



Nebraska Respite Network Southwest Service Area

PO Box 1235 McCook, NE 69001
308-345-4990 1-866-RESPITE

Complaints

We at the Nebraska Respite Network Southwest Area encourage you to bring any concerns to the attention of the caregiver/provider and allow them an opportunity to respond to the situation. If the caregiver/provider fails to respond to the concern, or if the complainant is not able to bring the concerns, please refer the complaint to the Nebraska Respite Network. We will respond to complaints in a timely manner and in a method appropriate to the complaint.

When your report is received, it will be carefully reviewed by the Respite Coordinator and/or the Southwest Nebraska Public Health Department (SWNPHD) Director to determine level of complaint. The following will be considered:

- Documentation on complaint form and or phone interview.
- Whether the circumstances indicate that the complaint has been filed in good faith and it not malicious, frivolous, or filed merely to annoy.
- Is the complainant willing to be a witness and come forward to testify if needed?

Complete complaint form or call Respite Office to file complaint. Complaint forms are available on our website, www.swhealthdept.com, can be requested over the phone or by email.

You will be notified as to the outcome of the complaint process. The Nebraska Respite Network Southwest Area or SWNPHD does not arbitrate fee disputes, insurance or labor problems. If your concern falls outside of the Nebraska Respite Networks responsibilities we will forward your complaint to the right office or agency as quickly as possible.

Level of Complaints

Level 1

Complaint received from caregiver or provider: concerning hours, lack of payment, not showing up, "possible" theft, obscene language, unkempt appearance, smoking, member of our staff providing incorrect information or treating you unprofessionally.

Level 2

Complaints received from caregiver or provider: Fraud, documented theft, discrimination

Level 3

Complaints that pose an immediate health and/or safety risk Abuse neglect Physical sexual, emotional/mental.

Procedures:

Policy and procedures including complaints about all caregivers or providers paid or volunteer will be processed according to these policies and procedures.

1. Abuse/Neglect Complaints (Level 2 or Level 3 Complaint)

- A. If a complaint concerns abuse or neglect, the complainant must be given the abuse hotline phone number 1-800-652-1999 and is strongly encouraged to report it directly.
- B. The complainant will be advised that the Nebraska Respite Network is a mandated reporter and will be making a report to the abuse hotline if the caller gives any specific information about the situation. Or to the local law enforcement agency.
- C. Nebraska Respite Network will not notify a provider of any complaint that must be reported to the Abuse hotline or licensing authority

2. Violations (Agencies or Licensed Providers)

- A. The complaint will be strongly encouraged to call the licensing authority directly. The caller will be given the telephone number of the licensing authority.
- B. Compliant form will be completed and provided to licensing authority for follow-up. Complaints posing an immediate risk related to health, safety and/or sanitation will be reported with in one hour. Other reports will be given to the licensing within 2 working days of receipt of the complaint.
- C. Nebraska Respite Network will contact licensing at least monthly to determine the status of complaints outstanding for at least 30 days.
- D. Nebraska Respite Network will document on the complaint form the outcome with regard to license status.
- E. Nebraska Respite Network will not notify a provider of any complaint that must be reported to the Abuse hotline or licensing authority.

3. Level I complaints

- A. Complaint forms will be completed either by complainant or by Respite Coordinator.
- B. Respite Coordinator will work with complainant to resolve the issues i.e. finding new provider match, information on funding, mediation.

4. Information about Complaint Procedures.

- A. All Caregiver packets and New Provider Packets will include complaint forms and procedures.
- B. Anyone requesting copy of complaint procedures will be provided a copy by Respite Coordinator

5. Non-referral Database status (Temporary) Pending determination.

- A. A provider/agency will be placed in “do not refer” status when their license has been suspended
- B. A provider will be placed in “do not refer” status until determination is completed on all Level 2 or 3 complaints.

6. Removal of Provider from the Database

- A. A provider/agency will be removed from the database when their license has been revoked.
- B. Provider will be removed from database if they do not pass background check and/or found guilty of any Level 2 or Level 3 complaint.

Individual Providers and Agencies on Database are not employees of the Nebraska Respite Network, SWNPHD, or the State of Nebraska. Rather, they are independent contractors who work for the individuals receiving respite.



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PO Box 1235 McCook, NE 69001
308-345-4990 Office 308-345-8859 Fax

Instructions: (Please type or print legibly) Please furnish all indentifying information for the complainant, the client and all providers/agencies involved in the complaint. Additional pages may be added if necessary.

Person Making Complaint

Name: _____
First Middle Last Maiden or other Names Used

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

May we contact you at your place of employment? Yes No

Relationship to Client _____

Client Information

Name: _____
First Middle Last Maiden or other Names Used

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Date of Birth: _____

This complaint is being filed against

Name: _____
First Middle Last Maiden or other Names Used

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

What To Report

Gross incompetence, Pattern of Negligent Conduct, Unprofessional Conduct, Impaired by Alcohol/Drugs or Physical, Mental or Emotional Disability. All incidents of abuse/neglect

Did you try and resolve this with the responsible parties? Yes _____ No _____

Explain:

Narrative (please type or print legibly)

Please describe in detail all allegations. Describe each incident with specific dates and list any witnesses. Attach copies of any documents you have concerning the allegations. Use additional sheets if necessary.

Date of Incident: _____ Client's Name: _____

By signing below, I certify the statements I have made are true and correct to the best of my knowledge and belief.

Date _____ Signed _____

Date received in office: _____ Reviewed by : _____

Completed form may be mailed or faxed to:
Nebraska Respite Network Southwest Area
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McCook, NE 69001
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