ABUSE PREVENTION

Corrective Action Plan

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Opportunity  For  Improvement: | Corrective Plan: | Individual  Responsible: | Target  Completion  Date | Comments/  Follow-up |
| ABUSE  PREVENTION  Staff Treatment of residents | 1. Department Head (s) will be in-serviced on the appropriate investigation procedures outlined by the Abuse Policy and on how to monitor staff for potential abuse problems. 2. A resident council meeting will be held notifying them of the Abuse Prevention Program 3. House Supervisor will be initiated (IF APPLICABLE) 4. Abuse investigation notebooks will be placed at the nurses stations for easy access to forms and instructions for initiation of abuse investigations. 5. Staff will be in-serviced on: 6. Resident rights 7. Definition of resident abuse/neglect 8. HP/mgmt Abuse prevention P&P 9. Signs of staff burn out 10. Reporting potential abuse/neglect 11. How to intervene with aggressive residents 12. Charge Nurses will be in-serviced on: 13. Role of the charge nurse 14. Supervising resident care 15. Disciplinary action for inappropriate staff interaction with residents 16. Abuse Investigation Procedures 17. Housekeeping & Maintenance will be in- serviced on resident rights & abuse/neglect and how this impacts their daily responsibilities. I.e. - how to verbally address residents, observing resident rights when cleaning resident room, reporting potential abuse/neglect to administration. 18. Random Resident interviews will be conducted by facility administration to focus on staff treatment of residents and resident rights. Interviews will be conducted at a minimum of weekly. Questions to include: 19. Has any staff member, (resident, family member) ever physically harmed you? If yes, can you tell me what happened? 20. Has a staff member ever yelled at you, swore at you? Can you describe what they said? 21. Can you tell me who did this? Did you report this to someone? If yes, what was their response? If not, Why? 22. Are you aware of any incidence when a resident was injured or did not receive appropriate care? If yes, can you please describe the incident? 23. Do you feel you get help when you need it? 24. Have you ever refused care or treatment such as a bath or medicine? If yes, what happened then? 25. If there enough staff to take care of everyone? If no, can you tell me more about that? 26. Do you feel staff members listen to your requests and respond appropriately? 27. If the staff members have been unable to accommodate your request, do they provide a reasonable explanation of why not? 28. Do you have any other concerns you would like to share with me? 29. IDT meeting to identify resident behaviors and interventions. 30. Identify all residents with inappropriate behaviors 31. Identify if there is a “triggering event” for the resident’s behavior 32. Establish a care plan to address the identified behavior 33. Communicate these identified behaviors, triggers, and interventions to the care staff. 34. The employees will be suspended pending investigation of alleged resident abuse/neglect. (as needed) 35. The employees will receive written counseling individualized retraining on abuse/neglect. (as needed) 36. The staffing agency will be contracted to assist with filling the open licensed nurse and C.N.A. positions-all efforts will be made to employ the same registry personnel so as to maintain consistency of care to the highest degree possible 37. The agency staff will be trained before they begin their 1st shift on emergency procedures and key facility policies (including Abuse Prevention program) 38. All abuse investigations will be reviewed in the Quality Assurance meeting to insure the policy has been followed per the Abuse prevention program. 39. Administrator will take the lead in all abuse investigations and notify RDC/RDO and risk management immediately with any allegation of abuse. 40. In-servicing will take place on hire and annually for all employees. |  |  |  |

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_\_\_

Medical Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_