|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RESIDENT ABUSE/NEGLECT/MISTREATMENT:  General Program Guidelines | | | | NO. | |
| STATEMENT OF POLICY:  It is the policy of this facility to maintain an environment free of abuse and neglect. Each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion. Resident will not be subjected to abuse from anyone including, but not limited to, facility staff, other residents, consultants, or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends or other individuals.  DEFINITIONS:  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 all residents even those in a coma, cause 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, 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 he/she will never be able to see his/her family again.  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.  MENTAL ABUSE includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.  INVOLUNTARY SECLUSION is defined as separation of a resident from other residents or from her/his room or confinement to his/her 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.  NEGLECT means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect occurs when facility staff fail to monitor and/or supervise the delivery of resident care and services to assure that care is provided as needed by residents. Neglect occurs when a facility fails to provide necessary care for residents, such as situations in which residents are left to lie in urine or feces.  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. | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date: | Change No.: | | Page:  1 of 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RESIDENT ABUSE/NEGLECT/MISTREATMENT:  General Program Guidelines | | | | NO. | |
| POLICY:   1. This facility will not employ individuals who have been found guilty of abusing, mistreating, or neglecting residents by a court of law or individuals who have had a finding entered into the State Nurse Aide Registry or with the relevant Licensing Board, concerning abuse, mistreatment, or neglect. 2. All facility personnel (inclusive of volunteers) will be trained at orientation and then annually on:  * The facility policies and procedures relative to abuse and neglect; * Appropriate interventions to deal with aggressive reactions of residents; * How staff should report their knowledge related to allegations of abuse, neglect, or mistreatment without fear or reprisal; * How to recognize signs of burn-out, frustration, and stress that may lead to abuse; * What constitutes abuse, neglect and misappropriation of resident’s property.  1. Residents, legal guardians and involved family members will be instructed during the admission process on how and to whom to report abuse, neglect, or mistreatment without fear of reprisal. 2. All alleged violations involving mistreatment, abuse or neglect will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state law. Refer to facility policy and procedure on “Resident Abuse/Neglect/ Mistreatment: Investigation, Reporting & Response. 3. The facility will thoroughly investigate, under the direction of the administrator, all injuries of unknown origin to determine if abuse or neglect was involved. (Refer to “Injury of Unknown Origin-Investigation Report). 4. Individual state reporting requirements will be adhered to. The results of the facility investigation will be reported to appropriate regulatory officials within the time frames established at the state level. 5. The facility will ensure that further potential abuse will not occur while the investigation is in progress. (Refer to “Resident Abuse/Neglect/Mistreatment: Resident Protection” policy and procedure. 6. Resident care and treatments shall be monitored by all staff, on an on-going basis, to assure residents are free from abuse, neglect, or mistreatment. It is the responsibility of all staff to provide a safe environment for the residents. 7. The facility will identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property are more likely to occur.  * The distribution of staff on each shift in sufficient numbers to meet the needs of the residents and assure that staff assigned has knowledge of individual care needs. * The supervisor of staff will identify inappropriate behavior such as using derogatory language, rough handling, or ignoring residents during care.  1. The facility will identify and investigate all suspicion or allegations of abuse (such as suspicious bruising of residents); reviewing the occurrence, identifying patterns and trends that may constitute abuse and that will be used to determine the direction of the investigation. The results of the investigation will be reviewed by the facility’s Quality Assurance Committee and entered into the minutes. | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date: | Change No.: | | Page:  2 of 2 |