

**Upham's Corner Health Committee, Inc.
d/b/a/ Upham's PACE**

PARTICIPANT GRIEVANCE FORM

Participant information

PARTICIPANT NAME	PHONE
MEDICAL RECORD NUMBER	PACE CENTER <input type="checkbox"/> 1140 <input type="checkbox"/> 36 <input type="checkbox"/> 125 <input type="checkbox"/> 125A

Grievance information

DATE GRIEVANCE WAS RECEIVED	STAFF PERSON RECEIVING GRIEVANCE
LOCATION WHERE GRIEVANCE OCCURRED <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Contracted Physician's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient Hospice <input type="checkbox"/> Nursing Facility <input type="checkbox"/> PACE Center <input type="checkbox"/> Participant Home <input type="checkbox"/> Other(specify):	
PERSON REPORTING GRIEVANCE <input type="checkbox"/> Caregiver <input type="checkbox"/> Family <input type="checkbox"/> Participant <input type="checkbox"/> Other(specify)	GRIEVANCE MADE <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> other(specify):
CATEGORY OF THE GRIEVANCE <input type="checkbox"/> Activities <input type="checkbox"/> Communication <input type="checkbox"/> Contracted Specialist <input type="checkbox"/> Contracted Facility(Hospital, SNF, etc.) <input type="checkbox"/> Dietary <input type="checkbox"/> Disenrollment <input type="checkbox"/> Enrollment <input type="checkbox"/> Home Care <input type="checkbox"/> Marketing <input type="checkbox"/> Medical Care <input type="checkbox"/> Medication <input type="checkbox"/> PACE Services <input type="checkbox"/> Supplies <input type="checkbox"/> Transportation <input type="checkbox"/> Other(specify):	
GRIEVANCE DESCRIPTION (Be specific: who, what, why, where, when etc.) _____ _____ _____ _____ _____ _____ _____	

ACTION(S) REQUESTED BY PARTICIPANT

<p>_____</p> <p>_____</p> <p><input type="checkbox"/> Participant Decline Resolution Follow-Up</p>
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I understand that the Upham's Corner Health Committee will contact me within thirty (30) days to provide a report regarding the resolution of this grievance. If I am dissatisfied with the resolution of this grievance, I may appeal to the Executive Director.

Participant or delegate's signature	Date signed
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Upham's Corner PACE use only

FORWARDED FOR RESOLUTION TO	DATE
UNRESOLVED GRIEVANCE SENT TO: <input type="checkbox"/> Participant _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by email <input type="checkbox"/> other: _____ <div style="text-align: center;">DATE</div> <input type="checkbox"/> Grievance Coordinator _____ <div style="text-align: center;">DATE</div>	
MULTIPLE ACTIONS TAKEN TO RESOLVE GRIEVANCE CAN BE SELECTED FOR A GRIEVANCE. <input type="checkbox"/> Added Additional Activities <input type="checkbox"/> Added Additional Contracted Facilities <input type="checkbox"/> Added Additional Contracted Specialists <input type="checkbox"/> Added Additional Equipment <input type="checkbox"/> Added Additional Menu Items <input type="checkbox"/> Added Additional Staff <input type="checkbox"/> Added Additional Transportation <input type="checkbox"/> Changed Staff that Provides Care <input type="checkbox"/> Conducted Contractor Oversight <input type="checkbox"/> Conducted Quality Oversight at PACE Center <input type="checkbox"/> Counseled Staff <input type="checkbox"/> Dietary Assessment <input type="checkbox"/> Equipment was Serviced or Replaced <input type="checkbox"/> Home Care Assessment <input type="checkbox"/> Implemented a New Policy <input type="checkbox"/> Increased Home Care Hours <input type="checkbox"/> Instituted Quality Improvement Measures <input type="checkbox"/> Met with Contracted Provider to Review Grievance <input type="checkbox"/> Modified the PACE Center Environment <input type="checkbox"/> Obtained Opinion from a Specialist <input type="checkbox"/> OT Assessment <input type="checkbox"/> Participant or Caregivers Re-educated on Policies/Procedures <input type="checkbox"/> PCP Assessment <input type="checkbox"/> Provided Participant Education <input type="checkbox"/> Provided Staff Education/Training <input type="checkbox"/> PT Assessment <input type="checkbox"/> Revised Activity Schedule <input type="checkbox"/> Revised Existing Policy <input type="checkbox"/> Revised Marketing Material(s) <input type="checkbox"/> Revised Process for Communicating with Contracted Facility <input type="checkbox"/> Revised Process for Communicating with Contracted Specialist <input type="checkbox"/> Revised Process for Medication Delivery <input type="checkbox"/> Revised Process for Scheduling Clinic Visits <input type="checkbox"/> Revised Process for Scheduling Transportation <input type="checkbox"/> Revised Provider Contract <input type="checkbox"/> Revised the Participant's Plan of Care <input type="checkbox"/> RN Assessment <input type="checkbox"/> Staff Placed on Performance Improvement Plan <input type="checkbox"/> Staff Re-educated on Policies/Procedures <input type="checkbox"/> SW Assessment <input type="checkbox"/> Transportation Assessment FOR ADDITIONAL COMMUNICATION AND RESOLUTION (ATTACH ADDITIONAL PAGES IF NEEDED) <hr/> <hr/> <hr/>	
RESOLVED BY	RESOLUTION DATE
RESOLUTION STATUS: <input type="checkbox"/> Resolved to Participant's Satisfaction <input type="checkbox"/> Alternative Resolution (explain): RESOLVED GRIEVANCE SENT TO: <input type="checkbox"/> Participant _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by email <input type="checkbox"/> other: _____ <div style="text-align: center;">DATE</div> <input type="checkbox"/> Grievance Coordinator _____ <div style="text-align: center;">DATE</div>	

Grievance Coordinator and Program Director use only

ESP Log #	UCHC Log #	GRIEVANCE COORDINATOR SIGNATURE AND DATE
DATE UNRESOLVED GRIEVANCE SENT TO PROGRAM DIRECTOR	DATE RESOLVED GRIEVANCE SENT TO PROGRAM DIRECTOR	PROGRAM DIRECTOR SIGNATURE AND DATE