

APPENDIX C

MEDICAL CARE DEVELOPMENT, INC.
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APPROVED BY: <u>Maureen Conley</u>	NUMBER: <u>DD143</u>		
SUBJECT: <u>RESIDENT GRIEVANCE</u>	DLRS Section 5.8		
<input checked="" type="checkbox"/> PROCEDURE	<input checked="" type="checkbox"/> POLICY	ORIGIN DATE: <u>10/01/99</u>	REVISION DATE: <u>4/1/15</u>
<input type="checkbox"/> ResCare	<input type="checkbox"/> MH	<input checked="" type="checkbox"/> DD	<input type="checkbox"/> Division

POLICY

It is the policy of all MCD Communities IDD facilities to inform the resident, on admission, that the individual has the right to file a grievance with the Assistant Division Director if the resident is dissatisfied with his/her treatment at any time. The resident can also contact DHHS – Licensing & Certification, and/or the Disability Rights Center to file a grievance. Staff will assist the resident in making these contacts if the resident is unable to do so.

PROCEDURE

1. The resident may file his/her grievance in writing with the Assistant Division Director using the form DD0143F.1 – MCDC IDD Resident Grievance Form.
2. If the resident is unable to complete the report, assistance will be provided by the team leader or other MCDC designee.
3. The Assistant Division Director or designee will acknowledge receipt of grievance within five (5) working days and give the resident a time frame for resolution.
4. If the grievance remains unresolved thirty (30) days after initial grievance, the Assistant Division Director will address the grievance with the MCDC Division Director.
5. The Division Director or designee will address the issue within ten (10) working days. All attempts to resolve the grievance will be addressed.
6. If the grievance continues to be unresolved, the Assistant Division Director will notify the Department of Health and Human Services, or Advocate.

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7. All attempts for resolution will be documented in writing to the resident and copies will be kept in the resident's administrative file.