

WHEN YOU COMPLAIN TO THE STATE OFFICE OF INSPECTOR GENERAL ABOUT PROBLEMS IN NURSING HOMES...

Complaint information should include:

- Was the complaint reported to the county Department for Community Based Services office?
- Name of facility.
- Who is the complainant?
- What is the complaint? (Describe the facts of the complaint situation.)
- Who is/are the alleged perpetrator(s)?
- How was the patient/resident affected?
- When did the complaint situation occur? Was it an isolated event or an ongoing situation? (Include the date, time, time between different events.)
- Where did it happen? (In what care unit, patient/resident room.)
- How did it happen? What was the sequence of events?
- Is a patient/resident or the family of a patient/resident involved?
- Who witnessed the complaint situation?
- Names of staff or other residents involved. Also, include other persons involved, such as volunteers or visitors.
- Was facility made aware of complaint?
- What actions were taken by the facility?

To report a complaint regarding a licensed long term or health care facility or service, contact the appropriate enforcement branch as noted below.

WESTERN ENFORCEMENT BRANCH

Western State Hospital
P O Box 2200
2400 Russellville Rd.
Hopkinsville, Kentucky 42241
Phone: (270) 889-6052
Fax: (270) 889-6089

SOUTHERN ENFORCEMENT BRANCH

116 Commerce Avenue
London, Kentucky 40744
Phone: (606) 330-2030
Fax: (606) 330-2056

NORTHERN ENFORCEMENT BRANCH

L & N Building, 2-W
908 West Broadway
Louisville, Kentucky 40203
Phone: (502) 595-4079
Fax: (502) 595-4540

EASTERN ENFORCEMENT BRANCH

Veteran's Hospital
P.O. Box 12250
2250 Leestown Rd, Bldg 25
Lexington, Kentucky 40582
Phone: (859) 246-2301
Fax: (859) 246-2307