

Document Number: <b>AL0100</b>	<b>SECTION: AL – CONTINUOUS QUALITY MANAGEMENT</b>	
SUBJECT: <b>Complaints/Compliments</b>	Effective Date: April 2017	Page 1 of 4
	Reviewed: Dec/17, Mar/19, Mar/21 Revised: Aug. 2017, March 2019	
Cross Reference: Direct Care Policy RESC070 HR Policy – Bullying and Harassment		
Appendices:		

**1.0 POLICY**

- Residents, Visitors, Employees and Families have the right to voice compliments / complaints. All complaints are considered confidential and will be managed according to all organizational confidentiality policies and applicable legislation.

**2.0 MATERIALS REQUIRED**

Complaints/Compliments form and Complaints/Compliments Log Form.  
(Samples at the end of this policy.)

**3.0 PROCESS**

**3.1 Employee receiving the Complaints/Compliments Form**

- Give copy to Executive Director / Designate.  
Complaints regarding physician care will be referred to the Director and / or B.C. College of Physicians and Surgeons.

**3.2 Executive Director / Designate**

- Circulate compliments from Residents, visitors and families / Families / Representatives through departmental memos or to the person(s) receiving the compliment.
- Investigate a complaint and attempt to resolve it as appropriate. Document the complaint and the resolution process.
- If the complaint cannot be resolved, refer the complaint to the most appropriate of the following:
  - Board / Owner(s)
  - Resident Care Team
  - Support Services Team
  - Attending Physician
  - FHA Liason
  - Mental Health Team

## **AL100 continued**

- Other individuals as appropriate
  - FHA Community Care Facilities Licensing - 604-949-7700
  - FHA Patient Care Quality Office - 1-877-880-8823

### **4.0 TIMING**

All concerns will be acknowledged and investigated in a timely fashion.

### **5.0 DISPUTE RESOLUTION**

#### **Foyer Maillard must:**

- Ensure that the BC Resident Bill of Rights (effective Oct. 22, 2009) is posted in the Care Facility as well as Policy AL0100 Complaints/Compliments from Residents, Families or Visitors and forms which can be utilized to write compliments and complaints.
- Ensure that there is no retaliation against a person in care as a result of anyone expressing a concern or making a complaint
- Ensure that all complaints, concerns and disputes are responded to promptly.
- All complaints will become part of the complaint file and statistics for the Organization.
- DOC will ensure that all completed forms are filed in the appropriate binder and noted on Complaints/Compliments Log Form.
- DOC will provide a monthly recap of Complaints/Compliments forms received to the Board of Directors via the Executive Director by the 4<sup>th</sup> Monday of each Month.

### **6.0 REFERENCES**

2009 BC Residential Care Regulation section 60 Dispute Resolution  
FHA Complaints Management Toolkit

#### **Attachments:**

Complaints/Compliments Log  
Complaints/Compliments Form  
Resident Bill of Rights

**AL0100 - COMPLAINTS/COMPLIMENTS**

**Complaints/Compliments**

Name: _____	Employee <input type="checkbox"/>
Date: _____	Resident <input type="checkbox"/>
	Family <input type="checkbox"/>
	Visitor <input type="checkbox"/>
	Other <input type="checkbox"/>

Assigned to:

\_\_\_\_\_

Summary of investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action

Taken/Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to:    \_\_\_ Board of Directors    \_\_\_ Facilities Licensing    \_\_\_ Patient Care Quality Office

Form completion: \_\_\_\_\_

Signature/Position \_\_\_\_\_ Date \_\_\_\_\_

Executive Director/ Designate: \_\_\_\_\_ date: \_\_\_\_\_

**COMPLAINTS/COMPLIMENTS LOG**

<b>DATE</b>	<b>PROBLEM I.D.</b>	<b>RISK level</b>	<b>ACTION TAKEN / FOLLOW UP</b>