

Subject: Abuse, Neglect and Exploitation Effective Date: Policy/Procedure No.: Revised Date: 11/16

Distribution: Prepared By: Liz Bishop and Teresa Coenen

Policy:

Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required treating the resident's medical symptoms. Residents must not be subject to abuse by anyone, including but not limited to; facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends or other individuals.

Policy Explanation and Compliance Guidelines:

- 1. The Abuse Coordinator in the facility is the Administrator, Director of Nursing or facility appointed designee. Report allegations or suspected abuse, neglect or exploitation immediately to:
 - Administrator
 - · Other Officials in accordance with State Law
 - State Survey and Certification agency through established procedures
- 2. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
- 3. "Willful" means the individual deliberately, not that the individual must have intended to, inflict injury or harm
- 4. "Verbal Abuse" means the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.
- 5. "Sexual Abuse" is non-consensual sexual contact of any type with a resident.
- 6. "Physical Abuse" includes, but not limited to hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
- 7. "Mental Abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.
 - Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate residents).
- 8. "Neglect" means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- 9. "Involuntary Seclusion" refers to the separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will or the will of the resident's legal representative. Emergency or short-term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs as long as the least restrictive approach is used for the minimum amount of time.
- 10. "Exploitation" means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.



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11. "Misappropriation of Resident Property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.

12. "Mistreatment" means inappropriate treatment or exploitation of a resident.

The components of the facility abuse prohibition plan are discussed herein:

The facility must:

- 1. Not use verbal, mental, sexual or physical abuse, corporal punishment, or involuntary seclusion;
- 2. Ensure the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of a restraint is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.
- 3. Not employ or otherwise engage individuals who:
 - a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;
 - b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property;
 - c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, mistreatment of resident's or misappropriation of resident property.
 - d. Background, reference and credentials' checks should be conducted on employees prior to or at the time of employment, by facility administration, in accordance with applicable state and federal regulations. Any person having knowledge that an employee's license or certification is in question should report such information to the Administrator.
- 4. Employee Training New employees should be educated on abuse, neglect and exploitation during initial orientation. Annual education and training is provided to all existing employees. Front line supervisors or other department heads should provide education as situations arise.
- 5. Prevention of Abuse, Neglect, and Exploitation The facility will consider utilization of the following tips for prevention of abuse, neglect, and exploitation of residents:
 - a. Train staff in appropriate interventions to deal with aggressive and/or catastrophic reactions by residents.
 - b. Observe resident behavior and their reaction to other residents, roommates, tablemates. Place residents in accommodations and environments that keep them calm.
 - c. Recognize signs of burnout, frustration and stress in employees that may lead to abuse. Rotate staff as need to prevent burnout. Conduct Learning Circles as needed.
 - d. Provide education on what constitutes abuse, neglect and misappropriation of property.
 - e. React to all allegations or questions of abuse by residents, family members, employees or visitors.
 - f. Take appropriate actions when abuse, neglect or exploitation is suspected.
 - g. Provide residents, staff and family member's information on how and to whom they may report concerns, incidents and grievances without the fear of reprisal.
 - h. Provide feedback to residents, staff and family members who voice grievances.



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i. Identity areas of the physical environment that may make abuse or neglect more likely to occur, such as secluded areas.

- j. Provide instructions to staff on care needs of residents.
- k. Supervise staff to identify inappropriate behaviors, such as using derogatory language, rough handling, or ignoring residents while giving care, directing residents, who need toileting assistance to urinate or defecate in their beds.
- Assess, monitor and develop appropriate plans of care for residents with needs and behaviors
 which might lead to conflict or neglect, such as residents with a history of aggressive behaviors,
 residents who have behaviors such as entering other resident's rooms, residents with self-injurious
 behaviors, residents with communication disorders and those that require heavy nursing care
 and/or are totally dependent on staff.
- m. Assess, monitor, and develop appropriate plans of care for residents with inappropriate sexual behavior, whether towards staff or other residents.
- n. Train staff on the prohibition of using any type of equipment (e.g., cameras, smartphones, and other electronic devices) to take, keep, or distribute photographs and recordings of residents that are demeaning or humiliating, Identification of Abuse, Neglect, and Exploitation The facility will consider factors indicating possible abuse, neglect, and/or exploitation of residents, including, but not limited to, the following possible indicators:
- a. Resident, staff or family report of abuse
- b. Physical marks such as bruises or patterned appearances such as a hand print, belt or ring mark on a resident's body
- c. Physical injury of a resident, of unknown source
- d. Resident reports of theft of property, or missing property see Grievance and Concerns Policy
- e. Verbal abuse of a resident overheard
- f. Physical abuse of a resident observed
- g. Psychological abuse of a resident observed
- h. Failure to provide care needs such as feeding, bathing, dressing, turning & positioning
- i. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.
- 6. Investigation of Alleged Abuse, Neglect and Exploitation. When suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur, an investigation is immediately warranted. Once the resident is cared for and initial reporting has occurred, an investigation should be conducted. Components of an investigation may include:
 - a. Interview the involved resident, if possible, and document all responses. If resident is cognitively impaired, interview the resident several times to compare responses.
 - b. Interview all witnesses separately. Include roommates, residents in adjoining rooms, staff members in the area, and visitors in the area. Obtain witness statements, according to appropriate policies. All statements should be signed and dated by the person making the statement.
 - c. Document the entire investigation chronologically.
- 7. Resident Protection after Alleged Abuse, Neglect and Exploitation The facility will make efforts to protect all residents after alleged abuse, neglect and/or exploitation. Examples of ways to protect a resident from harm during an investigation of abuse, neglect and exploitation may include, but are not limited to:



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a. Temporary (less than 24 hours) separation from other residents if a resident's behavior poses a threat of abuse or violence

- b. Temporary or permanent room or roommate change, where incompatibility creates the potential for abuse
- c. Safeguard valuables in a locked area (provide receipts to resident/resident representative)
- d. Involve family members to sit with resident
- e. Temporary one on one supervision of a resident
- f. Engage a resident in diversionary activities
- g. Reassignment of nursing staff duties
- h. Time off for nursing staff
- i. Involve clergy, social services, and/or counselors as appropriate
- j. Increased supervision of staff and/or residents
- k. Protection of staff and/or residents from retaliation
- 8. Response and Reporting of Abuse, Neglect and Exploitation Anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected, the Licensed Nurse should:
 - a. Respond to the needs of the resident and protect them from further incident (document)
 - b. Notify the Director of Nursing and Administrator (document)
 - c. Initiate an investigation immediately
 - d. Notify the attending physician, resident's family/legal representative and Medical Director
 - e. Obtain witness statements, following appropriate policies. Remove the employee from resident care areas immediately and suspend the employee until the investigation is completed as instructed.
 - f. Contact the State Agency and the local Ombudsman office to report the alleged abuse.
 - g. If a crime, or suspicion of a crime has occurred, notify the local law enforcement agency.
 - h. Monitor and document the resident's condition, including the response to medical treatment or nursing interventions
 - i. Document actions taken in steps above in the medical record
- 9. The facility must annually notify covered individual's obligation to comply with the following reporting requirements:
 - a. Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any responsible suspicion of a crime against any individual who is a resident of or is receiving care from the facility.
 - b. Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.
- 10. Post in a conspicuous area a notice of employee rights.
- 11. Prohibit and prevent retaliation.
- 13. In response to allegations of abuse, neglect, exploitation or mistreatment, the facility must:
 - a. Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation or resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause



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the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including the State Survey Agency and adult protected services where state law provides for jurisdiction in long-term care facilities) in accordance with State law.

- b. Have evidence that all alleged violations are thoroughly investigated.
- c. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in process.
- d. Report the results of all investigation to the administrator or his or her designated representative and to the other official in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

The Administrator should follow up with government agencies, during business hours, to confirm the report was received, and to report the results of the investigation when final, as required by state agencies. Facility administration should report to the state nurse aide registry or nursing board, any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service.