

## Non-Discrimination

Our commitment is to provide care and services that are accessible to all and free of discrimination. We invite you to review our Non-Discrimination Statement. We also provide information on Language Assistance for individuals not proficient in English. If at any time you feel our actions have not lived up to our non-discrimination statement, we invite you to take advantage of our Grievance Procedure.

### NON-DISCRIMINATION STATEMENT

West Hills Health and Rehab complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Nor will we exclude people or treat them differently because of race, color, national origin, age, disability, or sex. As part of this commitment:

- We provide free aids and services to people with disabilities to communicate effectively with us. For example, this includes:
  - Qualified sign language interpreters, and
  - Written information in other formats, such as large print, audio, and online.
- We provide access to free language services to people whose primary language is not English, such as:
  - Qualified interpreters, and
  - Information written in other languages.

If you need any of these services, please contact our Administrator, who serves as our designated Non-Discrimination Coordinator at:

#### **West Hills Health and Rehab**

Attn: Administrator

6801 Middlebrook Pike

Knoxville, TN 37909

Fax: 865.588.0068

E-mail: [knwadmi@gracehc.com](mailto:knwadmi@gracehc.com)

If you believe that we have not provided these services or that we have discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with our Non-Discrimination Coordinator. Please see our Grievance Procedure and Form. You may file a grievance by mail, fax or email. If you need help filing a grievance, our Non-Discrimination Coordinator will be glad to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone directed to: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.

## Grievance Procedure

West Hills Health and Rehab has adopted an internal grievance procedure providing for prompt and fair resolution of complaints based on alleged discrimination prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations are available to you in the office of our Administrator, who serves as our designated Non-Discrimination Coordinator at:

### **West Hills Health and Rehab**

Attn: Administrator  
6801 Middlebrook Pike  
Knoxville, TN 37909  
Fax: 865.588.0068  
E-mail: [knwadmi@gracehc.com](mailto:knwadmi@gracehc.com)

As an alternative, grievance complaints can be made to the facility's Director of Compliance by calling the **Compliance 24-hour Hotline Number at 1-800-481-9686**.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. Persons who allege discrimination, file a grievance, or participate in investigating a grievance may not be punished or retaliated against for doing so.

### **OUR PROCEDURE:**

- Grievances must be submitted to our Non-Discrimination Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

- A complaint must be in writing, containing the name and address of the person filing it. The complaint must also state the problem or action alleged to be discriminatory and the remedy or relief sought.
- Our Non-Discrimination Coordinator (or another person he or she names) shall investigate his or her complaint. This investigation may be informal, but it will be thorough, giving all interested persons an opportunity to submit information or evidence relevant to the complaint. Our Non-Discrimination Coordinator will maintain our files and records relating to such grievances. To the extent possible, and in accordance with applicable law, our Non-Discrimination Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- Our Non-Discrimination Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of our Non-Discrimination Coordinator by writing to our designated Director of Compliance within 15 days of receiving the Non-Discrimination Coordinator's decision. Appeals should be directed to the following address. A written decision in response to an appeal will be provided no later than 30 days after receipt.

**Grace Healthcare Support Services**

Attn: Director of Compliance

801 Broad Street, Suite 300

Chattanooga, TN 37402

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person may file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. Complaint forms are available at: <https://www.hhs.gov/ocr/filing-with-ocr/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

We will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such

arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. Our Non-Discrimination Coordinator will be responsible for such arrangements.