

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Dakota

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

General Information

1. Receiving a complaint. Complaints may be received by telephone, in person, or in writing.

(a) When a complaint is received by telephone or in person the following information, as a minimum, will be requested:

- (1) Complainant's name, address, and telephone number.
- (2) Facility's name and address.
- (3) Description of problem including the name of the resident(s) involved; the date, time of day, or shift in which the incident occurred; the name(s) of staff involved; and the location in the facility the incident occurred.

Encourage the complainant to put the complaint in writing and if the person is in the office have them read and sign the notes that were taken.

(b) In all cases an "Allegation of Deficiency" form will be completed and forwarded to the complaint co-ordinator in the Department of Health.

2. Initiating the investigation. Upon receipt of the allegation of deficiency form the complaint co-ordinator will:

(a) Log in the complaint, assign a control number, and initiate a "Complaint Control" card.

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(b) Review the complaint for disposition, i.e. to be referred to program staff, HCFA RO, Ombudsman, Board of Nursing, or other agencies.

(c) Acknowledge all written complaints with a letter to the complainant.

(d) Evaluate complaints that will be investigated by program staff for the following:

- (1) Seriousness of the complaint.
- (2) When it will be investigated.
- (3) Who will be responsible for the investigation and what disciplines will be represented on the team.

(e) Decisions concerning the timeliness of the investigation should be predicated on the following:

- (1) A situation involving serious and immediate threat to the resident must be investigated within two working days.
- (2) Allegations of abuse are investigated within 10 working days.
- (3) Complaints of a less serious nature are evaluated and a time frame determined based on availability of staff, and/or the next scheduled visit to the facility.

Investigating the Complaint

1. General information.

- (a) The complaint control card is received by the supervisor.
- (b) The supervisor calls complainant for additional information, if necessary.
- (c) The supervisor schedules the investigation and notifies the complaint co-ordinator of the date of the investigation.
- (d) The investigation will be conducted according to the guidelines outlined in the State Operation Manual.

2. Additional procedures.

(a) Special investigations:

- (1) On arrival at the facility, contact the administrator or his designee. If the administrator is not present at the facility, have the staff notify him/her.
- (2) Tell the administrator that you are there for a complaint investigation, however, you do not tell him the nature of complaint or the complainant's identity.
- (3) Explain that there will be an exit conference after the completion of the investigation.

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- (4) Protect the anonymity of the individuals involved in the complaint. Observe, visit, and review the records of a sample of residents selected based on the nature of the complaint.
- (5) If a complaint is validated, cite deficiencies on a HCFA-2567, complete the survey report form, and draft a cover letter.

(b) Regular survey:

- (1) If the complaint investigation is to be conducted with a regular survey inform the survey team members of the complaint. The team leader will assign the person(s) to conduct the investigation.
- (2) Do not inform the facility you will be conducting a complaint investigation as part of the survey.
- (3) Conduct the survey as usual, incorporating the complaint investigation.
- (4) Explain the allegation in general terms, protecting the anonymity of the individuals involved, as part of the pre-exit conference. State any deficiencies which were cited as a result of the investigation.
- (5) If the complaint is validated, cite deficiencies as part of the survey HCFA-2567. Type "substantiated complaint" at the end of each deficiency as appropriate.

Follow-up on the Complaint

1. Team responsibility:

(a) Draft a letter, for the Program Director's signature, to the complainants stating whether the complaint was verified or not.

(b) Draft a subjective narrative report of the investigation for state and federal agencies including:

- (1) When the investigation was conducted and by whom.
- (2) The allegation(s).
- (3) The findings.
- (4) The action taken.

(c) Send the complaint report, a copy of any deficiencies cited, the facility cover letter, and the draft letter for the complainant to the Complaint Co-ordinator.

2. Complaint Co-ordinator's Responsibility:

(a) Review the report, deficiencies, and letter.

(b) Prepare draft letter in final form, have the Program Director sign, and mail to complainant.

(c) Complete the HCFA-562 and forward to the Regional Office.

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(d) Complete the Complaint Control card and the log with dates of action taken.

(e) Forward copies of report and HCFA-2567 to the Ombudsman.

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