



GUIDE TO FILING A COMPLAINT AGAINST A HEALTH CARE FACILITY

**COMPLAINT UNIT
246 NORTH HIGH STREET
COLUMBUS, OHIO 43215
1-800-342-0553
E-mail: HCComplaints@odh.ohio.gov**

FILING A COMPLAINT

To file a complaint against a health care facility:

1. Please call the **COMPLAINT LINE** number at **1-800-342-0553**.
The **COMPLAINT LINE** is covered via voicemail twenty-four hours, seven days per week during off-hours, federal holidays and in cases of heavy call traffic. The voicemail is checked minimally twice per workday, once in the AM and again in the PM for any recorded messages. Any voice mail messages with insufficient information are returned for additional information or processed through Intake with the information provided.

OR

2. E-mail your complaint to: HCComplaints@odh.ohio.gov.

OR

5. Complete the [COMPLAINT FORM \(HEA 1685\)](#) on-line and submit the form to the Complaint Unit.

FREQUENTLY ASKED QUESTIONS

WHAT TYPES OF COMPLAINTS ARE HANDLED BY ODH?

ODH has jurisdiction to investigate Medicare and/or Medicaid health care facilities and providers and/or suppliers who are certified by ODH or CMS and any other facilities or agencies licensed by ODH. These providers/suppliers are:

- Ambulatory Surgical Centers
- Clinical Laboratory
- Comprehensive Outpatient Rehab Facility (CORF)
- End Stage Renal Dialysis
- Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- Home Health Agency
- Hospice
- Hospital
- Residential Care Facility
- Skilled Nursing Facility

WHAT TYPES OF COMPLAINTS ARE NOT HANDLED BY ODH?

ODH has jurisdiction over health care facilities that are certified under the Medicare/Medicaid Federal laws/regulations or are licensed by State statutes rules and regulations. Complaints that are about issues such as reimbursement, professional practice such as nursing or respiratory are referred to the licensing/professional standards boards (i.e., Nursing Board) for review and action as they deem necessary. Complaints that involve allegations against a specific physician or medical practice are referred to the State Medical Board.

Additionally, complaints concerning guardianship and Power of Attorney (POA), billing issues, employee/employer disputes, complaints against certain residences (senior citizen apartment complexes, day care, private homes or rental homes), restaurants, tanning salons, spas, schools, and prison health services are referred to the appropriate department for their review and disposition.

The Complaint Unit will answer any questions you may have about whether we can handle your complaint.

WHAT INFORMATION DO I NEED TO INCLUDE IN MY COMPLAINT?

Comprehensive information needs to be provided to allow for proper processing. Therefore, the more specific and detailed your complaint, the better. The following information needs to be included in your complaint but is not limited to:

- Complainant information (your full name, address, and telephone number);

NOTE: If you wish to remain anonymous, please indicate so in your complaint. If you remain anonymous, ODH will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

- Facility name, address and telephone number;
- Individuals involved and affected, witnesses and accusers (names, room number and title if known);
- Narrative/specifics of your complaint;
- Date/time/frequency of incident;
- Do you believe this is an isolated event or a systemic problem;
- Why you believe the incident occurred;
- Has the facility tried to address the situation;
- Whether or not you initiated other courses of action, including contacting other agencies, response/resolution obtained if any.

WHAT IS THE COMPLAINT PROCESS?

All complaints are investigated by using the survey process of that specific provider type. The complaint survey is a partial survey of the specific nature of the complaint as it relates to the federal and/or the state rules and regulations. ODH has two regional offices in Ohio that maintain staff for the actual investigation.

Except for very limited judicial and enforcement purposes, ODH cannot release, without the individual's consent, the identity of any patient or resident, the identity of the complainant, the identity of any individual who provides information about the health care facility and has requested confidentiality, or any information that reasonably would tend to disclose the identity of these individuals.

Complainants who file a complaint with ODH will receive two letters from ODH, unless the complainant wishes to remain anonymous. The first letter is an acknowledgement letter from the complaint unit which states that their complaint has been processed and provides the complainant a complaint tracking number which has been assigned to their complaint. The second letter is the notification letter which is sent by the District Office investigating the complaint, notifying the complainant of the outcome of the investigation.

WHAT IS THE INVESTIGATION PROCESS?

The Complaint Unit must review all complaint allegations. All complaints are investigated by using the survey process of that specific provider type. The complaint survey is a standard or an abbreviated standard survey to investigate complaints of violations of requirements if its review of the allegation concludes that:

- A deficiency in one or more of the requirements may have occurred; and
- Only a survey can determine whether a deficiency or deficiencies exist.

ODH does not conduct a survey if the complaint raises issues that are outside the purview of Federal and/or state participation requirements. ODH has two regional offices in Ohio that maintain staff for the actual investigation.

The timing, scope, duration and conduct of a complaint investigation are at the discretion of the ODH district offices, except when a determination is made that immediate jeopardy may be present and ongoing or a higher level of actual harm may be present. If the complaint concerns conditions on a certain day (e.g., on weekends), or on a certain shift (e.g., 11pm – 7 am), the district office should made an attempt to investigate it at the relevant time.

Prior to investigating the complaint on-site, surveyors review any information about the facility that would be helpful to know and plan what information to obtain during the complaint investigation based on information already acquired.

Onsite complaint investigations are always done unannounced and the identity of the complainant is never divulged. The ODH surveyor(s), upon entrance to the facility, advise the facility's administrator of the general purpose of the visit and explains the reason for the survey while protecting the confidentiality of those involved in the complaint. The ODH surveyor(s) conduct comprehensive, focused, and/or closed record reviews as appropriate for the type of complaint. Observations, interviews and record reviews are part of the investigation process. The ODH surveyor(s) must determine whether: 1) The allegations are substantiated or unsubstantiated; 2) the facility failed to meet any of the regulatory requirements; and 3) the facility practice or procedure that contributed to the complaint has been changed to achieve and/or maintain compliance. Once the investigation has been completed and information has been collected, the ODH surveyor(s) conducts an exit conference with the facility administrator to advise the administrator of the complaint investigation findings and any deficiencies identified. The investigation of a complaint may take up to 30 days to investigate. However, completing the necessary paperwork of the complaint investigation may take longer. ODH notifies the complainant in writing of the result of the complaint investigation when the complaint is ready to be closed.

CAN I FILE A COMPLAINT IN WHICH THE INCIDENT OCCURRED MORE THAN A YEAR AGO?

ODH does not normally process complaints in which the incident is more than one year old. Facilities certified by CMS or licensed by ODH are routinely inspected approximately once per year to determine compliance with Medicare/Medicaid regulations and/or state laws. Therefore, authorizing an investigation is deemed not warranted. Surveyors can best investigate complaints which are more recent.

WHAT OTHER AGENCIES MAY ODH ALSO REFER MY COMPLAINT TOO?

ODH, under the authority of CMS, may also refer a complaint to the Ohio Nursing Board, CMS, Attorney General Office, Inspector General, etc.

WHAT IS THE OMBUDSMAN AND WHEN SHOULD I CONTACT THE OMBUDSMAN?

An ombudsman is an advocate for residents of nursing homes, board and care homes, and assisted living. While the ombudsman office does not “police” nursing homes and home health agencies, they work with the long-term care provider and you, your family, or other representatives to resolve problems and concerns you may have about the quality of services you receive. Visit the following Ohio Department of Aging Web page for more information about the long-term care ombudsman. <https://aging.ohio.gov/Ombudsman>

IS THERE A COMPLAINT FORM THAT I CAN FILL OUT?

Yes. Complete the [COMPLAINT FORM \(HEA 1685\)](#) on-line and submit the form to the Complaint Unit.

WHAT IF I WISH TO REMAIN ANONYMOUS WHEN FILING MY COMPLAINT?

Please inform the Complaint Unit Intake Staff of your intention to remain anonymous when filing your complaint. If you are completing the complaint on the ODH complaint form, do not provide your name and address. Any complaint registered with the ODH will be held in strict confidence. Except for very limited judicial and enforcement purposes, ODH cannot release, without the individual’s consent, the identity of any patient or resident, the identity of the complainant, the identity of any individual who provides information about the health care

facility and has requested confidentiality, or any information that reasonably would tend to disclose the identity of these individuals.

HOW DO I FIND OUT ABOUT THE PROGRESS OF MY COMPLAINT?

The investigation of a complaint may take up to 30 days to investigate. However, completing the necessary paperwork of the complaint investigation may take longer, usually up to 3 months. If you have not received a notification letter from the district office of the result of your complaint investigation, you may contact the PCSU at 1-800-342-0553 to find out about the status of your complaint.

CAN I WITHDRAW A COMPLAINT I HAVE FILED?

Yes. However, the complaint may have already been investigated. Also, if the complaint raises issues that are of a serious nature, ODH may decide to investigate on its own.

HOW DO I OBTAIN A COPY OF THE SURVEY INVESTIGATION REPORT OF MY COMPLAINT?

You may receive a copy of CMS Form 2567 by submitting a written request, specifying the control number, along with a self-addressed stamped envelope, to the address below. There is no charge for the first forty (40) pages of documentation provided to you. However, if your request exceeds 40 pages, you will receive a bill for duplication costs of the excess pages. Currently, we charge five cents per page. Further, the department strives to process and respond to requests within a four (4)-to-six (6) week time period, but this time frame may vary depending on the volume of requests.

Ohio Department of Health
Office of Health Assurance and Licensing
Bureau of Licensure Operations
Public Information
246 North High Street, 3rd Floor
Columbus, OH 43215-2412

WHERE CAN I FIND INFORMATION ON NURSING HOMES IN OHIO AND IF THEY HAVE DEFICIENCIES CITED?

As part of its continuing efforts to give seniors and families more information on nursing home quality, CMS has now placed the results of complaint investigations on its Web site. Consumers and Providers may view this at: <http://www.cms.hhs.gov>

You may also visit the State of Ohio Long-Term Care Consumer Guide at: <http://ltc.ohio.gov/>