SERVICE RECOVERY REPORT

Resident and Family Concern Response

Facility		**Report No.**	
Resident Name		**Room**	
Date/Time Received		**Received By/Title**	

1. CONTACT AND CONCERN INFORMATION

Person Reporting		**Relationship**	
Contact Information		**Preferred Contact**	☐ Phone ☐ Email ☐ In Person

Category: ☐ Communication ☐ Nursing/Clinical Care ☐ Medication ☐ Dietary ☐ Housekeeping/Laundry
☐ Staff Interaction ☐ Resident Rights ☐ Property ☐ Billing ☐ Other: _____

Description of Concern:

_____

2. IMMEDIATE RESPONSE AND ESCALATION

☐ Listened without interruption ☐ Acknowledged concern and expressed empathy ☐ Apologized for the experience or communication gap	☐ Assessed immediate clinical/safety needs ☐ Corrected the immediate issue when possible ☐ Explained next steps and follow-up expectations

Immediate Actions Taken:

_____

Immediate clinical or safety concern identified? ☐ No ☐ Yes	Protective/clinical action: _____

Notifications: ☐ Charge Nurse ☐ Director of Nursing ☐ Administrator ☐ Provider ☐ Social Services ☐ Department Manager
☐ Grievance Official ☐ Other: _____

3. FOLLOW-UP, RESOLUTION, AND LEADERSHIP REVIEW

Follow-Up Assigned To		**Due Date/Time**	

Findings and Corrective Actions:

_____

Resident/Family Updated	☐ Yes ☐ No	**Date/Time / Updated By**	

Outcome: ☐ Resolved ☐ Additional follow-up ☐ Continued monitoring ☐ Care conference ☐ Formal grievance
☐ Investigation/mandatory reporting ☐ QAPI review ☐ Other: _____

Staff Signature/Title		**Leadership Review/Date**	

Documentation note: Clinical assessments, changes in condition, provider notifications, treatments, and resident-specific interventions must also be documented in the medical record. Service recovery does not replace grievance, incident, abuse/neglect, investigation, or mandatory-reporting procedures.

SBAR SERVICE RECOVERY REPORT

Structured Resident and Family Concern Response

Facility		**Report No.**	
Resident Name		**Room**	
Date/Time Received		**Received By/Title**	
Person Reporting		**Relationship**	
Preferred Contact Information:		**Preferred Contact Method:** ☐ Phone ☐ Email ☐ In Person	

S — SITUATION

Concern Category: ☐ Communication ☐ Nursing/Clinical Care ☐ Medication ☐ Dietary ☐ Housekeeping/Laundry ☐ Staff Interaction ☐ Resident Rights ☐ Property ☐ Billing ☐ Other: _____

Brief Description of Concern:

_____

Requested Resolution: _____

Immediate Clinical or Safety Concern Identified? ☐ No ☐ Yes **Immediate Protective/Clinical Action:** _____

B — BACKGROUND

Relevant Events, Previous Concerns, or Contributing Factors:

Resident Preferences, Care Plan Considerations, or Communication Needs:

Previous Communication or Actions Completed:

A — ASSESSMENT AND ACTION

Service Recovery Actions Completed:
☐ Listened without interruption ☐ Acknowledged concern and expressed empathy ☐ Apologized for the experience
☐ Assessed immediate needs ☐ Corrected the concern when possible ☐ Explained next steps/follow-up
☐ Provided interpreter, hearing, vision, or other communication assistance

Assessment Findings and Immediate Actions Taken:

_____

Individuals Notified: ☐ Charge Nurse ☐ Director of Nursing ☐ Administrator ☐ Provider ☐ Social Services ☐ Department Manager ☐ Grievance Official ☐ Other: _____

Additional Review Required: ☐ None ☐ Formal Grievance ☐ Investigation ☐ Mandatory Reporting ☐ QAPI Review

R — RECOMMENDATION AND RESOLUTION

Recommended Corrective Action or Prevention Strategy:

Follow-Up Assigned To		**Due Date/Time**	

Resident/Family Updated: ☐ Yes ☐ No **Date/Time:** _____ **Updated By:** _____

Outcome: ☐ Resolved ☐ Additional Follow-Up ☐ Continued Monitoring ☐ Care Conference ☐ Formal Grievance ☐ Investigation/Mandatory Reporting ☐ QAPI Review

Final Resolution or Additional Follow-Up:

_____

Staff Signature/Title		**Leadership Review/Date**	

Documentation Note: Clinical assessments, changes in condition, provider notifications, orders, treatments, and resident-specific interventions must also be documented in the medical record. This report does not replace required grievance, incident, abuse/neglect, investigation, or mandatory-reporting procedures.