



Washington State Auditor's Office

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Complaint Resolution Unit at DSHS

Elderly, disabled or otherwise vulnerable adults living in a residential setting are at risk of abuse and neglect. In recent years, reports by outside organizations and stories in the media have raised concerns about how well the Department of Social and Health Services (DSHS) protects these vulnerable people.

The Complaint Resolution Unit (CRU) in the DSHS Residential Care Services Division (RCS) receives and prioritizes for action all complaints about provider practice issues and allegations of abuse, neglect and exploitation of residents. Staff must assign the complaint intake for investigation within two working days. By state law, the CRU “shall initiate a response” to a report “no later than 24 hours after knowledge of the report.” Delays in processing complaints will delay investigations, which can compromise residents’ safety.

CRU staff assign a priority to each intake based on the severity of the allegations and other factors, which determine how quickly a field investigation must begin.

The Complaint Resolution Unit’s priority scale determines when an investigation should begin

Response time to start an investigation	Urgency
Immediate Jeopardy (2 working days)	Higher priority ↑ ↓ Lower priority
10 working days	
20 working days	
45 working days	
Quality review*	Lower priority

* Quality review does not require an onsite investigation, but allegations in these intakes may be reviewed during other inspections/visits if the field office determines it is warranted.

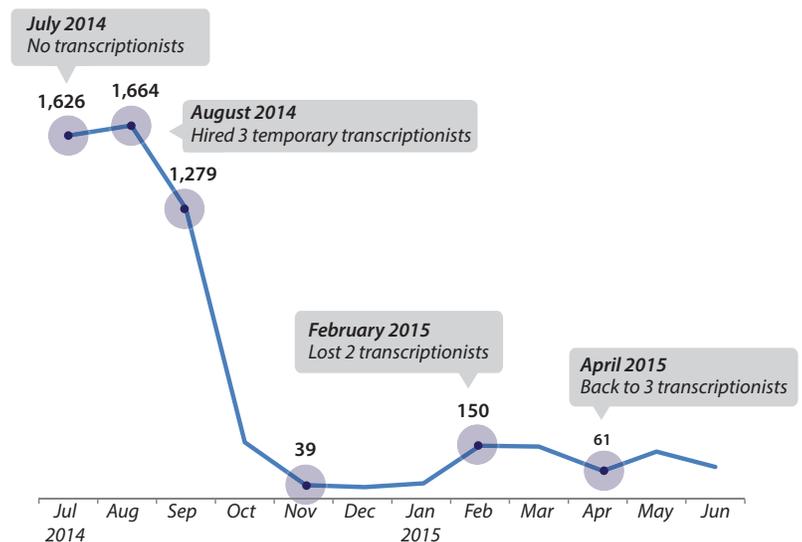
The CRU had a significant backlog of complaint intakes in early 2015

From July 1 to September 30, 2014, the CRU failed to process almost 4,600 (62 percent) of roughly 7,400 complaint intakes within two working days. Almost two-thirds of the 4,600 took more than five days to process, and CRU was slowest in processing intakes involving nursing homes.

In August 2014, the CRU hired three temporary transcriptions to transcribe complaints left on office voicemail. By October, the CRU had reduced the backlog to below 200 intakes.

CRU managers recognize that employing temporary staff does not resolve the bigger issue of the heavy reliance on an inefficient voicemail system. The agency is implementing an online reporting system that is scheduled to go live in November 2015.

Backlog dropped significantly when transcriptionists were hired Number of intakes exceeding two working days



State law requires time frames for action, but does not provide clarity on how DSHS should define them; the CRU cannot measure whether it meets requirements

State law requires the CRU to “initiate a response to a report no later than twenty-four hours after knowledge of the report,” (RCW 74.34.063, enacted in 1999) but it does not define how the agency should interpret the two time elements. We found management’s interpretation does not cover the entire complaint process. Moreover, the data system does not contain fields to capture the date and time when these activities occur. Due to this limitation it is impossible to determine if the CRU is compliant with state law.

CRU staff prioritized intakes accurately most of the time, but inaccurate and inconsistent prioritizations could put residents at greater risk

CRU staff are required to use federal and state guidelines to assess the severity of intakes and assign them a priority. Every reported incident has unique circumstances and so the staff member must apply his or her own best judgment. There is no “right answer,” although most complaints have a “best answer” based on the information available at the time of assessment.

In our tests, the CRU prioritized intakes accurately or erred on the side of caution most of the time (85 percent). However, they assigned a third of the most urgent intakes to a lower priority than the best answer. This suggests that the CRU is more likely to assign a lower priority to high-risk intakes when compared to less urgent intakes. We also found inconsistency between priority assessments, which suggests a vulnerable adult has a one-in-four chance that their complaint would have been prioritized differently had it gone to another worker for review.

The CRU does not have a formal quality assurance process

The CRU does not have a formal quality assurance process to record and routinely review the accuracy and consistency of staff’s decisions. CRU managers said they evaluate intakes for quality under three circumstances: when a field investigator questions a prioritization, when a complaint is not categorized as an intake, and when supervisors review staff progress. However, these reviews are not recorded for overall quality assurance purposes.

We recommend that DSHS

- ✓ **Work with the Legislature to clarify when “knowledge” and “initiate a response” occur**
 - ✓ **Begin tracking and monitoring the CRU’s performance**
 - ✓ **Ensure the successful implementation of the online reporting system**
 - ✓ **Establish a quality assurance process within the CRU**
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