

Reporting Abuse to Facility Management

Highlights	Policy Statement
Condemnation of Resident Abuse	<p>It is the responsibility of our employees, facility consultants, Attending Physicians, family members, visitors etc., to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of unknown source, and theft or misappropriation of resident property to facility management.</p>
Retribution for Reporting Abuse	<p style="text-align: center;">Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. Our facility will not condone resident abuse by anyone, including staff members, physicians, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, other residents, friends, or other individuals. 2. 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. 3. Employees, facility consultants and/or Attending Physicians must immediately report any suspected abuse or allegation or incidents of abuse to the Director of Nursing Services/Administrator. In the absence of the Director of Nursing Services such reports may be made to the Nurse Supervisor/charge nurse on duty. 4. The Administrator must be immediately notified of suspected abuse or incidents of abuse or allegations thereof. 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. 5. When an alleged or suspected case of mistreatment, neglect, injuries of unknown source, or abuse is reported, the facility Administrator, or his/her designee, will immediately (within twenty-four hours of the alleged incident) notify the following persons or agencies of such incident when appropriate; <ol style="list-style-type: none"> a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident’s Representative of Record; d. Adult Protective Services; e. Law Enforcement Officials; f. The Resident’s Attending Physician; and g. The Facility Medical Director. 6. Notices to the above agencies/individuals may be submitted via special carrier, fax, e-mail, or by telephone. Such notices will include, as appropriate: <ol style="list-style-type: none"> a. The name of the resident; b. The number of the room in which the resident resides; c. The type of abuse that was allegedly committed (i.e., verbal, physical, sexual, neglect, etc.); d. The date and time the incident occurred; e. The name(s) of all persons involved in the incident; and f. What immediate action was taken by the facility. 7. To help with recognition of incidents and/or allegations of abuse, the following definitions of abuse are provided:
Responsibility of Reporting Resident Abuse	
Notifying Administrator of Resident Abuse	
Notifying Agencies/Individuals of Resident Abuse	
Method of Abuse Notification	
Contents of Notice of Abuse	
Definitions	

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“Abuse”	a. “Abuse” is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
“Verbal Abuse”	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 residents, regardless of their age, ability to comprehend, or disability.
“Sexual Abuse”	c. “Sexual abuse” is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
“Involuntary Seclusion”	d. “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 a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident’s needs.)
“Mental Abuse”	e. “Mental abuse” is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
“Neglect”	f. “Neglect” is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
“Injury of Unknown Source”	g. “Injury of unknown source” is defined as an injury that meets both of the following conditions: (1) The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and (2) The injury is suspicious because of: • the extent of the injury; or • the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or • the number of injuries observed at one particular point in time; or • the incidence of injuries over time.
“Misappropriation of Resident Property”	h. “Misappropriation of resident 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.
“Catastrophic Reaction”	i. "Catastrophic reaction" is defined as extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care, or reactions of mood.
Responsibility of Person(s) Observing Incidents of Abuse Information to be Reported by Person(s) Observing Abuse	8. Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing. The following information should be reported: 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) allegedly 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.
Physical Examination of Residents Involved in Abuse	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 incident occurred. Call the police immediately.)

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Reporting Abuse
Regardless of Time Lapse

10. A completed copy of the incident investigation report and written statements from witnesses, if any, must be provided to the Administrator. An immediate investigation will be made and a copy of the findings of such investigation will be provided to the Administrator.

Monitoring the Reactions
of the Abused Resident

11. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy.

Providing Findings to
DNS/Administrator

12. Upon receiving information concerning a report of abuse, the Director of Nursing Services or designee will request that a representative of the Social Services Department or designee monitor the resident's reactions to and statements regarding the incident and his/her involvement in the investigation.

Confidentiality of Reports

13. The social service representative or designee will give the Administrator and the Director of Nursing Services a written report of his/her findings.

Change in a Resident's
Condition or Status

14. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.

Failure to Report Abuse

15. Administrative policies governing the notification of the resident's representative (sponsor) and Attending Physician are located in our facility's resident rights policies and procedures.

Preventing the Reporting
of Abuse

16. Any staff member or person affiliated with this facility who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense shall immediately 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.

17. Staff members and persons affiliated with this facility shall not knowingly:

- a. Attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of 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.

Inquiries

18. Inquiries concerning abuse reporting and investigations should be referred to the Administrator and/or to the Director of Nursing Services.