

**FOX SUBACUTE AT WARRINGTON
ABUSE TRAINING**

I HAVE RECEIVED FOX SUBACUTE AT WARRINGTON'S ABUSE REPORTING POLICY AND UNDERSTAND I HAVE TO REPORT ANY SUSPICION OF ABUSE TO THE HOUSE SUPERVISOR OR ADMINISTRATION

NAME (PRINT)

DATE

Signed

Abuse Reporting

Adopted 2016 – 09- 01

Update: 2017-11-28

POLICY:

The facility shall protect its residents to the fullest extent possible from physical verbal, sexual or mental abuse, acts of neglect, corporal punishment, involuntary seclusion and misappropriation of residents' property. As all residents have the right to be free from abuse, mistreatment, neglect or misappropriation of property. All individuals not adhering to said policy shall jeopardize their position with the facility.

I. **PURPOSE:** To provide a safe and secure environment for the residents of this facility.

II. RESPONSIBILITIES:

The Administrator shall be responsible for the direction of the program. Training shall be the responsibility of the Director of Nursing, Director of Human Resources, Director of Social Services and Administrator. The QAPI Committee shall be responsible for implementing new policies and procedures and monitoring for adherence.

III. DEFINITIONS:

Abuse

Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. It includes willful deprivation by an individual, including a caretaker of goods or services which are necessary to maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Verbal Abuse

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 hearing distance, regardless of their age, ability to comprehend or disability.

Sexual Abuse

Sexual abuse is defined as non-consensual sexual contact of any type with a resident.

Physical Abuse

Physical abuse is defined as the non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to being showed, slapped, burned, cut, bruised, kicked or inappropriately medicated. It also included controlling behavior though corporal punishment.

Psychological or Emotional – Psychological Abuse

Abuse may be defined as the use of humiliation, intimidation, harassment, infantilization and threat to residents. It may include threatening harm, if the person refuses to surrender money or deprivation.

Neglect

Neglect is defined as the failure to provide oneself or the failure of a caretaker, to provide goods or services essential to avoid a clear and services threat to a resident's physical or mental health. This may include the failure of the caretaker to provide adequate nutrition, assistance with activities of daily living, health related services (eyeglasses, dentures, walkers) or medical services for the person unable to care for him/herself. It may also include the use of physical restraints for convenience instead of assistance or the insertion of a tube into the individual's bladder for collection of urine, rather than allowing or assisting the individual with toileting services.

In addition, the following shall also be utilized as a guideline of what constitutes abuse or neglect of residents:

1. Verbal Abuse – calling residents names other than their proper names when referring to the resident.
2. Ignoring residents when he/she needs your attention.
3. Neglecting to bath or change a resident when needed.
4. Neglecting to properly feed the resident.
5. Encouraging a resident to abuse or mistreat other residents.
6. Encouraging a resident to participate in undesirable sexual activities.
7. Encouraging a resident to react in a manner that would be socially unacceptable.
8. Denying residents activities without appropriate reasons.
9. Causing a resident to suffer distress.
10. Denying a resident the full use of personal belongings (i.e. glasses, teeth, clothing,
11. toilet articles, etc.)

Involuntary Seclusion

Involuntary seclusion is defined as separation of a resident from other residents or from his/her 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.

IV. PROCEDURE:

Screening

The facility shall investigate past work histories, (as information is accessible), of potential employees by contacting previous and current employers (with applicant's permission).

Criminal History Background checks shall be performed on all newly hired employees seeking employment and monthly thereafter. In addition, the Nurse Aid Registry and appropriate state licensing boards shall be contacted for verification of status of very applicant seeking licensed position. The facility shall not hire an applicant with a history of abuse or an individual that has been found guilty of crimes listed under the Prohibited Offenses Act 13 Amended as of 1997. This non-hiring policy shall be strictly followed, if information is known to the facility. Screening shall be the responsibility of the Director of Human Resources and Department Managers.

Training

The facility shall train employees upon orientation and on a yearly basis (and as needed) in the following areas, but not limited to:

1. What defines and constitutes abuse, neglect and misappropriation of resident property.
2. Addressing aggressive and/or catastrophic reactions of residents with appropriate interventions.
3. Recognition of Indications of Abuse.
4. Abuse reporting system.
5. Recognition of symptoms of burnout and stress.

Training shall be responsibility of the Direction of Human Resources during orientation and the Director of Nursing, Administrator and Director of Social Services on a yearly basis.

Prevention

A Grievance Policy and Procedure is provided to residents and/or responsible parties upon resident admission. Said policy is posted for public and staff usage. Policy highlights steps to be taken and feedback timetable. The assessment and care planning process shall provide monitoring of residents with potential for aggressive behavior. Adequate staffing to meet residents needs and thus reduce potential for stressful situations.

Identification

Staff shall be oriented upon hire, on a yearly basis and as needed basis as to the indicators of abuse, neglect, exploitation or abandonment and Follow-up Reporting System. In addition, residents "at risk" are addressed. Director of Nursing shall be responsible for training or access to training. Indicators of Abuse and Follow-up Policy and Procedure shall be presented to all staff.

Protection

Immediately upon report of an abuse situation, the employee shall be released of duties affecting the alleged abused resident. The resident shall be monitored and documented nursing checks shall be conducted as the situation warrants ensuring resident safety and freedom from retaliation. Psychological services may be introduced to address emotional trauma. In addition, if the individual is other than the resident, the facility shall not discharge, threaten or otherwise discriminate against the reporting individual.

Investigation

All allegations of abuse shall be thoroughly investigated. All incidents shall be investigated via but not limited to the following:

1. House Supervisor/ ADON/ DON shall document intake of allegation of abuse
2. Allegation of abuse shall be reported to the DON and Administrator plus appropriate state agencies as required by PA Law.
3. All individuals who may be in the position to provide information regarding the allegations shall be interviewed by the House Supervisor, Director of Nursing or Administrator.
4. Informational materials shall be reviewed by the Director of Nursing and Administrator as to determination of culpability. Additional advice may be requested from relevant sources throughout the decision process.
5. Written investigation reports shall be presented to the proper authorities (as noted in the Mandatory Reporting of Abuse to Public Authorities Policy) by the Administrator and/or Director of Nursing.
6. Any individual found to have committed an abusive act shall be immediately terminated. Reports of said termination shall be reported to the proper authorities by the Administrator or Director of Nursing.
7. In addition, all reported bruises or injuries of unknown etiology shall also be investigated by the Director of Nursing via evaluation, interview with resident if possible and completion of incident report. The investigation process shall proceed, if warranted, following the investigation guidelines.

Reporting

All alleged violations and results of investigations shall be reported to the state agency and all other required agencies as mandated. (As noted in the Mandatory Reporting of Abuse to Public Authorities Policy).

Implementation

The Director of Nursing and Administrator shall utilize the presented information to analyze the incidents to determine what changes need to transpire to prevent further occurrences. They in conjunction with the Continuing

Quality Improvement Committee shall be responsible for implementing the as needed new policies and procedures. The Administrator and QAPI Committee shall monitor for adherence.

Reporting Suspicion of Crime

Adopted 2017-06-05

Update: 2017-11-28

I. PURPOSE:

Compliance with Section 1150B of the Social Security Act, as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010 requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility.

II. POLICY:

Any owner, employee, manager, agent or contractor of this facility who has reasonable cause to suspect that a crime has been committed against a resident of this facility is required by law to report suspicion of a crime to the proper authorities. The facility will not punish or retaliate against an owner, employee, manager, agent or contractor for reporting suspicion of a crime against a resident of the facility.

III. DEFINITION:

A reasonable suspicion that an intentional action caused harm or creates a serious risk of harm (whether or not harm is intended) qualifies as a reportable action. Categories include but are not limited to: physical abuse, emotional/psychological abuse, sexual abuse and financial/material exploitation.

Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion.

IV. RESPONSIBILITIES:

Owners, employees, managers, agents, contractors. Administrator and Human Resources shall be responsible for annual employee training.

IV. PROCEDURE FOR NOTIFICATION:

- A. Suspicion of serious bodily injury, including Criminal Sexual Abuse of a resident is to be reported immediately or within no more than 2 hours after forming suspicion
- B. Suspicion of a crime that does not appear to cause serious bodily injury to a resident must be reported within 24 hours after forming the suspicion to:

Suspected crimes are to be reported to:

- Local Police Department
- PA Department of Health
- Director of Clinical Services
- Administrator

Abuse – Resident Valuables

Adopted 2016 – 09- 01

Update: 2017-11-28

POLICY:

The facility recognizes the importance of resident property as a contributing factor in enhancing a sense of personal dignity and self-esteem. Resident's personal belongings shall be respected by all staff. Misappropriation of a resident's property by a staff member shall not be tolerated.

I. PURPOSE: Resident valuables loss prevention.

II. DEFINITIONS:

Misappropriation

Misappropriation of a resident's property is defined as the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

III. PROCEDURE:

- A. Staff education shall be provided upon hire and on a yearly basis as to the importance of respecting resident's property and the importance of prompt reporting of missing items.
- B. Upon admission, resident and/or family shall be advised by nursing to secure highly valued possessions in the facility safe or in a personal lock box if unable to maintain in the resident's home setting.
- C. Valuables that are placed in the facility safe shall be listed on the Receipt for Valuable or on the Inventory List in the presence of the resident and charge nurse and/or Social Worker. Inventory lists shall be kept current.
- D. During non-regular working hours valuables received by the staff shall be secured in the locked medication cart or the DON's office until regular working hours when the valuables may be sent home or the family/resident may request a secured location in resident's room.
- E. Staff shall assist residents and/or families in storing belongings properly. When possible, resident item shall be appropriately identified.
- F. Staff shall immediately report any missing resident items to the Licensed Nurse/Designee.

- G. Investigation of the lost item shall begin immediately by the charge nurse receiving notification of missing item.
- H. The licensed nurse shall maintain contact with the resident and/or family as to the status of the investigation.
- I. The charge nurse shall notify the Director of Nursing and/or Administrator of all missing item reports.
- J. The DON and/or Administrator shall verify that the investigation covered all possible viable areas of loss and that the resident and/or family have been advised as to the outcome of the investigation.
- K. If a staff member has been identified and proven guilty, via acceptable evidence, of misappropriation of a resident's property, said staff member shall be immediately terminated.

Abuse Complaint and Grievance Policy

Adopted 2016 – 09- 01

Update: 2017-11-28

I. PURPOSE:

To ensure that all complaints/grievances are thoroughly investigated and all necessary and appropriate corrective actions are taken.

II. PROCEDURE:

All complaints by residents, families, visitors and staff are to be cited on paper. This information is given to the DON or Administrator.

A. Upon receipt of the complaint:

1. Administrator, appropriate department manager and person making the complaint are informed of the findings/follow-up conducted.
2. Per Administrator's request, an Ombudsman will be contacted by the social worker. Families and residents are informed how to contact local Ombudsman on admission, by posters and the procedure is reviewed in Resident Council.
3. Completed complaint forms are given to Administrator to review and sign.
4. The log is reviewed at QAPI Committee Meeting.

B. The social work staff is responsible for the following:

1. Maintaining the system to keep records of all grievances.
2. Follow up with resident/family resolution or explanation of support the grievance has been handled to the resident's/family's satisfaction.
3. Coordinating orientation and in-service training to support that all staff are knowledgeable of the grievance procedure and their role in grievance resolution.

Resident Rights

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Update: 2017-11-28

Policy Statement

All residents in long term care facilities have rights guaranteed to them under Federal and State law.

Policy Interpretation

1. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.
2. This facility will promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, will be able to assert these rights based on his or her degree of capability.
3. This facility will protect and promote the rights of each resident, including each of the following rights:
 - Exercise his or her rights
 - Be informed about what rights and responsibilities he or she has
 - Have a call bell within reach and for it to be answered in a timely manner
 - If he or she wishes, have the facility manage his personal funds
 - Choose a physician and treatment and participate in decisions and care planning
 - Privacy and confidentiality
 - Voice grievances and have the facility respond to those grievances
 - Examine survey results
 - Work or not work
 - Privacy in sending and receiving mail
 - Visit and be visited by others from outside this facility
 - Use a telephone in privacy
 - Retain and use personal possessions to the maximum extent that space and safety permit
 - Share a room with a spouse, if that is mutually agreeable
 - Self-administer medication, if the interdisciplinary care planning team determines it is safe
 - Refuse a transfer from a distinct part, within the institution
 - The nursing home shall establish and implement written policies and procedures setting forth the right of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights

- a. To privacy in treatment and personal care
- b. To privacy, if married, for visits by his/her spouse
- c. To share a room with his/her spouse (if both are residents)
- d. To be different, in order to promote social, religious and psychological well being
- e. To privately talk and/or meet with and see anyone;
- f. To send and receive mail promptly and unopened
- g. To be free from mental and physical abuse. To be free from chemical and physical restraints
- h. To meet with members of and take part in activities of social, commercial, religious and community groups. The administrator may refuse access to the facility to any person if that person's presence would be injurious to the health and safety of a resident or staff, or would threaten the security of the property of the resident, staff or facility
- i. To form and attend resident council meetings. The facility shall provide space for meetings and reasonable assistance to the council when requested
- j. To retain and use personal clothing and possessions as space permits
- k. To be free from being required by the facility to work or perform services
- l. To be fully informed by a physician of his/her health and medical condition. The facility shall give the resident and family the opportunity to participate in planning the resident's care and medical treatment
- m. To refuse treatment. The resident must be informed of the consequences of that decision. The refusal and its reason must be reported to the physician and documented in the medical record
- n. To refuse experimental treatment and drugs. The resident's written consent for participation in research must be obtained and retained in the medical records
- o. To have records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident is mentally incompetent, written consent is required from the resident's legal representative. The nursing home must have policies to govern access and duplication of the resident's record
- p. To manage personal financial affairs. Any request by the resident for assistance must be in writing. A request for any additional person to have access to a resident's funds must also be in writing
- q. To be told in writing before or at the time of admission about the services available in the facility and about any extra charges for services not covered under Medicare or Medicaid, or not included in the facility's bill
- r. To be free from discrimination because of the exercise of the rights to speak and voice complaints
- s. To exercise his/her own independent judgment by executing any documents, including admission forms

- t. To have a free choice of providers of medical services, such as physician and pharmacy. However, medications must be supplied in packaging consistent with the medication system of the nursing home
- u. To be free from involuntary transfer or discharge, except for these reasons
 - i. Medical reasons
 - ii. His/her welfare or that of the other residents
 - iii. Nonpayment, except as prohibited by the Medicaid program
- v. To voice grievances and complaints, and to recommend changes in policies and services to the facility staff or outside representatives of the resident's choice. The facility shall establish a grievance procedure and fully inform all residents and family members or other representatives of the procedure
- The rights set forth in this section may be abridged, restricted, limited or amended only as follows
 - a. When medically contraindicated
 - b. When necessary to protect and preserve the rights of other residents in the facility
 - c. When contradicted by the explicit provisions of another rule of the board
- Any reduction in residents' rights based upon medical consideration or the rights of other residents must be explicit, reasonable, appropriate to the justification, and the least restrictive response feasible. They may be time- limited, shall be explained to the resident, and must be documented in the individual resident's record by reciting the limitation's reason and scope. Medical contraindications shall be supported by a physician's order. At least once each month, the administrator and the director of nursing shall review the restriction's justification and scope before removing it, amending it, or renewing it. The names of any residents in the facility whose rights have been restricted under the provisions of this rule shall be maintained on a separate list which shall be available for inspection by the department and by the area long-term care ombudsman