

Abuse, Neglect, Misappropriation of Property, and Exploitation

Rules, Roles and Responsibilities

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Learning Objectives

After the training presentation, learners will be able to:

- Define the terms surrounding abuse, neglect, misappropriation of property and exploitation.
- Improve their knowledge on abuse, neglect, misappropriation of personal property and exploitation.
- Use citation findings and prevention strategies to identify gaps and determine opportunities.

Continuing Education Requirements/Learner Outcome

To earn continuing education, the learner must:

- Register to attend.
- Attend 100% of the presentation.
- Receive an 80% pass rate on the knowledge check.
- Complete an evaluation.

Other participants will receive a certificate of completion.

Desired learner outcome: 100% of the learners will self-report increased knowledge of laws and rules and prevention strategies regarding abuse, neglect, misappropriation and exploitation in long term care facilities.

Disclosure Statement

No one with the ability to control the content of this activity has a relevant financial relationship with an ineligible company.

Continuing Education

- Ohio Department of Health is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The Ohio Department of Health is approved as a provider of continuing education for:

- Licensed Nursing Home Administrators by the Ohio Board of Executives of Long-Term Services and Supports.
- Social Workers by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.

Agenda

- Define the key terms surrounding abuse, neglect, misappropriation of property and exploitation.
- Review Freedom from Abuse, Neglect, Misappropriation of Property and Exploitation Federal Regulations, State Laws and Rules.
- Understand when to report allegations.
- Review Bureau of Survey and Certification common citations.
- How to respond to and investigate allegations of abuse.
- How to monitor for abuse.
- Ways to prevent abuse.

Acronyms

- BOSC – Bureau of Survey and Certification.
- OAC – Ohio Administrative Code.
- ORC – Ohio Revised Code.
- QA – Quality Assurance.
- QAPI – Quality Assurance and Performance Improvement.
- SRI – Self Reported Incident.
- CNA – Certified Nurse Aide.

Key Terms

Source: Center for Medicare and Medicaid Services,
State Operations Manual, Appendix PP, 483.12

Key Terms

- **Deprivation of goods and services** are goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
- **Covered individual** is anyone who is an owner, operator, employee, manager, agent or contractor of the facility.

Key Terms

Serious bodily injury is an injury involving:

- Extreme physical pain.
- Substantial risk of death.
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
- Medical intervention such as surgery, hospitalization, or physical rehabilitation.
- Injury resulting from criminal sexual abuse.



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Key Terms

Alleged violation is a situation or occurrence that is:

- Observed or reported by staff, resident, relative, visitor, another health care provider, or others.
- Could be noncompliance with the federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

Key Definitions

Sexual Abuse – Non-consensual sexual contact of any type with a resident.

Involuntary Seclusion – A separation of a resident from other residents or from their room or confinement to their room (with or without roommates) against the resident's will, or the will of the resident representative.

Willful – The individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Mistreatment – The inappropriate treatment or exploitation of a resident.

Abuse

- Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
- Abuse 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.
- Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.

Abuse

Includes:

- Verbal abuse.
- Sexual abuse.
- Physical abuse.
- Mental abuse.
- Abuse facilitated or enabled through the use of technology.



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Neglect

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:

- Financial.
- Lack of essential supplies or equipment.
- Lack of food.
- Pressure ulcers.
- Staffing resulting in lack of provision for resident's care needs.
- Staff ignoring requests.
- Pain.

Exploitation

Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.



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Misappropriation of Property

- Deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.



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Injury of Unknown Source

Injury should be classified an “injury of unknown source” when ALL of the following are met:

- Not observed by any person.
- Not explained by the resident.
- Suspicious because:
 - Extent of the injury.
 - Location of the injury.
 - Number of injuries observed at one particular point in time.
 - Incidence of injuries over time.

Mental Abuse and Verbal Abuse

Mental abuse:

- Use of verbal or nonverbal conduct.
- Causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.

Verbal abuse:

- Includes oral, written, or gestured communication, or sounds, to residents within hearing distance.
- Regardless of age, ability to comprehend, or disability.

Mental Abuse and Verbal Abuse

Examples of mental and verbal abuse may include:

- Harassing a resident.
- Mocking, insulting, ridiculing.
- Yelling or hovering over a resident, with intent to intimidate.
- Threatening residents – depriving a resident of care or withholding a resident from contact with family and friends.
- Isolating a resident from social interaction or activities.



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Mental Anguish

Psychosocial outcomes resulting from willful actions including, but not limited to:

- Fears.
- Changes in behavior.
- Running away, withdrawal, feelings of guilt and shame, depression, crying, talk of suicide or attempts.

Reasonable person concept.

Physical Abuse and Corporal Punishment

Physical abuse examples:

- Hitting.
- Slapping.
- Punching.
- Biting.
- Kicking.

Corporal punishment examples:

- Pinching.
- Spanking.
- Slapping of hands.
- Flicking.
- Hitting with an object.

Physical Abuse

Possible indicators of physical abuse include suspicious injuries, where:

- Source of injury is not observed.
- Extent or location of injury is unusual.
- There are multiple injuries.



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Physical Abuse (cont.)

Injuries that could indicate abuse include, but are not limited to:

- Injuries that are non-accidental or unexplained.
- Fractures, sprains or dislocations.
- Burns, blisters, or scalds on the hands or torso.
- Bite marks, scratches, skin tears, and lacerations with or without bleeding.
- Bruises, including those found in unusual locations.
- Facial injuries.

Physical Altercations

Willful actions include, but are not limited to, the following:

- Hitting, slapping, punching.
- Kicking.
- Choking.
- Throwing objects.
- Pinching.
- Grabbing.
- Biting.
- Shoving.

Physical Injury

Physical injury resulting from willful action include:

- Death.
- Injury requiring medical attention beyond first aid.
- Fractures, subdural hematoma, concussions.
- Bruises.
- Facial injury.

Federal Regulations and State of Ohio Laws and Rules

F 600 Free from Abuse and Neglect

- The right to be free from abuse, neglect, misappropriation of resident property, and exploitation.
- Includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.



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F 600 Free from Abuse and Neglect

Facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.



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Free from Misappropriation / Exploitation

- Right to be free from abuse, neglect, misappropriation of resident property, and exploitation.
- Freedom from a corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.
- Intent is for each resident to be free from abuse, neglect, misappropriation of resident property and exploitation.

F 603 Free from Involuntary Seclusion

- Right to be free from abuse, neglect, misappropriation of resident property, and exploitation.
- Freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.
- Intent is to ensure each resident has the right to be free from involuntary seclusion.

F 604 Physical Restraints

- Right to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.
- When the use of physical restraints 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.

F 605 Free from Chemical Restraints

- Right to be free from chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.
- The facility must use the least restrictive alternative for the least amount of time and document on-going re-evaluation for the need for restraints.

Not Employ / Engage Staff with Adverse Actions

Facility must not employ or otherwise engage individuals who:

- Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.
- Have had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation, mistreatment of resident or misappropriation of their property.
- Have disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of resident or misappropriation of resident property.

Not Employ / Engage Staff with Adverse Actions

Facility must report to the state nurse aide registry or licensing authorities knowledge of actions by a court of law against an employee that would indicate unfitness for service as a nurse aide or other facility staff.



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Develop / Implement Abuse /Neglect Policies

Facility must develop and implement written policies and procedures that:

- Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.
- Establish policies and procedures to investigate any such allegations.
- Include training as required.
- Establish coordination with the QAPI program.

Develop / Implement Abuse / Neglect Policies

Facility must develop and implement written policies and procedures that ensure reporting of crimes. Policies and procedures must include, but are not limited to, the following elements:

- Posting a conspicuous notice of employee rights.
- Prohibiting and preventing retaliation.

F 609 Reporting of Alleged Violations

Facility must develop and implement written policies and procedures to:

- Ensure reporting of crimes including but not limited to:
 - Annually notifying covered individuals to comply with reporting requirements.
 - Reporting to the state agency and one or more law enforcement entities any reasonable suspicion of a crime against a resident.
 - Reporting immediately, but not later than two hours, 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.

F 609 Reporting of Alleged Violations

In response to allegations of abuse, neglect, exploitation, or mistreatment, facility must:

- Report alleged violations, immediately, but not later than two hours after the allegation is made, if the allegation involves abuse or result in serious bodily injury.
- Report all alleged violations not later than 24 hours if the events do not involve abuse and do not result in serious bodily injury to the administrator of the facility and to other officials in accordance with state law through established procedures.

F 609 Reporting of Alleged Violations

Report results of investigations:

- To administrator or their representative.
- To other officials including the State Survey Agency.
- Within five working days.



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Investigating / Prevent / Correct Alleged Violation

In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

- Have evidence all alleged violations are thoroughly investigated.
- Prevent further potential abuse, neglect, exploitation, or mistreatment while investigation is in progress.
- Report the results of all investigations.

Ohio Administrative Code (OAC) 3701-17-07 (K)

Qualifications and Health of Personnel

No nursing home shall employ a person who applies for a position that involves the provision of direct care to an older adult if the person:

- Is convicted or has pleaded guilty to an offense listed in division (C)(1) of section 3721.121 of the Revised Code, unless the individual is hired under personal character standards.
- Fails to complete the forms or provide fingerprint impressions as required.

OAC 3701-17-07 (K) (cont.)

- Is the subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident on the nurse aide registry.
- Is the subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident on the nurse aide registry established by another state where the home believes or has reason to believe the person resides or resided.
- Had disciplinary action taken against a professional license by a state licensure body as a result of abuse, neglect, mistreatment of residents or misappropriation of resident property.

Ohio Revised Code 3721.22 (A) (1) and (2)

Reporting abuse, neglect of resident or misappropriation of property

- All person reporting regulation.
- Administrator reporting regulation.



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ORC 3721.22 (B) and ORC 3721.22 (E)

Reporting abuse or neglect of resident or misappropriation of property.

- Reporting suspicion.
- False allegations.



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Online Reporting to the Ohio Department of Health

Reporting Time Frames

Initial Report:

- Immediate but no later than two hours for abuse or serious bodily injury.
- For neglect, exploitation, misappropriation of resident property, or mistreatment that do not result in serious bodily injury, the facility must report the allegation no later than 24 hours.
- Reporting requirements under this regulation are based on real (clock) time, not business hours.

Provider Online Submission

The following slides provide an overview of what information the provider will need to report initially:

Initial Report

It is important that the facility provide as much information as possible, to the best of its knowledge, at the time of submission of the report.

1. Facility Information

Facility Name: Click or tap here to enter text.

CMS Certification Number (CCN): Click or tap here to enter text.

2. Allegation Type

Select all that apply to the reporting incident.

☐ Abuse - specify whether:

☐ Physical ☐ Sexual ☐ Mental/Verbal

☐ Deprivation of Goods and Services by Staff

☐ Neglect

☐ Misappropriation of Resident Property/Exploitation

☐ Injury of Unknown Source

☐ Suspected Crime

Provider Online Submission (cont.)

3. Information about when the Facility became aware of the incident

Date/Time/Name of when staff became aware of incident

Date/Time administrator was notified of the incident and by whom
--

4. Alleged Victim(s)

Please be sure to input the current location of alleged victim at time of filling out this form.

Full Name	Date of Birth
Current location of alleged victim	

Provider On-line Submission (cont.)

5. Alleged Perpetrator(s)

✚ If not a staff member, please insert as much accurate information as possible

Full Name	Position (if staff)
Contact information, if known	Relationship to the alleged victim

☐

6. Allegation Details

Provide a brief description of the specific allegation, including but not limited to, identifying:

Who made the allegation (unless it was reported anonymously), and their relationship to the alleged victim
What was reported and to whom or which agency/entity
Date and time when the alleged incident occurred
Where the alleged incident occurred

Provider On-line Submission (cont.)

Provide details of any physical harm, pain, or mental anguish to the alleged victim(s), including but not limited to: *(Use additional pages/word files if needed)*

Whether serious bodily injury occurred, if known

Describe any type of injury such as a bruise, scratch, laceration, puncture wound, fracture, bleeding, redness on the skin, etc.

Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc.

Provider On-line Submission

Provide all steps taken immediately to ensure residents are protected. Steps could include:

- Immediate assessment.
- Evaluation of alleged victim.
- Protect the resident.
- Immediate notification.

Provider On- Line submission

Steps could include (cont.):

- Removal of the alleged perpetrator.
- Ongoing safety and protection.
- Measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

Provider Initial Submission

7. Witness(es)

Full Name <input type="text"/>	Position (if staff)
Relationship to alleged victim	Contact information, if known

8. Notification to Law Enforcement, if applicable

Was the incident reported to a law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the law enforcement agency notified and contact person
Name of reporting individual(s) and position(s)
Date and Time (include am/pm) the report was made, report number if available

9. Notification to Other Agencies

Were other agencies notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which other agency and who at the agency was notified of the allegation (ex: Adult Protective Services, Ombudsman)
Name of reporting individual(s) and position(s)
Date and Time (include am/pm) the report was made

Provider Initial Submission (cont.)

10. Submission Report

Name/title of person submitting report

Click or tap here to enter text.

Date and Time (include am/pm) the report was submitted

Click or tap here to enter text.

Contact number and e-mail address of person submitting report for follow up

Click or tap here to enter text.



Five Day Follow-up Investigation Report

- Provide additional information and/or updates, outcomes to the resident.
- Notifications to representative and/or other agencies.
- Steps taken to investigate:
 - Interviews with alleged victim or representative.
 - Signs of psychological harm and distress.
 - Summary of interviews.

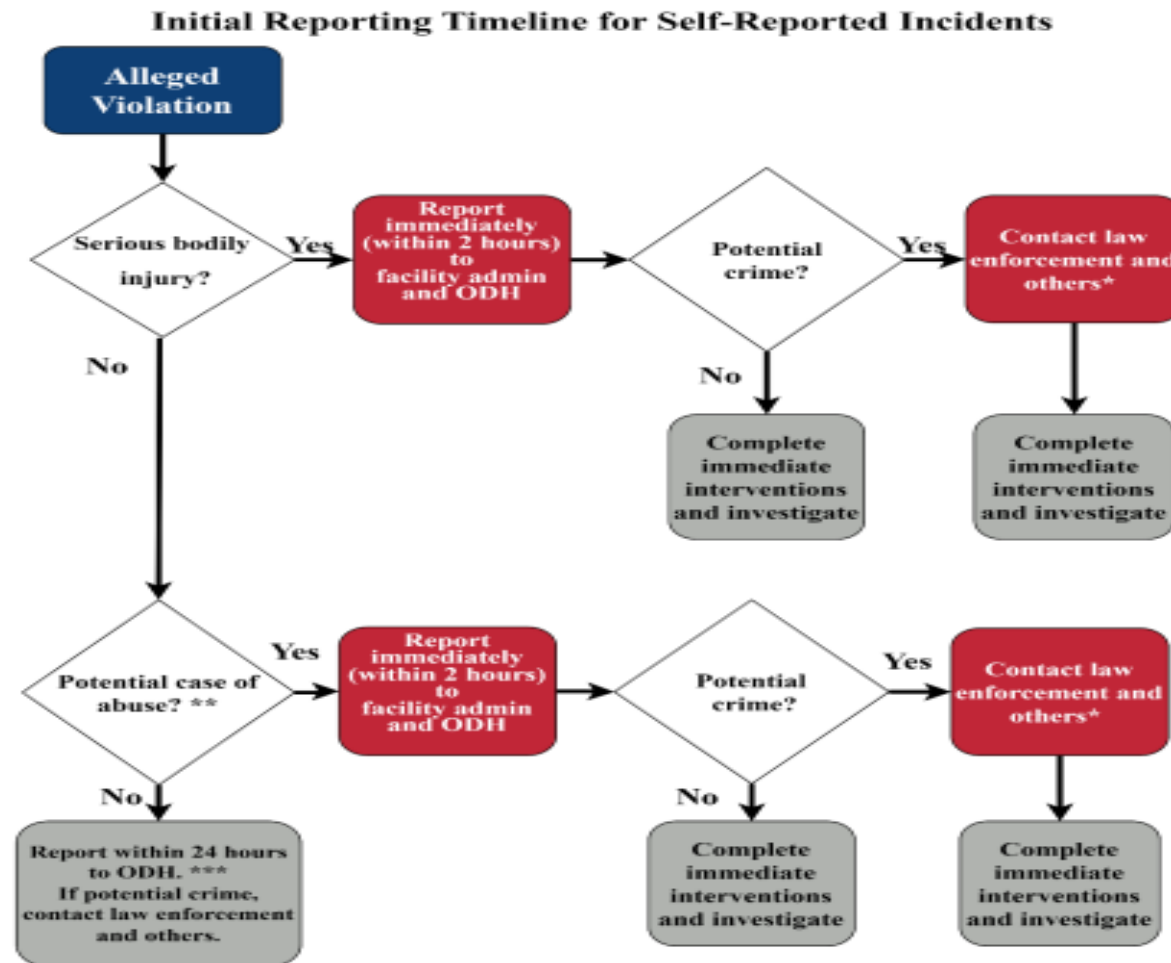
Follow-up Investigation Report

- Summary of the information from the resident's clinical record.
- Summary of the information from the other documents that were obtained/reviewed.
- Conclusion.
 - Verified.
 - Not verified.
 - Inconclusive.

Follow-up Investigation

- Corrective action.
- Summary of all corrective action.
- Plan for oversight of implementation of corrective action.
- Identify counseling or other interventions implemented.
- If systemic actions are identified that require correction, then identify the steps that have been take to address the system failure.
- If reported to law enforcement or state agency, then report the status.

Initial Reporting Timeline for Self- Reported Incidents



* Others may include ombudsman, APS, nurse aid registry, professional licensing boards, etc.

** Abuse: Physical, sexual, mental/verbal, deliberate deprivation of goods and services.

*** This may include cases of non-deliberate neglect and misappropriation of property that didn't cause mental anguish to resident.

Reporting Requirements

Resident-to-Resident Mental / Verbal Conflict

Required to report:

- Intimidation.
- Bullying.
- Communication that is motivated by an actual or perceived characteristic such as race, etc.
- Threats of violence.
- Inappropriate sexual comments.
- Taking and/or distributing demeaning photographs/recordings.

Not required to report:

- Non targeted outbursts.
- Residents with certain conditions.
- Arguments or disagreements with no behavior or communication that is required to report.

Sexual Contact

Required to report:

- Unwanted touching of breasts/perineal area or sexual organs and the resident being touched indicates it is unwanted through verbal or non-verbal cues.
- Sexual activity with unknown consent.
- Sexual assault or battery.
- Forced observation of masturbation or pornography.
- Forced, coerced or extorted sexual activity.

Not required to report:

- Consensual sexual contact between residents with capacity to consent.
- Affectionate contact such as hand holding or hugging when both residents consent.
- Consensual sexual activity between residents in a relationship, marriage, or partnership.

Injury of Unknown Origin

Required to report:

- Unobserved and unexplained:
 - Fractures, sprains, dislocations, lacerations, or injuries that may have resulted from a burn.
 - Bite marks.
 - Scratches, skin tears, and bruises found in suspicious locations or patterns.
 - Swelling that is not linked to a medical condition.
 - Facial injuries.
 - Injuries requiring transfer to hospital.

Injury of Unknown Origin

- **Not required to report:**
 - Bruising in an area that had testing / lab draws and no indication of abuse or neglect.
 - Resident can explain the injury and no indication of abuse or neglect.
 - Injury that was witnessed with no indication of abuse or neglect.
- All injuries should be monitored, assessed, documented, and investigated with appropriate notifications completed.

Misappropriation and Exploitation

Required to report:

- Theft of personal property.
- Unauthorized / coerced use by staff of resident's personal property.
- Staff acceptance of money from a resident.
- Gift giving in order to receive ongoing care based on staff persuasion.
- Missing or diversion of medication.

Not required to report:

- Theft of nominal items with little to no monetary or sentimental value.
- Lost items that are not listed under "must be reported."

Reportable Physical Altercations

Resident-to-resident physical altercations that must be reported include any willful action that results in physical injury, mental anguish, or pain.

Examples:

- Death.
- Injury requiring medical attention beyond first aid (such as a cut requiring suturing or an injury requiring transfer to a hospital for examination and/or treatment).
- Fracture(s), subdural hematoma, concussion.
- Bruises.
- Facial injury, such as broken or missing teeth, facial fractures, black eye, bruising, bleeding or swelling of the mouth or cheeks.

Not Reportable Physical Altercations

- Resident lightly taps another resident to stop irritating behavior, with no resulting physical injury, mental anguish, or pain.
- Resident who swats at another resident who is trying to take some food off his/her plate, and no physical injury, mental anguish, or pain has occurred.
- Resident who is slow, impedes the pathway of another resident and the other resident nudges the resident out of the way to get to the table faster.

Reportable Neglect

Failure to meet payroll or pay supplier bills resulting in residents not receiving goods or services, such as:

- Insufficient staff resulting in the lack of provision for resident's care needs.
- Lack of essential supplies or equipment such as incontinence supplies, wound care supplies, or oxygen equipment or adaptive equipment.
- Lack of sufficient amounts of food to meet the residents' nutritional needs.

Reportable Neglect (cont.)

- Staff repeatedly ignoring residents' needs for assistance resulting in residents remaining in bed when they want to be up and repeatedly missing activities; or residents being left in fecal material or urine.
- Failure to oversee management of pain for a resident resulting in resident not receiving required medications or treatments, leading to prolonged excruciating pain.
- Failure to implement and monitor care-planned interventions, resulting in repeated failures to provide necessary care and services to prevent development of avoidable pressure ulcer.

Bureau of Survey and Certification Common Citations

Frequency of Abuse Citations Dec. 1, 2023 – Nov. 30, 2024

F Tag	How often cited
F 600 Free from Abuse and Neglect	112
F 602 Free from Misappropriation and Exploitation	45
F 603 Free from Involuntary Seclusion	2
F 604 Free from Physical Restraints	16
F 605 Free from Chemical Restraints	0
F 606 Not Employ / Engage Staff with Adverse Actions	10
F 607 Develop / Implement Abuse / Neglect etc. Policies	45
F 609 Reporting of Alleged Violations	140
F 610 Investigate / Prevent / Correct Alleged Violations	124

Free from Abuse and Neglect Citation Examples

- Facility did not meet financial obligations and ensure bills were paid, which resulted in non-payment of bills and payroll not being completed, putting residents at risk for serious harm.
- Facility did not ensure a resident was safe from another resident when a resident was pushed by another resident, resulting in fractures.



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Free from Abuse and Neglect Citation Examples

- Residents were not protected from mental abuse when staff willfully mocked, harassed, and ridiculed residents.
- Resident did not receive timely and proper care, which resulted in the resident passing away.



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Free from Misappropriation / Exploitation Examples

- Staff were misappropriating narcotics and other medications from residents.
- Staff took a check from a resident and wrote it out in their name and cashed the check.
- The business office staff member was writing checks from a resident account to herself after the resident passed.

Free from Involuntary Seclusion Citation Examples

- Facility did not have documentation from the resident's physician that the resident had a need for being on a secured unit and there was no psychiatric consult when admitted.
- Facility did not ensure residents met the criteria to be admitted and reside on the secure unit.

Free from Physical Restraints Citation Examples

- Resident was seated in a wheelchair with the foot pedals in place, prohibiting the resident from standing up from the wheelchair or self-propelling the wheelchair around the common area and hallways.
- Resident was in a specialty chair, which prohibited the resident from moving out of the chair. Resident was not identified as having a restraint and did not have an assessment or orders.

Free from Chemical Restraints Citation Example

- Resident was being treated with Haldol as needed for restlessness.
- Resident routinely received the medication without any symptoms of restlessness or non-pharmacological interventions being used.
- Staff administered Haldol to the resident when the resident turned on the call light frequently.

Not Employ / Engage Staff with Adverse Actions Examples

- Facility did not terminate employment for a Certified Nurse Aide who had a finding entered in the State Nurse Aide Registry.
- Facility did not ensure pre-employment reference checks were completed for the Administrator and Director of Nursing.

Develop / Implement Abuse / Neglect Policies Examples

F 607 citation examples:

- Facility did not implement abuse policy and procedure regarding checking potential applicants against Ohio Nurse Aide Registry.
- Facility did not follow abuse policy by not completing employee reference checks.
- Facility did not follow abuse policy and ensure an investigation regarding misappropriated funds was thoroughly completed.
- Facility did not follow policy and ensure staff accused of physical abuse were removed from the facility and put on leave during the investigation.

Reporting of Alleged Violations -Citation Examples

- F 609 is most frequent abuse citation.
- Facilities did not report the following incidents:
 - Potential misappropriation and verbal abuse.
 - Allegation of resident-to-resident abuse within 24 hours to the state agency after a resident threw a cup of hot coffee.
 - Allegations of misappropriation of resident's narcotic medications.
 - An injury of unknown origin.

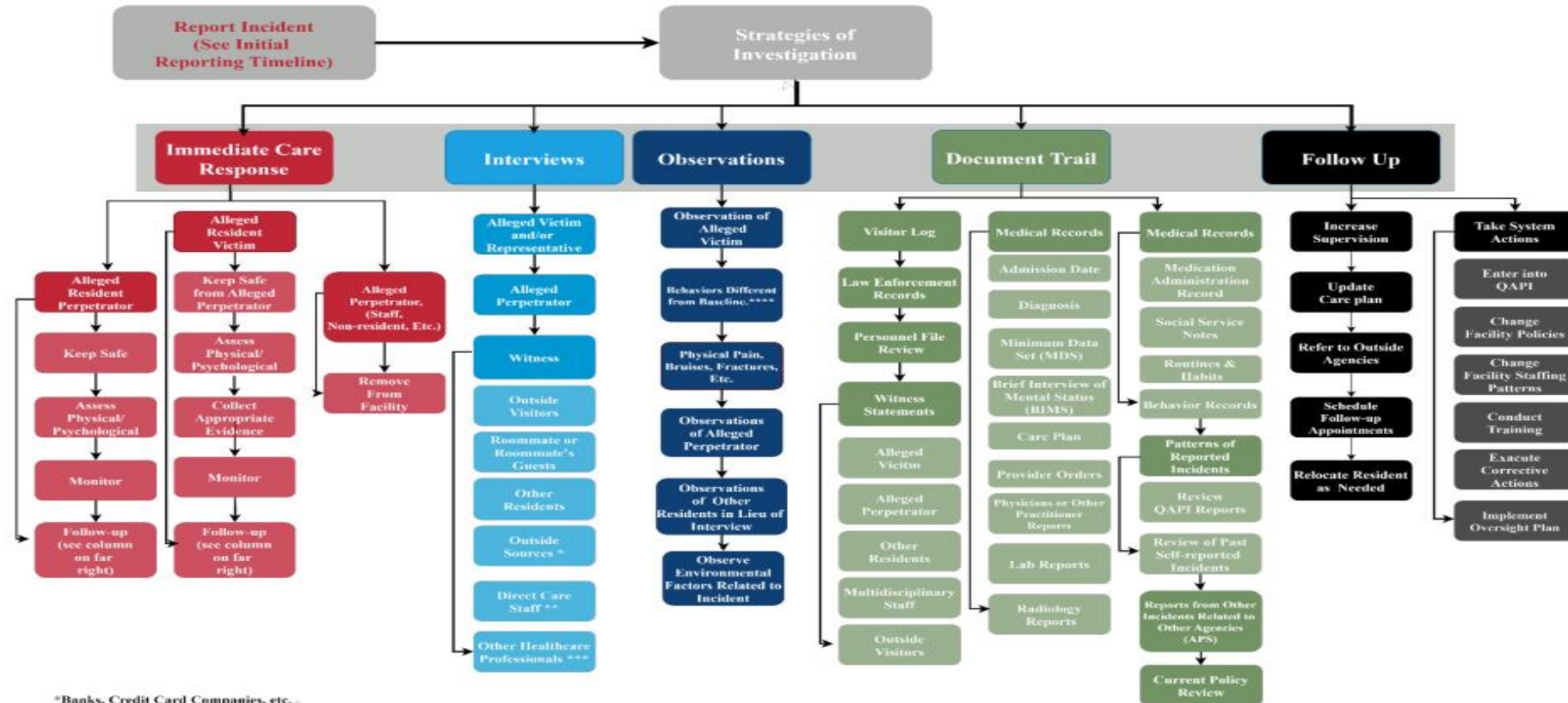
Investigate / Prevent / Correct / Alleged Violations Examples

- Residents were not protected during abuse investigations.
- The facility did not thoroughly investigate allegations of resident-to-resident abuse.
- A thorough investigation was not completed on an allegation of staff-to-resident sexual abuse.

Responding to Self-Reported Incidents

Response to Self-Reported Incidents

Response Guide for Self-Reported Incidents



*Banks, Credit Card Companies, etc.

**STNA, LPN, RN, etc.

***Director of nursing, social worker, attending practitioner, etc.

****Crying, fear, anger, withdrawing

Immediate Response Guide

If alleged perpetrator is a resident:

- Keep the resident safe.
- Assess resident physically and psychologically.
- Monitor the resident.
- Complete follow up.

If alleged perpetrator is staff or non-resident:

- Remove the staff member from the facility.

Immediate Care Response

If alleged victim is a resident.

- Keep safe from alleged perpetrator.
- Assess physical and psychological.
- Collect appropriate evidence.
- Monitor.
- Complete follow up.



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Interviews

Complete interviews with the following:

- Alleged victim or representative or both.
- Alleged perpetrator.
- Witnesses.
- Roommate and/or roommate's guests.
- Other residents and visitors.
- Other sources such as banks, credit card companies.
- Other health care professionals such as: Physician, Social Worker, CNA, etc.

Observation

- Observe the alleged victim for:
 - Behaviors different from baseline: crying, fear, anger, withdrawal.
 - Physical pain, fractures, bruises.
- Observe the alleged perpetrator.
- Observe other residents in lieu of interview.
- Observe environmental factors related to incident.

Document Trail

- Visitor log.
- Law enforcement records.
- Personnel file review.
- Witness statements:
 - Alleged victim.
 - Alleged perpetrator.
 - Other residents.
 - Multi disciplinary staff.
 - Outside visitors.



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Medical Record Review

Alleged resident perpetrator and alleged resident victim medical record.

- Admission date.
- Diagnosis.
- Minimum data set.
- Brief interview of mental status.
- Care plan.
- Provider orders.
- Lab reports.
- Physician / Practitioner reports.
- Radiology reports.
- Medication administration record.
- Social service notes.
- Routine and habits.
- Behavior reports

Facility Documents to Review

- Past SRI's.
- QAPI reports.
- Patterns of reported incidents.
- Facility abuse policy.
- Reports from other incidents to other agencies.



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Follow up

Additional items to consider:

- Increased supervision.
- Care plan updated.
- Referral to outside agency.
- Resident relocated to ensure safety.
- Schedule follow up appointments.



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Follow up

- Take systemic actions.
- Enter into QAPI.
- Change facility policy.
- Change facility staffing patterns.
- Execute corrective action.
- Conduct training.
- Implement oversight plan.



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Investigating Allegations

Investigating Resident-to-Resident Altercations

- Do not rule out abuse even if either or both residents have a cognitive or mental disorder.
- Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.
- Remember abuse includes the term “willful.” “Willful” means the individual’s action was deliberate, regardless of whether the individual intended to inflict injury or harm.

Resident-to-Resident Investigating Tips

- An example of a deliberate action would be a cognitively impaired resident who strikes out at a resident within his/her reach, as opposed to a resident with a neurological disease who has involuntary movements, and his/her body movements impact a resident who is nearby.
- If it is determined that the action was not willful, investigate if your environment is free of accident hazards and that each resident receives adequate supervision.

Resident-to-Resident Investigation Tips

Ask yourself these questions:

- Do you have an assessment and care planning interventions to address resident's behaviors?
- Are your interventions effective?
- Do you have documentation of the immediate interventions that assures the safety of the residents?



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Resident-to-Resident Follow up

Staff should monitor for any behaviors that may provoke a reaction by residents or others such as:

- Verbally aggressive behavior, such as screaming, cursing, bossing around, insulting to race or ethnic group, or intimidating.
- Physically aggressive behavior, such as hitting, kicking, grabbing, scratching, pushing, biting, spitting, threatening gestures, or throwing objects.
- Sexually aggressive behavior such as saying sexual things or inappropriate touching/grabbing.
- Taking, touching, or rummaging through other's property.
- Wandering into other's rooms/space.

Sexual Abuse Investigation Tips

- Determine if it was consensual on the resident's part.
- Establish if the resident had the capacity to consent.
- Verify if consent was obtained through intimidation, coercion or fear, whether it is expressed by the resident or suspected by staff.

Key points to Remember for Sexual Abuse

- The facility **must not tamper** with evidence. Tampering with evidence would impede completion of a thorough investigation by the facility and other investigating authorities.
- Examples of tampering may include, but not limited to: washing linens or clothing, destroying documentation, bathing or cleaning the resident until the resident has been examined, or otherwise impeding a law enforcement investigation.

Considerations in Involuntary Seclusion Investigations

A resident in a secured/locked area would not be considered to be involuntarily secluded if all are met:

- Clinical criteria for placement is identified.
- Placement in a secured/locked area is NOT:
 - Based on staff convenience or discipline.
 - Based on the resident's diagnosis alone.
 - Based on a request from the representative without clinical justification.

Involuntary Seclusion Investigation Tips

Do you have evidence of the following in your medical record?

- Resident / representative were involved in care planning, interventions and the decision for placement in a secured area.
- Clinical criteria was met for placement by resident's physician.
- Whether placement in the secured area is the least restrictive approach.
- Impact and/or reaction of the resident, regarding placement on the unit.
- Ongoing review and revision of the resident's care plan.

Monitoring for Abuse

Things to Monitor in your Facility

- Staffing levels, especially on weekends.
- Staff overtime.
- Difficult workloads.
- Extensive use of temporary help.
- Communication barriers between residents and staff.
- Staff untrained to perform the task.
- Lack of supervision.

Things to Monitor in your Facility (cont.)

- The use of psychotropics.
- Behavioral symptoms among residents.
- Staff reaction to resident behaviors.
- Overall staff morale.
- Acuity of residents.
- Resident and representative complaints.

Physical Environment Issues

- Temperature.
- Broken or lack of equipment.
- Unsafe work areas.
- Building in disrepair.
- Noises.
- Odors.
- Lack of supplies.



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Staff Burnout

- Short cuts being taken.
- Short tempers, quick to anger.
- Call lights not being answered.
- Complaints from residents/representatives.
- Negative attitudes.
- Tardiness.



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Prevention Strategies

Tips to Prevent Abuse

- Work with vendors to ensure resources and utilities are not shut off.
- Audit and in-service staff routinely on narcotic counts and ensure staff are reporting any concerns from residents about medications.
- Recognize in-service staff on social media as a potential form of abuse.
- Have a system in place to routinely audit resident accounts.
- Audit your nurse aide registry routinely.

Tips to Prevent Abuse

- Verify with contracted staffing companies BCI, references and nurse aide registry has been verified.
- Remove staff from the building who were the alleged perpetrator.
- Review your abuse policies in QA regularly.



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Prevention Tips

- Orient new, temporary and contracted staff to the reporting requirements.
- Ensure staff are trained annually on their responsibilities in a language that they understand.
- Identify barriers to reporting such as fear of retaliation or causing trouble for someone and implement interventions to remove barriers and promote a culture of transparency.
- Work with law enforcement annually to determine which crimes are reported.
- Ensure staff can identify what is reportable as a reasonable suspicion of a crime.
- Quiz staff and offer small prizes for correct answers on definitions and reporting requirements surrounding abuse.

Prevention Strategies to Consider

- Weekend manager.
- Daily staff rounding on all shifts.
- Thorough interview and reference checks.
- Training of staff for signs of abuse, neglect, misappropriation and injuries of unknown origin.
- Root cause investigations.
- Recognizing burnout in staff members.
- Consistent assignments.

Prevention Strategies to Consider

- Family council.
- Open door policy for residents and families.
- Suggestion boxes.
- Flexible care plan meeting times.
- Ombudsman involvement.
- Ambassador program.
- Grievance committee.



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Preventing Staff Burn-out

- Evaluate workload regularly.
- Have back-up staffing plans.
- Monitor employee hours.
- Watch for changes in staff personalities.
- Offer employee assistance.
- Open door policy for staff.
- Be approachable.
- Encourage a team environment.



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Prevention Strategies

- Consider flexible scheduling.
- Give recognition and rewards.
- Include staff in decision making.
- Demonstrate fairness.
- Have open communication.



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In Summary

Ensure all elements in your abuse policy are followed through on:

- Screening.
- Training.
- Prevention.
- Identification.
- Investigation.
- Protection.
- Reporting/responding.



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QUESTIONS?

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