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| ABUSE PROGRAM: Investigation/Reporting/Response | | | | NO. | |
| **PURPOSE:**  To ensure on-going safety of resident;  To ensure that a thorough investigation is completed in the alleged incident;  To ensure that proper notification of appropriate regulatory agencies and regional staff occurs.  **STATEMENT OF POLICY**:  Any complaint of, observation of, or suspicion of resident abuse, mistreatment or neglect is to be thoroughly investigated, documented and reported in a uniform manner as detailed below. Refer to the Abuse Program: Prevention/Training/Identification policy for clarification on how CMS defines abuse, mistreatment or neglect of residents.  **DEFINITIONS:**   1. **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. This presumes that instances of abuse of residents even those in a coma, cause physical harm, pain or mental anguish. 2. **VERBAL ABUSE** is defined as 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. Examples of verbal abuse include, but are not limited to; threats of harm, saying things to frighten a resident, such as telling a resident that they will never be able to see their family again. 3. **SEXUAL ABUSE** includes, but not limited to, sexual harassment, sexual coercion, or sexual assault. 4. **PHYSICAL ABUSE** includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment. 5. **MENTAL ABUSE** includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. 6. **INVOLUNTARY SECLUSION** is defined 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’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 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. 7. **INJURY OF UNKNOW ORIGIN** Injury to a resident that was not observed or the source of the injury cannot be explained. The injury is one that is suspicious in nature due to the extent or the location of the injury. This would include injuries occurring one at a time, or similar injuries involving the same resident over time, or concurrent reports of suspicious events or extra ordinary circumstance. 8. **MISAPPROPRIATION OF RESIDENT PROPERTY** means the deliberate misplacement, exploitations, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent. 9. **MANDATED REPORTER** this includes people who have assumed full or intermittent responsibility for care of custody of an elderly person whether or not that person receives compensation, such as, administrators, supervisors, and licensed staff of a facility that provides care or services for the elderly adults, or care custodians, health practitioners, clergy, or employee of county adult protection services agency or law enforcement agency. Mandated reporting is a legal obligation for mandated reporters to formally report alleged, suspected, believed, or accordance with state and federal laws. Allegations of abuse or neglect, regardless of source or subjectivity belief concerning the truthfulness of the allegation shall be reported. If a crime is suspected, the administrator will coordinate timely reporting to the state survey agency and local law enforcement on behalf of the employees involved. 10. **RESIDENT TO RESIDENT ABUSE** is the willful inflection of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish by one resident towards another. | | | | | |
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| PROCEDURE:   1. Reporting:  * Employees are required to notify the Administrator and the Director of Nurses and staff that is on duty of any complaints of, observation of, or suspicion of resident abuse, mistreatment or neglect.  1. Investigation: 2. The administrative or nursing supervisor assumes responsibility for: 3. Notification of Director of Nursing and the Administrator (by phone if necessary); 4. Notification of appropriate department head; 5. The Administrator, or designee, shall take the following actions to assure that the investigation is conducted appropriately. 6. If the incident has resulted in an injury or is suspected to be the result of a sexual assault, the resident will be transferred to the hospital emergency room. The physician and family will be notified of the transfer. 7. The following steps shall be taken by the facility if rape is suspected:  * Request an examination of the resident by the attending physician; * Do not change the resident’s clothes; * Do not bathe the resident; * Administer first aid as indicated.  1. The Administrator or designee shall call local police when assault, sexual abuse, homicide, forgery or wanton neglect is suspected and/or confirmed by investigation:  * In cases where the police are notified, evidence will be preserved at the location of the incident until the police arrive. * Entry by unauthorized personnel to the area will be prohibited; * If entry is necessary, one person will be designated to enter the area. Nothing will be removed from the area.  1. An investigation into the alleged incident- during the shift it occurred, is initiated as follows:  * Interview the resident or other resident witnesses (i.e. roommate if appropriate). This interview is to be dated, documented and signed by the supervisor. Use the “Resident Interview Form” * Interview the staff member implicated. Have the employee document their knowledge/version of the incident in written narrative that is dated and signed. Use the “Employee/Witness Investigation Statement”. * Interview staff on that unit. Interview staff witnesses or other available witnesses. Witnesses are to document their knowledge of the incident in a written narrative, signed and dated. Use the “Employee/Witness Investigation Statement”. | | | | | |
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| 1. Continue the facility investigation as needed, to be concluded within 48-72 hours, if possible. If the facility is unable to adequately complete the investigation within 72 hours, the Regional Director of Operations must be notified to authorize a time extension to complete the investigation.   NOTE:  While the investigation is being conducted, suspected individuals not employed by the facility will be denied unsupervised access to the resident. Visits may be made in designated areas, supervised by staff after approval by the Administrator.  NOTE:  Employees of the facility (or vendors, volunteers, contract service employees, etc..) suspected of resident abuse shall be barred from further contact with residents of the facility, pending the outcome of further investigation, prosecution or disciplinary action against the employee. The employee suspected is to be suspended until the investigation is completed. The individual is not to be in the facility unless attended by the Administrator or Director of Nursing.   1. DOCUMENTATION REQUIREMENTS: 2. The Administrator, Director of Nursing or the designee assumes responsibility for notification of the incident and preliminary investigation findings to the following.  * Notification of the attending physician and responsible party with corresponding documentation of this notification in the resident’s clinical record. * Notification to the Senior Vice President of Operation and Clinical Services Director. * Notification to the Department of Public Health and other regulatory agencies per individual state reporting requirements. * Written reports to the IDPH Department and other required regulatory agencies summarizing the incident, investigation results and facility actions taken to protect the resident(s) and prevent a similar occurrence. This report is to be completed per the guidelines of individual state reporting requirement. NOTE: WRITTEN REPORTS ARE TO BE REVIEWED BY THE DIRECTOR OF CLINICAL SERVICES OR SENIOR VICE PRESIDENT OF OPERATIONS, BEFORE SUBMITTING THEM TO THE STATE AGENCY.  1. FOLLOW-UP ACTION: 2. The facility will ensure that resident, employees, or anyone reporting an abuse will be kept from harm or retaliation during the investigation. 3. The facility will ensure reasonable measures to separate residents involved in the alleged or witnessed Resident to Resident abuse. | | | | | |
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| 1. Disciplinary action of staff involved when indicated and/or retraining. 2. With the guidance of Human Resources Department, the employee is to be: 3. Suspended pending internal facility investigation; Do not wait for IDPH to investigate; 4. Final action may include termination or reinstatement of the employee; 5. When the investigation is inconclusive, written documentation of a monitoring program is completed, reviewed with the employee and implemented (Please refer to the policy “Review Discipline & Monitoring of Employee Implicated in Abuse, Neglect, or Mistreatment”). 6. Facility Social worker is to provide counseling and support to the resident involved. The counseling is to be provided as long as necessary but not less than three consecutive days. The psychosocial intervention is to be documented in the resident’s clinical record. Nursing is to document on the resident’s physical and emotional status every shift for 72 hours following the incident. 7. Should the investigation reveal that abuse occurred, the Administrator, or designee, will report such findings to the State Licensing Agency within 24 hours of the completion of the investigation. The results of the investigation will be faxed to IDPH within 5 days of the initial report of alleged abuse. If the investigation is not completed within 5 days, notification must be made to IDPH, along with the reason more time is needed to complete the investigation. 8. Substantiated complaints against nurse aides for acts of resident abuse, neglect, mistreatment, misappropriation or exploitation of the resident’s property shall be reported to the State Nurse Aide Registry. 9. Substantiated complaints against a licensed nurse shall be reported to the State Board of Nursing. Substantiated complaints against a Nursing Home Administrator will be reported to the appropriate state licensing agent. 10. Upon completion of the IDPH Investigation, both verbal and written, copy of the results, are to be forwarded to the Director of Clinical Services and Senior Vice President of Operations. 11. The completed investigation and all reports/statements generated will be forwarded to the facility’s Quality Assurance Committee for review.   ATTACMENTS:  Notification Checklist  Resident Interview  Employee/Witness Investigation Statement  Injury of Unknown Origins Investigation Report  Five day follow-up to IDPH | | | | | |
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| SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT   1. Complete an Incident/Accident form-forward to Risk Management. 2. Obtain narrative statements from employees, residents and other witnesses and include the date, time, identification of employee, implicated, and the account of the incident as witnessed by the individual being interviewed. Narrative statements should be taken after the incident is reported. 3. The charge nurse is to notify the Shift Supervisor, Administrator, and Director of Nursing of the allegations; the supervisor begins the investigation process. 4. Staff on the unit at the time of the incident occurred must be interviewed-written statements are to be obtained. If the allegation is made of suspected abuse during the current shift, no staff is to leave the facility until interviewed. 5. The Administrator or other appropriate department head reviews the written statements to determine if they are consistent (in content and timeframe). 6. The resident involved is interviewed at least three times (by the supervisor on duty at the time the initial report is made, by the Director of Nursing and by the Social Worker or Administrator). Each is to complete the “Resident Investigation Report”. The purpose of three separate interviews is to determine if the story is consistent. Do not automatically discount a resident with dementia or other cognitive impairment. 7. The Social Worker is to interview other potential victims within 24-48 hours of the alleged incident. 8. The Administrator must review the file of the suspected employee. 9. The Social worker notifies the Care Plan Coordinator of care planning needs. 10. The Administrator notifies the Senior Vice President of Operation 11. The DON notifies the Director of Clinical Services. 12. The Administrator, DON or their designees is to assemble the file of investigation. 13. The Administrator, or designee, is to complete a summary report of the investigation and actions taken and forward to the Director of Clinical Services and Senior Vice President of Operations. | | | | | |
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| SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT  Administrative Tips on Conducting the Investigation   1. Suspend an employee suspected of abuse, neglect, mistreatment, after taking the written statement. Maintain the employee on suspension until the investigation is concluded and is either substantiated or unsubstantiated. 2. Having statements taken - do not allow employees to leave the facility until their statements are obtained. 3. Train staff on the abuse policy during orientation and then at a minimum of annually. This in-service should be offered every quarter. 4. Train department heads and supervisors on how to complete an incident report and how to conduct an investigation. 5. If an employee refuses to write a statement, write what they said and make a note that they refused to write their own statement. 6. If the employee, who has been suspended, does not contact the facility and the facility is unable to reach them by telephone, a certified letter with a return receipt should be sent which outlines the outcome of the investigation. 7. Take statements from everyone that was working on that unit even if they say they do not have information. 8. Nurse’s notes must include notification of physician, family, and description of incident. The notes should not include State Police, Ombudsman notification – That would be documented on the Incident Report. 9. Family and residents should NOT be shown statements that were taken during the investigation. Those are confidential. 10. Explain the general outcome of the investigation to the family and resident. | | | | | |
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| SUSPECTED RESIDENT ABUSE, NEGLECT, OR MISTREATMENT  “Resident Interview – Sample Questions”   1. Begin with general questioning and then continue probing the specific questions. “Please tell me what happened to you yesterday? I understand there was some difficulty, can you tell me about it?” 2. Has any staff member, (resident, family member) ever physically harmed you? If yes. Can you tell me what happened? 3. Has a staff member ever yelled at you, swore at you? Can you describe what they said? 4. Can you tell me who did this? Did you report this to someone? If yes, what was their response? If not, why? 5. Are you aware on any incidence when a resident was injured or did not receive appropriate care? If yes, can you please describe the incident. 6. Do you feel you get help when you need it? 7. Have you ever refused care or treatment such as a bath or medicine: If yes, what happened then? 8. Is there enough staff to take care of everyone? If no, can you tell me more about that? 9. Do you feel staff members listen to your requests and respond appropriately? 10. If the staff members have been unable to accommodate your request, do they provide a reasonable explanation of why not? | | | | | |
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| SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT  Summary of Investigation  The summary of the incident, investigation and actions taken is to be completed by the Administrator or their designee. Assemble the results of the internal investigation and the investigation completed by IDPH. The summary shall include but is not limited to:   1. Brief summary of the incident (do not use inflammatory quotes) and the assessment of what did or did not happen, i.e. allegation validated or invalidated based on the facility investigation. 2. When was the administrator notified of the incident? 3. Did investigations begin as soon as the incident was reported? 4. Include the witness statements and resident interviews that were conducted. 5. Was relevant documentation reviewed and preserved (e.g. dressing that was not changed when treatment record recorded change)? 6. Was the alleged victim examined properly (if injury suspected) and the finding documented in the report? 7. What steps were taken to protect the alleged victim and other residents from further abuse while the investigation was conducted (i.e. when no suspect was identified – two people to provide care)? 8. What actions were taken as a result of the investigation? 9. What corrective action was taken, including informing the attending physician, responsible party, psychosocial counseling, and notification of appropriated authorities? 10. Personnel file review of suspect. 11. Family and resident notified of outcome of investigation. 12. The summary report will be submitted along with other investigatory materials to the Q.A. committee. | | | | | |
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| SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT  Investigation File  **The Administrator is responsible for ascertaining that an investigation file is completed.**  The completed File of Investigation should contain:   1. Copy or the incident/accident report. 2. Resident statement. 3. Witness statements. 4. Investigation statements from Shift Supervisor, DON, Worker and Administrator. 5. Staffing assignment for the 24 – hour period leading up to the time of the incident. 6. Copy of the nurse’s notes and social services notes relative to the incident. 7. Copy of the updated resident care plan. 8. Copy of any disciplinary action taken. 9. Copy of monitoring program (if appropriate) 10. Copy of police report (if they were notified, per guidelines). 11. Copy of the report sent to IDPH. 12. Summary of Investigation. 13. A photograph with copy of consent for photographs from admission packet.  * Decision to obtain photographs is to be made by the DON or Administrator only.   The complete investigation file, including statements, will be forwarded to Quality Assurance. These reports are completed for purposes of corporate compliance, facility quality assurance and in anticipation of litigation. | | | | | |
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