

THORNAPPLE

MANOR

Policies and Procedures Reporting Abuse to Facility Management

Policy Statement

It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors etc., to promptly report any incident or suspected incidents of neglect or resident abuse, including injuries of an unknown source and theft or misappropriation of resident property to facility management.

Policy Interpretation and Implementation

1. Our facility will not condone resident abuse by anyone, staff members, physician, consultants, volunteers and staff of other agencies serving the resident, family members, legal guardians, sponsors, other residents, friends or other individuals.
2. Employees, facility consultants, and/or attending physicians must report any suspected abuse or incidents of abuse to the Director of Nursing services promptly. In the absence of the Director of Nursing services such reports may be made to the nurse supervisor on duty.
3. The Administrator and Director of Nursing services must be promptly notified of suspected abuse. If such incidents occur or are discovered after hours, the Administrator and Director of Nursing services must be called at home or must be paged and informed of such incident.
4. When an alleged or suspected case of mistreatment, neglect, injuries of an unknown source, or abuse is reported, the facility administrator, or his/her designee will notify the following persons or agencies of such incident as appropriate.
 - a. The State licensing/certification agency responsible for surveying/licensing the facility;
 - b. The local/State Ombudsmen;
 - c. The Resident's representative (Sponsor) of Record;
 - d. Adult Protective Services;
 - e. Law Enforcement Officials;
 - f. The Resident's Attending Physician; and
 - g. The Facility Medical Director.
5. Notices to the above agencies/individual may be submitted via US mail, special carrier, fax, e-mail, or by telephone. Such notice will include, as a minimum:
 - a. The name of the resident;
 - b. The number of the room in which the resident resides;
 - c. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.);

- d. The date and time the alleged incident occurred;
 - e. The name(s) of all persons involved in the alleged incident; and
 - f. What immediate action was taken by the facility.
 6. All personnel, residents, family members, visitors, etc. are encouraged to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff.
 7. To assist one in recognizing incidents of abuse, the following definitions of abuse are provided:
 - a. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, punishment with resulting physical harm, pain, or mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
 - b. Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe resident, regardless of their age, ability to comprehend, or disability.
 - c. Sexual abuse is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
 - e. Involuntary seclusion is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will or the will of the resident's legal representative (sponsor). (Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.)
 - f. Mental abuse is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g. Misappropriation of resident's property is defined as the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.
8. Any individual observing an incident of resident abuse or suspecting resident abuse must promptly report such incident to a member of the nursing staff or to management. The following information should be reported to the nurse supervisor, Director of Nursing services, business office manager or to the Administrator:
 - a. The name(s) of the resident(s) in which the abuse or suspected abuse occurred;
 - b. The date and time that the incident occurred;
 - c. Where the incident took place;
 - d. The name(s) of the person(s) committing the incident, if known;

- e. The name(s) of any witnesses to the incident;
 - f. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.) and
 - g. Any other information that may be requested by management.
9. Upon receiving reports of physical or sexual abuse, a licensed nurse or physician shall immediately examine the resident. Findings of the examination must be recorded in the resident's medical record. (Note: If sexual abuse is suspected, DO NOT bathe the resident or wash the resident's clothing or linen. Do not take items from the area in which the incidents occurred. Call the police immediately.)
 10. The person performing the examination must complete a "Resident Abuse Report Form" and obtain a written, signed, and dated statement from the person reporting the incident. (A sample copy of the "Resident Abuse Report Form" is attached.)
 11. A completed copy of the Resident Abuse Report Form" and written statements from witnesses, if any, must be provided to the Administrator within twenty-four (24) hours of the occurrence of such incident. An immediate investigation will be made and a copy of the findings of such investigation will be provided to the Administrator with five (5) working days of the occurrence of such incident.
 12. When an incident of resident abuse is suspected or determined, such incident must be reported to facility management regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy.
 13. Upon receiving information concerning a report of abuse, the Director of Nursing services will request that a representative of the social services department monitor the resident's emotions concerning the incident as well as the resident's reaction to his/her involvement in the investigation.
 14. Unless otherwise requested by the resident, the social service representative will provide the Administrator and the Director of Nursing services with a written report of his/her findings.
 15. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.
 16. Administrative policies governing the notification of the resident's representative ("sponsor") and attending physician are located in our facility's resident rights policy and procedures. (See policy entitled "Change in a Resident's Condition or Status.")
 17. Any person who has knowledge or reason to believe that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense SHALL report, or cause a report to be made of, the mistreatment or offense. Failure to report such an incident may result in legal/criminal action being filed against the individual(s) withholding such information.
 18. A person shall not knowingly –
 - a. Attempt, with or without threats or promises of benefits, to induce another to fail to report and incident or mistreatment or other offense.
 - b. Fail to report an incident of mistreatment or other offense:
 - c. Alter, change without authorization, destroy or render unavailable a report made by another; and/or
 - d. Screen reports or withhold information to reporting agencies.

19. Administrative policies governing abuse investigations are outlined in a separate policy of the section entitled “Abuse Investigations.”
20. Administrative policies governing reporting abuse to the state agencies are outlined in a separate policy of this section entitled “Reporting Abuse to State Agencies and Other Entities/Individuals.”
21. Inquires concerning abuse reporting and investigations should be referred to the Administrator and/or the Director of Nursing services.