

EDEN RECOVERY CENTER INC. CLIENT COMPLAINTS - GRIEVANCE POLICY

POLICY:

It is the policy and philosophy of Eden Recovery Center's residential program to compassionately and critically address each and every client complaint, whether rendered by the client or his/her family. Such response is perceived as requisite for the best possible rendering of quality client care, for the enhancement of customer satisfaction, and for achieving the Share Unit goal of continuous quality improvement.

PROCEDURE:

1. Eden Recovery Center's residential program has a mechanism for receiving and responding to clients' and families' concerns regarding the quality of care. The Program Director or the, Chief Executive Officer in the Program Director's absence is available to answer questions or concerns relating to the care provided in this institution which are not answered by the treatment team or other staff.
2. Eden Recovery Center residential program has an inquiry and grievance procedure. Clients and families are informed at the time of admission through the Intake Counselor of their right to file a complaint. Presentation of a complaint does not, in itself, compromise a client's future access to care. If a client wishes to file a complaint, the following steps should be followed:
 - a. The client may ask to speak to the Program Director or Chief Executive Officer, in the Program Director's absence, to voice a concern.
 - b. All requests will receive a prompt response with an action plan to resolve the problem.
 - c. If the concern cannot be resolved immediately, it will be referred to the appropriate person for further investigation and corrective action.
 - d. Should an employee become aware of a complaint, said employee is responsible for notifying the senior staff on duty, who in turn will communicate with the Program Director or Chief Executive Officer, in the Program Director's absence.
3. The nature of the complaints, the follow-up action and the communication of such action will be noted and documented for Quality Control information/action.

To submit a complaint to the State of California Department of Health Care Services clients should complete the [Complaint Form](#) and submit online. Printed form can be mail or FAX to:

Department of Health Care Services
Licensing and Certification Division
P.O. Box 997413, MS 2601
Sacramento, CA 95899-7413

Toll Free (877) 685-8333 E-mail: sudcomplaints@dhcs.ca.gov

Fax: (916) 440-5094

It is required as part of the Client's Bill of Rights to provide written evidence that you in fact have received a copy of the Client's Complaint-Grievance Policy. Please sign this letter stating that you have been shown and have received a copy of the Client's Complaint-Grievance Policy.

Client's Signature

Date

Witness Signature

Date