



## Resident Feedback Form

Date Submitted:	Thank you for taking time to provide us feedback.			
Communicated by: _____				
Resident/Patient Name if different: _____				
Resident/Patient <input type="radio"/>	Family/RP <input type="radio"/>	Visitor <input type="radio"/>	Employee <input type="radio"/>	Other <input type="radio"/>
Person receiving feedback, date and time:				
Summary of feedback:				
Employee/s assigned to follow up within 72 hours on weekend, 24-48 during week if applicable:				
Results- Include actions and follow ups:				

CONFIDENTIAL: This document has been prepared for review and evaluation by the Quality Assurance and Performance Improvement Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state and federal law.

## Resident Feedback Form

Resolved/Completed:            Yes <input type="radio"/> No <input type="radio"/>	
Describe:	
Follow up provided to:	Date:
Resident/Patient <input type="radio"/> Family/RP <input type="radio"/> Visitor <input type="radio"/> Employee <input type="radio"/> Other <input type="radio"/>	
How was follow up provided?	
In Person <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Mail <input type="radio"/> Other <input type="radio"/>	
Were they satisfied with the resolution/follow up/feedback:	
_____	_____
Employee completing this report & Title	Date

POLICY: Resident Feedback Policy

REFERENCY: Administration

EFFECTIVE: 7/21/21

OBJECTIVE: Residents, patients, their representatives/other family member/advocates may file a Resident Feedback Form. This form will provide the facility with feedback including but not limited to: suggestions/compliments/issues/grievances for individuals/groups/overall.

PROCEDURE:

1. Any residents, patients, their representatives/other family member/advocates may file a Resident Feedback form for any suggestions/compliments/issues of any type without fear of threat or reprisal of any form.
2. Upon admission, residents are provided with written information on how to file a Resident Feedback Form.
3. Resident Feedback Forms will be placed in areas of the facility for easy access by those wishing to complete one as well as how to file Feedback orally.
4. Resident Feedback Forms can be filed anonymously.
5. Resident Feedback Forms may be submitted in writing or orally. The Administrator may delegate the responsibility of Resident Feedback follow up to the appropriate department leader/designee.
6. Upon receipt of a written/oral Resident Feedback Form/request, the department leader/designee will determine next steps and follow up with the Administrator.
7. Resident Feedback Forms should be resolved timely. Most Feedback Forms should be resolved within 24-72 hours. There may be situations where more time is necessary.
8. The COO is delegated by the Administrator for overseeing the grievance/feedback process, receiving, and tracking through their conclusion.
9. Resident Feedback Forms that are considered reportable as required by state law will be managed according to reporting criteria.
10. The resident/or person filing the Resident Feedback Form, will be provided feedback from the Resident Feedback form.
11. Resident Feedback forms are to be retained for no less than 3 years

*(F 585- Rev.173,Issued: 11-22-17,Effective:11-28-17).*

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