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| RESIDENT ABUSE & NEGLECT | | | | NO. 429A | |
| POLICY:  It is the policy of Winning Wheels that the organization strictly prohibits the abuse, neglect, mistreatment, involuntary seclusion of residents and/or deliberate misappropriation of resident property. It is the objective of Winning Wheels to provide training and ongoing supervision for employees and individuals who provide services, whether direct caregivers or in ancillary departments. Winning Wheels is committed to maintaining a living environment that fosters reporting of concerns and problems and protects the residents.  The purpose of this policy is to assure that the organization is preventing occurrences of resident abuse or neglect, and/or to prevent misappropriation of resident property. It is the position of Winning Wheels to take an aggressive stance on preventing neglect and abuse through the development and implementation of a systemic, comprehensive abuse prevention program.  DEFINITIONS:  “Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.  “Verbal abuse” is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, within their hearing distance, regardless of their age, ability to comprehend, or disability.  “Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.  “Sexual abuse” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.  “Physical abuse” includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.  “Neglect” means the failure to provide the goods and services necessary to avoid physical harm, mental anguish or mental illness.  “Involuntary Seclusion” is defined as separation of a resident from other residents or from his/her room or confinement to her/his 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.  “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. | | | | | |
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| PROCEDURES:  **1.** **Screening**: Winning Wheels screens prospective employees to determine if they have records of abuse. Prior to hire, potential employees are screened for history of abuse, neglect or mistreatment. Reference checks are conducted routinely on employees. Checks with licensing boards and/or agencies will occur when applicable, and criminal background checks are conducted in accordance with the Illinois Healthcare Worker Background Check Act.  **2**. **Training**: Winning Wheels provides orientation and ongoing training to employees on abuse and related reporting requirements, including prevention, intervention and detection. Abuse prevention is an active part of Winning Wheels' daily routine. Continuous, ongoing staff training is provided to place emphasis on a “proactive” versus “reactive” approach. Staff will receive in-depth training at orientation addressing the identification of risk factors (including residents at risk for abuse and staff at risk for perpetrators), recognition of signs/symptoms of abuse and neglect, reporting mechanisms and expectations/timelines for reporting suspected abuse/neglect and feedback mechanisms. Staff shall report their knowledge of abuse allegations and are assured that they may do so without fear of reprisal. Following orientation, training will occur at ongoing, routine intervals, and will encompass various elements of abuse prevention, including MANDT training, Safety/Incident Reporting and Follow-up, and random return demonstrations of direct care staff to assure that interventions with residents are appropriate. An in-service specific to preventing/identifying abuse/neglect will be held at least annually. Ongoing educational in-services will occur throughout the year, addressing topics such as behavior management techniques, crisis intervention, and other diagnostic issues. Daily Quality Assurance activities are designed to target residents at risk for abuse.  **3**. **Prevention**: Winning Wheels is committed to preventing the occurrence of abuse whenever possible by identifying, intervening, and correcting situations which may predispose by heightening staff awareness of employee, facility, and resident risk factors for abuse and forming a feedback loop for policy changes. Staff receives ongoing training through behavior modification training and individual resident behavior management programs (developed in conjunction with the consultant neuropsychologist), empathy training exercises, role play and other mediums to help them fully understand the need to identify and intervene in risk situations to ultimately prevent abuse. The Resident Council is also in-serviced annually on the prevention and reporting of abuse and/or neglect. Staff training emphasizes that low risk in one or two factors (see below) can reduce the chance of abuse even when the risk factors in a third column are high.   |  |  |  | | --- | --- | --- | | **Employee Risk Factors** | **Facility Risk Factors** | **Resident Risk Factors** | | Mental illness | Crowding/concentration of vulnerable adults | Non-verbal/Mute | | Alcohol/drug abuse | Inadequate staffing levels | Incontinent | | Multi-disciplinary actions | Staff shortages | History of multiple incidents | | Poor training | Inadequate managerial response to abuse | History of substance abuse | | | | | | |
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| |  |  |  | | --- | --- | --- | | Insubordination/power conflicts/rivalry | Poorly paid staff | Assaultive (i.e. spitters and hitters) | | Chronic physical illness | Poor role definition; obscure organizational chain | Verbally abusive, racist | | Financial problems | Use of facility for detention of anti-social persons | Intrusive (resident has figured out what “buttons” to push) | | Role reversal (i.e., looking to residents to fulfill their own needs) | High employee absenteeism | Hostile, passive-aggressive | | Family problems or history of family violence | High staff turnover | Argumentative | | Pattern of excessive absenteeism | Poor building maintenance (ventilation, noise, lighting) | Demanding | | Tardiness or disappearance from job site | Inconsistently applied standards | Passive | | Social isolation | Lack of staff training |  |     **3a. Burnout:** According to the *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, burnout is the “emotional and physical exhaustion resulting from a combination of exposure to environmental and internal stressors and inadequate coping and adaptive skills. In addition to signs of exhaustion, the person with burnout exhibits an increasingly negative attitude toward his or her job, low self-esteem, and personal devaluation.”  Staff are encouraged to report their burnout to their supervisor(s) and to seek help. Along with recommended annual in-servicing of staff on abuse, staff shall also be in-serviced on burnout including, but not limited to, the definition, the signs and symptoms, and ways to seek out help on burnout. Supervisors shall also be knowledgeable on the signs of burnout for staff. **NOTE:** Supervisors cannot diagnose if someone is experiencing burnout. A qualified professional can fully assess a person. Signs and symptoms include, but not limited to:   |  |  | | --- | --- | | * Feeling tired and drained most of the time * Lowered immunity, frequent sickness | * Frequent headaches or muscle pain * Change in appetite or sleep habits | | * Sense of failure and self-doubt * Feeling helpless, trapped, and defeated * Detachment, feeling alone in the world | * Loss of motivation * Increasingly cynical and negative outlook * Decreased satisfaction and sense of accomplishment | | * Withdrawing from responsibilities * Isolating yourself from others * Procrastinating, taking longer to get things done | * Using food, drugs, or alcohol to cope * Taking out your frustrations on others * Skipping work or coming in late and leaving early | | | | | | |
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| **4. Identification**: Winning Wheels distinguishes occurrences that may trigger, constitute or contribute to abuse. Staff, residents and/or their representatives are mandated to identify possible signs of abuse and/or neglect that must be reported immediately to administration for further investigation. Staff are instructed to report the following signs of possible physical abuse:   * + Marks and/or welts   + Bumps   + Cuts, punctures, scratches   + Broken bones   + Human bite marks   + Internal injuries/bruises   + Suspicious scars   Possible signs of sexual abuse:   * + Injury to resident's genitals, anus, breast or mouth   + Observation of sexual remarks or sexual activity   + Exposure of genitalia to residents   + Taking nude photographs of residents   + Gestures of affection that are too lingering/seductive and/or involve inappropriate parts of the body   Neglect occurs when resident needs are ignored, when they are left with staff who fails to care for them with good judgment, or place them in dangerous circumstances. Staff and residents are trained to report such circumstances to their supervisor or administration immediately.  **5. Protecting Individuals During Investigation**: Winning Wheels shields individuals from abuse or other retaliation during investigations of allegations of abuse. Information received as a result of a report of abuse, neglect or exploitation involving a reporter's identity is maintained as confidential to the full extent allowed by law (including regulatory agency guidelines). Person(s) participating in good faith in the making of a report, or in the investigation of such a report or in the taking of photographs or x-rays shall have assistance and accommodation.  Employees suspected of abuse will be immediately suspended pending the outcome of the administrative investigation. Employees suspended for such a reason will be denied access to facility premises and barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.  Residents as perpetrator of abuse: When an investigation of a report of suspected abuse of a resident indicates, based upon evidence, that another resident of the long-term care facility is the perpetrator of the abuse, the resident will be removed from contact of other residents and their condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident, as well as the safety of other residents and employees of the facility. Employees witnessing such conduct/treatment are required to IMMEDIATELY notify their supervisor and the Administrator, to ensure prompt handling of the situation. | | | | | |
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| Accused individuals not employed by the facility will either be denied unsupervised access to the residents during the course of the investigation or not allowed on grounds or contact with the facility and its residents, depending on severity of incident.  **6. Investigate**: Winning Wheels is committed to timely and thorough investigation of allegations of abuse, neglect or mistreatment. The administrator is designated as the staff member responsible for making the determination as to whether or not there is reasonable cause and/or credible evidence to file a report, and is responsible for reporting the information as required to the proper authorities, including the Illinois Department of Public Health, and for conducting a full investigation.  **7. Reporting / Response**: Employees, agents or residents who become aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source to a resident, or misappropriation of a resident's property must report the matter immediately to their supervisor or the facility administration. Employees or agents failing to do so are subject to disciplinary action. Should the facility administrator and/or agent become aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source, of a resident, or have reasonable cause to believe there has been misappropriation of a resident's property, he/she must report the allegation of abuse or neglect immediately, but no later than 24 hours after the allegation, to the resident's representative and to the Illinois Department of Public Health.  If the reporter of abuse is an employee and feels uncomfortable working in current conditions, they may have options up to, but not limited to, request moving to a different shift or area of the facility, taking the shift off to recompose, going back to the regular shift, or a combination of options. The supervisor and/or administrator shall accommodate to help the reporter of abuse feel safe to work in their respective environment(s).  The nature and scope of each incident/infraction will be investigated thoroughly by facility administration. If circumstances warrant, an incident/infraction may be grounds for immediate termination.  Staff shall be in-serviced on the abuse policy and procedure following a verified allegation of abuse.  The administrator is responsible for analyzing each occurrence to determine if changes to policies/procedures are needed and will implement same as indicated. | | | | | |
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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 shall be taken as soon as possible after the incident is reported. 3. The charge nurse is to notify the Shift Supervisor, Administrator, and DON of the allegation immediately; the supervisor begins the investigation process immediately. 4. Staff on the unit at the time the incident occurred must be interviewed. Written statements are to be obtained. If the allegation is made of suspected abuse during the current shift, staff is not 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 Regional Senior Administrator. 11. The DON notifies the Director of Clinical Services. 12. The Administrator, DON or their designee 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 Regional Administrator. | | | | | |
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| ABUSE PROGRAM: INVESTIGATION/ REPORTING/ RESPONSE | | | | NO. | |
| SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT  Administrative Tips on Conducting the Investigation   1. Suspend employee(s) suspected of abuse, neglect, mistreatment, immediately. Maintain the employee on suspension until the investigation is concluded and is either substantiated or unsubstantiated. 2. Have statements from witnesses taken immediately at time of incident– do not allow witnesses to leave the facility until their statements are obtained. 3. Educate staff on the abuse policy during orientation and then at a minimum of annually. 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 shall be sent which outlines the outcome of the investigation. 7. Take statements from staff that was working on that unit even if they say they do not have any 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. For the protection of all individuals involved, copies of any internal reports, interviews and witness statements during the course of the investigation shall be released only with the permission of the administrator or the facility attorney. 10. Explain the general outcome of the investigation to the family and resident. | | | | | |
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| SUSPECTED/ACTUAL 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 of an 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 should 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 the incident was reported? 4. Include 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 the 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 appropriate 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 of the incident/accident report. 2. Resident statement. 3. Witness statements. 4. Investigation statements from Shift Supervisor, DON, Social 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 the 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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