

## Abuse and Neglect Procedural Guidelines

### Purpose

Trilogy Health Services, LLC (THS), has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect.

### Purpose

1. THS has implemented processes in an effort to provide a comfortable and safe environment.
2. The Executive Director and Director of Health Services are responsible for the implementation and ongoing monitoring of abuse standards and procedures.
3. Definitions:
  - a. **ABUSE** - means the *willful* infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain or mental anguish (known and/or alleged). This includes deprivation by an individual, including a caregiver, of goods and services that are necessary to attain or maintain physical, mental, or psychosocial well-being. This presumes the instances of abuse of all residents, even those in a coma, cause physical harm, or pain and mental anguish
  - b. **VERBAL ABUSE** – may include oral, written or gestured language that includes disparaging and derogatory terms to the resident/patient or within their hearing distance, to describe residents, regardless of their age, ability to comprehend or disability.
    - i. Staff to resident - any episode;
    - ii. Resident to resident verbal threats of harm.
  - c. **PHYSICAL ABUSE** – includes hitting, slapping, pinching, spitting, holding or handling roughly, etc. It also includes controlling behavior through corporal punishment.
    - i. Resident to resident abuse with or without cause;
    - ii. Staff to resident abuse with or without injury;
    - iii. Other (visitor, relative) to resident abuse with or without injury
  - d. **SEXUAL ABUSE** – includes, but is not limited to, humiliation, harassment, coercion or assault.
  - e. **MENTAL/EMOTIONAL ABUSE** – includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.
  - f. **MENTAL ANGUISH**- presumes that incidents of abuse of all residents, even those in a coma, cause physical harm, pain, or mental anguish.
  - g. **INVOLUNTARY SECLUSION** – is defined as a separation of a resident from other residents or from their room or confinement to their room (with or without roommates) against their will, or the will of the resident's legal representative.
  - h. **UNUSUAL DEATH** – means the death of a resident that is unusual and/or the result of an accident.
    - i. This includes any violent or suspicious death which has been reported to the coroner.
  - i. **INJURIES OF UNKNOWN SOURCE** – means an injury that occurs when **both of the following conditions are met:**

i. The source of the injury is not observed by any person or the source of the injury could not be explained by the resident **AND**

ii. The injury is suspicious in nature because of the extent of the injury or the location of the injury

1. (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time of the incidence of injuries over time

j. **NEGLECT**- means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

k. **MISAPPROPRIATION OF PROPERTY** – includes, but is not limited to, the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or funds.

4. The Company will not knowingly employ individuals who have been found guilty of abuse, neglect, or misappropriation of resident property. Implementation and monitoring consists of the following components:

a. Screening

i. Screen all potential employees for a history of abuse, neglect or mistreatment of patients during the hiring process. It will consist of, but is not limited to the following:

1. State licensing authorities
2. State Nurse Aide Abuse Registry
3. Reference checks from previous/current employers
4. Criminal background checks of all non-professional staff

ii. Document results of screening to include the date, name and title of person contacted for reference and name of person obtaining the reference or licensing/registry verification.

iii. Criminal background checks must be submitted in accordance with your State guidelines. All requests, results, and records of verification will be maintained in employee records

b. Training

i. Provide training for new employees through orientation and with ongoing training programs.

Training will include, but is not limited to:

1. Definitions of abuse or neglect
2. Identification of abuse or neglect
3. Appropriate interventions to deal with aggressive or catastrophic reactions of residents.
4. How to provide protection for residents.
5. How to identify those residents at risk for abusing other residents, monitoring for changes which may trigger abusive behavior
6. How to investigate and report incidents of actual or suspected abuse or neglect.
7. Prevention of abuse and/or neglect including, but not limited to recognizing signs of burnout, frustration and stress; provide training on stress management and relaxation techniques.

ii. Documentation of training of Trilogy employees will be maintained with in-service records in the campus.

iii. A copy of this guideline will be provided for physicians, consultants, volunteers, and other contracted employees or service providers to ensure they are aware of THS protocols.

c. Prevention

i. Assure that prevention techniques are implemented in the campus. Identify, correct, and intervene in situations where abuse and/or neglect are more likely to occur. These may include but are not limited to, an analysis of:

ii. Secluded areas of the facility

1. Sufficient staffing on all shifts to meet the needs of the population served.
2. Assigned staff with demonstrated knowledge of individual resident needs.
3. Identification of residents with needs and/or behaviors which might lead to conflict or neglect.
4. Encourage residents/family to report concerns, incidents, and grievances to staff. Note: If a resident/family is unable or unwilling to fill out a service recovery form, an appropriate staff member will be responsible for completion of the form. (Refer to "Service Recovery Standard").
5. Staff is required to report concerns, incidents and grievances immediately to your manager and/or Executive Director and Director of Health Services.

d. Identification

i. Review *Service Recovery Reports and Incident and Accident Reports* routinely to monitor for indicators leading to suspected abuse or neglect.

ii. Any person with knowledge or suspicion of suspected violations shall report immediately, without fear of reprisal.

1. ABUSE, NEGLECT AND MISAPPROPRIATION OF RESIDENT PROPERTY IS A CRIME AND MAY RESULT IN THE LOSS OF PROFESSIONAL LICENSE OR NURSING ASSISTANT CERTIFICATION.

iii. The Shift Supervisor or Unit Manager is identified as responsible for initiating and/or continuing the reporting process, as follows:

iv. IMMEDIATELY notify the Executive Director. If the Executive Director is absent they may approve a designee.

v. The Executive Director or designee must notify the resident(s)' physician(s) and family/responsible party.

vi. Complete an Accident and Incident Report. Refer to the Accident and Incident Program regarding investigation procedures.

vii. The Executive Director is responsible for:

2. Notification to the State Department of Health (*per State guidelines*) and other agencies, which include the Ombudsman, Adult Protective Services and/or local law enforcement agencies, as indicated.

e. Protection

i. Upon identification of suspected abuse or neglect, immediately provide for the safety of the resident and the person reporting to maintain anonymity as reasonable and necessary. This may include, but is not limited to the following:

ii. Moving the resident to another room.

iii. Providing 1:1 monitoring, as appropriate.

- iv. Suspend suspected employee(s) pending outcome of investigation.
- v. Implement Discharge Process immediately, if resident is a danger to self or others.
- f. Investigation
  - i. The Executive Director is accountable for investigating and reporting.
  - ii. Refer to the Incident and Accident Program for investigation procedures.
- g. Reporting
  - i. Any staff member, resident, visitor or responsible party may report known or suspected abuse, neglect, or misappropriation to local or state agencies.
  - ii. Immediately and not more than 24 hours complete an initial report to applicable state agencies.
  - iii. Report to the Division Vice President and Clinical Support Nurse.
  - iv. A written report of the investigation outcome, including resident response and/or condition, final conclusion and actions taken to prevent reoccurrence, will be submitted to the applicable State Agencies within five days.
  - v. The Elder Justice Act requires that if the event that caused the suspected abuse/neglect resulted in serious bodily injury, the Executive Director or designee is required to report the suspicion to the police department immediately but not later than 2 hours. If the event does not result in bodily injury, it must be reported no later than 24 hours.
  - vi. The investigation folder and Episodic Event forms should be completed for all state reportable occurrences.

I have read the above Abuse and Neglect Procedural Guidelines and agree to abide by the terms therein.

<b>Employee Signature</b>	
Employee Name:	Date:
<input type="checkbox"/> Employee Signature	
Checking the checkbox above is equivalent to a handwritten signature.	

<b>Supervisor Signature</b>	
Supervisor Name:	Date:
<input type="checkbox"/> Supervisor Signature	
Checking the checkbox above is equivalent to a handwritten signature.	

## JOB SHADOW ACKNOWLEDGEMENT

<b>Candidate Name:</b>		<b>Campus Name:</b>	
<b>Position Applying For:</b>		<b>Date of Job Shadow:</b>	
<b>Person Conducting Observation:</b>			

I voluntarily agree to participate in an unpaid job shadowing program with the campus listed above. I understand and agree to the following:

- This is part of the interview process, intended to ensure this is a good fit for both parties.
- The timeframe is expected to last 2-4 hours (unless otherwise specified).  
I am not required to perform any work functions while in the job shadow program.
- I am to observe, ask questions and gain a better understanding of the expectations.
- I understand that I will not be able to start working if offered the position until 2 days after the job shadow observation. The waiting period is to allow sufficient time to make the best decision by all involved.
- I understand that the dress code for the job shadow is to be in business casual• khaki pants, nice polo shirt, or dress shirt.
- I have received the following forms and certify that I have read, understand and agree to abide by the provisions contained therein:
  1. HIPAA
  2. Resident Rights
  3. Patient Abuse & Neglect
  4. Resident Confidentiality

By signing below I understand this is not an offer of employment, but an experience in which I am able to observe the functions and expectations as it relates to Trilogy’s Culture and Compassionate Customer Service. Should I decide before, during or after the job shadow that I am not interested in the position I will communicate that to my interviewer.

Signature

(checking the checkbox above is equivalent to a handwritten signature)

Candidate Name

Date

## Resident Confidentiality Agreement

Confidentiality of resident's hospitalization, history and behavior will be maintained at all times. Discussions of residents must be conducted in private and must be directed towards resident care.

1. It is the obligation of each employee to protect the confidentiality of any private information which the employee may acquire from a resident, or from any source about a resident.
2. Knowledge which is gained in an employee-resident relationship may be essential in planning the resident's care. When this is the case, the employee must use judgment to avoid improper disclosure. Only information which is necessary in giving required care may be disclosed.
3. There are times when an employee may be required to give testimony in court concerning confidential information about a resident. Any employee who is subpoenaed to appear in court on a facility matter should report this fact to his/her supervisor immediately. In such cases, the facility will arrange the necessary legal advice and guidance.
4. The importance of avoiding gossip and idle talk about the facility in the presence of residents cannot be over-emphasized. Employees should essentially avoid discussion of facility matters and residents in the cafeteria, in hallways, and at nursing station areas, as well as in the community and with family and friends.
5. Only the following individuals may have access to residents' charts: attending staff, attending and/or consulting physicians, allied health professionals and consulting dietitians. It is the responsibility of the staff to prohibit any other person, including other physicians and facility staff from other departments, to read a resident's chart.
6. All employees of Trilogy Health Services facilities are required to sign this RESIDENT CONFIDENTIALITY AGREEMENT which will be maintained in their personnel file.

**I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT ANY VIOLATION OF RESIDENT CONFIDENTIALITY WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

Employee Printed Name

**Signature**

(checking the checkbox above is equivalent to a handwritten signature)

**Date**

## Residents Rights Acknowledgement

Health Campus Name:

I certify that I have received a written copy of the facility's resident rights and that they have been orally reviewed with me. I certify that I understand each right and agree to promote and protect the rights of each resident. I further agree to treat each resident with kindness, dignity and respect and to report any instances of abuse, neglect and/or mistreatment of residents to my supervisor immediately.

Employee Name

**Signature**

(checking the checkbox above is equivalent to a handwritten **Date** signature)

Witness Name

**Witness Signature**

(checking the checkbox above is equivalent to a handwritten **Date** signature)