, federal, or local agency, the occurrence will be reported to that entity for appropriate action. Such occurrences may include abuse, misappropriation of funds or property, and fraud.

DETERMINATIONS - Once the investigation is completed, a determination is made whether the allegation(s) can be substantiated, unsubstantiated, or is unable to be substantiated. The definitions for each are as follows:

Substantiated – means there was enough evidence at the time of the investigation to show that a violation of the rules occurred.

Unable to Substantiate – means that although a violation of the rules may have occurred, there was not enough evidence at the time of the investigation to prove whether or not the violation did occur.

Unsubstantiated – means there was not enough evidence at the time of the investigation to show that the violation did occur.

NOTIFICATION OF RESULTS - Complainants and the facilities are notified of the findings of each investigation. The name of the complainant is not shared with the facility so confidentiality is protected. In addition, public files on individual nursing homes will not contain the name of complainants.

