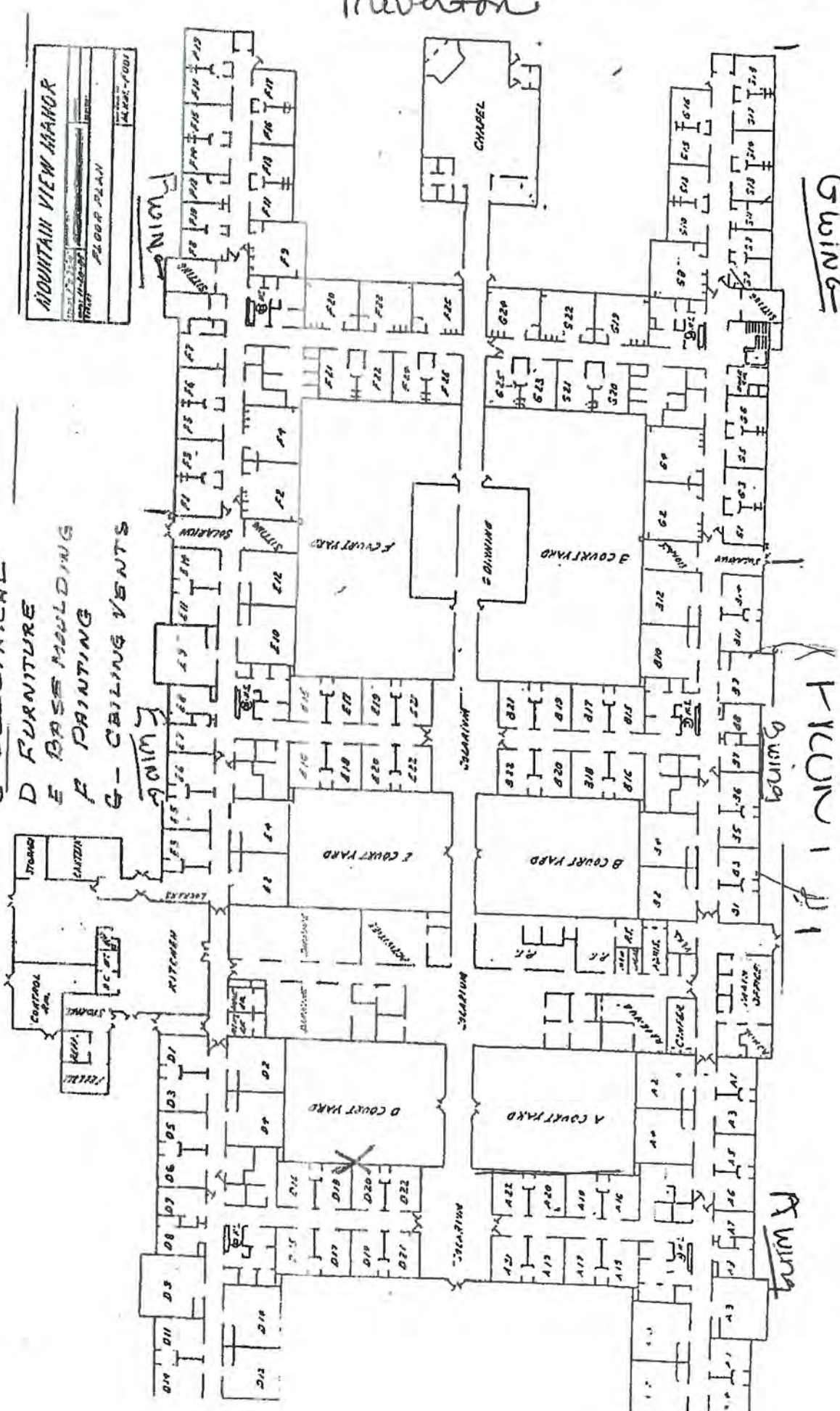


Truerton

- LEGEND:
- A CEILING PANELS
  - B PLUMBING
  - C ELECTRICAL
  - D FURNITURE
  - E BASE MOLDING
  - F PAINTING
  - G - CEILING VENTS





# We're hiring!

*Refer a Friend*

REFER YOUR FRIENDS; GET PAID A BONUS\*

**Bonus payouts:**

- \$500 referral bonus

Referral bonuses is paid out after the new hire has worked for six (6) months.

Referral bonuses are not applicable to employees who worked at Mountain View in the last two years. If you have any questions about eligibility or the referral payouts, please speak with Human Resources.

In order to be eligible for the referral bonus payout on a referred new hire, you must complete the Employee Referral Form in HR *prior to the candidate completing an application*. Full program details are available upon request.



Updated 6/2023

2050 Trevorton Road • Coal Township, PA 17866 • 570.644.4400

MountainViewNRC.com



**EOE** This institution is an equal opportunity provider and employer.



### **Mountain View contact numbers**

Now that you have completed your hiring process please contact the building directly for any issues/concerns/needs you might have. The original number you used during the onboarding process should not be used going forward.

**Main Line: 570 -644-4400** \*If you are nursing staff and you are calling off for your shift always call the main line and ask for the **RN Supervisor**

Your Supervisor: \_\_\_\_\_ phone: 570-644-\_\_\_\_\_

ADON: Bobbissue, 570-644-4517

DON: Melissa, 570-644-4411

Administrator: Michele, 570-644-4406

Human Resources: Tina, 570-644-4436

Nursing scheduled: Lori, 570-644-4441

**\*Please remember if you observe abuse or neglect you need to report that right away to the RN Supervisor\***



## **Mountain View's chain of command**

The following chain of command should be used to resolve and/or address any work related concerns or immediate problems. Discussion of facility issues must be limited to areas that offer the most privacy and will not be overheard by staff, visitors or residents.

### **Nursing Personnel:**

**Charge Nurse**

**Nurse Supervisor**

**Assistant Director(s) of Nursing**

**Director of Nursing**

**Nursing Home Administrator**

### **Non Nursing Personnel:**

**Department Foreman/Forewoman if available**

**Department Director**

**Administrator**

In order to ensure that you have our undivided attention, any meeting with the Nursing Home Administrator should be scheduled.





**FYI**

**Meals can be purchased for lunch and supper. Meals cost \$3**

**A meal is an entrée and dessert or a salad.**

**Order with the operator by the following times:**

**9:15 am for lunch**

**3:00 pm for supper**

**The menu is on each wing or at the receptionists' desk**





## **MOUNTAINVIEW** **FACILITY DRESS CODE**

**SUBJECT:** Mountain View Dress Code

**PURPOSE:** For all staff to dress professionally while providing a safe environment for staff and residents. All staff must wear their facility provided name badges. The following is acceptable dress for work.

### **Office, Nursing Administration, Social Services, Beauty Shop, & Administrative Staff:**

- Business Casual Attire
- Slacks, capris, and cropped pants
- Skirts and dresses must be knee length
- Sleeveless tops must be accompanied by a jacket or sweater
- Heels or flats may be worn in the office, but cannot exceed 3 inches in height
- No open toed shoes; peep toes are permitted

### **Nursing:**

- Scrub pants. Sweat pants/ jogging pants and spandex are not acceptable. Absolutely no jeans except on dress down days.
- Appropriate tops. No tight fitting or revealing clothes. Tank tops, sleeveless tops, T-shirts and hooded sweatshirts are not acceptable. Tops with logos should be reserved for Dress Down days. Sweaters are acceptable in cooler weather.
- Footwear should consist of closed toe non-skid or skid-resistant shoes.
- Long hair must be entirely pulled back. No loosely hanging hair will be permitted.
- Short, clean fingernails. Acrylic nails are not acceptable for anyone giving direct care.
- Culottes or capris are considered appropriate but must be knee length.
- All clothing should fit well. Tight fitting clothing or baggy clothes are not acceptable at any time, including dress down days.

### **Activities:**

- Uniform top
- Dress pants

- Long hair tied back
- No large hoop earrings
- Uniform tops, and slacks/capri's are to be worn on outings except when participating in outings where clothing may get ruined such as fishing trips. Long shorts or capri's (not jeans) may be worn to Knoebel's, or outdoor trips.

**Transportation:**

- Khaki/Tan dress pants – no jeans are permitted
- Polo shirts and sweaters are acceptable. No T-shirts, shirts with logos (unless facility provided), or tank tops permitted.

**Maintenance:**

- Navy blue work pants and shirts. No sweat shirts or flannel shirts permitted.
- Work caps only may be permitted.
- Sneakers or other closed toed shoes are permitted, provided they are non-skid, or skid resistant.
- No jeans are permitted except on dress down days.

**Dietary:**

**Kitchen Staff:**

- Shirts that meet company requirements (Dietary Clerk to be dressed business casual on office work days)
- Black pants, no capris and no jeans
- Non-skid/skid resistant shoes
- Only post earrings or wedding bands can be worn
- Artificial nails and or nail polish will require the use of gloves when working with food

**Supervisors:**

- Either business casual or chef coat/pants

**UNACCEPTABLE DRESS FOR WORK:** (This applies to dress down days)

- Tight or baggy clothing. Sweat pants, sweat suits, jogging pants, or leggings.
- Short skirts. Skirts need to be knee length.
- T-shirts. Tank tops, low cut revealing tops, sleeveless tops, tops that are revealing with the cut out back or sides.
- Shirts with words or pictures of a sexual, violent or vulgar nature will not be permitted. Consideration of the perspective of the residents we serve will be utilized as the standard for making a determination of appropriateness.
- Shorts (other than as determined appropriate in the "Exceptions" list below..)
- Flip flops or bare feet.
- Direct care givers must have long hair pulled back and secured.
- Long nails or long acrylic nails are not acceptable for anyone giving direct care.
- Long hoops or dangling earrings are not to be worn by direct care givers.



## **ATTENDANCE POLICY**

In order to provide consistent services to the residents, it is important that each staff member report to work as scheduled. When an employee illness, or family illness, prevents an employee from reporting for duty, he/she must report this to his/her Department Head or Supervisor. The staff member must call in for himself/herself. Another family member or friend may not do so. Consideration will be made for employees that have been hospitalized. This Attendance System is designed to discourage excessive call offs.

### **Attendance Tracking System**

Mountain View, A Nursing and Rehabilitation Center expects that all employees, both full and part-time, will function as responsible professionals dedicated to providing the residents with the best possible service. This expectation includes that employees will be at work as scheduled. To avoid excessive call offs, the following policies apply:

All attendance will be tracked on a rolling year looking back twelve (12) months from the current date.

Employees will receive an occurrence for each absence. If an employee comes to work and leaves prior to four (4) hours, it is considered an occurrence. Multiple consecutive days of absence up to seven (7) with a doctor's note will be counted as one (1) occurrence. Thereafter, each day of absence is one point. Employees are generally expected to apply for a Medical Leave or FMLA after three (3) days of absence. Excessive absenteeism is defined as three (3) occurrences.

Discipline will be progressive up to and including termination.

Verbal Warning: 3 occurrences

Written Warning: 5 occurrences

3 day Suspension: 7 occurrences

Termination: 9 occurrences

An employee can reduce his/her number of occurrences by one occurrence after a three (3) month period of perfect attendance.

If an employee calls off from work on a regularly scheduled weekend day, the employee will be required to make up a weekend day on one of his/her normally scheduled weekend days off, the make-up day to be picked from three (3) days selected by the Employer. Weekend call offs will count toward the disciplinary process.

One day absence without notification from an employee will be considered as a voluntary resignation from employment. All payroll benefits will cease immediately and the employee will forfeit benefit time as defined in the current employee handbook. Consideration would be given to a true emergency. Final decision will be made by the Administrator.

For shifts beginning between 5:00 am and 10:00 am, an employee must call at least one and one half (1 ½) hours prior to his/her scheduled starting time. All other shift employees are required to provide at least two (2) hours notice.

Employees with three (3) or more consecutive sick days must present a Doctor's excuse indicating they were seen by the doctor in order to receive paid sick leave. The doctor's note must be brought to work with the employee on the first day back to work. If the doctor's note is not provided, the employee will be asked to leave until the note is provided.



## **Lateness/Tardiness:**

Excessive tardiness is defined as three (3) tardy occurrences and will constitute the first step in the discipline process. An occurrence for the purposes of defining lateness/tardiness is any single instance of lateness/tardiness. **Lateness/Tardiness is defined as clocking in 15 minutes or more after your scheduled start time.** If two or more consistent days of lateness/tardiness occur, each day will be considered a separate occurrence. Discipline will be progressive, up to and including termination.

Verbal Warning: 3 occurrences

Written Warning: 5 occurrences

3Day Suspension: 7 occurrences

Termination: 9 occurrences

An employee can reduce his/her number of occurrences by one occurrence after a three (3) month period without an occurrence.

Punching in after the scheduled starting time is considered late.

Punching out early without supervisory approval is considered an occurrence.

Chronic failure to punch in and out of the Kronos system will result in disciplinary action, if the appropriate documentation is not provided. The documentation is department specific, be sure to check with your supervisor/department head. Manual checks will not be issued for employees that chronically fail to punch in and out appropriately resulting in payroll errors.

For the purposes of tracking and preventing unnecessary and unauthorized overtime, punching in more than seven (7) minutes before scheduled start time is strictly prohibited.

Employees on approved medical leave, maternity leave, FMLA leave, bereavement leave, workers' compensation leave, jury duty, holidays, or any other approved absence, will not have the time missed counted in the Attendance Tracking System.

Progressive discipline will also be applied to situations of pattern absence when identified by the Department Head. Examples of pattern absence are calling off on pay days or Mondays or calling off the day preceding or post scheduled weekend off.

During weather emergencies, all employees are expected to make a reasonable attempt to report for their assigned shifts. In a weather emergency, tardiness will be excused. It is the responsibility of the employee to notify the facility of his/her status within a timely manner.

The facility reserves the right to have an arrangement to pick up employees for scheduled shifts during a weather emergency.



## VACATION/HOLIDAY REQUEST FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Shift \_\_\_\_\_

Days Requested \_\_\_\_\_

Vacation                      Personal                      Sick                      Holiday  
(please circle one)

Employee Signature \_\_\_\_\_

.....  
To be completed by H.R.

Employee has \_\_\_\_\_ hrs of \_\_\_\_\_ as of \_\_\_\_\_

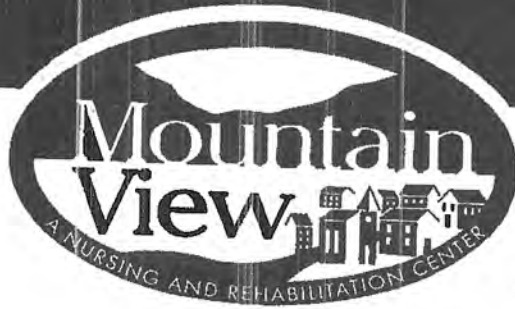
Form forwarded to Dept. on \_\_\_\_\_

.....  
Approved

Denied

- \_\_\_\_\_ Staffing Needs
- \_\_\_\_\_ Does not have time
- \_\_\_\_\_ Does not have seniority
- \_\_\_\_\_ Failed to give appropriate notice

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_



## Time Adjustment Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Emp ID/Badge # : \_\_\_\_\_

Missed Punch in Kronos: in \_\_\_\_\_ out \_\_\_\_\_

Adjusted Punch in Kronos: in \_\_\_\_\_ out \_\_\_\_\_

Reason for Adjustment: \_\_\_\_\_

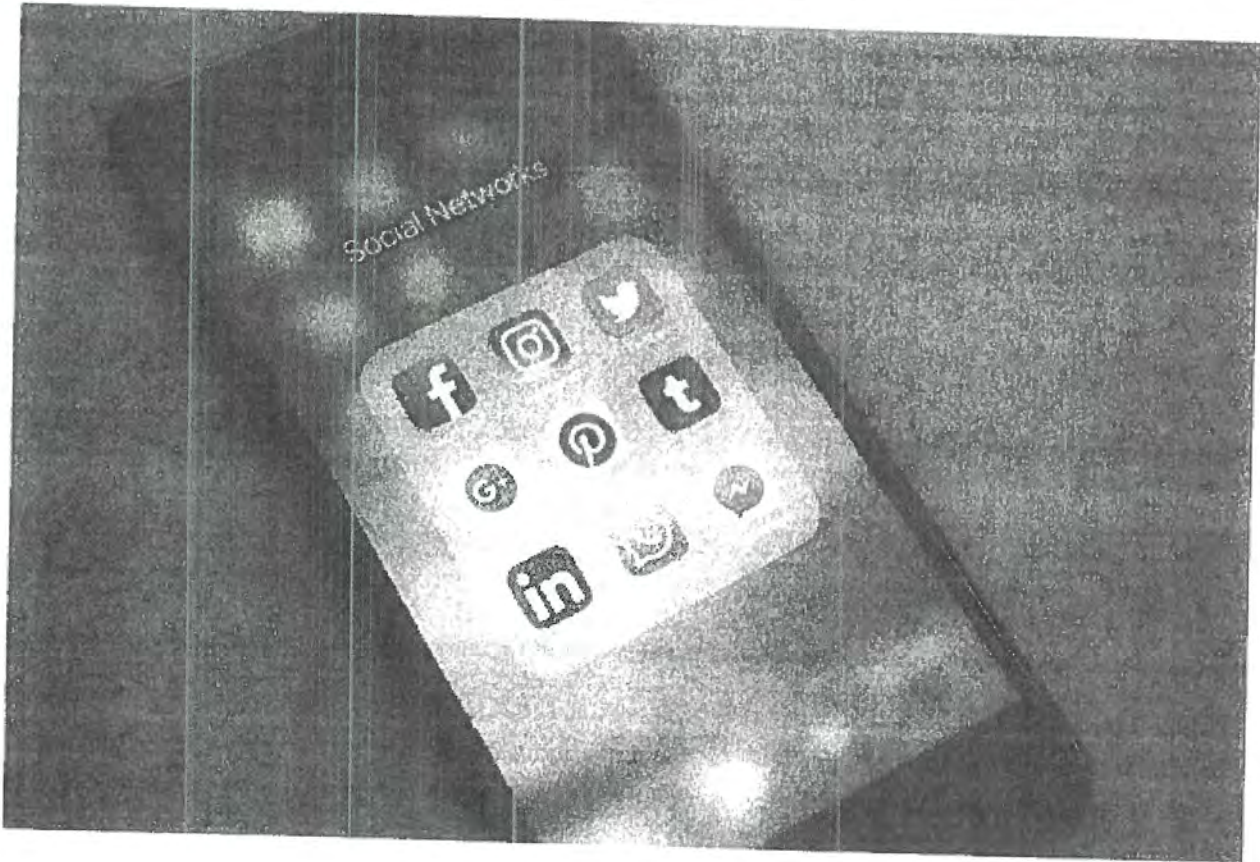
Going From Job Class: \_\_\_\_\_ To: \_\_\_\_\_

Employee's signature: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_



# CELL PHONE/EARBUDS



DURING WORKING HOURS NO PERSONAL  
PHONES/EARBUDS  
ARE TO BE WORN OR USED ON THE FLOOR  
FIRST VIOLATION OF THE POLICY LEADS TO A 2 DAY  
SUSPENSION



For more information about services in your community, contact your local Area Agency on Aging:

Northumberland County Area Agency on Aging  
(570) 495-2395

For legal matters or resident legal concerns contact:

Office of the State LTC Ombudsman:  
(717) 783-8975 or email them at [aging.pa.gov](mailto:aging.pa.gov)





Always identify residents prior to providing care and services. Identify through ID band. If resident does not have an ID band, please let a nurse know.

If a resident refuses to wear the ID band, their identity can be verified by:

1. Photo ID
2. 2 nursing staff to verify
3. Ask name/birth date

A photo ID should be located in the resident's medical record.

In case of emergency: unresponsive resident

1. Call resident's name or make some sort of verbal attempt to wake them.
2. Touch their shoulder or hand.
3. Yell for help.
4. Do NOT move the resident.
5. Stay with the resident and have the nurse page the supervisor to come to your area (8011 for overhead page)

Supervisors can be paged for other issues as well: a resident acting out, becoming hostile, residents arguing, if there is a fall. Remember, don't move the resident. GET HELP!

## **Alzheimer's Communication**

1. Never **Argue**, Instead **Agree**
2. Never **Reason**, Instead **Divert**
3. Never **Shame**, Instead **Distract**
4. Never **Lecture**, Instead **Reassure**
5. Never say **Remember**, Instead **Reminisce**
6. Never Say **"I told you"**, Instead **Repeat**
7. Never say **"You Can't"**, instead say what they can do.
8. Never **Demand**, Instead **Ask**.
9. Never **Condescend**, Instead **Encourage**.
10. Never **Force**, Instead **Reinforce**.

# 20 Policy Title:

admission policy /



## **NONDISCRIMINATION POLICY**

### Policy:

The facility reviews information of potential applicants prior to agreeing to accept the applicant for admission to the facility to ensure that it has the requisite staff and resources based upon the current facility case-mix, available services and equipment, that the resident requires the services of a skilled nursing facility and that it can meet the needs of the potential resident. This review is conducted without regard to the applicant's source of payment.

The facility accepts Medicare and/or Medicaid payment rates as payment in full in accordance with the Centers for Medicare and Medicaid Services ("CMS") current regulations for the items and services the resident needs to assure he/she attains or maintains his/her highest practicable level of well-being. Payment for items and/or services not covered by Medicare or Medicaid Services that are not determined as reasonable and medically necessary to meet the needs of the resident shall be the responsibility of the resident or resident legal representative if he/she desires to receive such items/services.

### Purpose:

To comply with applicable State and Federal regulations governing admission of persons to a skilled nursing facility.

To state the facility's admission and non-discrimination policy with regard to accepting referrals, selecting residents for admission, room assignment, treatment and provision of care and services.

To comply with Title VI of the Civil Rights Act of 1964.

To comply with current Medicare regulations regarding Medicare Part A Skilled Nursing Facility Services coverage.

## **Policy**

### **Non-Discrimination:**

It is the policy of this facility to admit and treat all residents without regard to payment source, race, color, national origin, religious creed, ancestry, age, sexual preference or handicap.

The same requirements for admission are applied to all applicants.



Residents are assigned a room within the facility without regard to race, color, national origin, religious creed, ancestry, age, sexual preference or handicap.

There is no distinction in the manner of providing any resident service or care, or in the manner of treatment by or through the facility.

Services of the facility are available, without distinction, to all residents regardless of race, color, national origin, religious creed, ancestry, age, sexual preference or handicap.

Referral Sources, that is persons and organizations that have occasion to refer residents for admission are advised to do so without regard to the potential applicant's race, color, national origin, religious creed, ancestry, age, sexual preference or handicap.

The Nondiscriminatory Policy of this facility applies to residents, physicians, and all facility employees. Under no circumstances will the application of this policy result in the segregation or re-segregation of any area for reason of race, color, national origin, sexual preference, age, ancestry, religious creed or handicap. This statement is in compliance with Title VI of the Civil Rights Act of 1964.

This facility is an Equal Opportunity Employer.

#### **Medicare Part A Skilled Nursing Facility ("SNF") Admissions:**

The facility ensures that residents admitted under Medicare Part A as the source of payment qualify for Medicare Part A SNF coverage based upon the following criteria, or in accordance with current Medicare Part A regulations:

1. The resident is admitted following a qualifying hospital stay:
  - a. The resident is admitted or readmitted within thirty (30) days following discharge from a qualifying three (3) day hospital stay; or
  - b. The resident is readmitted outside the thirty-day (30 day) transfer period but the readmission was medically predictable at the time of the beneficiary's discharge from the hospital.
2. The resident has an accurate, complete and timely physician certification verifying the need for Skilled Nursing Facility Services, in accordance with current Medicare regulations.
3. The resident has accurate, complete and timely physician recertifications verifying the continuing need for Skilled Nursing Facility Services, in accordance with current Medicare regulations.

#### **Prohibited Conduct**

Any employee or agent who engages in any of the following conduct may be subject to disciplinary action. Such disciplinary action may include termination of employment.

1. Conditioning admission or continued stay on a third party guarantee of payment.
2. Soliciting payment for state Medicaid plan.
3. Arranging with a hospital whereby the facility will only accept a potential resident who is a Medicare beneficiary; on the condition that the hospital pays the facility an amount over and above the Medicare Prospective Payment rate.
4. Knowingly admitting a resident for whom the facility does not have sufficient staff or resources to meet the prospective resident's needs.

5. Failing to adhere to facility policies and procedures and the standards of professional conduct.

**Compliance Monitoring**

A periodic review of a sampling of admissions is conducted by a facility designee.

**Mandatory Reporting**

Any employee or agent who finds or suspects prohibited conduct as set forth herein must immediately report the conduct to the facility Administrator or designated Compliance Officer.

**Confidential Reporting**

Any employee or agent of the facility may report conduct that may be in violation of this policy through the facility's confidential reporting "hotline" number.



## CALL LIGHT

### **PURPOSE:**

To respond to resident's request and needs.

### **EQUIPMENT:**

1. Functioning call bell.
2. Hand bell, where indicated.

### **PROCEDURE:** Done by all staff.

1. Answer light **promptly**. Staff from all departments can answer call lights.
2. Be courteous and polite when entering room, knock on door. Call resident by name.
3. Turn off call bell and be sure it is in reach for next use.
4. Inquire what resident needs. Do not make him feel you are too busy to help.
5. Respond to request. If request is out of your role, inform resident you will get assistance and inform Charge Nurse.
6. If call bell is defective, report immediately to Maintenance and make out work order. Provide hand bells until repairs have been made.
7. Place within reach of resident. That includes when the person is out of bed, eating in bed or anywhere near the call bell system in the room.
8. Pressure sensitive call bells are available from the maintenance department if resident cannot operate standard call bell.

Reviewed: 6/7/2011



## **SMOKING/TOBACCO GUIDELINES**

It is the policy of this facility to regulate resident smoking in accordance with Federal and State regulations. The facility is committed to ensure that smoking activities remain safe, and do not infringe upon health, safety, welfare or rights of others.

### **PURPOSE:**

1. To ensure a safe environment.
2. To protect the rights of non-smoking residents, visitors and staff, as well as the health and safety of all residents.
3. To take proper safeguards against the fire hazards involved in smoking.
4. To provide an assessment tool to determine smoking practices.

### **GUIDELINES: All Personnel**

1. The smoking policy will be posted in a conspicuous place and in a legible format so that residents, visitors and staff may easily read it.
2. Smoking is not permitted in resident rooms at any time.
3. Smoking is not permitted in or around areas oxygen is in use. These areas will be posted with "NO SMOKING" signs.
4. Smoking is not permitted in a room or around areas where flammable liquids, combustible gases are used or stored, or in other hazardous locations. These areas will be posted "NO SMOKING" signs.
5. Ashtrays of noncombustible (metal) material with self-closing covers and safe design will be provided in the Restricted Resident Smoking Areas.
6. All smoking materials must be stored at the nurses station or front desk and will be distributed to residents at appropriate times. All smoking materials will be returned to nurses station or front desk from return from smoking.

The following times are designated for resident smoking:

9:00 AM – 9:20 AM

2:15 PM – 2:35 PM

7:00 PM – 7:20 PM

7. Residents will smoke only under direct supervision by a staff member in the designated smoking area, in courtyard under the smoking tent as deemed appropriate by smoking assessment. Interventions are in place to ensure the resident's safety. Resident cognition and safety awareness are assessed upon admission and reviewed during routine and significant status MDS/Care Plan review. Smoking aprons are available for those recognized with smoking safety issues. These are located at the designated smoking area. Fire blankets are at front desk and resident designated smoking area.
8. Resident's families/or visitors are not permitted to smoke inside the facility at any time. All staff is restricted from smoking inside the facility.

Resident's Family members and/or visitors are permitted to supervise that resident while smoking. It must be outside of the facility. Personal smoking materials may be retrieved at the nurses station on each wing or front desk; and returned to the nurses station. Only 1 to 2 cigarettes will be given to the resident's at each smoking time. **This includes all tobacco/e-cigarette products.**

9. The following guidelines are to be followed anytime a resident is found smoking in a non-designated area:
  - a. Remove all smoking material from the resident's room and the resident and place it in the locked Medication Room on his/her wing as per facility policy.
  - b. Re-educate the resident of the Facility's Smoking Policy and document in Social Service or Nurses Notes that the resident was re-educated on the Policy. Document on Resident Education Record.
  - c. Charge Nurse or designee will be responsible for searching resident belongings at that time, make a notation in the Nurses Notes that all smoking material was removed from the resident's room.
  - d. Notify the Social Worker assigned to the resident regarding the incident so that he/she would further discuss this with resident.
  - e. Notify all staff assigned to that wing regarding this incident and the need for them to monitor frequently for any further reoccurrence.
  - f. Social Worker to contact family/friends with a request to assist us in this situation by not providing smoking material to the resident.
  - g. The Administrator and Director of Safety should be notified immediately when any signs of "smoking" occur in non-designated smoking areas.

### **e-Cigarettes**

#### **GENERAL INFORMATION**

Although Electronic cigarettes (e-cigarettes) have not been approved by the FDA to date and amid controversy as to their safety, they have become very popular and readily available in the marketplace. Three main types are available with variations within these groups regarding levels of potency, replaceable parts and maintenance requirements.

### ALLOWABLE

1. The "Minis" are simple "disposable" devices that contain a small battery and nicotine chamber that can be readily found in gas stations, retail stores, etc. Their batteries are not rechargeable and the nicotine chamber cannot be re-filled. Once the device delivers the set number of "puffs" of vapor, they are thrown away in the regular trash.

The tubular e-cigarette device with red-colored LED at the end is activated when there is a change in pressure within the device such that occurs with inhalation. They can be confused with a tobacco cigarette and therefore, in this facility use of these devices is treated exactly like a tobacco cigarette. These disposable, non-rechargeable, non-refillable devices are the only e-cigarettes permitted to be "smoked" in designated areas of this facility.

### NOT-ALLOWABLE

2. The second type, mid-sized versions have more powerful batteries that can be recharged or replaced and the liquid nicotine cartridges can be refilled. These types include the "e-GO" as an example. These are NOT permitted to be used in the facility.
3. The more complex APV (Advanced Personal Vaporizers) are the third general type. These types are more complicated devices that contain increasingly powerful batteries that can be replaced or recharged, and have replaceable or refillable liquid nicotine cartridges. These types of e-cigarettes are not permitted in the facility.

REVIEWED: 3/24/2014

Revised: 11/21/2017

Revised; 4/10/2018

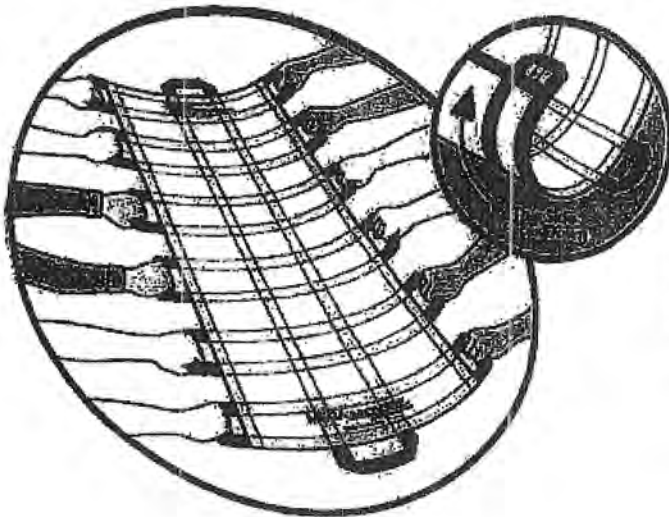
# MEGA MOVER®

portable transport unit

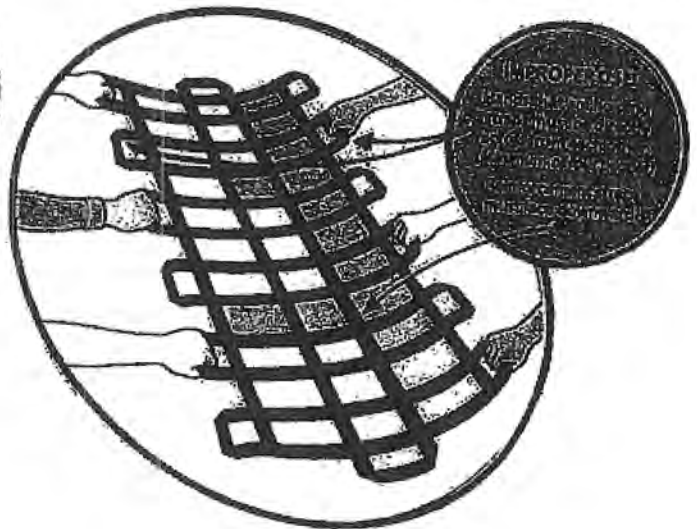
## Item #51926 MegaMover® Portable Transport Unit

### Instructions for Use

The MegaMover® Portable Transport Unit is rated to transport up to 1000 pounds (454 kg). The unit must be placed so handle support straps are to the side opposite the patient. The MegaMover® Portable Transport Unit is for use by professional staff for lifting and transporting/transferring patients. It is recommended to use at least 4 people to provide safe transport/transfer, thus reducing the possibility of accident or injury. Grab handles in line with the people lifting on opposite side of the unit - **do not "Cross-Handle"**. The MegaMover® Portable Transport Unit is not designed for use when there is a need for spinal stabilization or traction of the patient being transported.



Proper Grasping



Improper Grasping  
(Cross-Handle)

The MegaMover® Portable Transport Unit is intended for limited use. If the unit is damaged, frayed, cut or soiled replace with new unit.

- Do Not use if MegaMover® is punctured, torn, frayed, or excessively worn
- Do Not Machine Wash or Dry
- Avoid contact with sharp objects
- Clean soiled Megamover® with damp cloth. Soap, detergent or disinfectant can be used.
- Only use handles for lifting
- Use care to ensure grip is secure prior to lifting
- Do Not store in contact with heat source greater than 200° F
- Avoid dragging over rough surfaces
- Use minimum of 4 people to lift patient
- Do Not attach to mechanical lifts

graham   
medical

Made in China Rev 7-15



Little Rapids Corp.  
2273 Larsen Road  
Green Bay, WI 54307  
1-800-538-6765  
1-920-494-7877 Fax  
[www.grahammedical.com](http://www.grahammedical.com)







Attachment A

### RESIDENT CONCERN/COMPLIMENT FORM

**INSTRUCTIONS:** Residents, their Representatives, Family Members, or advocates may file a concern with the Administrator without fear or threat or reprisal in any form. Please fill in this form and submit it to the Charge Nurse who will see that it is forwarded to the Social Worker, who will assign a facility representative to investigate. You will be provided with an oral response of our findings as outlined within not more than 5 working days.

Name of Person filing the concern /compliment: \_\_\_\_\_

Relationship: \_\_\_ Resident \_\_\_ Family Member \_\_\_ Power of Attorney \_\_\_ Guardian \_\_\_ Visitor \_\_\_ Employee

Resident Name \_\_\_\_\_

Rm# \_\_\_\_\_

Date the event occurred: \_\_\_\_\_

Describe the nature of the issue/event/concern/compliment (be specific), use reverse side if additional space is needed.

What actions or recommendations do you feel need to be taken?

DATE: \_\_\_\_\_ Signature (person filling concern/compliment) \_\_\_\_\_  
OFFICIAL USE ONLY Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

# INVENTORY LIST

ON DISCHARGE	Belts	T.V. - Ser. #:	Dentures: <input type="checkbox"/> Upper	ACQUIRED AFTER ADMISSION
	Blouses	Radio - Ser. #:	<input type="checkbox"/> Lower <input type="checkbox"/> Partial	
	Coats	Hair Dryer	Eye Wear	
	Dresses	Electric Razor	Cane	
	Gloves		Walker - Ser. #:	
	Hats		W/Chair - Ser. #:	
	Housecoats - Robes		Brace	
	Jackets	Ring (Describe)		
	Nightgowns - Pajamas	Watch (Describe)		
	Purses			
	Shaving Kit	Other		
	Shoes			
	Shorts			
	Slacks			
	Slippers			
	Slips			
	Socks/Hose			
	Suitcases			
	Suits			
	Sweaters			
Ties				
Undershirts				
Underwear				

received on discharge in satisfactory condition the above articles and a copy of this list.  
Disposition of belongings:

Signature of Patient/Resp. Party \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Facility Representative \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Patient/Responsible Party is responsible for assuring that all personal belongings are properly marked. All items acquired after admission are added to this inventory at the request of Patient/Responsible Party.

ON ADMISSION	Belts	T.V. - Ser. #:	Dentures: <input type="checkbox"/> Upper	ACQUIRED AFTER ADMISSION
	Blouses	Radio - Ser. #:	<input type="checkbox"/> Lower <input type="checkbox"/> Partial	
	Coats	Hair Dryer	Eye Wear	
	Dresses	Electric Razor	Cane	
	Gloves		Walker - Ser. #:	
	Hats		W/Chair - Ser. #:	
	Housecoats - Robes		Brace	
	Jackets	Ring (Describe)		
	Nightgowns - Pajamas	Watch (Describe)		
	Purses			
	Shaving Kit	Other		
	Shoes			
	Shorts			
	Slacks			
	Slippers			
	Slips			
	Socks/Hose			
	Suitcases			
	Suits			
	Sweaters			
Ties				
Undershirts				
Underwear				

certify that this is a correct list of my clothes and belongings which I wish to retain in my possession and for which I take ENTIRE RESPONSIBILITY. I have received a copy of this list.

Signature of Patient/Resp. Party \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Facility Representative \_\_\_\_\_ Date \_\_\_\_\_

the patient is unable to sign, state reason: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

PATIENT NAME-LAST	FIRST	MIDDLE	HOSP. NO.
			ROOM NO.

**RESIDENT ABUSE and NEGLECT  
PREVENTION PROGRAM**  
Including Mandatory Reporting under the  
Elder Justice and the Adult Protective  
Services Acts



**Policies, Guidelines and Educational  
Tools**

**General Policy Statement:**

Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, misappropriation of property, and involuntary seclusion. To this end, every resident in the facility shall be treated with consideration, respect and full recognition of his/her dignity and individuality. Management and staff are jointly and individually responsible to ensure each resident shall be free from abuse, neglect and misappropriation of property. This facility has a plan in place to assure appropriate steps are taken to protect each resident from mistreatment, neglect, abuse and misappropriation of property.

Every complaint or allegation of resident abuse or neglect shall be promptly reported to the immediate Supervisor of the area, and the Administrator and/or his/her designee. Each report shall be treated promptly and with discretion, with the following priorities of concern:

- Protection of the person and rights of the resident (alleged victim);
- Compliance with pertinent laws and regulations;
- Protection of the rights of the alleged abuser, whether employee, contractor, volunteer, visitor, another resident or other individual;
- Maintenance of order and smooth operation of the facility.

The facility has set forth the following policies and procedures. Included in this Resident Abuse and Neglect Prevention Program are the components of: Screening, Training, Prevention, Identification, Investigation, Protection, Reporting and Conclusion of the Investigation. Education Tools are provided for reference and staff education purposes.

- I. **Abuse and Neglect Prevention**
  - Staff Treatment of Residents and Rules of Conduct
  - Screening of New/Potential Employees
  - Screening Potential Residents
  - Resident and Staff Education and Training
- II. **Identification and Investigation**
  - Injuries of Unknown Origin
  - Allegations of Abuse
  - Protection of Residents
  - Additional Guidelines for investigation
- III. **Reporting Procedures**
  - Local Authorities, Department of Health
  - Elder Justice Act
- IV. **Conclusion of Investigation**
- V. **Educational Materials and Resources**

**Definitions:** (Source: 28 PA Code, §201.3 and CFR §483.13(b) Abuse State Operations Manual Appendix P) and PA Department of Health, Division of Nursing Care Facilities, Electronic Event Reporting System Update, November 13, 2012).

The following definitions are applied when determining whether resident abuse, neglect, or misappropriation of property has occurred.

**When multiple definitions are available to providers, defer to the most stringent definition which does not require intent for an act to meet the definition of abuse.**

### **ABUSE**

- (42CFR 483.13(b) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301);
- (28 PA Code 201.3) "Abuse" is the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or 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.
- Interpretation – This presumes that instances of abuse of any or all residents, even those in a coma, cause physical harm, or pain or mental anguish.

**Types of Abuse:** The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

**Physical Abuse:** Includes hitting, slapping, pinching and kicking. The use of physical force that may result in bodily injury, physical pain, or impairment. The term also includes controlling behavior through corporal punishment.

**Verbal Abuse:** Refers to any 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. Examples include threats of harm or saying things to frighten a resident.

**Sexual Abuse:** Includes, but is not limited to, sexual harassment, sexual coercion, sexual assault or rape.

**Sexual contact or assault** that results from threats, force or the inability of the person to give consent, and involving a range of activities.

**Misuse of Restraints:** Chemical or physical control of the individual receiving services beyond physician's orders, not in accordance with physician's orders or not in accordance with accepted standards of professional practice.

- **Chemical restraint:** Any drug that is used for discipline or convenience and not considered accepted professional practice to treat medical or behavioral symptoms.
- **Physical restraint:** Any manual method or physical or mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body.

**Mental, Emotional or Psychological Abuse:** The verbal or nonverbal infliction of anguish, pain, or distress that results in mental or emotional suffering. Includes humiliation, harassment, threats of punishment or deprivation.

### **NEGLECT**

- (483.13(c) is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).
- 28 Pa Code 201.3 defines neglect as the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
- Act 13 of 1997 defines Neglect as the "willful" deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
- **Interpretation** - Neglect refers to failure through inattentiveness, carelessness, or omission to provide timely, consistent, safe, adequate, and appropriate services, treatment and care, including but not limited to: nutrition, medication, therapies, and activities of daily living. The absence of reasonable accommodations of individual needs and preferences may result in resident neglect. A finding of neglect must not be made if the accused individual demonstrates that such neglect was caused by factors beyond the control of the individual.

**Abandonment:** The desertion of an individual receiving service by any person who has assumed responsibility for providing care or by a person who has physical custody of that individual.

**Misappropriation of Property (Financial or Material Exploitation):**  
Means the deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.

Additionally, illegal or improper use of an individual's funds, property, or assets without informed consent and resulting in monetary, personal, or other benefit, pain, or profit for the perpetrator; or monetary or personal loss by the individual.

**Involuntary Seclusion:** Means separation of a resident from other residents, from his or her room, or confinement to his or her room (with or without roommates) against the resident's will or the will of the resident's legal representative and/or inappropriately

locked rooms, wards or environmental mechanisms that prohibit the resident's free movement.

Emergency, Short-Term or Temporary, individually monitored separations from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic measure to reduce agitation as determined by professional staff and consistent with the resident's plan of care, or until professional staff can develop a plan of care to meet the resident's needs.

## **Section I. Abuse and Neglect Prevention**

### **Staff Treatment of Residents and Rules of Conduct**

**Policy:** It is the policy of this facility that all residents will be treated with kindness, dignity and consideration. Employees have a responsibility to the facility, the residents and their co-workers to conduct themselves accordingly.

The purpose of the following rules of conduct is not to restrict the rights of any one individual, but rather to assure fair and consistent treatment of every employee.

Violation of these rules, including but not limited to the following, will be subject to disciplinary action, up to and including immediate termination according to the facility Personnel Policies.

#### **Rules of Conduct:**

- \* Employees are expected to provide appropriate and quality care to the residents according to training and facility policies/procedures.
- \* Employees are expected to treat residents with kindness, dignity, consideration and respect.
- \* Employees are expected to reasonably protect and safeguard residents' money and personal property, about which the facility is aware.
- \* Employees are expected to immediately report any event, incident or other concern that may be related to potential abuse, neglect or violation of resident rights.
- \* Negligence or willful inattention to resident needs, privacy or preferences as specified in the plan of care is unacceptable.
- \* Activities not listed above but which are of a very serious nature may be grounds for disciplinary action, up to and including immediate termination.

Any finding following an investigation of substantiated resident abuse shall be interpreted as cause for immediate termination.

## Screening of New/Potential Employees

**Policy:** It is the policy of this facility to screen potential employees for a history of abuse, neglect, mistreatment or misappropriation of property as defined by applicable requirements of CFR 483.13(c)(1)(ii)(A) and (B). All reasonable efforts will be made by the facility to obtain information from previous and/or current employers in an attempt to screen for history of abuse, neglect or mistreatment of residents.

The facility will not employ any individual who:

- A. Has been found guilty of abuse, neglect, or mistreatment of a resident by a court of law
- B. Has had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of a resident or misappropriation of resident property.

### Procedure:

1. A Criminal Background Investigation will be conducted on all prospective employees utilizing the State Police, and FBI if required. This includes, but is not limited to contacting the State's Nurse Aide Registry, monitoring the State's Nurse Aide Annotation listing, and verification of professional licensure status. If any substantial history of criminal or abusive conduct is discovered, or prohibited criminal offenses identified, employment will be denied. Each investigation is conducted individually and employment is based upon individual results. The check will be initiated prior to the employee's date of hire.
  - A FBI Background Investigation is required if the potential candidate has not resided in the state of Pennsylvania for the past two years.
  - Criminal history during employment may also be checked through the PA Unified Judicial System Public Website by accessing the following:  
<http://ujportal.pacourts.us/default.aspx>, if there are reports or suspicions of criminal activity or as circumstances may indicate.
2. Results of Criminal Background Investigation shall be available within 30 days of hire for State Police reports, and within 90 days for FBI reports. New employees shall not be permitted to continue working if the report results are not received within the appropriate time frame. Return to duty shall be dependent upon receipt of an acceptable background investigation.
3. Verification of current Pennsylvania professional licensure status or Nurse Aide Registry with a copy of a valid certification, registry number or professional license is required prior to the first day of employment.
4. Potential employees shall be required to provide at least three (3) references on the application for employment. The three references will be a combination of work or personal.
5. Drug Testing shall be conducted for all new employees prior to new hire to prevent hire of drug seeking and or drug impaired caregivers.
6. Sex Offenders National Registry Search is conducted for all new employment candidates prior to offering of a position to screen for any potential violations that may appear within Pennsylvania or other states, which may be missed if candidate was a resident of Pennsylvania for 2 years as the PATCH criminal background check is limited to the Commonwealth of Pennsylvania findings.

7. A search for EXCLUDED parties is conducted for all new employment candidates to determine any individual who may have offenses nationally which may EXCLUDE them from participation in federal programs. These sources are:
  - a. Office of Inspector General – List of Excluded Parties (LEIE)
  - b. Office of General Services – Excluded Parties Listing Service (EPLS)
  - c. Pennsylvania Medichcek – PA Medicaid

### **Screening of Potential Residents**

**POLICY:** This facility screens all potential residents prior to admission in an attempt to determine whether the individual's needs can be appropriately addressed and met in the facility.

The facility will not admit individuals who have been determined through the screening process to pose a significant potential for harm to themselves or to others.

### **PROCEDURE:**

1. Pre-Admission Screening (PASARR-ID) for mentally ill individuals and individuals with mental retardation is conducted for each candidate for admission. The facility will not admit an individual who has been determined as requiring services that cannot be provided by the facility.
2. National Sex Offenders Database: for screening of potential violators that may be a concern for admission for interaction with other facility residents.

**Additional Reference:**



## Employee Abuse Prevention and Training

**Policy:** This facility has implemented a program of education designed to train employees in the prevention and recognition of resident abuse, neglect and misappropriation..

Orientation and annual training will include abuse prohibition practices such as:

1. Definitions and examples of abuse, neglect and misappropriation of resident property;
2. Staff responsibilities to report their knowledge related to allegations without fear of reprisal;
3. Response to reports of abuse, neglect and misappropriation of resident property;
4. Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents;
5. How to recognize signs of burnout, frustration and stress which may lead to abuse; and
6. Resident Rights

### Procedure:

1. All new employees are required to attend an Orientation Program, which includes a minimum of two (2) hours of training related to Abuse & Neglect Prevention, Identification/Reporting of Abuse and Techniques for Caring for the Cognitively Impaired Resident.
  - Agency and/or contract staff will read and acknowledge receipt of the facility Abuse Prevention Program General Policy Statement and Allegation, Suspicion or Witnessed Abuse, Neglect or Misappropriation Intervention and Reporting policies prior to the initiation of services.
2. The Employee signs a statement of receipt of education once completed, which is then maintained in the employee file.
  - Continuing in-service education training programs related to Abuse & Neglect Prevention, Identification and Reporting are presented to all employees on an on-going basis. Program attendance for all facility staff is a minimum of two (2) hours annually for all employees and independently contracted individuals providing service directly to residents without direct observation from a facility employee.
  - The General Assembly of the Commonwealth of Pennsylvania passed Act 13 of 1997 amending the Older Adult Protective Services Act of 1987 to require mandatory reporting of abuse and neglect of the elderly.
  - Act 14 requires successful completion of state-approved training and evaluation programs to be employed as a nurse aide in nursing facilities in Pennsylvania. This Act requires abuse prevention training to be part of the nurse aide training curriculum and extended to be part of regular annual in-service education.
  - The Department of Education requires nurse aides in Pennsylvania to attend a cumulative of two (2) hours of training on Abuse & Neglect Prevention, Identification and Reporting / Techniques of Caring for the Cognitively Impaired Resident .
  - Section 6121 of the Patient Protection and Affordable Care Act (PPACA) of 2010, which amended Sections 1819(f)(2)(A)(i)(I) and 1919(f)(2)(A)(i)(I) of the Social Security Act, clarifies that nurse aide training includes initial and annual dementia management and patient abuse prevention training for all nurse aides.

- A new regulation requires that one hour of in-servicing be presented on techniques for caring for the cognitively impaired resident to all staff because of the prevalence of this condition in resident populations.

### **Resident Education**

**Policy:** Residents and their responsible party are informed on admission regarding the signs and symptoms of abuse and neglect and ways in which they and their family members can support detection and prevention efforts. They are encouraged to immediately report all concerns to the Charge Nurse, RN Supervisor, Social Worker, Director of Nursing and/or the Administrator without fear of retribution.

**Procedure:**

1. In discussion of Residents' Rights on admission, residents, legal representatives and/or family members will be advised of the resident's right to protection from abuse. Provision of abuse and neglect information and reporting information will be included in the resident admission packet.
2. The State's Toll-free number to report abuse and the number of the local Ombudsman are posted in a location(s) readily accessible to residents and the public.
3. Periodic resident re-education is conducted during Resident Council, Care Plan Conferences, and/or Family Conferences. Residents, families and staff are encouraged to report concerns, incidents and grievances without fear of retaliation.

### **Systems for Identification of Potential Abuse, Neglect or Misappropriation**

**Policy:** The facility makes every reasonable effort to create and maintain a proactive approach to identify events and occurrences that may constitute or contribute to abuse and neglect. Systems are implemented, periodically re-evaluated or revised in order to further prevent situations that may lead to, or in fact be determined as abusive. The following are examples of these efforts:

- Quality Assurance and Improvement Program;
- Periodic Resident/Consumer Satisfaction Surveys;
- Ongoing education to report resident concerns, complaints or grievances immediately to the Charge Nurse, Director of Nursing, Social Worker and/or the Administrator;
- An active program of rounds by Department Heads, Supervisors, Director of Nursing and Administrator;
- Regular and periodic review of incident reports and concerns/complaints for trends within the facility or with individual caregivers. Any caregiver with a "suspicious" trend with resident incidents will be monitored closely by a licensed nurse or supervisor of the area;
- Development of action plans to address identified trends related to incident reports and concerns/complaints;

- Aggressive and complete investigation of suspicious deaths, allegations of sexual assault, physical injuries resulting from alleged abuse, misappropriation of resident property, and injuries of unknown origin to determine a reasonable or probable cause;
- Monitoring the publication of periodic updates to the Pennsylvania Nurse Aide Annotation list
- Employee handbook as well as the facility Code of Conduct both contain non retaliation statement related to reporting of abuse ,neglect, fraud, or other areas related to violation of policies or code of conduct

## **II. IDENTIFICATION AND INVESTIGATION OF SUSPECTED ABUSE/NEGLECT/MISAPPROPRIATION**

### **Bruises and/or Injury of Unknown Origin**

**Policy:** The facility will investigate bruises/marks of unknown origin for identification of possible abuse.

**Procedure:** Marks/ bruises will be reported to the Charge Nurse upon discovery

1. An Incident Accident Report will be initiated by the Charge Nurse; an investigation is initiated to rule out the possibilities of abuse. **Refer to the Policy: Incident/Accident Investigative Reports.**

### **Allegation, Suspicion or Witnessed Abuse, Neglect or Misappropriation Intervention and Reporting**

**Policy:** Any individual(s) observing an incident of abuse or suspects abuse has a responsibility to intervene immediately so that the safety of the resident can be ensured

All management and staff are jointly and individually responsible to ensure that any complaint, allegation or suspicion of abuse, or witnessed resident abuse is reported immediately to the supervisor of the area.

**Any confirmed intentional act or omission, which impedes the enforcement of this policy, is subject to administrative review and disciplinary action, up to and including immediate termination.**

**The following are examples of such acts:**

1. **Failure to Report Abuse:** A circumstance in which an individual sees or hears resident abuse, or is told of the existence of resident abuse, and who fails to report the situation to the immediate supervisor or Administrator.
2. **Failure to Cooperate with an Abuse Investigation:** The refusal of an individual to answer truthfully the questions of a person properly designated to investigate allegations of resident abuse, or the questions of the police or a hearing officer adjudicating a resident abuse case.

3. **Interference with a Resident Abuse Investigation:** Any threat of harm or offer of reward through which an individual attempts to persuade a witness in a resident abuse case not to cooperate with an investigation, lie or not to testify at a resident abuse hearing.

**Procedure:**

1. Assess and preserve the scene while taking action(s) to immediately separate and protect the resident from alleged abusive situation.
2. Further assess resident for need of immediate first aid or care for any injuries inflicted by the alleged incident. This includes physical care as well as emotional support to the resident and any others who may have witnessed the alleged incident.
3. The individual(s) who witnesses the incident of abuse or suspected abuse will immediately report the incident to the Charge Nurse or immediate supervisor of the area.
4. **Upon receiving a report of abuse or alleged abuse, the Charge Nurse or supervisor of the area shall immediately notify the RN Supervisor, who will respond to the location, examines the resident and begin an investigation.**

**NOTE: For the following types of abuse, refer to the specific guidelines located at the end of this section:**

Serious Bodily Injury (Substantial Risk of Death);  
Serious Physical Injury (Severe pain or impairment);  
Sexual Assault or Rape; and  
Suspicious Death or Accidental Death  
Misappropriation of Money or Personal Property

- a. **The following information should be included in the initial verbal and subsequent written report:**
  - i. The name of the resident(s) involved
  - ii. The date and time the incident occurred
  - iii. The exact location of the incident
  - iv. The name(s) of the alleged perpetrator(s) and contact information
  - v. The name(s) of any witnesses to the incident and contact information
  - vi. A statement will be obtained from the resident(s) if he/she is interviewable. [The RN Supervisor and/or Social Services will interview the resident
  - vii. A description of the incident as witnessed
  - viii. Any other pertinent information which may be useful to the investigation.
5. **The RN Supervisor will notify** the appropriate personnel of the incident. This shall include but is not limited to:
  - a. Director of Nurses or Assistant Director of Nurses – Immediately.
  - b. Administrator - Immediately.
  - c. Attending physician - Immediately or as directed by the Administrator, Director of Nurses or Assistant Director of Nurses (e.g. next A.M. if immediate notification is not warranted based upon the allegation, signs of injury, time and type of allegation made).
  - d. Responsible Party – Immediately or as directed by the Administrator, Director of Nurses or Assistant Director of Nurses (e.g. next A.M. if immediate notification is not warranted based upon the allegation, signs of injury, time and type of allegation made).

- ix. **The Administrator, Director of Nursing or designee will inform resident and the resident's representative that there will be a complete investigation of the incident or allegation and that the resident will be safe and free of retaliation.**
  - e. Director of Social Services – Immediately or as directed by the Administrator, Director of Nurses or Assistant Director of Nurses (e.g. next A.M. if immediate notification is not warranted based upon the allegation, signs of injury, time and type of allegation made). Follow-up emotional support will be provided by Social Service staff as needed.
6. **An incident report will be completed**, documenting the alleged abuse, results of the physical examination and any physical injuries noted to the resident. Medical treatment will be provided as indicated and directed by the Attending physician.
- a. Documentation of the alleged abuse, physical injuries noted, orders received from the physician, and all notifications will be made in the progress notes of the resident record by a licensed nurse.

### **Investigation of Allegation of Abuse, Neglect or Misappropriation and Resident Protection**

**Policy:** Immediately upon discovery of an allegation of abuse or situation with the potential for abuse or harm, the facility will take all reasonable measures to separate the alleged perpetrator from access to the alleged victim. Based upon the severity of the claim or situation, the following remedies are available for separation.

Upon receiving a report of abuse or alleged abuse, RN Supervisor, DON/ADON or Administrator will begin the investigation.

#### **Procedure:**

##### **Resident Protection:**

1. **An Abuse Suspect will be informed of the accusation and will be ordered to leave the area immediately and escorted under supervision to a non-resident location.**
  - a. A written statement will be obtained from the suspect.
  - b. The abuse suspect will not be permitted to leave the facility without the authorization of the Administrator or his/her designee.
2. **Any employee(s) identified as the alleged perpetrator(s) will be placed on immediate automatic suspension pending the outcome of the investigation.**
  - a. Upon notification of abuse, the staff member is immediately suspended pending the outcome of the investigation.
  - b. Upon conclusion of the investigation, the employee will return to work and receive back pay if the results of the investigation prove to be false or allegations unable to be substantiated.
  - c. Upon conclusion of the investigation, the employee will be disciplined up to and including termination if the allegations of the investigation are substantiated.
  - d. The facility will notify the Department Of Health through the event reporting system and use of the PB-22, Area Agency on Aging, and if required Protective Services, the (local) Police and Pennsylvania Department of Aging.
  - e. All information regarding the alleged accused employee will be kept confidential to protect the employee's job and reputation.

3. **If the alleged perpetrator / suspect is a contractor's employee, volunteer or visitor, the supervisor of the area will do the following and notify the Administrator and Director of Nursing of the actions taken:**
  - a. Obtain their full name, address (positive identification is required such as a driver's license) and telephone number where they can be contacted;
  - b. Obtain a written statement and
  - c. They should be ordered to leave the facility immediately.
  - d. **In the case of a contractor's employee**, notify the contractor that a replacement must be provided, the accused may not be assigned to the facility and the contract will be adjusted for any lost time.
  - e. **In the case of a volunteer**, the individual will be barred from participating in the volunteer program and shall not return to the facility.
  - f. **In the case of a family member or other visitor**
    - i. The case will be reviewed by the Administrator, Director of Nursing and Social Services to investigate the rights of the individual for future visitation.
    - ii. If the person must be allowed future visitation rights, arrangements must be made for staff-supervised visits; otherwise such visits should be barred.
    - iii. If the person must be allowed future visitation rights, a meeting will be scheduled with the Administrator, Director of Nursing and/or Social Services, the local Ombudsman and resident or resident's legal representative to review rights and restrictions.
4. **The Administrator, Director of Nursing or designee will inform the individual(s) implicated in the abuse that the facility is required to report the allegation and submit a written report of investigation**, whatever the outcome to the Department of Health and Area Agency on Aging. The individual(s) implicated will also be informed if Pennsylvania Department of Aging or local law enforcement must be notified. The accused employee or other involved party will be required to refrain from all contact with the resident involved during the course of the investigation and pending the completion of the investigation.

**Investigation:**

1. **Upon receiving information concerning a report of abuse, the Director Of Nursing or Assistant Director of Nursing will inform the Social Services Department.**
  - a. A representative from Social Services will visit the resident immediately [during non-business hours, this visitation may be delegated to the RN Supervisor with a follow-up visit by Social Services representative as soon after the event as possible] to provide reassurance and support and address the resident's psychosocial needs related to the alleged incident. Documentation of this visit(s) and the resident's response shall be made in the progress notes.
  - b. The Interdisciplinary Team will initiate a Plan of Care addressing the impact of the incident on the resident's psychosocial status and update the care plan regarding other care and services as necessary.

2. **The Administrator will coordinate an investigative team** consisting of:
  - a. Administrator;
  - b. Director of Nursing Service;
  - c. Social Services Worker / Social Services Director; and
  - d. Medical Director/Attending Physician, as determined necessary
3. **The Investigative Team's investigation shall consist of:**
  - a. A review of the completed Incident/Accident Report;
  - b. An interview/statement of the individual(s) reporting the incident;
  - c. Interviews/statements from any witnesses to the incident;
  - d. Interview/statement from the resident (victim);
  - e. A review of the resident's (victim's) medical record;
  - f. Interview/statement(s) from staff members having contact with the resident during the time of the alleged incident;
  - g. Interview/statement(s) from the resident's roommate(s) if able;
  - h. A review of all circumstances surrounding the incident; and
  - i. A review of emergency room or hospital reports, police reports, x-rays, photographs, surveillance videos and any other official documentation received regarding the incident as available.
4. **The Director of Nursing Services, Administrator or Social Services designee will keep the resident and/or his/her representative informed of the progress of the investigation.** During these encounters, the Director of Nursing, Administrator or Social Services designee will ensure there has been no retaliation for the reported allegation.

#### **ADDITIONAL GUIDELINES FOR SPECIFIC SITUATIONS**

##### **RN SUPERVISOR STEPS TO FOLLOW FOR SUSPICIOUS OR ACCIDENTAL DEATH:**

1. Report it immediately to the Charge Nurse (a licensed nurse on the nursing unit);
2. The Charge Nurse will **immediately notify the RN Supervisor;**
3. **The RN Supervisor will immediately notify the following:**
  - a. **Administrator**
  - b. **Director of Nursing**
  - c. **[insert local police name] at 911**
  - d. **Attending Physician -**
  - e. **Facility Security, if applicable**
4. **The Administrator or Director of Nursing will immediately notify (or direct the RN Supervisor to notify) the following:**
  - a. **Responsible Party / Legal Representative** - informing them only that there has been "an unexpected death of their loved one." Do not provide any further specific details as your information may not be accurate or complete. If they request more specific details or information offer to have the Administrator or Director of Nursing call them back.
  - b. **Medical Director**

- c. **Coroner**
5. **To preserve the Accident / Crime Scene and maintain evidence**
  - a. **Do not touch or move the resident, clothing, bedding or any items in the room.**
  - b. **If there is a roommate(s) in the room, pull the privacy curtains around the roommate(s) area, but do not disturb the area surrounding the deceased resident.**  
[If necessary, you may need to arrange to have the roommate(s) temporarily relocated to another room / bed until the area has been released for re-entry by the police. If relocation is necessary, provide emotional support and comfort to residents needing temporary relocation.]
  - c. **Do not permit anyone into the resident's room (other than those persons authorized to provide care to the roommate) until the police arrive.**
6. **Complete an Incident Report and obtain witness statements as noted in the routine investigation of abuse and incident/accident procedures.**
7. **Upon arrival of the Police and Coroner, they will take over handling the investigation.**



### ADDITIONAL GUIDELINES FOR SPECIFIC SITUATIONS

#### **RN SUPERVISOR STEPS TO FOLLOW FOR SERIOUS PHYSICAL INJURY OR BODILY HARM:**

1. Report it immediately to the Charge Nurse (a licensed nurse on the nursing unit);
2. The Charge Nurse will **immediately notify the RN Supervisor**;
3. The Charge Nurse will remain with the resident and provide immediate first aid and comfort until Emergency Services Arrives;
4. **The RN Supervisor will immediately notify the following:**
  - a. **Emergency Services (Ambulance) - Call 911**
  - b. **[Insert local police name] or 911**
  - c. **Administrator**
  - d. **Director of Nursing**
  - e. **Attending Physician -**
  - f. **Facility Security, if applicable**
  - g. **Responsible Party / Legal Representative** - informing them only that there has been "a serious injury sustained by their loved one and that Emergency Services has been called to take the resident to the hospital Emergency Room." Do not provide any further specific details as your information may not be accurate or complete. If they request more specific details or information offer to have the Administrator or Director of Nursing call them back.
5. **To preserve the Accident / Crime Scene and maintain evidence**
  - a. **Do not touch or move the resident, clothing, bedding or any items in the room, only touching the resident sufficiently to provide emergency first aid and comfort until EMS arrives.**
  - b. **If there is a roommate(s) in the room, pull the privacy curtains around the roommate(s) area, but do not disturb the area surrounding the resident.**
  - c. **Do not permit anyone into the resident's room (other than those persons authorized to provide care to the resident or roommate).**
6. **Complete an Incident Report and obtain witness statements as noted in the routine investigation of abuse and incident/accident procedures.**
7. **Upon arrival of the Emergency Services and the Police, they will take over handling the situation and investigation.**

### ADDITIONAL GUIDELINES FOR SPECIFIC SITUATIONS

#### **RN SUPERVISOR STEPS TO FOLLOW FOR ALLEGATIONS, ACTUAL or SUSPECTED SEXUAL ASSAULT OR RAPE**

Allegations, actual or suspected sexual assault or rape will immediately be reported to the RN Supervisor

1. Report it immediately to the Charge Nurse (a licensed nurse on the nursing unit);
2. **The Charge Nurse will immediately notify the RN Supervisor;**
3. **Separate the involved parties immediately;**
4. The Charge Nurse and another nursing staff person to remain with the "victim" to provide comfort and support;
5. **The RN Supervisor will immediately notify the following:**
  - a. **Emergency Services (Ambulance) - Call 911**
  - b. **[Insert local police name] Call 911**
  - c. **Administrator**
  - d. **Director of Nursing**
  - e. **Attending Physician -**
  - f. **Facility Security, if applicable**
  - g. **Call the Area Agency on Aging through the after hours Help Line @ [insert number] to report the incident as well as request that the Sexual Assault Response Team -S.A.R.T. be contacted to respond to the facility.**
  - h. **Responsible Party / Legal Representative - immediately, informing them only that there has been "an allegation of sexual assault and that the police and ambulance are on their way." [Do not provide any further specific details as your information may not be complete. If they request more specific details or information offer to have the Administrator or Director of Nursing call them back.]**

**In situations of alleged, suspected or actual sexual assault or rape staff shall:**

1. **Assign a licensed nurse and another nursing staff person to remain with the "victim";**
  - **\*Unless the resident requires immediate medical attention or emotional comforting, do not touch the resident, clothing or bedding.**
  - **\*Do not allow anyone into the resident's room or area the alleged abuse occurred. This is to minimize contamination of a possible crime scene and to retain evidence.**
  - **\*Document all verbal and written statements if the resident begins to relate information regarding the abuse (as they may not be able to repeat later secondary to memory difficulties or other factors).**
  - **\*Document the resident's physical and emotional condition.**
2. **Secure the alleged "perpetrator" under direct supervision of Security in an area away from residents and staff. Security shall not permit the alleged perpetrator to use the bathroom, wash their hands, eat or drink anything, throw any items into trash receptacles or be in contact with or speak to any other persons until the police arrive;**
3. **Upon arrival of the Police, they will take over handling the investigation.**

4. Upon arrival of the Ambulance, they will transport the "victim" to the Emergency Room for examination.

### **ADDITIONAL GUIDELINES FOR SPECIFIC SITUATIONS**

#### **RN SUPERVISOR STEPS TO FOLLOW FOR ALLEGATIONS OF STOLEN MONEY OR PERSONAL PROPERTY**

Allegations of stolen money or personal property will immediately be reported to the RN Supervisor

1. Report it immediately to the Charge Nurse (a licensed nurse on the nursing unit);
2. The Charge Nurse will immediately notify the RN Supervisor;
3. The RN Supervisor will immediately notify the following:
  - a. Administrator
  - b. Facility Security, if applicable
  - c. Family/responsible party
4. The RN Supervisor will complete a resident complaint / grievance form and submit it to Social Services. An Investigation is initiated at that time.
5. Investigation will be coordinated by the Administrator and conducted in cooperation with the local police Department and Social Services. The Administrator will advise staff persons of additional actions to take with regard to follow-up with the resident / resident's legal representative

## ABUSE PREVENTION PROGRAM

### III. REGULATORY REPORTING

#### **State Agency and/or Local Authority Reporting**

**(Pennsylvania Department of Health, Area Agency on Aging, Pennsylvania Department of Aging)**

**Policy:** The facility will report alleged and substantiated incidents to the Pennsylvania Department of Health, additional state agencies and/or local authorities per federal and state requirements.

**Procedure:**

1. **Any report or allegation of abuse/neglect or misappropriation will be reported initially by the Administrator, Director of Nursing, Assistant Director Of Nursing or delegated supervisor as follows:**
  - a. **Within 24-hours of knowledge of the event to the Pennsylvania Department of Health through the Electronic Event Reporting System**  
**<https://app2.health.state.pa.us/incidents/facilitylogin.asp>**
  - b. **Immediately to the Area Agency on Aging**
2. **The Local Police Department will be notified for the following allegations by the Administrator, Director of Nursing, Assistant Director of Nursing or Delegated Supervisor:**
  - i. Physical Abuse
  - ii. Serious Bodily Injury (substantial risk of death)
  - iii. Serious Physical Injury (severe pain or impairment)
  - iv. Sexual Abuse, Assault, Rape
  - v. Misappropriation of Money or Personal Property
  - vi. Suspicious Death or Accidental Death
3. **The Pennsylvania Department of Aging will be notified of reports of abuse involving the following will be reported by the Administrator, Director of Nursing, Assistant Director of Nursing or Delegated Supervisor as required to The Pennsylvania Department of Aging for the following reasons:**
  - i. Serious Bodily Injury (substantial risk of death)
  - ii. Serious Physical Injury (severe pain or impairment)
  - iii. Sexual Abuse, Assault, Rape
  - iv. Suspicious Death
4. **The appropriate agencies listed above will be notified of the results and outcome of the investigation by the Administrator or his/her designee.**
  - a. Fax the mandatory Act 13 reporting form within 48 hours to the local Area Agency on Aging.
  - b. The Administrator or his/her designee will complete the PB-22 via **<https://app2.health.state.pa.us/incidents/facilitylogin.asp>** within five (5) working days of the incident.
  - c. Fax the completed PB-22 and any supplemental information to the Area Agency on Aging.
  - d. **If abuse is substantiated, the Administrator or his/her designee will make notification of the appropriate Nurse Aide Registry or professional licensing boards.**

5. All phases of the reporting process will be kept confidential and documents will be filed in the Administrator's office.
6. **Refer to Reporting Reasonable Suspicion of a Crime Policy for additional guidance**

### **REPORTING REASONABLE SUSPICION OF A CRIME Elder Justice Act Section 1150B of the Social Security Act**

#### **Policy:**

In addition to and/or in conjunction with the abuse reporting policies, this facility will provide initial and annual training to covered individuals employed by the facility to comply with the training and regulatory requirements as stated in the Elder Justice Act of 2009, Section 1150B "Reporting to Law Enforcement of Crimes Occurring in Long Term Care Facilities". This section of the Act requires a "covered individual" (Administrator, Director of Nursing, or any other designated individual) to report within the required time frames, via telephone, fax or email, any reasonable suspicion of a crime committed against a resident of the facility to the Department of Health Survey Agency AND to at least one law enforcement agency.

Employees will be protected against retaliation for reporting any reasonable suspicion of a crime against a resident.

#### **Procedure:**

1. Once a year, the facility will determine whether or not the facility received at least \$10,000 in Federal funds during the preceding fiscal year. If it received at least \$10,000 in Federal funds in the preceding year, all facility reporting obligations in this policy apply.
2. Once a year, each "covered individual" shall be notified in writing of his or her obligations to report any reasonable suspicion of a crime to the State Survey Agency and at least one local law enforcement agency.

#### **Definitions:**

- **Covered Individual**- owner, operator, employee, manager, agent or contractor of the facility
  - **Crime**- defined by law of the applicable political subdivision where the facility is located
  - **Law enforcement** – may include police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, or coroners. (The facility Administrator is to coordinate with local and/or state law enforcement to determine those acts that are to be considered "crime").
  - **Serious Bodily Injury**- injury involving extreme physical pain, substantial risk of death, involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty, sexual abuse or aggravated sexual abuse and/or medical intervention such as surgery, hospitalization or physical rehabilitation
3. The timing of reporting will be based on the events that cause suspicion and will be as follows:
    - If the event results in serious bodily injury, the suspicion will be reported immediately but not more than two (2) hours after the individual first suspects that a crime has occurred. The Pennsylvania Department of Health Hotline will be utilized for reports after business hours.

- If the event does not result in serious bodily injury, the suspicion will be reported not more than twenty-four (24) hours after the individual first suspects that a crime has occurred.
4. If multiple individuals intend to report the same incident, these individuals may file a single report to the State Survey Agency as long as the report contains information about the suspected crime from each individual's perspective and the report includes each covered individual's name.
  5. Additional information or suspicions that are formed after the report is made may be included as a supplement to the report. The supplement will include the names of individuals reporting a suspicion, as well as the date and time that they became aware of the incident.
  6. No report that has already been submitted (single or multiple-person) will preclude an individual from reporting his or her own suspicion independently, in his or her own words.
  7. Employees (covered individuals or not) are encouraged to report any reasonable suspicion of a crime and will be protected against any retaliation for their reporting.
  8. The facility prohibits retaliation against any employee who makes a lawful report of suspicion of a crime, causes a lawful report to be made, or takes steps to further the making of a lawful report.
  9. Any of the following would be considered retaliation against an employee and will not be condoned:
    - Discharging, Demoting, Suspending, Threatening, Harassing, or
    - Denying promotion or other employment-related benefit
  10. If the employee/covered individual suspects retaliation by the facility for reporting his or her reasonable suspicion of a crime, the employee may file a complaint with the State Survey Agency.
  11. To notify employees, the facility shall conspicuously post, in an appropriate location, a sign specifying the rights of employees under this section of the Act. The sign shall include a statement that an employee may file a complaint to the State Survey Agency against a long term care facility that violates the provisions of this section by retaliating against an employee for filing a complaint as well as posting information with respect to the manner of filing such a complaint.
  12. All staff will receive training on the following points related to this policy:
    - Who is considered a "covered individual"
    - Examples of "crimes" as defined by the political subdivision in which the facility is located
    - The obligation to report a reasonable suspicion of a crime
    - Time frames required for reporting
    - Definitions of and how to recognize "serious bodily injury"
    - Possible (but not required) formats for reporting
    - Employee rights to be free of retaliation for reporting, and
    - Employee rights to file a complaint against the facility for retaliation
  13. Staff training will be conducted during new employee orientation and annually to notify each covered individual of their reporting obligations under this Act.

- Training will be provided in conjunction with the facility Abuse and Neglect Prevention Training.
  - The Employee will sign a statement of receipt of education once completed, that is maintained in the employee file
14. Notification of covered individuals and completed training on reporting reasonable suspicion of a crime will be documented and maintained by the designated department (for example, Human Resources or Staff Development).
15. "Covered individuals" as defined above, are subject to a civil money penalty and exclusion from participating in any Federal health care programs for failure to meet the reporting guidelines of this Act.

**References:**

483.13(c); 483.75(d)  
F226, F493;  
Section 1150B of the Social Security Act  
Accidents and Incidents – Investigating and Reporting

Adult Protective Services Act of 2010

**TITLE**

**ADULT PROTECTIVE SERVICES ACT 70:  
MANDATORY REPORTING OF ABUSE**

**POLICY**

Employees and administrators of facilities which provide care to adults in a licensed or unlicensed setting, will abide by the mandatory reporting requirements set forth in the Adult Protective Services (APS) Act (Act 70 of 2010).

The APS Act applies to and protects residents of Pennsylvania between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities.

An administrator or employee of a facility who observes suspected abuse, neglect, exploitation or abandonment or has reasonable cause to suspect that abuse or neglect has occurred will immediately assure the recipient's health and safety. After assisting the recipient, an employee or administrator will follow the reporting requirements set forth in the APS Act.

A report can be made on behalf of the adult whether they live in their home or in a care facility such as a nursing facility, group home, hospital, etc.

Reporters may remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution.

An administrator or employee of a facility will continue to follow all required incident management regulations, policies and procedures.



## **PROCEDURE**

### **A. GENERAL REPORTING REQUIREMENTS**

1. **Immediate Report:** An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will immediately make an oral report to the statewide Protective Services Hotline by calling **1-800-490-8505**.
  - Once the report is made, it will be referred to the APS agency (Liberty Healthcare Corporation) for handling.
  - Please note that this hotline should be for reporting abuse, neglect, exploitation and abandonment only.
  - Any questions should go to [RA-PWAPSQuestions@pa.gov](mailto:RA-PWAPSQuestions@pa.gov) or for those who do not have access to email, please call 717-736-7116.
  
2. **Written report within 48 hours:** Within 48 hours of making the oral report, the administrator or employee will make a written report to Liberty Healthcare using the form prescribed by the Department.
  - A copy of important links to the form and instructions for completion is attached.
  - The form, along with instructions for its completion, may also be found on the Department's website at <http://www.dhs.state.pa.us/>, under the "Report Abuse" link on the left.
  
3. Send the written report to Liberty Healthcare at [RA-PWAPSMandatoryRon@pa.gov](mailto:RA-PWAPSMandatoryRon@pa.gov) or fax to **484-434-1590**. The following written report forms may be used in lieu of the form prescribed by the Department:
  - PB-22 form, via email or fax, to Liberty Healthcare.
  - Home and Community Services Information System (HCSIS) incident report (Printable Summary), or
  - Enterprise Incident Management (EIM) report, via email or fax, to Liberty Healthcare.

### **B. ADDITIONAL REPORTING REQUIREMENTS**

Additional Reporting Requirements as required by the Adult Protective Services Law **in addition to the general reporting requirements** in section A, an administrator or employee who has reasonable cause to suspect that a recipient is the victim of sexual abuse, serious injury, serious bodily injury or that a death is suspicious, will:

1. **Immediately make an oral report to law enforcement** officials. An employee will also immediately notify the facility administrator or a designee following a report to law enforcement officials, unless such notification would jeopardize the investigation or subject the recipient to further risk.
  
2. **Immediately make an oral report to the Department** by calling the mandatory abuse reporting line at **717-265-7887** and **selecting option #3**. Provide the following information:
  - a. The caller's name and telephone number
  - b. The name and license number (if applicable) of the facility
  - c. The alleged victim's name
  - d. The alleged victim's date of birth
  - e. The type(s) of alleged abuse or neglect
  
3. **Joint written report within 48 hours**: The administrator and employee shall make a joint written report within 48 hours of making the oral report, to law enforcement officials on the form prescribed by the Department. The following written report forms may be used in lieu of the form prescribed by the Department:
  - PB-22 form, via email or fax, to Liberty Healthcare.
  - Home and Community Services Information System (HCSIS) incident report (Printable Summary), or
  - Enterprise Incident Management (EIM) report, via email or fax, to Liberty Healthcare.

**Information for Mandatory Reporters:**

- [Who is a Mandatory Reporter?](#)
- [Mandatory Reporter Informational Guidance](#)
- [Act 70 Mandatory Reporter Form](#)
- [Mandatory Reporter Form Instructions](#)
- [Webinar for Mandatory Reporters](#)
- [Mandatory Reporter Webinar PowerPoint](#)

If you have questions about the APS Law, mandatory reporting or protective services, please contact the Adult Protective Services Division at the Department of Human Services via email: [RA-PWAPSQuestions@pa.gov](mailto:RA-PWAPSQuestions@pa.gov) or call **717-736-7116**.

### **ADULT PROTECTIVE SERVICES ACT DEFINITIONS**

**Abandonment** – The desertion of an adult by a caregiver.

**Abuse** – The occurrence of one or more of the following acts: (1) The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. (2) The willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health. (3) Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102 (relating to definitions). The term does not include environmental factors which are beyond the control of an adult or a caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or medical care.

**Administrator** – The person responsible for the administration of a facility. The term also includes a person responsible for employment decisions or an independent contractor.

**Adult** – A resident of this Commonwealth between 18 and 59 years of age who has a physical or mental impairment that substantially limits one or more major life activities.

**Agency** – A local contracted provider of protective services.

**Department** – The Department of Human Services.

**Employee** – An individual who is employed by a facility. The term includes: (1) Contract employees who have direct contact with residents or unsupervised access to their personal living quarters. (2) Persons employed or contracted to provide care to an adult for monetary consideration in the adult's place of residence.

**Exploitation** – An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the adult.

**Facility** – The term includes, but is not limited to:

- Assisted Living Residence
- Domiciliary Care Home
- Home Health Care Agency or Home Care Agency
- Intermediate Care Facility for people with intellectual disability or with other related conditions
- Long-Term Care Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- An organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting**

**Neglect** – The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid a clear and serious threat to the physical or mental health of an adult. The term does not include environmental factors that are beyond the control of an adult or the caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or medical care.

**Recipient** – An adult who receives care, services or treatment in or from a facility.

**Serious Bodily Injury** – Injury which creates a substantial risk of death or which cause serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

#### **IV. CONCLUSION OF THE INVESTIGATION**

##### **Review/Action/Response Upon Conclusion of the Investigation**

**Policy:** On completion of the investigation, the Administrator will ensure that appropriate action(s) is taken as indicated for the employee.

##### **Procedure:**

1. If the investigation supports disciplinary action, appropriate action will be taken, according to the facility Personnel Policies, which may include the following:
  - a. Counseling and mandatory re-education;
  - b. Suspension without pay according to the facility personnel policy.
  - c. Immediate termination. Confirmation of resident abuse supersedes the normal progressive discipline policy.
  - d. Any employee found by the Administrator following the investigation to be guilty of resident abuse shall be disciplined retroactive to the date the employee was suspended pending investigation.
  - e. If abuse is substantiated, the Administrator or his/her designee will make notification of the appropriate Nurse Aide Registry or professional licensing boards.

#### **V. EDUCATION MATERIALS**

**Purpose:** To provide additional educational materials for use during Staff Development sessions to support training on the prevention and reporting of abuse and neglect of skilled nursing facility residents according to applicable state and federal laws and regulations including the Elder Justice Act.

##### **GUIDELINES FOR DEALING WITH UNDESIRE BEHAVIORS ( Educational material only,)**

Staff will be educated regarding appropriate staff approaches/interventions to deal with aggressive and/or catastrophic reactions of residents.

Topics include but are not limited to:

- Contributing factors causing the behaviors; Organic Mental Disorders, cognitive impairment, fear of being hurt physically, pain, dying, unintended verbal or physical action of caregivers, (i.e. loud voice or removing clothing for bath without explaining to resident), pain, lack of contact with reality, clothes too tight, too warm, too cold, skin irritations, hearing loss or vision loss, mistaken identity-confusing a person for someone else due to sensory impairment, loss of control over one's life, frustration being rushed or unable to perform simple tasks, etc.
- Determine what causes hostility and aggressive action so that the situation can be changed.
- Be alert of non-verbal physiological symptoms (i.e. thirst by panting, pain by sweating, doubling over). Be aware of warning signs of anger, such as muscle tension, restlessness, pacing, crying, and loud speech.
- Provide love and a sense of a secure, stable environment.
- Be consistent with care.
- Intervene when hyperactivity starts, divert to other activities (i.e. food, music, walking).
- Listen and be supportive. Be empathetic, do not be judgmental.
- Give space, do not crowd.

**Serious Injury** – An injury that causes a person severe pain; or significantly impairs a person's physical functioning, either temporarily or permanently.

**Sexual Abuse** – Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

**References:**

Pennsylvania Department of Human Services. Updated April 8, 2015  
<http://www.dhs.state.pa.us/reportabuse/dhsadultprotectiveservices/index.htm>

- Accept hostility, build trust.
- Listen with regard.
- Speak with low soothing, slow calm voice using simple, concise, clear terms, to not argue.
- Sit down, if possible. You will appear less threatening. Do not use touch without the residents' permission. It may be taken as a threat.
- Lower lights, turn off TV, and reduce stimuli.
- Be gentle.
- Do not show defensiveness, anger, or hostility in return, show that you are in control, be direct and frank, kind but firm.
- Reflect resident's underlying feelings (or covert message) i.e., "It may be very frustrating being dependent on people you do not know for everything you need" Remember the residents have a right to be angry.
- If resident removes clothes or bed linens, cover gently and without great fanfare, be supportive through touch, talking and presence.
- Use distance, do not raise arms perceived as intending to strike out; use of force or threat. The use of force is a criminal act unless needed to protect residents or others.

#### **TYPES OF ABUSE and NEGLECT**

**Definitions:** (Source: 28 PA Code, §201.3 and CFR §483.13(b) Abuse State Operations Manual Appendix P)

**ABUSE:** the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain, 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.

Physical Abuse examples include, but are not limited to:

- Pushing, slapping, hitting, shoving, shaking, striking with or without an object, pinching, kicking, burning
- Physical punishment, confinement, or unlawful use of restraints
- Corporal punishment
- Includes, but is not limited to, hitting, slapping, shoving, shaking, striking with or without an object, pinching, kicking, burning etc. It also includes control of a resident's behavior through corporal punishment, physical punishment, or unlawful use or misuse of restraints.
- Investigation of bruises/marks of unknown origin for potential abuse

Verbal Abuse examples includes, but are not limited to:

- Threats of harm;
- Saying things to frighten a resident, such as telling a resident that she will never be able to see his/her family again;
- Insults, humiliation, intimidation; or
- Threatening harm or deprivation with verbal or nonverbal threats or gestures.

Sexual abuse examples:

Sexual contact or assault that results from threats, force or the inability of the person to give consent, involve a range of activities to include, but are not limited to.

- Exhibitionism by the service provider or other individual;

- Forcing the individual receiving services to view pornographic material;
- Intimate touching of the individual receiving services by the service provider during bathing or personal care;
- Molesting the individual receiving services, including sexual touching, kissing, inappropriate hugging, or sitting on a person's lap;
- Any sexual activity that occurs when an individual cannot or does not consent.
- Rape or Sexual Assault.

**Misuse of Restraints:** Examples of use of physical / chemical restraints include, but are not limited to:

- Staff failing to follow protocol to loosen, reposition, or remove restraints.
- Attempting to alter the individual's behavior with inappropriate use of drugs or biologicals.
- Inappropriate use of side rails, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, lap trays, bars, belts, straps, clothing or linens used to restrain someone.
- Inappropriately locked rooms, wards, or environmental mechanisms that prohibit the individual's free movement, e.g. confinement to a room unattended as a punishment.

**Mental, Emotional or Psychological Abuse:** mean the verbal or nonverbal infliction of anguish, pain, or distress that results in mental or emotional suffering. Examples include, but are not limited to:

- Demeaning statements, harassment, threats, insults, humiliation, intimidation, threatening demeanor;
- Isolating the individual from friends, family, or normal activities;
- Threatening harm or deprivation with verbal or nonverbal threats or gestures;
- Failure to offer a choice when the individual is capable of making choices;
- Threats of punishment or deprivation of goods or services, or denial of food or privileges.
- Retaliation by staff toward a resident in any form

#### **NEGLECT:**

Neglect occurs on an individual basis when a resident receives a lack of care in one or more areas (e.g. absence of frequent monitoring for a resident known to be incontinent, resulting in being left to lie in urine or feces, failure to provide care and services in accordance with the resident's individual care plan.)

[Neglect also occurs when a number of residents receive a lack of care in one or more regulatory groupings; a finding that reflects the facility's failure to have developed policies or implemented procedures to prohibit neglect.]

Neglect may take many forms to include: Physical Neglect, Medical Neglect, Abandonment, and Misappropriation of Property.

A finding of neglect must not be made if the accused individual demonstrates that such neglect was caused by factors beyond the control of the individual.

**Physical Neglect:** The deprivation of goods and services necessary to maintain physical or mental health.

- Withholding food, fluids, clothing, shelter, personal hygiene, medicine, comfort, safety, help, or other essentials included in an implied or contractual agreement of responsibility to an individual receiving services;
- Applying behavior management techniques that result in, or have the potential to result in, physical or psychological harm.

**Medical Neglect:** Failure to provide care for existing medical problems.

- Not taking action on medical problems, prescribed treatment, or therapies;
- Not calling a physician when necessary, i.e. change of condition; resident refusal of ordered medicines or treatment.
- Failure to monitor for adverse drug reactions;
- Failure to follow physician orders.

**Abandonment:** The desertion of an individual receiving service by any person who has assumed responsibility for providing care or by a person who has physical custody of that individual.

- Desertion at a hospital, nursing facility, or similar institution;
- Desertion at a public location such as a shopping mall or in a vehicle;
- A resident's own report of being abandoned, or the report of another person that the resident was abandoned.

**Misappropriation of property:**

Examples include but are not limited to:

- Utilizing position of authority to take advantage of an individual for personal gain;
- Stealing, cashing checks without permission, forging signatures, misusing money or possessions, demanding payment for services rendered which are included in the resident agreement as covered by the room and board payment;
- Improper use of conservatorship, guardianship, or power of attorney
- Taking, using or stealing money, personal property or possessions of a resident;
- Hiding or deliberately misplacing a resident's belongings or money;

**Identification: Facility Proactive Approach**

Facilities take an active role to identify potential abuse and neglect through several mechanisms.

- An active Quality Assurance and Improvement Program;
- Periodic Resident/Consumer Satisfaction Surveys;
- Encouragement to report resident concerns, complaints or grievances immediately to the Charge Nurse, Director of Nursing, Social Worker and/or the Administrator;
- An active program of rounds by Department Heads, Supervisors, Director of Nursing and Administrator;
- Regular and periodic review of incident reports and concerns/complaints for trends within the facility or with individual caregivers. Any caregiver with a "suspicious" trend with resident incidents will be monitored closely by a licensed nurse or supervisor of the area;
- Development of action plans to address identified trends related to incident reports and concerns/complaints;
- Aggressive and complete investigation of suspicious deaths, allegations of sexual assault, physical injuries resulting from alleged abuse, misappropriation of resident property, and injuries of unknown origin to determine a reasonable or probable cause;
- Accessing criminal history during employment by checking the PA Unified Judicial System Public Website by accessing the following website <http://uisportal.pacourts.us/default.aspx>, if there are reports or suspicions of criminal activity or as circumstances may indicate
- Monitoring the periodic updates to the Pennsylvania Nurse Aide Annotation List



- The Employee handbook contains a non retaliation statement related to reporting of abuse ,neglect, fraud, or other areas related to violation of policies or code of conduct

### **Resident Education**

1. Periodic resident re-education is conducted during Resident Council, Care Plan Conferences, and/or Family Conferences. Residents, families and staff are encouraged to report concerns, incidents and grievances without fear of retaliation.
2. To ensure no retaliation occurs, the Administrator or designee will be assigned throughout the investigation to follow-up with the person or persons involved with the concern, allegation, incident or grievance. The designee will question the person or persons to determine if any form of retaliation is occurring. If any form of retaliation has occurred, the Administrator will be notified immediately. The Administrator will then take appropriate action.

### **Staff Treatment of Residents & Rules of Conduct**

It is the policy of this facility that all residents will be treated with kindness, dignity and consideration. Employees have a responsibility to the facility, the residents and their co-workers to conduct themselves accordingly.

Any violation of these rules, including but not limited to the following, will be subject to disciplinary action, up to and including immediate termination.

#### **Rules of Conduct:**

- Employees are expected to provide appropriate and quality care to the residents according to training and facility policies/procedures.
- Employees are expected to treat residents and coworkers with kindness, dignity, consideration and respect.
- Employees are expected to reasonably protect and safeguard residents' money and personal property, about which the facility is aware.
- Employees are expected to immediately report any event, incident or other concern that may related to potential abuse , neglect or violation of resident rights.
- Negligence or willful inattention to resident needs, privacy, preferences are specified in the plan of care is unacceptable.
- Activities listed and not listed above but which are of a very serious nature may be grounds for disciplinary action, up to and including immediate termination.

### **Protection, Security and Response**

1. Interviews will be initiated with the current staff and staff that were assigned to the resident 24 hours previous (Timeframe of interviews can be expanded if warranted and/or if mark shows signs of healing and/or fading);
2. Residents chart will be reviewed for diagnosis, medications ambulation and mobility status;
3. Residents' environment, equipment, clothing and supplies will be checked for hazards or unsafe features;
4. Resident medical records will be reviewed for out on pass visits, and/or altercations for the previous 24 hours (Timeframe of review can be expanded if warranted and/or if mark shows signs of healing and or fading); and

5. Any investigation that remains unsolved will be reported as an "injury of unknown source". The determination of an unknown injury is made when the both of the following conditions are met:

- The source of injury was not observed by any person OR could not be explained  
AND
- The injury is suspicious because of the extent of the injury or location of the injury or the number of injuries.



## NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

As part of the Facility Orientation on the above date:

1. I have received a copy of the following which was reviewed and discussed with me:
  - Abuse and Neglect Prevention Policy and Procedure which include provisions of Acts 13 and 14, and the Elder Justice Act Section 1150B which requires "covered individuals" to report reasonable suspicion of a crime to the State Survey Agency and Law Enforcement.
  - Resident's Bill of Rights
2. The specific policies below were reviewed and discussed with me:
  - Facility philosophy on Restraints
  - Title VI
  - Confidentiality of Information Rules and Regulations
  - Infection Control Policies
  - Fire and Disaster Plan
3. I have been given time to ask questions and have them answered to my understanding.
4. I understand that as an employee of Mountain View, a Nursing and Rehabilitation Center, I am considered a "covered" individual.
5. I further certify by my signature entered below that my job description has been reviewed and explained to me.
6. I have received a General Orientation and a Departmental Specific Orientation and agree to consult my Department Head or Supervisor on any issues I do not fully understand.
7. By my signature below, I certify that I understand these policies and I agree to abide by all rules and regulations included in the facility Policies and Procedures and to any changes made in them which have been disseminated through in-service education.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Development Nurse Signature

\_\_\_\_\_  
Date

