

COMPLAINT CONTROL LOG

SEE REVERSE FOR INSTRUCTIONS AND DEFINITIONS

CONTROL NUMBER	FACILITY NAME	FACILITY NUMBER	COMPLAINT CODE*	DATE RECEIVED	INVESTIGATOR /EVALUATOR NUMBER	DATE TO RIS/AS	DATE VISIT DUE	DATE VISIT MADE	RESOLUTION			REQUIRES FURTHER INVESTIGATION	DATE RESOLVED/CLOSED
									S	I	U		

*Complaint Code Numbers (See reverse for explanation)

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|---------------------------------------|--------------------|-------------------|---------------------------------|---------------------|------------------------|
| 1. Physical Abuse/Corporal Punishment | 4. Unlicensed Care | 7. Physical Plant | 10. Neglect/Lack of Supervision | 13. Medication | 16. Qualifications |
| 2. Sexual Abuse | 5. Fire Clearance | 8. Record Keeping | 11. Food Service | 14. Financial Abuse | 17. Financial Issues |
| 3. Personal Rights | 6. Crimes | 9. License | 12. False Statements | 15. Level of Care | 18. Questionable Death |

Complaint Control Log Instructions - The purpose of the Complaint Log is to track complaints received in the District Office to assure that the complaints have been handled in a timely manner. When a complaint is received in the district and the Complaint Report (LIC 802) completed, the complaint must be entered into the Complaint Log, assigned a **Control Number** and a visit made within **10 calendar days** from the date the complaint was received. For complaints with multiple allegations, each element of the complaint must be logged on a separate line. Similar allegations are listed under the same **Complaint Code**, i.e. unsanitary building, inappropriate temperatures and no phones are all listed under Code 07 (Physical Plant). Complaints received with multiple allegations are logged under the same **Control Number** and with the appropriate **Complaint Codes** as defined below. The **Investigator/Evaluator Number** is the computer code given to the caseload or the Investigator's badge number if the complaint is referred to the **Regional Investigations Section (RIS) and/or Audit Section (AS)**.

Resolution - When the investigation ends, check the proper resolution code. The **Resolution Codes** are **(S) Substantiated, (I) Inconclusive** or **(U) Unfounded**. A complaint allegation is substantiated if the allegation is determined to be valid and the facility cited. A complaint allegation is inconclusive if it may have happened but cannot be proven. A complaint allegation which is unfounded is determined to be false or found to be without reasonable basis. If resolution cannot be reached within 30 days after the initial visit, check "**Requires Further Investigation**". Complaints requiring further investigation do not need to be re-entered on the Complaint Control Log. Enter the date the complaint was reviewed and approved by the Supervisor as "**Date Resolved/Closed**".

Complaint Code Definitions:

01. **PHYSICAL ABUSE/CORPORAL PUNISHMENT** - Conduct causing client physical pain or injury including slapping, spanking, hitting, squeezing or an unexplained client injury.
02. **SEXUAL ABUSE** - Inappropriate sexual activity between a client and non-client including rape, molestation, sodomy, voyeurism, pornography, or sexual harassment.
03. **PERSONAL RIGHTS** - Verbal or emotional abuse, intimidation, interference with daily living such as eating or sleeping, locking clients in or out or using other restraints.
04. **UNLICENSED CARE** - Providing care/supervision or accepting clients in need of care/supervision without a license.
05. **FIRE CLEARANCE** - Operating a facility in violation of the fire clearance or without a required clearance.
06. **CRIMES** - A criminal conviction or charges of a crime whether or not resulting in an arrest or conviction.
07. **PHYSICAL PLANT** - Unsafe or unsanitary buildings or grounds including unfenced pool, poor repair, heating, lighting, cooling or lack of phone or signal system.
08. **RECORD KEEPING** - Inadequate client or staff records including medical, staff qualification, admission agreement, or other required records.
09. **LICENSE** - Operating beyond the terms of the license, including overcapacity. Excludes "level of care".
10. **NEGLECT/LACK OF SUPERVISION** - Lack of adequate staff to provide aid with daily living including dressing, bathing, feeding, transportation, or medical needs. Failure to protect clients from harm.
11. **FOOD SERVICE** - Failure to provide adequate food service including poor food, special diets, menu planning, etc.
12. **FALSE STATEMENTS** - Providing false information such as on the application, lying about facility incidents or submitting false reports about the clients.
13. **MEDICATION** - Mishandling of medications including poor storage, dispensing, labeling or recordkeeping.
14. **FINANCIAL ABUSE** - Misuse of client cash resources such as P & I, gifts, SSI/SSP checks or failure to protect client's personal property.
15. **LEVEL OF CARE** - Accepting/retaining clients requiring a higher level of care than allowed in a non-medical facility or by the license.
16. **QUALIFICATIONS** - Persons providing services not meeting the required qualifications.
17. **FINANCIAL ISSUES** - Lack of resources to operate the facility within licensing requirements or other non-client financial issues.
18. **QUESTIONABLE DEATH** - Client's death where it appears the facility could be responsible or have done more to prevent the death.
19. **OTHER** - All violations which do not fit into one of the categories above.