

- Maintain evidence of the result of all grievances for no less than 3 years from the date the grievance decision was issued.

F586

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.10(k) Contact with External Entities.

A facility must not prohibit or in any way discourage a resident from communicating with federal, state, or local officials, including, but not limited to, federal and state surveyors, other federal or state health department employees, including representatives of the Office of the State Long-Term Care Ombudsman and any representative of the agency responsible for the protection and advocacy system for individuals with mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000 (42 U.S.C. 10801 et seq.), regarding any matter, whether or not subject to arbitration or any other type of judicial or regulatory action.

INTENT §483.10(k)

Facility staff must ensure that residents are able to communicate freely with representatives of these entities for whatever matter.

If concerns are identified regarding being provided contact information for representatives of these entities, see guidance at 42 CFR §483.10(j)(4)(i), F585, Grievances.

F600

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.12 Freedom from Abuse, Neglect, and Exploitation

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

INTENT §483.12(a)(1)

Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.

NOTE: Refer to tag F602 for misappropriation of resident property and exploitation, and F603 for cases of involuntary seclusion.

DEFINITIONS §483.12(a)(1)

- How does facility staff ensure the right of the residents to file a grievance anonymously is supported?
- Interview staff about communication with resident regarding progress toward resolution of complaint/grievance.
- Review facility grievance policy to see if compliant with necessary requirements as listed above.
- Determine how information on how to file a grievance is made available to the resident.
- Review grievance decisions to determine if required information was provided to residents and facility documentation was maintained for at least 3 years.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

If the facility failed to allow a resident to exercise his or her right to file a grievance, including the right to file an anonymous grievance, without interference, coercion, discrimination, or reprisal from the facility, see guidance at §483.10(b)(1), F550, Resident Rights and Dignity.

If facility staff failed to report all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, see guidance at §483.12(c)(1), (4), F609, Reporting of Alleged Violations.

KEY ELEMENTS OF NONCOMPLIANCE §483.10(j)

To cite deficient practice at F585, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

- Support the resident's right to voice any grievance without discrimination, reprisal, or the fear of discrimination or reprisal; **or**
- Make prompt efforts to resolve the resident's grievance; **or**
- Make information on how to file a grievance or complaint available to the resident; **or**
- Establish a grievance policy that includes:
 - Notifying the resident individually or with prominent postings throughout the facility about:
 - The right to file a grievance in writing or orally;
 - The right to file a grievance anonymously;
 - The reasonable timeframe the resident can expect a completed review of the grievance;
 - The right to obtain the review in writing;
 - The required contact information of the grievance official;
 - The contact information of independent entities with whom grievances may also be filed; **or**
 - Identify the grievance official; **or**
 - Prevent any further potential violation of any resident right during the grievance review, if necessary; **or**
 - Immediately report certain violations as required by State law to the Administrator; **or**
 - Ensure written grievance decisions meets documentation requirements; **or**
 - Take appropriate corrective action in accordance with State law if the grievance is confirmed by the facility or an outside entity having jurisdiction; **or**