

GREIVANCE POLICY AND PROCEDURES

POLICY

It is the policy of Elan Recovery + Wellness to treat all residents with dignity and respect, and in a humanitarian manner, utilizing dignity, respect and standard treatment practices applicable to each resident's needs. If despite the efforts of Elan Recovery & Wellness of NPB, LLC staff a resident feels that she/he has been mistreated in any way, she/he shall have the right to seek a remedy by filing a grievance in the following manner. It is the policy of Elan Recovery + Wellness that all grievances be handled respectfully, appropriately, and professionally.

Elan Recovery + Wellness' resident grievance policy is to address all grievances within 24-48 hours. All grievances related to the Recovery Residence and/or staff will be reviewed by the Certified Recovery Residence Administrator (CRRA) and Clinical Director and then discussed with resident or staff as necessary and kept in Grievance logbook. Grievance forms are currently located in plain in view at the residence, by the Clinical Support Specialists (CSS) office.

Upon admission, every client will be given a copy and explained Client Rights. The Client Rights will be given out in the Client Handbook and posted in the common area of the CSS office at the residence.

Basic Client Rights provisions include the following concerning the grievance procedure:

- Informing the client, family members or authorized guardian of their rights and responsibilities, assisting in the exercise of those rights, and an accessible grievance system for the resolution of conflict.
- Assuring that the grievance may be filled for any reason with cause.
- Assuring that the notice informing residents of the grievance system is posted.
- Granting access to grievance forms.
- Educating staff on the importance of grievance procedure and Client Rights.
- Specifying level of appeal with corresponding time frames for resolution.
- Providing for the immediate receipt of a filed grievance.
- Quality Assurance Coordinator will be logging and tracking of filed grievances until resolved or concluded by actions of the governing body.
- Written notification of the decision to the appellant.
- Analysis of trends to identify opportunities for improvement.
- Quality Assurance Coordinator will oversee all details of the filed grievance until resolved or conclude by actions of the provides governing body.

Elan Recovery + Wellness shall post the number of FARR and DCF office in a conspicuous place within the residence and provide a copy to each client residing at the Recovery Residence.

AGENCY GRIEVANCE PROCEDURE:

Any person(s) who believes that their rights have been violated or has a complaint or grievance may file a complaint pursuant to the procedures set forth below, on their behalf, or on the behalf of another person. All persons are encouraged to file a complaint and/or grievance. By filing a complaint, the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by Elan Recovery + Wellness patients shall have immediate access to the grievance form located in their program information packet; a posting of the grievance procedure will be in the first-floor lounge area with the levels of appeals, and in the Patient handbook.

To register a grievance, the following steps will be followed:

- Patients, family members, and authorized guardians of a Patient's rights and responsibilities shall be informed of their rights and responsibilities during the orientation, have knowledge of the grievance system, be assured that they can file a grievance at any time, and be knowledgeable of where the notice of grievance is located and where the forms are. Grievance Forms are located in the reception area. The Grievance Form will be discussed with the Patient within 1 day of the Grievance Form being given to the therapist.
- Patients are encouraged to discuss any problems with their primary therapist. The patient will be given a response to the resolution in writing.
- If the Patient is not satisfied with the results, the Patient may appeal the decision and will then meet with the Clinical Director within 1 business day of the date of the request and appeal of the decision.
- The decision and resolution of the appeal regarding the grievance are then documented and submitted to the Patient in writing.
- If the Patient is still not satisfied they may appeal regarding the decision the 3rd time and the patient will then meet the CEO and/or the Governing Board within 1 business day. This is final internal step in the grievance process and decision is resolved or concluded by action of Elan Recovery + Wellness Governing Board.
- In the event that a Patient does not feel a resolution has been reached they may file a complaint with FARR and/or DCF. Contact numbers for FARR and DCF are posted conspicuously throughout the facility and residence and provided in the Resident Handbook.
- The grievance will be tracked and logged until resolved or concluded by actions of the providers governing body by the Quality Assurance Coordinator. Analysis of trends to identify opportunities for improvement will be conducted and submitted to the QA Committee quarterly meeting.

PROCEDURE:

Any allegations of physical or sexual abuse by a staff member shall be brought to the immediate attention of the Clinical Director. The Patient will be afforded the opportunity to contact either FARR and/or DCF. The contact information for FARR and DCF will be posted in a common area.

Notification to all parties of these rights shall include affirmation of an organizational non-relationship policy that protects a party's right to file a grievance or express their opinion and invokes applicability of state and federal protections.

The Clinical Director and the CEO shall take steps to ensure an appropriate investigation of each complaint to determine its validity. These rules contemplate informal, but through, investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.

In the event that a Patient is dissatisfied at any point, the Patient has the right to contact the right to voice complaints, questions or concerns about services, treatment, procedures, rights and policies by calling any one of the following agencies:

- Florida Association of Recovery Residences (561) 299-0405 A grievance may also be submitted to

FARR electronically at: <http://farronline.org/file-a-grievance/>

- Department of Children & Family Services: (561) 227-6680
- Office of Disabilities: 1-800-342-0823
- Abuse Registry: 1-800-96-ABUSE
- The HIPPA Privacy Officer/Corporate Compliance Officer: (888) 576-8373
The U.S. Department of Health and Human Services for the privacy or breach of confidentiality (HIPPA):
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C, 20201
Toll Free: 1-877-696-6775

All Residents will be given a copy of all the above telephone numbers including the Florida Association of Recovery Residences and Department of Children and Families Program Office at the time of admission for reporting grievances. All Patients will be afforded the opportunity to contact any of the above phone numbers without fear of retaliation. The telephone numbers are posted in the Bulletin Board Case in the Common Room.

Any allegations of physical or sexual abuse by an Elan staff member, counselor/therapist shall immediately be brought to the attention of the Clinical Director. The Resident will be afforded the opportunity to contact FARR and/or DCF and the phone number is posted in the Resident Handbook, on the Client Notice Boards (located throughout the residence and facility, and in the CSS office at the residence.

Elan Recovery + Wellness

CLIENT/RESIDENT GRIEVANCE FORM

Step One: Grievance is filed

You are not required to sign your name. However, if you want the Corporate Compliance Officer to provide feedback, you need to sign your name. Your grievance will remain confidential with discussion only between those individuals involved. After you complete this statement please give it to the Administrative Assistant or any staff person you trust.

Client Name (print): _____ Date: _____

Please complete form by stating the specific problem or complaint and what you would like to see change. Please feel free to use additional sheets if desired.

Staff Response Receiving Grievance.

Client Signature (Optional): _____ Date: _____
Time: _____

Staff Receiving Grievance: _____ Date: _____ Time
Received: _____

Name: _____ Date: _____

I (PRINT) _____, hereby attest that I am voluntarily withdrawing this complaint.

Staff Response:

Client Signature (Optional): _____ Date: _____
Time: _____

Staff (PRINT): _____ Date: _____ Time
Received: _____

Step 2: Grievance addressed by therapist

Grievance addressed by therapist within 1 business day of therapist receiving said form.

I _____, hereby attest that my therapist has addressed my grievance and I am:

- SATISFIED with the resolution and no longer pursuing this grievance
- NOT satisfied with the resolution of my complaint but do not want to pursue it any further
- NOT satisfied with the resolution and I am pursuing this grievance

Investigation & responses/resolution:

Client Signature: _____ Date: _____
Time: _____

Therapist Signature: _____ Date: _____
Time: _____

Copy Forwarded to Chief Executive Officer on: _____ Staff forwarding: _____

Step 3: Client makes request to meet with Clinical Director.

Grievance addressed by Clinical Director within one 1 business day of my meeting request.

I (PRINT) _____, hereby attest that the Clinical Director addressed my grievance and I am:

- SATISFIED with the resolution and no longer pursuing this grievance
- NOT satisfied with the resolution of my complaint but do not want to pursue it any further
- NOT satisfied with the resolution and I am pursuing this grievance

Investigation & responses/resolution:

Client Signature: _____ Date: _____
Time: _____

Clinical Director Signature: _____ Date: _____
Time: _____

Step 4: Client makes request to meet with the Chief Executive Officer's/ Governing Board

Grievance addressed by CEO within 1 business day of my meeting request. I understand that this is the final internal step in the grievance process and decision is resolved or concluded by action of Elan Recovery + Wellness Governing Board.

I _____, hereby attest that the by CEO addressed my complaint within one 1 business day of my meeting request.

- SATISFIED with the resolution and no longer pursuing this grievance
- NOT satisfied with the resolution of my complaint but do not want to pursue it any further
- NOT satisfied with the resolution and I am pursuing this grievance

Investigation & responses/resolution:

Client Signature: _____ Date: _____

Time: _____

Chief Executive Officer Signature: _____ Date: _____

Time: _____

Please note: In the event that a Client is dissatisfied at any point, the Client has the right to voice complaints, questions or concerns about services, treatment, procedures, rights and policies by calling any one of the following agencies:

- *Florida Association of Recovery Residences (FARR): (561) 299-0405*
- *Department of Children & Family Services: (561) 227-6680*
- *Abuse Registry 1-800-96-ABUSE*