Weston Assisted Living

**Policy:** Each resident has the right to be free from abuse, neglect, involuntary seclusion and misappropriation of property. This facility will do everything in its’ control to prevent occurrences, and will conduct thorough investigations for all cases of alleged abuse.

**Procedure:** This facility has adopted the following procedures to protect residents from abuse and neglect.

1. **Screening:**
   This facility conducts pre-employment screening for all employees. This includes, but is not limited to reference checks from previous employers and checking with the appropriate licensing boards and registries for any action against employees license or certification.

2. **Training:**
   Employees of this facility will be trained, through orientation and ongoing sessions on issues related to abuse prohibition practices such as:
   - Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents;
   - How to report knowledge of allegations of abuse;
   - How to recognize signs of burnout, frustration and stress that may lead to abuse;
   - Learn what constitutes abuse, neglect and misappropriation of property.

3. **Prevention:**
   - This facility will provide residents, families and staff information on how to recognize signs of abuse and abusive behaviors, and to whom they may report concerns, incidents and grievances without fear of retribution and provide feedback regarding the concerns that have expressed. This information will be provided to each resident when they move in, at individual resident or family meetings, at resident council meetings and for staff during orientation and ongoing educational sessions.
   - This facility will identify, correct and intervene in situations where abuse, neglect or misappropriation of property is more likely to occur. This includes an analysis of:
features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility

- sufficient staffing to meet the resident’s needs, and to maintain continuity of care with primary care giver assignments
- supervision of staff to identify inappropriate behaviors, such as using derogatory or demeaning language, improper handling of residents, ignoring residents requests or preferences
- the assessment, care planning and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents with communication impairments or disorders.

4. **Identification:**
   This facility will identify events, such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse. This identification will be conducted through the investigative protocols.

   a. All staff who provide direct resident care are to carefully observe the residents during care to identify any changes, including new or unexplained bruises or abrasions. Upon identification of such a change, the staff member should report the finding to his/her immediate supervisor or the Facilities Manager in charge of security so that an investigation may commence.

   b. Summaries of the occurrence information are presented to the Occurrence Review Committee/Quality Improvement Council. These summaries will include data analysis to identify trends and patterns.

5. **Investigation:**
   This facility will investigate different types of incidents; identify the staff member responsible for the initial reporting, investigation of alleged violations and reporting to the proper authorities. The Facilities Manager in charge of Security will coordinate the investigation of all allegations of physical or verbal abuse. This will help ensure that the rights of the resident/patient involved are safeguarded throughout the course of the investigation as well as ensuring the integrity of the investigation. The procedure for conducting the investigation, including reporting responsibility, is described below.

6. **Protection:**
   This facility will protect residents from harm during the investigation of alleged abuse. This shall include but not be limited to changing staff assignments, suspension of staff if allegations are substantiated and warrant such disciplinary action, restricting visitor access if allegations are substantiated and warrant such action, and notification of police and/or legal authorities.
7. **Reporting/Response:**
   a. The facility will ensure that alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the Administrator of the facility or his/her designee. When required by law or regulation, the facility shall ensure timely notification to the Department of Health.
   b. The results of all investigations shall be reported to the Administrator of the facility or his/her designee and, if applicable, to other officials in accordance with State law. If the alleged violation is verified, effective corrective action shall be taken.
   c. The facility will consider the need for law enforcement involvement and will respond appropriately. The facility will inform the appropriate registry and/or licensing boards any knowledge it has of any actions by a court of law that would indicate an employee is unfit for service.
   d. Disciplinary action taken towards any staff member accused of abuse, mistreatment or neglect will depend on the facts of the situation, the results of the investigation, and review with the Administrator.
   e. All occurrences will be analyzed to determine what changes, if any, are needed to policies and procedures to prevent further occurrences.

8. **Recognizing and Reporting:**
   This facility has a policy and procedure for Recognizing and Reporting Signs and Symptoms of Abuse/Neglect and a procedure for review and investigation of any suspected abuse/neglect.

9. **Miscellaneous:**
   a. Any resident, patient, family member, visitor, volunteer, or staff member may raise an allegation of abuse.
   b. Staff will not participate in, and the facility will not tolerate, retaliatory action toward anyone who initiates a report of resident abuse, mistreatment, or neglect.
   c. Information related to the investigation will be handled in a confidential manner according to staff discretion.
PROCEDURE:

Identification and Initiation of Investigation:

Any staff member who is apprised of, or becomes aware of, any allegation of resident abuse shall report it to their immediate supervisor. **All reports of alleged abuse must be reported immediately and not sent through voicemail or e-mail.** **If the staff member’s supervisor is not available the staff member shall report the allegation to the facilities Manager in charge of Security immediately.**

If the report is made to the Facilities Manager in charge of Security by a department other than Nursing, the Facilities Manager in charge of Security will notify Nursing when the investigation has begun.

The supervisor receiving/reporting the allegation of abuse shall initiate the internal Abuse/Mistreatment/Neglect reporting form.

The Facilities Manager in charge of Security or designee will notify Administrator of the allegation. If the allegation is made during off-hours, the Facilities Manager or designee should notify the Administrator at home.

The Facilities Manager in charge of Security will also notify the department head of the department in which the employee about whom the allegation has been raised works (if not Nursing) that the allegation has been made.

The Facilities Manager in charge of Security /designee is responsible for conducting a timely and thorough investigation.

a. The investigation should be conducted as soon as possible after the allegation of abuse is made. Preferably, and if possible, the investigation should begin within the same shift.

b. At a minimum, the investigation will include an interview with the resident, the complainant (if not the resident), involved staff, and a review of the medical/nursing and psychosocial assessments. **Notes:** (1) The Facilities Manager in charge of Security conducts this investigation under the direction of Administration and, as such, has the authority to interview staff and (2) when it becomes necessary to make clinical decisions, the Facilities Manager in charge of Security will defer to clinicians.

c. Interviews may be documented on a “Statement Form” (Attachment A). Staff may opt to write their own statement or to dictate a statement to the Facilities Manager in charge of Security investigator.
Administration will determine, with input from Nursing, Facilities Manager in charge of Security and Social Work (if available), occurrence reportability. If necessary, call DOH.

The nurse will conduct a nursing assessment of the resident and will document the findings in the resident’s medical record and on the occurrence report form.

If deemed necessary, and if the resident consents, the nurse will request that Facilities Manager in charge of Security/designee take a photograph of any visible injuries (the camera is in the Facilities Management office).

The nurse will call the physician and the social worker to see the resident.

The nurse will notify Nurse Manager of the allegation. If the allegation is made during off-hours, the nurse should call the Nurse Manager at home.

The Nurse Manager will advise the family of the occurrence and inform them that Security will conduct the investigation.

The social worker will conduct a psychosocial assessment of the resident, i.e., the mental status of the resident and the resident’s reaction to this event. The social worker will document the findings in the resident’s medical record. When there is no social worker available, this step is completed by the Nurse Manager or designee.

The Nurse Manager is responsible to provide the Facilities Manager in charge of Security with all relevant documentation including a copy of the occurrence report.

If the Facilities Manager in charge of Security/designee is unable to complete the investigation, it will be continued on the next working day.
Recognizing and Reporting Signs and Symptoms of Abuse / Neglect

Policy: The Judy & Josh Weston Assisted Living Residence will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any sign and symptoms of abuse / neglect to the Wellness Nurse or the Administrator or Executive Director immediately.

Definitions of resident abuse are as follows:

- **“Abuse”** is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or 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 unable to communicate, cause physical harm, discomfort, pain or mental anguish.

- **“Verbal Abuse”** is defined as any 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, or saying things to frighten a resident, such as telling a resident that they will never see their family again.

- **“Sexual Abuse”** includes, but is not limited to sexual harassment, sexual coercion, or sexual assault or rape.

- **“Physical Abuse”** includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

- **“Financial abuse”** includes theft, soliciting tips, or borrowing from a resident, even with permission.

- **“Mental Abuse”** includes, but is not limited to, teasing, humiliation, harassment, and threats of punishment, deprivation or withholding of services.

- **“Involuntary seclusion”** is defined as separation of a resident from other residents or from his or her apartment or confinement to his or her apartment 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 action or plan of care to meet the resident’s needs. This type of separation will not ever be used as a form of punishment.

The following are some examples of signs and symptoms of abuse / neglect that should be promptly reported. This listing is not all-inclusive. Other signs and symptoms may be apparent. **When in doubt, report it.**
Examples of Abuse:
- Welts or bruises;
- Abrasions or lacerations;
- Fractures, dislocations or sprains of questionable origin;
- Black eyes or broken teeth;
- Sexual exploitation, inappropriate touching;
- Rape;
- Excessive exposure to heat or cold;
- Involuntary seclusion;
- Multiple burns or human bites;

Examples of Neglect:
- Malnutrition and dehydration (unexplained weight loss);
- Poor hygiene;
- Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for the season);
- Decayed or broken teeth;
- Improper use / administration of medication;
- Inadequate provision of care;
- Caregiver indifference to resident’s personal care and needs;
- Failure to provide privacy;
- Left alone, but needs supervision;

Examples of Psychological Abuse / Neglect:
- Resident clings to abuser / caregiver;
- Paranoia
- Depression;
- Confusion;
- Withdrawal;
- Inconsistent injury explanation;
- Low self esteem or self worth;
- Anger;
- Suicidal verbalization or acts.
Procedure for Reporting:
When in doubt, report it.
When the investigation is completed, the Facilities Manager on charge of Security will present the investigation documentation, including the internal Abuse/Mistreatment/Neglect Form (Attachment B), and preliminary conclusion to Administration, Nursing, and Social Work.

The Administrator will:
Review all investigation material.
Determine occurrence reportability.
   a. If the occurrence is to be reported, The Nurse Manager will call the DOH.
   b. Determine necessity for involving law enforcement personnel.

Determine need for disciplinary action toward any staff member.
Analyze the occurrence to determine what changes, if any, are needed to policies and procedures to prevent further occurrences.
Determine the need for other corrective action and carry it through.
Determine who will communicate the final results of the investigation to the resident and involved family members.

The investigation documentation will be maintained in the Nursing Office. A copy of the internal Abuse/Mistreatment/Neglect Form will be kept in Administration.
Nursing will present summaries of the occurrence information, including data analysis to identify trends and patterns, to the Safety Committee and through to the Quality Improvement Council.

ATTACHMENTS:
   A. Investigation Report/Statement Form
   B. Resident/Patient Abuse/Mistreatment/Neglect Report Form
   C. Patient Occurrence Report Form
Attachment A

INVESTIGATION REPORT/STATEMENT FORM

Name of Facilities Manager/designee investigating: __________________________

Date and time of interview: ______________________________

Person being interviewed/making statement: __________________________

Resident/patient _____  Employee _____  Family member _____  Visitor _____
Other _____

STATEMENT

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

___________________________________________ _________________________________               ________
Person making statement     Facilities Manager in charge of Security     Date
RESIDENT/PATIENT ABUSE/MISTREATMENT/NEGLECT REPORT FORM

I.   Allegation of Abuse/Mistreatment/Neglect:
Name of Resident: _____________________________ Room Number: ____________
Date and Time of occurrence: __________________ Location: _______________
Allegation raised by: _____________________________________________________
Description of complaint: (including location of occurrence and person against whom allegation is made)
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
Signature of person initiating the form Date Time

II.   Actions taken to protect the Resident:
_______________________________________
_______________________________________
_______________________________________
_______________________________________

III.   Summary results of the investigation:
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
Facilities Manager in charge of Security Date
IV. Follow-up/Response

Reported to DOH: _____ Yes _____ No

Reported to law enforcement personnel: _____ Yes _____ No

Disciplinary action taken toward staff: _____ Yes _____ No

__________________________________________________________________
__________________________________________________________________

Changes made to policies and procedures: _____ Yes _____ No

__________________________________________________________________
__________________________________________________________________

Result communicated to resident and involved family members: _____ Yes _____ No

Corrective Action Taken:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

V. Final Review and Comment

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

____________________________________  _______________________ 
Administrator                                 Date
IMPORTANT ADDRESSES & TELEPHONE NUMBERS

Office of the Ombudsman for the Institutionalized Elderly
P.O. Box 807 Trenton, NJ 08625
887-582-6995

Human Rights Commission: 201-547-5611

Department of Health and Senior Services
P.O. Box 367 Trenton, NJ 08625
609-633-8977

Complaint Hotline: 800-792-9770

Medicaid Fraud Hotline: 800-937-2835

Social Security Hotline: 800-772-1213