



Resident Grievances/Inquiries on Continuing Care Retirement Community Policies or Actions

From time to time, the FLiCRA state office gets questions directly from residents, and also caregivers, trustees or attorneys that represent residents living in Florida's continuing care retirement communities related to CCRC policies or contract issues.

The most typical questions revolve around policy changes that are being considered or have already been implemented by management within a community.

These questions can relate to changes in the usage of "community shuttle vans/buses"; changes in dining services (such as menus, or hours); and changes in processes for emergency alert/medical response for independent living units.

In most cases, changes of this nature are "policy" changes. The changes in policies process are usually outlined in a community's resident's handbook. Such policy changes are rarely if ever encompassed in the actual life care or continuing care agreement that a resident(s) has signed when they moved into their community.

With that background, it is important to note, the management of a community can change operating policies as it relates to resident living without any review or need for approval from the state regulatory agency, the Office of Insurance Regulation.

That is not to say that residents don't have some opportunity to provide input if they are seeking a change in policy or seeking more communication

so they can better understand the rationale for a particular policy change or one being considered by management.

Although continuing care contract residents are typically satisfied with the services they receive, there are times when problems arise that are not easily resolved. When this happens, contract holders have several options available to them. This step by step process was co-developed by FLiCRA and LeadingAge Florida in 2009.

In recommended order:

- **Take Your Complaint or Inquiry to Management --** The first place to start is with the chief executive officer or executive director of the CCRC. Resident satisfaction is important and often used as an indicator of staff performance. Management understands that if residents are unhappy, it can affect the general morale and environment of the community. It can also affect marketing.

With rare exceptions, management will make every effort to respond to complaints. Often times, concerns can stem from poor communication or a misunderstanding that a one-time meeting can solve.

Keep in mind that management's responsibility is to ensure the financial health of the community and the satisfaction of contract holders as a group. There are times when the good of the whole must take precedence over the desire of an individual or small group of residents.

- **Use the Resident's Council as a resource --** If management is not responsive or a desired resolution is not achieved, the next step is to bring your issue to your community's Resident's Council. The people you elect to represent you on the Resident's Council may be willing to intervene on your behalf, especially if the complaint affects other contract holders. If nothing else, the Resident's Council can be an effective sounding board. The Resident's Council by law under Florida Statutes 651 is the formal body to represent resident interests within a specific community.
- **Contact the Appropriate Association --**LeadingAge Florida (representing providers/management/owner/operators) and FLiCRA (representing residents) do not have legal or regulatory authority to solve a complaint. However, each association when appropriate can intervene in a complaint resolution process. They can sometimes

provide helpful information or insight about the laws or rules governing CCRCs. They may also be able to refer you to a resident group or a chief executive officer from another CCRC that had a similar problem that was resolved to the satisfaction of affected parties.

- **File a Complaint with the Department of Financial Services, Division of Consumer Services and/or Office of Insurance Regulation –**

You may contact them respectively at:

For the Office of Insurance Regulation:

Office of Insurance Regulation
Life & Health Financial Oversight
Phone: (850) 413-3153
Email: CCRCTeam@flor.com

For Department of Financial Services:

Department of Financial Services
Division of Consumer Services
Toll free: 1-877-693-5236 (in-state only)
Direct: (850) 413-3089
Web: www.myfloridacfo.com

Request an Office of Insurance Regulation Inspection – Under Florida Statutes 651.111 there is a very clear process that can be utilized.

(1) Any interested party may request an inspection of the records and related financial affairs of a provider providing care in accordance with this chapter by transmitting to the office notice of an alleged violation of applicable requirements prescribed by statute or by rule, specifying to a reasonable extent the details of the alleged violation, which notice must be signed by the complainant. As used in this section, the term “inspection” means an inquiry into a provider’s compliance with this chapter.

(2) The substance of the complaint shall be given to the provider no earlier than the time of the inspection. Unless the complainant specifically

requests otherwise, neither the substance of the complaint which is provided to the provider nor any copy of the complaint or any record which is published, released, or otherwise made available to the provider shall disclose the name of any person mentioned in the complaint except the name of any duly authorized officer, employee, or agent of the office conducting the investigation or inspection pursuant to this chapter.

(3) Upon receipt of a complaint, the office shall make a preliminary review to determine if the complaint alleges a violation of this chapter and, unless the office determines that the complaint does not allege a violation of this chapter or is without any reasonable basis, the office shall make an inspection. The office shall provide the complainant with a written acknowledgment of the complaint within 15 days after receipt by the office. The complainant shall be advised, within 30 days after the receipt of the complaint by the office, of the office's determination that the complaint does not allege a violation of this chapter, that the complaint is without any reasonable basis, or that the office will make an inspection. The notice must include an estimated timeframe for completing the inspection and a contact number. If the inspection is not completed within the estimated timeframe, the office must provide the complainant with a revised timeframe. Within 15 days after completing an inspection, the office shall provide the complainant and the provider a written statement specifying any violations of this chapter and any actions taken or that no such violation was found.

(4) No provider operating under a certificate of authority under this chapter may discriminate or retaliate in any manner against a resident or an employee of a facility providing care because such resident or employee or any other person has initiated a complaint pursuant to this section.

- **Request Mediation or Arbitration** – Florida Statutes 651.123 provides an alternative dispute process with two options:

A resident or provider can seek non-binding mediation and or binding arbitration when mediation fails to resolve the dispute. Disputes over increases in monthly maintenance fees are not subject to mediation or arbitration.

Another great resource available to residents is the state publication, ***Long Term Care Insurance Guide for Florida*** (this guide includes a section on Continuing Care Retirement Communities)

A link to this free online guide is available at:

<https://www.myfloridacfo.com/Division/Consumers/understandingCoverage/Guides/documents/LTCGuide.pdf>