



George G. Glenner Alzheimer's Family Centers, Inc.® (GGG AFC)

Policy and Procedure Manual

CHAPTER 6 - COMPLIANCE AND DOCUMENTATION

This chapter presents policies and procedures which relate to the administration of GGG AFC including compliance with state reporting requirements.

6.1 Compliance

6.1.1 Participant Rights

A copy of the Participants' Rights in English and Spanish is posted in a prominent place in the center. In addition, on admission to the center, the Participant's Rights are reviewed orally with each participant or responsible party; the participant or responsible party sign and a copy of their rights is provided to them. The original signed form is placed in the participant's health record. (Located in Appendix C).

6.1.2 Non-Discrimination Policy for Participants

GGG AFC will not discriminate against any participant based on race, color, creed, gender, sex, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, military or veteran status, or any other protected status recognized by federal, state, or local laws.

All complaints alleging discrimination against the participant's race, color, religion, ancestry, sex, age, national origin or physical or mental handicap shall be submitted to ADHC Branch for review and appropriate action.

In compliance with the Office of Civil Rights directive, persons with a diagnosis of Acquired Immunodeficiency Syndrome (AIDS) and AIDS-related complex are included under physical or mental handicap.

6.2 Grievance Procedures for Participants

The GGG AFC complaint and grievance procedure is designed to provide an opportunity for participants and/or the responsible party of participants to express their concerns or dissatisfaction with the services of GGG AFC programs and allow for an orderly resolution of any such complaint or grievance.

Participants/family members are encouraged to contact the Program Director and/or the Administrator regarding any problems they encounter while receiving services from the center. All new participants will be advised of grievance procedures available to them by the Program Director at the time of enrollment. For grievances filed by non-English-speaking participants, a bilingual staff member or board member will be available to facilitate the grievance process. Bilingual notices of the grievance procedures will be posted in the center.

6.2.1 Procedure

First Level

The participant and/or responsible party will submit a grievance, either orally or in writing, to the Administrator. The Administrator will:

- Remind the participant and/or the responsible party of their right to notify the California Department of Health Services and/or the California Department of Aging (for ADHC) and California Department of Social Services-Community Care Licensing Division (for ADP).
- Create a written log of all grievances.
- Document all progress towards resolution of grievance.
- Provide a written finding of fact and a decision within 30 days of the submission of the grievance.
- Transmit a copy of the following to the participant and/or responsible party within 5 days of the decision:
 - A written copy of the finding of fact.
 - An explanation of the decision concerning the grievance.
 - And information concerning the participant's next level of appeal and the right to a fair hearing.
- Provide the Chief Executive Officer and appropriate licensing agencies with copies of the grievance and written finding of fact.

Second Level

If the First Level is not satisfactory, the participant and/or responsible party can submit the grievance to the Chief Executive Officer of the ADP/ADHC for review. The process described in the above in First Level, subsection a. through f. will be followed by the Chief Executive Officer.

Third Level

If no solution can be found at the Second Level, the participant and/or responsible party may submit the grievance to the Board of Directors. Again, the process described above in First Level, subsection a. through f., will be followed by the Board of Directors.

At any of the stages listed above, the participant and/or responsible party may introduce witnesses or have a representative speak for him/her.

For ADHC participants and their responsible party, they may also choose to request a fair hearing after either level.

6.2.2 Fair Hearing for ADHC Participants

The participant shall have the right to a fair hearing for matters related to an unresolved grievance regarding the care received at the center or the administration of the center.

- The participant may request a fair hearing by the California Department of Aging (CDA) within 10 days following receipt from the center of the written decision concerning the grievance.
- The Administrator will present the center's position at the hearing.
- The Administrator will implement the fair hearing decision adopted by the CDA.
- Implementation of the fair hearing decision shall not be the basis for discharge of the participant by the ADHC provider.

6.3. Confidentiality

Names of persons receiving care are confidential and are protected from unauthorized disclosure. All information in the records is confidential and the law forbids divulging it to anyone without specific written approval of the participant and/or responsible party unless the person is authorized by law to receive it.

Persons representing the news media will not be given any information or leads to the identification of the participant including photographs, unless the participant and/or responsible party has given written consent. (Health Insurance Portability and Accountability Act (HIPAA) Policy and Procedures located in Appendix H).

6.4 Documentation

6.4.1 Participant Health Record

A health record is compiled on each participant, starting with the point of referral to the daycare program through the time of discharge from the daycare program. This ensures a comprehensive and internally consistent approach to developing and implementing the plan of care. Primary responsibility for the maintenance of the participant health records belongs to the Program Director who may delegate tasks to other personnel at the center.

The record-keeping system was established with the following objectives:

- To meet the reporting requirements specified by all applicable licensing and certification regulations.
- To organize and document all pertinent and/or required information on a participant in a consistent readily accessible format.
- To document all the information from the evaluation of each participant and the resulting individual plans of care.
- To document all services provided by the program.
- To provide in-house information on program utilization and effectiveness.

Participant health records are kept in a locked file at the center and may not be removed from the Center except by a staff person in case of an emergency (e.g. 9-1-1 calls). Records of discharged participants are completed within 30 days after discharge. Such records are kept in locked files for 7 years from the date of the last entry and may then be destroyed.

All information in each participant's chart or information taken from the chart is confidential and may not be divulged to anyone without the written approval of the participant and/or his/her responsible party unless the person requesting the information is authorized by law to receive it. Records subpoenaed for any reason will not be the original record unless specified. A duplicate record would be sent. If the original record is requested, the agency makes a copy to retain for comparison to the original upon return.

Health records may be requested by participants and/or their Responsible Party and reviewed with Administrator, Program Director or Social Worker at the ADP/ADHC center. Excerpts of the records may be sent to other sources only upon written release of information from the participant and/or the Responsible Party.

All required records, either the original or an accurate reproduction, are available for review upon the request of the personal physician or any other person authorized by law to make such request, including, but not limited to, authorized representatives of the California Department of Aging (for ADHC), the California Department of Public Health (for ADHC) and the California Department of Social Services, Community Care Licensing Division (for ADP).

Entries in the participant health records may be made only by authorized staff of the center. The following criteria apply to all entries in the participant health records:

- All entries in the record must be dated and signed.
- There must be a method established to identify the signatures in the entries.
- Symbols and abbreviations must be approved by the agency.
- Entries in medical records must be legible.
- Corrections to all entries in the record can only be made by crossing out the erroneous information, adding the correct information above, and initialing the correction. Erasing or using white-out or any other methods to remove the information is not an acceptable practice.

In addition to all documents noted in Chapter 4, Sections 4.6.2, 4.6.3 and 4.7.3 each participant health record will also include the following:

- Progress Notes for Nursing and Social Services
- Quarterly and Reassessment documentation
- Activity, Personal Care and Therapy Flowsheets
- Medication Records
- Discharge Information
- Communications with personal physician/physicians' orders

6.5 Utilization Review

ADHC health records are reviewed on a quarterly basis to identify any deficiencies or missing data. The Utilization Review team is composed of a representative from the Adult Day Health Care center, professional personnel such as a physician, psychiatrist, nurse or social worker, who are not employed at the center. The review team will document each chart review and review findings with the Program Director. The Program Director will ensure that all deficiencies identified are corrected and documented.

ADP health records are reviewed every 6 months by the Program Director, Activity Coordinator and Nurse to ensure charts are maintained in good order.

6.6 Incident Reports

6.6.1. Incident Reports for Adult Day Health Care Participants

An incident, death or injury which occurs at the center and which threatens the welfare, safety or health of any participant will be documented on an Incident Report and submitted to the appropriate licensing branch. The reporting procedure will be as follows:

- Within 48 hours telephone the California Department of Aging - ADHC Branch and The California Department of Public Health - ADHC Branch to report incident.
- Participant's family member or caregiver shall be notified as soon as possible after emergency care has been provided or arranged with a verbal report of the incident.
- Within 7 days submit a written report to the California Department of Aging - ADHC Branch and The California Department of Public Health - ADHC Branch which includes the participant's name, age, sex, and date of admission, date of the unusual incident, nature of the unusual incident, physician's findings, name of physician, and the disposition of the case.
- Reports of poisonings, catastrophes, 9-1-1 calls will be telephoned to the California Department of Aging - ADHC Branch and The California Department of Public Health - ADHC Branch within 24 hours.

6.6.2 Incident Reports for Adult Day Program Participants

Any unusual event, incident, injury requiring medical treatment or death of an Adult Day Program participant, must be reported to the Department of Social Services-Community Care Licensing Division, by the end of the next working day during normal business hours. Within seven (7) days of the event a written report must be completed and submitted to the Department of Social Services-Community Care Licensing Division. A copy of the report will be retained in the participant's file.

6.7 Maintenance of the Policy and Procedures Manuals

The Administrator is responsible for keeping all Policy and Procedure Manuals up to date. When any changes are made to the Policy and Procedure Manual, all staff are to be notified. Any staff person can request or suggest changes or updates by channeling requests to their supervisor, who will contact the Administrator. The Administrator will review all such requests/suggestions and if appropriate seek approval from the Board of Directors for a policy/procedure change.