



Administrator Program
Tuesday, November 18, 2025
8:15am-9:45am

4a. Complaint Investigation and Resolution

Presented by:
Rosalind J. Nelson-Gamblin
RJNG Health Care Consulting, LLC

Complaints and Grievances

MITIGATION, INVESTIGATION, AND RESOLUTION

Rosalind J. Nelson-Gamblin

RJNG Health Care Consulting, LLC

1

Learning Objectives

The participant will be able to:

1. locate the regulations for client rights and agency responsibilities.
2. discuss the requirements for advance directives policies and procedures.
3. list the most frequent areas for client complaints and grievances.
4. collect and use meaningful data regarding client complaints and grievances for analysis in quality assessment and performance improvement activities.

2

Regulatory Citations

RULES AND REQUIREMENTS

3

Regulations

TEXAS STATE LICENSING STANDARDS

All Categories

[Title 26 Texas Administrative Code \(TAC\) Chapter 558](#)

26 TAC §558.250 (relating to [Agency Investigations](#))

26 TAC §558.282 (relating to [Client Conduct and Responsibility and Client Rights](#))

26 TAC §558.287 (relating to [Quality Assessment and Performance Improvement](#))

26 TAC §558.283 (relating to [Advance Directives](#))

Hospice:

26 TAC §558.880 (relating to [Providing Hospice Care to a Resident](#) of a Skilled Nursing Facility, Nursing Facility, or Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions)

4

Regulations

Federal Conditions of Participation

HOME HEALTH

§484.50 Condition of Participation: [Patient rights](#).

§484.60(a)(2) Standard: [Plan of care](#).

§484.65 Condition of participation: [Quality assessment and performance improvement \(QAPI\)](#).

State Operations Manual [Appendix B](#)

HOSPICE

§418.52 Condition of Participation: [Patient's rights](#)

§418.58 Condition of Participation: [Quality assessment and performance improvement](#).

State Operations Manual [Appendix M](#)

5

Are Personal Assistance Services Covered?

YES.

When discussing requirements in the minimum standards for Home and Community Support Services (HCSSA). Personal Assistance Services agencies have the same minimum requirements.

6

Client versus Patient

STATE LICENSING REGULATIONS

Client

An individual receiving home health, hospice, or personal assistance services from a licensed home and community support services agency. This term includes each member of the primary client's family if the member is receiving ongoing services.

FEDERAL CONDITIONS OF PARTICIPATION

Patient

The Medicare beneficiary or other individual receiving services from the home health or hospice agency.

7

Complaints and Grievances are Synonymous

COMPLAINT IS DEFINED AS:

An allegation against an agency regulated by HHSC or against an employee of an agency regulated by HHSC that involves a [an alleged] violation of the Texas Administrative Code Chapter 558 or the Statute [Statutes].

Texas Health and Safety Code Chapter 142

Can include violations of professional statutes, advance directives, rights of the elderly

GRIEVANCE NOT FORMALLY DEFINED:

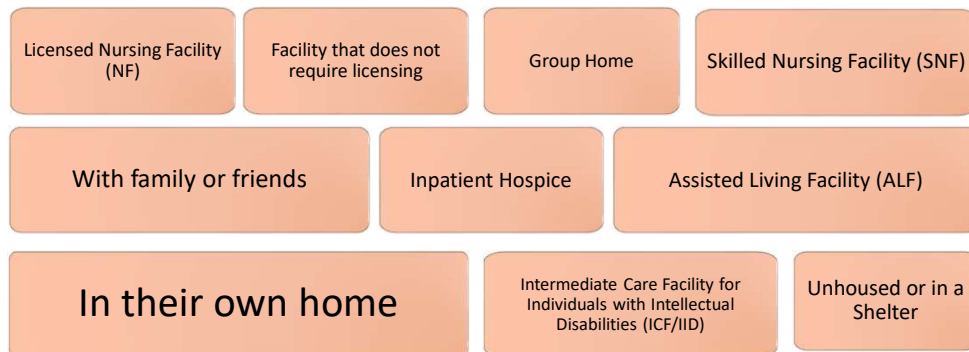
Used in the rights section relating to client rights

an official statement of a complaint over something believed to be wrong or unfair

Real or imagined

8

Settings Where HCSSA Clients Reside



9

Locations Where HCSSA Clients Reside

Own home or with family/friends/roommates

A licensed facility: Assisted Living Facility, Skilled Nursing Facility/Nursing Facility, Intermediate Care Facility for Individuals with Intellectual Disabilities, Inpatient Hospice Facility

A facility that does not require licensing: Group Home, Personal Care Home (three or fewer residents unrelated to the owner), Home and Community Setting

Unhoused or in a shelter

10

Client Rights and Agency Responsibilities

26 TAC §558.282 (relating to Client Conduct and Responsibility and Client Rights)

Adopt and enforce a written policy

Written grievances mechanism

Protect and promote client rights

[Texas Human Resources Code Chapter 102](#), for clients 60 and older

Must discuss at admission, how to report and timeframes for resolution

Provide to the client or legal representative written notice of rights

11

What Are The Rights?

To be informed, prior to care delivery, the care to be furnished, plan of care, care plan or individualized service plan

To participate in planning the care or treatment and in planning a change in the care or treatment.

To have assistance in understanding and exercising the client's rights

To exercise rights as a client of the agency

To have the client's person and property treated with consideration, respect, and full recognition of the client's individuality and personal needs

To be free from abuse, neglect, and exploitation

12

What Are The Rights? (continued)

To confidential treatment of the client's personal and medical records

To voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency

To be free from reprisal for voicing complaints and grievances

13



Perception is Reality

SHIFT YOUR LENS TO THE
PERSPECTIVE OF THE
COMPLAINANT.

14

Listening to the Complainant

Provide space for the individual to voice their concerns

Do not rush the conversation

Hear and parrot their emotions and language

Thank them for expressing themselves

Tell them the concern is important (this is not an admission of substantiation)

Make sure they know the investigation process and timeframe

Based on the concern, make clear that the complaint may be escalated

15

What do Individuals Complain About?*



*Source:

Open Records Request for Complaint Intake Data from Long Term Care Regulation at Texas Health and Human Services.
Timeline: Fiscal Years 2021, 2022, and 2023. Programs: Assisted Living Facilities, Nursing Facilities, and Home and Community Support Services Agencies. Dated: October 2, 2023

The State Fiscal Year is September 1 – August 31

16

Complaint Reason	# of Intakes
RESIDENT/PATIENT/CLIENT RIGHTS	14,735
QUALITY OF CARE/TREATMENT	3,951
ADMINISTRATION/PERSONNEL	1,141
NURSING SERVICES	742
MISAPPROPRIATION OF PROPERTY	643
RESIDENT/PATIENT/CLIENT NEGLECT	488
PHARMACEUTICAL SERVICES	430
COORDINATION OF SERVICES	239
ADMISSION/TRANSFER/DISCHARGE RIGHTS	170
RESIDENT/PATIENT/CLIENT ABUSE	152

Most Common Complaint Reasons

HCSSA INTAKES FOR FISCAL YEAR 2023

17

Most Common Complaint Reasons: HCSSA Intakes

Fiscal Year 2022

RESIDENT/PATIENT/CLIENT RIGHTS	20,604
QUALITY OF CARE/TREATMENT	5,653
ADMINISTRATION/PERSONNEL	1,616
NURSING SERVICES	952
PHARMACEUTICAL SERVICES	910
INFECTION CONTROL	453
ADMISSION/TRANSFER/DISCHARGE RIGHTS	265
COMPLIANCE WITH FEDERAL, STATE & LOCAL LAWS	187
CLINICAL RECORDS	166
PHYSICIAN SERVICES	163

Fiscal Year 2021

RESIDENT/PATIENT/CLIENT RIGHTS	22,608
QUALITY OF CARE/TREATMENT	5,888
ADMINISTRATION/PERSONNEL	2,137
INFECTION CONTROL	687
NURSING SERVICES	589
PHARMACEUTICAL SERVICES	541
ADMISSION/TRANSFER/DISCHARGE RIGHTS	199
PHYSICIAN SERVICES	191
CLINICAL RECORDS	113
FRAUD/FALSE BILLING	84

18

Most Common Complaint Reasons

Nursing Facilities Intakes for Fiscal Year 2023

Complaint Reason	# of Intakes
RESIDENT/PATIENT/CLIENT NEGLECT	11,079
RESIDENT/PATIENT/CLIENT ABUSE	8,065
RESIDENT/PATIENT/CLIENT RIGHTS	5,894
ADMINISTRATION/PERSONNEL	5,601
INFECTION CONTROL	4,802
QUALITY OF LIFE	3,140
NURSING SERVICES	2,707
PHYSICAL ENVIRONMENT	2,561
PHARMACEUTICAL SERVICES	2,138
QUALITY OF CARE/TREATMENT	2,043

19

Most Common Complaint Reasons

Assisted Living Facilities Intakes for Fiscal Year 2023

Complaint Reason	# of Intakes
RESIDENT/PATIENT/CLIENT NEGLECT	1,657
ADMINISTRATION/PERSONNEL	1,069
RESIDENT/PATIENT/CLIENT RIGHTS	869
RESIDENT/PATIENT/CLIENT ABUSE	755
PHYSICAL ENVIRONMENT	556
PHARMACEUTICAL SERVICES	508
DIETARY SERVICES	325
QUALITY OF CARE/TREATMENT	293
QUALITY OF LIFE	282
NURSING SERVICES	281

20

Substantiated Versus Cited

Substantiated is a finding that the event or events noted in the complaint or grievance took place.

Cited is a determination that the event or events took place and constituted a violation of the state licensing standards or deficient practice of noncompliance with the federal conditions of participation.

21

Home and Community Support Services Agencies

Substantiated Complaints

Cumulative Three-year Data Fiscal Years
2021, 2022, 2023

Allegation	Total Intakes	Total Substantiated	% Substantiated
RESIDENT/PATIENT/CLIENT RIGHTS	57947	5138	8.87%
QUALITY OF CARE/TREATMENT	15492	4012	25.90%
ADMINISTRATION/PERSONNEL	4894	841	17.18%
NURSING SERVICES	2283	906	39.68%
PHARMACEUTICAL SERVICES	1881	502	26.69%
INFECTION CONTROL	1140	201	17.63%
MISAPPROPRIATION OF PROPERTY	643	59	9.18%
ADMISSION/TRANSFER/DISCHARGE/RIGHTS	634	99	15.62%
RESIDENT/PATIENT/CLIENT NEGLECT	488	47	9.63%
PHYSICIAN SERVICES	354	43	12.15%
CLINICAL RECORDS	279	68	24.37%
COORDINATION OF SERVICES	239	44	18.41%
COMPLIANCE WITH FEDERAL, STATE & LOCAL LAWS	187	18	9.63%
RESIDENT/PATIENT/CLIENT ABUSE	152	7	4.61%
FRAUD/FALSE BILLING	84	21	25.00%

22

Advance Directives

Statute and Resources

Texas Health and Safety Code Chapter 166 [Advance Directives](#) Act

Helpful Information: [Advance Directives](#) | [Texas Health and Human Services](#)

23

Advance Directives: Requirements

An agency must maintain a written policy regarding implementation of advance directives. The policy must comply with the Advance Directives Act, Texas Health and Safety Code Chapter 166.

The policy must include a **clear and precise statement** of any procedure the agency is unwilling or unable to provide or withhold in accordance with an advance directive.

The agency must provide written notice to a client of the written policy at admission or when the agency begins providing services. (the earlier of)

24

Advance Directives: Grievances

Clients and families must be informed of the right to file complaints and grievances regarding advance directives with the State Agency:

Texas Health and Human Services Commission

25

Advance Directives: Legally authorized person

If the client is incompetent or otherwise incapacitated and unable to receive the notice, the agency must provide the required written notice, in the following order of preference, to:

- (1) the client's legal guardian;
- (2) a person responsible for the health care decisions of the client;
- (3) the client's spouse;
- (4) the client's adult child;
- (5) the client's parent; or
- (6) the person admitting the client.

26

Advance Directives: Administrative Penalty

Violations of the Advance Directives requirements
will be assessed an administrative penalty of
\$500 without an opportunity to correct

27

Managing and Handling Complaints

INTERNAL HANDLING

Complaints and grievances regarding care and services

Agency operations

Staff misconduct

Unprofessional conduct

EXTERNAL REPORTING

Abuse, Neglect, and Exploitation Allegations

Allegations against a long-term care facility or agency

28

Policy Requirement

Home and Community Support Services Agencies (HCSSA) must adopt and enforce a written policy relating to the agency's procedures for investigating complaints.

The HCSSA must:

- document receipt of the complaint and initiate a complaint investigation
- document all components of the investigation

29

Investigation Requirements

A home and community support services agency (HCSSA) must investigate complaints made by a client, a client's family or guardian, or a client's health care provider regarding:

- treatment or care provided by the HCSSA
- treatment or care that the HCSSA failed to provide
- lack of respect for the client's property by anyone providing services on behalf of the HCSSA

30

Handling of Complaints in a Certified Home Health Agency

§484.50(e) Standard: Investigation of complaints.

Any home health agency staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings **immediately** to the HHA and other appropriate authorities in accordance with state law.

31

Handling of Complaints in Certified Agencies

Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator (§418.52(b)(4))

32

Handling of Complaints in a Certified Hospice

If a hospice client resides in a skilled nursing facility or nursing facility or an intermediate care facility for individuals with intellectual disabilities, and the alleged perpetrator/staff involved in non-compliance or misconduct is **not a hospice employee, volunteer, or contractor**, the report must be made to the responsible facility within 24 hours (§418.112(c)(8))

33

Investigation

The agency's investigation needs to involve gathering of facts

Conduct interviews with any individuals involved (witnesses, clients)

Language and manner the complainant can participate

Maintain confidentiality among clients

Inform authorities, if necessary

34

Investigation Timeframes

Must document receipt of the complaint and initiate a complaint investigation within 10 days after the agency's receipt of the complaint

Recommendation: Initiate complaint review within 24 hours to ensure there is not an ANE allegation

Document all phases and components of the investigation

Complete the investigation and determination within 30 days

Document all delays or threats to the timeline

35

Resolution

Action taken or determination that no further action is necessary

What is the root cause of the event?

- Staff action or inaction
- Client misunderstanding
- Poor communication

What is needed?

- Staff training
- Client and family education
- Policy and procedure

36

Retaliation is Prohibited

Ensure the policy explicitly prohibits retaliation for filing a complaint or grievance.

Include:

- Oversight by administrator
- Consequences for retaliation
- Training for staff
- Education for clients/patients

37

Mitigation of Client Dissatisfaction

Ensure client and family know what to expect

- Understand their role in participating for quality of care and quality of life
- Understand the limitations of home care (what you can and cannot provide)

Ensure client understands their rights

Ensure client and family understands advance directives and its parameters

Ensure the client and family know other avenues for communication prior to dissatisfaction

38

Mitigation of Complaints

Routine and systemic review of the common areas of concern and common complaints

System of open communication among staff and with clients

System of determining if the complainant was satisfied with the results of the investigation

QAPI review of logged and investigated complaints and resolutions

Correction of any non-compliance identified in the complaint investigation

Ensure staff know the procedures for reporting and identifying complaints

39

Peer Review (Home Health and Hospice)

26 TAC §558.251 (relating to [Peer Review](#))

If the agency has more than eight nurses (4 RNs) and must comply with peer review requirements, ensure complaints against nurses and other professionals are discussed in relation to the respective professional practice

The supervising nurse and administrator should ensure the policy is followed

[Texas Board of Nursing](#) www.bon.texas.gov

40

QAPI

Data Points for §558.287 (relating to [Quality Assessment and Performance Improvement](#))

Client demographics (age, location/service area, diagnoses)

Number of complaints and grievances (Is the number reasonable? Expected?)

Complaint reasons

Types of services for affected clients

Disciplines involved in complaints

Policies governing the issues identified

Length of time for investigation

Number substantiated/unsubstantiated

41

QAPI (continued)

Correct any issues identified as discrete or systemic failures in the complaint and grievance system or client services

Corrections must be:

- measurable
- identify who will be responsible
- timed/dated
- reviewed for lasting correction

42



Questions?

43



Thank You

Rosalind J. Nelson-Gamblin, Consultant

RJNG Health Care Consulting, LLC.

Email:

rosalind@rjnghomecareconsulting.com

Phone: 512-589-9825

44