

#40

ALLEGATION OF ABUSE / NEGLECT CHECKLIST

Resident Name:			Date:
DATE	TIME	INITIALS	
			Staff member or other accused removed from direct resident contact immediately.
			Emergency care provided to resident if applicable. (Should also be documented in the nurses notes.)
			Director of Nurses notified.
			Administrator notified.
			Facility Director of Social Services notified.
			DCBS (Department of Community Based Services) notified by administrator or DON. If after hours, refer to bottom of page.
			OIG – Division of Long Term Care notified (<i>as per policy</i>) by Administrator or DON. If after hours, refer to bottom of page.
			Local Law Enforcement notified - if suspicion of a crime.
			Complaint form completed – if allegation was initiated by a concern/grievance.
			Incident report completed.
			Resident statement taken and includes their signature with the date and time. (If resident unable to sign, get signature of person transcribing.)
			Physician notified. (Should also be documented in the nurse's notes.)
			Family / responsible party notified of allegation (refer to bottom of page). (Should also be documented in the nurse's notes.)
			Complainant(s) statement completed with time, date and signature.
			Person(s) accused statement completed with time, date and signature.
			Witness(s) statements completed. Immediate supervisor will document statement and witness(s) sign and date.
			Investigation findings summarized in writing and signed by the administrative staff.
			Resident/Family/Complainant notified of results of investigation.
			MD notified of results of investigation.
			OIG – Division of Long Term Care notified of results of investigation (in writing) within 5 working days by the administrator.
			If DCBS substantiates allegation, the Nurse Aide Registry was notified. (see contact numbers below)

Family / responsible party notification: Inform them that an allegation has been made, that an investigation is under way, the appropriate authorities have been notified, what care has been provided and the resident's current condition. Do not give out names of staff/resident accused of abuse/neglect.

After hours notification:

DCBS _____

OIG _____

Administrator's Signature: _____ Date: _____

File completed form in 'Internal Investigations' file in Administrator's office.

#11

Quality Assurance

(Monitoring Resident Council Minutes for Complaints/Grievances)

Date of Resident Council Meeting: _____

Complaints/Grievances voiced at resident council meeting:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Have above listed complaints/grievances been investigated? _____ Yes _____ No

If no explain why they were not investigated.

Have residents' complaints/grievances been resolved: _____ Yes _____ No

If no explain why:

Have residents been informed of what has been done to resolve complaints/grievances?

_____ Yes _____ No (Explain no answer)

Date report given to Director of Nursing: _____

Date report given to Administrator: _____

Date report reviewed by QA Committee: _____

Signature of staff completing form: _____

Date form completed: _____

Hicks Golden Years Nursing Home

F225 Please accept our credible allegation of compliance.

- 1) Resident # 7 allegation of being hurt by SRNA's # 7 & # 8 has been investigated & reported to the facility Administrator and appropriate State Agencies. Staff involved in the allegation (SRNA # 7, SRNA # 8 & LPN # 2) was suspended during the investigation.

Resident # 5 allegation of having six dollars (\$6.00) & a pair of pants missing has been investigated & reported to the appropriate State Agencies.

Resident # 6 allegation of having thirty-six (\$36.00) missing from his/her room has been investigated & reported to the appropriate State Agencies.

- 2) To ensure the safety of all other residents residing at this facility on 4-25-2014 residents with a BIM's score of 8 & above were interviewed by the ACT/SS Director and/or MDS Coordinator to determine if any had failed to report an allegation of abuse, neglect, misappropriation or exploitation. Resident # 4 interview was conducted on 4-28-14 due to her being absent from the facility on 4-25-2014. These interviews identified 13 residents who reported missing items/money with no allegations of physical abuse being identified. Investigations were started immediately by members of the Abuse Committee, (SS/ACT Director, MDS staff member). OIG & DCBS were notified of these allegations on 4-28-2014. Resident allegations identified from interviews were as listed below:

- A) Blanket missing (blanket was located in residents room)
- B) \$2.00 missing over a year ago
- C) Quarters missing twice (Quarters replaced)
- D) \$28.00 in quarters missing (quarters replaced)
- E) 7 quarters (quarters replaced)
- F) Lotion (family stated they took lotion home)
- G) Soup (husband brings resident soup for lunch & always takes the container home)
- H) Dr. Pepper sleep pants (facility replaced sleep pants) staff determined they were mistakenly put in with the soiled briefs & thrown away
- I) \$3.00 a month ago & \$36.00 missing on 2-4-2014
- J) 11 quarters (quarters replaced)
- K) Watch 5 months ago (watch replaced by facility)
- L) \$12.00 in quarters (quarters replaced by facility)
- M) Picture of a doll 3-4 months ago: sweater – several years ago

Quarters missing were won in a quarter toss game that is played in activities. To prevent the reoccurrence of quarters won from becoming missing, the facility has put into place a policy where the residents will be given a voucher instead of the quarters. This voucher can be presented to the charge nurse & the resident will be given the amount of money requested. A lock box with cash for this purpose is being

kept at A-side nurses station locked in the med. room. Residents who routinely play the quarter toss game was told of this change by the SS/ACT Director on 5-1-2014. To prevent residents clothing from being mistakenly put into the soiled brief cart the soiled linen brief will have a white lid & the soiled linen container will have a different color lid with each container also having a large sign placed on each lid so each can be easily identified. A sign has been posted for visitors to see instructing them to put the resident's name in all articles of clothing that is brought into the facility so they can be easily identified for returns from the laundry.

On 4-25-2014 a head to toe skin assessment was completed on all residents with a BIM's score of less than 8. Eleven residents were identified with bruises/areas of discoloration/scratches/scabs of unknown origin. These were reviewed by the DON & the consulting nurse on 4-27-2014 and although none were of suspicious nature, investigations were started on 4-27-2014 by the QA nurse & MDS Coordinators. OIG & DCBS were each notified on 4-28-2014 on the identified areas by MDS Coordinator. Investigations were concluded on 4-29-2014 with all being unsubstantiated by the facilities QA Abuse Committee. On 5-1-2014 & 5-2-2014 these eleven residents' investigations were again reviewed to determine possible causes of the injuries & what could be done to protect the resident from a reoccurrence of similar injuries.

Listed below is the resident room number identified in the head to toe skin assessment, the injury and what staff has put into place to prevent a reoccurrence of a similar injury.

- A) Room 18b – bruises to bilateral lower extremities – skin sleeves to bilateral lower extremities. Note to SRNA's per communication book R/T skin sleeves
- B) Room 7b – scratches to rt. Foot & forehead: pad side rails, keep fingernails trimmed & filed. Note to SRNA's per communication book R/T nails. Placed on LPN treatment sheet for nails to be monitored
- C) 23b – Bruise to left elbow – place elbow pad on left elbow. Note to SRNA's per communication book R/T elbow pad. Placed on LPN treatment book for monitoring.
- D) 20d – discoloration to bilateral arms (origin of injury undetermined)
- E) 20d – scab & bruise to back of left arm (origin of injury undetermined)
- F) 20c – discoloration to right inner arm (Takes ASA 81 mg daily)
- G) 11b – discoloration to right inner thigh & back of left knee (pad geri chair)
- H) 21a – skin tear with discoloration to right elbow. (keep finger nails cut & filed, Pad side rails)
- I) 14b – scratch to left knee (Keep finger nails cut & filed)
- J) 7a – multiple discolored areas to lower bilateral extremities (pad geri chair)
- K) 8b – scratches to left knee (keep finger nails cut & filed. Pad post of over bed table)

All staff was interviewed by the ADON & the QA Nurse on 4-29-2014 to determine if any had failed to report any allegations of abuse, neglect, misappropriation or exploitation. There were no new allegations reported from these interviews.

Questions ask of staff are as follow:

- A) Have you witnessed or are aware of any residents being spoken to or treated in any manner by staff that would allege physical, verbal or mental abuse?

- B) Are you aware of any staff members taking items/money from residents?
- C) Do you have any concerns about any of your co-workers and how they provide care for residents that could be abusive or neglectful?

All allegations from the year 2013 until May 2014 were reviewed by the Abuse Committee to ensure investigations were completed timely & thoroughly with appropriate State Agencies, facility Administrator & Director of Nursing being notified. This review produced one allegation that had not been completed correctly. Due to this failure a new investigation was started on 5-1-2014 with the appropriate State Agencies being notified of the allegation. This investigation was concluded by the Abuse Committee with the committee determining that the allegation could not be substantiated.

- 3) The nursing home Administrator, DON, ADON, QA Nurse, Activity/Social Service Director, Resident Care Supervisor, MDS Coordinators, Medical Records Director, Data Compliance & Office Assistant received in-service education by the nurse consultant on 4-25-2014 regarding the regulatory requirements on reporting, investigation and protection of residents with all allegations of abuse, neglect, misappropriation and exploitation. On 5-1-2014 additional in-service was provided by the nurse consultant on using the handouts provided at a seminar given by OIG on 2-26-2014 with the following staff members attending: DON, ADON, Administrator, Dietary Supervisor, Admissions staff (payroll clerk), Resident Care Supervisor, Data Compliance Staff, Housekeeping/Laundry Supervisor, MDS Coordinators, Medical Records Staff, QA Nurse, Social Service/Activity Director.

The following is a list of items covered in the in-services:

- A) Describing the various forms of abuse & neglect
- B) Possible indicators of abuse, neglect, misappropriation, exploration
- C) Developing & implementing policies & procedures to prohibit abuse, neglect, mistreatment, involuntary seclusion & misappropriation of residents property
- D) Reporting allegations
- E) Protecting residents
- F) Investigating allegations
- G) Identification
- H) Training
- I) Screening

In-service was held on 5-1-2014 at 2pm & 7pm with all LPN's, SRNA's, CMT's, office staff, kitchen staff, housekeeping staff, laundry staff, maintenance staff & janitorial staff attending by the DON. Two employees were not present at either meeting & these two employees were in serviced on 5-2-2014 by the DON.

Information for these in-services included the training manual "Hand in Hand: A Training Series for Nursing Homes". The in-service covered the following listed areas:

- 1) Revised abuse policy
- 2) Revised investigation form

- 3) Types of abuse
- 4) How to report abuse
- 5) Protection of resident
- 6) Preventing abuse
- 7) What constitutes abuse
- 8) LPN's starting investigation (what to do)
- 9) Allegations of abuse
- 10) Identifying abuse
- 11) Screening potential employees
- 12) Revised reporting protocol for abuse
- 13) Watched Module 2 (What is Abuse) DVD from the Hand in Hand A Training Series for Nursing Homes

Post test were given after each of the in-services. Employees who did not score 100% on their test were rein-serviced at the time the post test was reviewed by the DON.

As an on-going training program all new hires will be required to go through the abuse training that will include the following:

- A) Screening
- B) Training Prevention
- C) Identification
- D) Protection
- E) Reporting/response

Information for these trainings will be taken from the manual "Hand in Hand: A Training Series for Nursing Homes". New employees will be required to take a post test to ensure they understand all issues related to abuse.

In-services on abuse will be held monthly for a period of 6 months by the DON &/or her designee. Post test will be given after each abuse in-service. All staff will be required to attend the monthly abuse in-services.

The policies & Procedures listed below have been revised by the DON & ADON.

- A) Screening of potential employees – See Attachment # 26
- B) Criminal record background checks – See attachment # 28
- C) Reference checks on potential employees – See attachment # 30

On 4-28-2014 the ADON in serviced the payroll clerk, office manager & accounts payable on the following:

- A) Screening of potential employees
- B) Criminal record background checks
- C) Reference checks on potential employees

All current employee files were reviewed by the payroll clerk, office manager & accounts payable to ensure current employees had no offences that would prevent them from working at this facility. The following is a list of what has been checked on all current employees:

- A) Abuse registry

- B) KY Court of Justice
- C) Wayne County Police Department
- D) OIG Exclusion

As of 4-29-2014 all current employee files were reviewed by the DON & Administrator & signed off on indicating all current employees had no record that would prevent them from working at this facility.

New forms have been developed that are being used to report & investigate missing items &/or misappropriation of residents property. (See attachment #38) The Abuse Committee is responsible for reviewing all allegations of missing items &/or misappropriation of residents property daily (Monday through Friday). A tracking/trending system has been developed & put into place that will track & trend missing items to determine if there is a pattern relating to the incidents.

An Abuse Committee has been established & will be responsible for investigating, monitoring & tracking of all allegations. This Committee will meet daily (Monday through Friday) to review all allegations of abuse, neglect, misappropriation of property, injuries of unknown origin. Members of this committee will include the following:

- A) DON
- B) ADON
- C) MDS Coordinator
- D) SS/Activity Director
- E) QA Nurse

Members of the Abuse Committee meet daily (Monday through Friday) to review all allegations, injuries of unknown origin, and any misappropriation of residents property to ensure all policies/procedures have been followed. Charge nurses will be in serviced on when to contact the RN on allegation of suspected abuse &/or areas of suspicious origin that occurs after hours for the Abuse Committee. A list of RN's along with their contact phone number will be posted at A & B side nurses station. If the listed RN cannot be reached then the charge nurses will notify the DON, Administrator or ADON for further instructions on who will report to the facility to assist in the investigation & to ensure all policies & procedures are followed. These investigations are then reviewed as soon as the Abuse Committee Members return to the facility. If indicated the Abuse Committee Members will return to the facility on their off hours for allegations.

Weekly interviews are being conducted with a random selection of residents as well as employees to ensure all allegations are being reported. These interviews are being completed with staff from different shifts & include all facility departments. A log is being maintained by the Abuse Committee on these interviews to ensure five (5) different residents & five (5) different employees from different departments are being interviewed. All investigation information R/T these interviews are also being maintained in this log. The information from the resident/employee interviews are

being reviewed weekly by members of the Abuse Committee. If an allegation is identified during one of the interviews the Abuse Committee will be notified immediately & an investigation initiated as indicated.

A locked box has been placed on the wall near the front entrance of the facility with blank complaint forms kept next to it so family members, visitors, employees, etc can make a complaint or a concern & place it in the lock box. Staff checks this box daily & takes any complaint found in the box to the daily Abuse Committee meeting Monday through Friday for review & investigation if indicated. Complaints obtained from the box on the weekend will be investigated by the RN on duty with abuse committee notified as indicated.

The Continuous Quality Improvement (CQI) indicator will be completed weekly by the Director of Nursing on all investigations of alleged abuse. Completed CQI indicators will be reviewed weekly by the Abuse Committee members to ensure all policies & procedures R/T allegations of abuse has been followed. The CQI indicator will review the residents medical record, investigation reports, internal reports & staff interviews in completing the CQI form to ensure ongoing compliance with the abuse regulations. The threshold to be met for this form has a compliance threshold of 100%. If this threshold is not met then it will be the responsibility of the Abuse Committee members to implement a plan of correction R/T the issues identified. (See attachment #39)

Results of each abuse allegation CQI indicator will be reviewed by the Abuse Committee as part of their daily meeting, Monday through Friday, to ensure all allegations are being handled correctly. The results of the CQI indicators will serve as an ongoing avenue to determine where the facilities weak areas are located with the seven components of abuse & neglect. In-services will be held with staff related to the weak areas identified by the CQI indicators.

The facility will be in contact with the Consultant Nurse by e-mail on a daily basis as indicated. Monthly visits to the facility will be done by the Nurse Consultant. During these visits the Nurse Consultant will review all allegations R/T abuse & neglect issues to ensure the facility continues to be in compliance with investigation, notification, protection & reporting.

The Administrator of the facility will be given daily (Monday through Friday) information from the Abuse Committee for his reviews. This information will include the following:

- A) All allegations of abuse
- B) All abuse investigations & conclusions.
- C) QA findings
- D) All allegations of misappropriation of property, All other allegations
- E) Minutes from the Abuse Committee

The following policies & procedures have been reviewed & revised:

- A) Abuse Policy (See attachment # 14)
- B) QA Abuse Investigating Team (See attachment # 35)
- C) Complaint of abuse form (See attachment # 16)
- D) Form for reporting misappropriation of property (See attachment # 20)
- E) Reporting protocol (See attachment # 21)
- F) Check list of initial investigation (See attachment # 18)
- G) Nurse's instruction for initial allegations (See attachment # 22)
- H) Initial allegation of abuse and neglect form (See attachment # 19)
- I) Policy on resident protection during abuse investigation (See attachment # 24)
- J) Reporting on an injury of unknown origin policy (See attachment # 25)
- K) Missing items monitoring form (See attachment # 17)
- L) Initial investigation of misappropriation of property (See attachment # 20)
- M) Policy on misappropriation of property (See attachment # 23)
- N) Complaint/grievance report form (See attachment # 9)

The following listed assessment tools have been provided to the facility by the Consultant Nurse & adopted for use.

- A) CQI tool to determine compliance with abuse policy & procedure (Attachment # 39)
- B) Abuse allegation check list (See attachment # 40)
- C) Screening of potential employees (See attachment # 29)
- D) Criminal record background checks (See attachment # 27)
- E) Reference checks on potential employees (See attachment # 31)

To ensure continued compliance with abuse regulations staff of Hicks Golden Years is performing the following as an on going monitoring system to ensure all allegations are investigated & reported to all agencies according to regulations & facility policy:

- 1) Abuse Committee meets daily (M-F) to review any new allegation, ongoing investigations, new investigations, & conclusions to ongoing investigations.
- 2) The Director of Nursing reviews all investigations after their conclusion has been written. (See attachment #40)
- 3) All investigations are logged into a Investigation log binder by the Director of Nursing. (See attachment # 41). This log keeps a record of Complaint name, date, problem, date Administrator, DON & all agencies were notified as well as the conclusion to the investigation. The Consultant Nurse reviews this log monthly & makes recommendations as indicated.
- 4) The Abuse Committee members reviews daily (Monday –Friday) the 72 hour charting sheet, (See Attachment # 42), the Daily charting sheet (See attachment # 43), & the 7 day charting sheet (See attachment # 44) to ensure no allegations or incidents have failed to be reported per facility policy. The above listed charting papers are utilized by the charge nurse daily for their charting & to ensure all charge nurses are aware of all changes in the residents condition. Any areas of concern noted during the daily (M-F) review of these sheets by the Abuse Committee will have an investigation

- started immediately with appropriate staff & agencies notified. The RN working week-ends will review the 72 hour charting sheet, the daily charting sheet, & the 7 day charting sheet to ensure no allegations or incidents have failed to be reported.
- 5) Interviews are being conducted weekly by the Social Service/Activity Director &/or her designee with 5 different employees. These interviews are being utilized to determine if any complaints &/or allegations have gone unreported by staff &/or residents. These interviews are reviewed by the Abuse Committee weekly (M-F).. If a complaint or allegation was noted during a interview then it is the responsibility of the SS/Act. Director &/or her designee to inform the DON & the Administrator immediately so an investigation can be initiated immediately. The SS/Act Director&/or her designee will notify the DON & Administrator of all complaints &/or allegations identified during the interviews by completing a complaint/grievance form & giving it to the DON & Administrator. A log is kept to identify the employee & the date they were interviewed.
 - 6) Interviews are being conducted weekly by the Social Service/Activity Director &/or her designee with five (5) different residents with a BIMS score of 8 or above. These interviews are being utilized to determine if any complaints &/or allegations have gone unreported by residents. These interviews are reviewed by the Abuse Committee weekly (M-F). If a complaint or allegation is noted during these interviews it is the responsibility of the SS/Act. Director &/or her designee to inform the DON & Administrator immediately by completing a complaint/grievance form so an investigation can be initiated immediately. A log is kept to identify the resident & the date they were interviewed.
 - 7) Five (5) weekly skin assessments will be chosen for review on residents with a BIMS score below eight (8) to identify any discolorations or injuries of suspicious origin. If any discoloration or injury of suspicious nature is noted during the review of chosen skin assessments the Director of Nursing & the RN on duty will be notified immediately and an investigation started immediately.
 - 8) Skin assessments are done routinely on all residents if during these assessments any area is identified as an injury of unknown origin the Charge Nurse will start an investigation immediately & notify the DON. An RN is required to review & follow up on these investigations to ensure facility policies & procedures are followed correctly.
 - 9) Complaint box placed at the entrance of the facility is checked daily(M-F) by the Social/Activity Director for any complaint forms that have been completed & placed in the box. Completed forms are brought to the Abuse Committee meeting daily (M-F) by the SS/Act. Director for review by the Abuse Committee. Investigations are started immediately on complaints/&/or allegations. The RN working weekends is responsible for checking the complaint box on Saturday & Sunday. The weekend RN is responsible for starting investigations into any complaint &/or allegation found in the box & notifying the Director of Nursing & the Administrator. Any complaint found

in the complaint box on the weekend will be reviewed at the Abuse Committee meeting on Monday. Blank complaint forms are being kept next to the complaint box for easy access to all visitors, staff, residents & others. The complaint box is kept locked at all times & signatures are not required on the complaint form (See attachment # 45).

In addition to the above mentioned actions being taken by this facility Quality Assurance will also monitor the facilities over all performance to ensure that the practices put into place continue to work in maintaining compliance with regulations. Each item listed below will be monitored monthly by the Quality Assurance Nurse &/or her designee. The Quality Assurance Nurse &/or her designee will be responsible for reporting on all areas listed below to the QA Committee, Administrator & Director of Nursing monthly. It will be the responsibility of the Abuse Committee along with the QA Committee members to investigate & find solutions to any issues that may be identified during these monthly QA Audits .

- A) QA Nurse will monitor monthly allegations of abuse, neglect, misappropriation of property & mistreatment to ensure investigations are completed correctly & in a timely manner. Any problem identified will be reported to the DON & Administrator immediately by the QA Nurse by providing them with a copy of the report. Corrective action R/T the problems identified will be taken by the DON & Administrator.
- B) QA Nurse will monitor monthly allegations of abuse, neglect, misappropriation of property & mistreatment to ensure facility policies & procedures has been followed. Problems identified will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report so the DON & Administrator can take corrective action.
- C) QA Nurse will monitor monthly Investigation files to ensure all forms were completed timely. Problems identified with the completion of investigations forms will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report so corrective action can be initiated..
- D) QA Nurse will monitor monthly notification of all facility staff & State Agencies to ensure appropriate notification was done. Any problem identified with notification will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report.
- E) QA Nurse will monitor monthly all notifications R/T abuse & neglect issues to ensure they were done timely. The QA Nurse will notified the DON & Administrator immediately of any problems identified in this area by providing them with a copy of the report. Corrective action related to the problems identified will be done by the DON & Administrator.
- F) QA Nurse will monitor monthly allegations of abuse to ensure residents were protected during the investigation. Problems identified with resident protection will be reported to the DON & Administrator by the QA Nurse by providing them with a copy of the report immediately so they corrective action can be taken by the DON & Administrator.

- G) QA Nurse will monitor monthly allegations to ensure Administration has utilized the facilities policies & procedures relating to abuse & neglect effectively & efficiently so residents maintain their highest practicable physical, mental & psychosocial well-being. The QA Nurse will report immediately to the DON & Administrator any problems identified with failure to follow the facilities policies & procedures by means of providing them with a copy of the completed report identifying the problems. Corrective action related to the areas identified will be taken by the DON & Administrator.
- H) QA Nurse will monitor monthly the files of new hires to ensure facility policies & procedures are being followed. The QA Nurse will report any problems identified to the DON & Administrator immediately by providing them with a copy of the report so they can take corrective action.
- I) QA Nurse will monitor monthly in-service records to ensure abuse in-services continue monthly for all staff. The QA Nurse will report any problems identified with in services immediately to the DON & Administrator by providing them with a copy of the report so corrective action can be taken by them to prevent recurrence of the identified problem
- J) QA Nurse will monitor in-services monthly to ensure post test are given after the in-service. The QA Nurse will report any problems identified with giving the post test to the DON & Administrator immediately by providing them with a copy of the report so they can take corrective action.
- K) The QA Nurse will monitor monthly the Consultant Nurse visits to ensure they are done timely. Any problems identified with the Consultant Nurse visits will be reported to the DON & Administrator immediately by the QA Nurse by providing them with a copy of the monitoring sheet so correct action can be taken by the DON & Administrator,
- L) The QA Nurse will monitor monthly the Consultant Nurse recommendations to ensure they are followed up on in a timely manner. Any problems identified during this review will be given to the Administrator & DON immediately by the QA Nurse by providing them with a copy of the report so correction action can be taken by the DON & Administrator,
- M) The QA Nurse will monitor the CQI forms monthly to ensure they are being completed correctly & in a timely manner. The QA Nurse will notify the DON & Administrator immediately of any problems identified with the CQI form by providing them with a copy of the completed monitoring form. The DON & Administrator will take correction action R/T the problems identifies.
- N) The QA Nurse will monitor the Abuse Committee minutes monthly to ensure the committee is investigating & following up on all allegations as stated per facility policy & regulations. The QA Nurse will report any problems identified during this review to the DON & Administrator immediately by providing them with a copy of the report. Corrective action R/T the identified problems will be taken by the DON & Administrator.
- O) The QA Nurse will monitor monthly the complaint log to ensure all complaints are being investigated, followed up on & a report given back to

the individual making the complaint. The DON & Administrator will be notified immediately of any identified problems R/T this area by the QA Nurse by providing the Don & Administrator with a copy of the report. Corrective action R/T identified issues will be done by the DON & Administrator.

- P) The QA Nurse will monitor resident & employee weekly interviews to ensure they are being done timely & followed up on. The QA Nurse will report any problems identified during this review immediately to the DON & Administrator by providing them with a copy of the report. Corrective action R/T identified problems will be taken by the DON & Administrator.
- Q) The QA Nurse will monitor monthly resident council minutes for complaints/grievances to ensure they have been reported, investigated, acted on, & a report given to the residents in a timely manner on all issues voiced. The QA Nurse will notify the DON & Administrator of any problems identified during this review immediately by providing them with a copy of the report. Corrective action will be taken by the DON & the Administrator.
- R) The QA Nurse will monitor monthly the tracking & trending of misappropriation of resident items to ensure it is being done correctly. The QA Nurse will notify the DON & the Administrator immediately of any problems identified during this review by providing them with a copy of the report. Correction action R/T the identified problems will be taken by the DON & Administrator.

(See attachments #46, #47, #48)

Completion Date: 6-12-2014

26

Screening of Potential Employees

- 1) **Prior to the hiring of any individual the following will be done.**
 - A) **Criminal record background checks**
 - B) **Obtain information from previous &/or current employees if available**
 - C) **Check with all appropriate licensing boards**
 - D) **Check with appropriate registries (State nurse aide registry)**
 - E) **Contact references listed on application if available**
 - F) **Urine drug screen**
- 2) **All potential employees will be screened for a history of abuse, neglect or mistreatment of residents.**
- 3) **The screening of potential employee check list will be completed in detail prior to the hire of any individual.**
- 4) **Above information will be reviewed by administration prior to the hiring process.**

4-25-2014

#28

Criminal Record Background Check Policy

- 1) Prior to hiring any individual a criminal record background check will be performed.**
- 2) Information for a criminal record background check will be obtained from:**
 - A) Local police department**
 - B) Kentucky State Police**
 - C) Other state police &/or other local police departments as indicated
(Example: individuals who have recently moved to local area).**
- 3) All reasonable efforts will be made to uncover any information relating to a potential hires past criminal prosecutions.**
- 4) After all criminal record background checks requested has been received by the nursing facility they will be reviewed by the administration and a determination made as to the hiring of the individual.**
- 5) If it is determined by the facility that the actions of a court of law are such that they indicate the individual is unsuited to work in a nursing facility then they will not be employed by this facility.**

4-25-2014

35

REFERENCE CHECKS

POLICY:

Individual references shall be attempted on each new employee. All reference checks must be documented in writing. (See attached form).

PROCEDURE:

The following procedures and guidelines will apply:

1. Reference checks will not be performed until after a personal interview has been conducted. If, as a result of the interview, the applicant is discovered to be unqualified for employment, there is no point in checking with former employers. If further confirmation or investigation of previous work is indicated, proceed as outlined below.
2. All reference checks are confidential. Violation of the confidentiality of a prospective employee is grounds for termination.
3. A minimum of two (2) reference checks is recommended for each candidate. If the applicant is employed, determine whether or not the present employer can be contacted for a reference.
4. All reference checks require the consent of the applicant. All applicants must sign the statement on the application which permits the facility to check references.
5. References can be requested in writing or by telephone. The telephone reference saves time, but the results may not always be predictable. The disadvantage of the telephone request is that some employers will supply little or no information. You may then be asked to provide written request in order to receive a response. On the other hand, a telephone reference may elicit valuable information an employer is reluctant to put in writing. Due to EEO guidelines and legislation which protects the privacy of employees and their records, there is no guarantee that either a telephone or written request for reference will result in more than verification of employment. However, at least one (1) attempt shall be made.

#38

Misappropriation of Resident's Belongings

Name: _____

Date: _____

1. What is missing: _____

2. Do you know if someone got it: _____

3. Do you know who took it: _____

4. Did you loose it: _____

5. Did you give it to anyone: _____

6. Do you think family took it: _____

Name

Date

39

Indicator: Abuse Investigation and Reporting

Threshold: 100%

Directions: Members of the quality improvement team will review resident medical records, investigation reports, other internal reports and perform staff interviews as needed to complete the appropriate section of this form. Mark 'X' for a YES response, 'O' for a NO response, and 'N/A' if not applicable. A NO response may indicate a potential problem.

Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
Resident to Resident Altercation/Abuse:					
1. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and/or the Administrator (or designee).					
2. The residents were separated from each other immediately to assure their safety.					
3. A thorough examination of both residents was conducted for any suspicious marks, bruising, injury, or indication of change in emotional/mood status and is documented.					
4. An investigation was performed (as defined per policy).					
5. If abuse, neglect, exploitation or misappropriation was alleged, then the Office of the Inspector General (OIG), Dept. of Community Based Services (DCBS) and other state/local agencies were notified.					
6. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or indication of change in emotional/mood status found during the examination.					
7. An evaluation of the aggressive resident was completed to determine if there was a problem requiring medical intervention to prevent further incidents.					
8. The aggressive resident had an assessment, care plan and behavior management program in place to prevent conflict/aggression.					
9. The above has been reviewed and revised as needed and all new approaches are re-evaluated for effectiveness by an interdisciplinary team per policy.					
Alleged abuse by a staff member:					
10. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					
11. The resident's safety and protection was assured					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
by the immediate suspension/physical removal of the employee involved.					
12. The allegation of abuse, neglect, exploitation or misappropriation was immediately reported to the OIG, DCBS, and other state/local agencies as required and is documented, (date, time and person reported to).					
13. A thorough examination of the resident was conducted for any suspicious marks, bruising, injury or change in emotional/mood status and is documented.					
14. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
15. The resident's attending physician and legal representative were notified of the alleged abuse incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.					
16. The employee(s) suspected of the alleged abuse has the following forms in their employee file: <ul style="list-style-type: none"> • Reference check from previous employer(s) • State Abuse Registry, Sex Offender Registry and the OIG Exclusion Check • Criminal record check showing no felony's or misdemeanors related to abuse, neglect, or exploitation of an adult • Signed acknowledgment of the corporate Abuse Policy 					
17. The Administrator completed the investigation and sent a copy of it to the OIG within 5 working days of the alleged incident.					
18. The attending physician and the resident's legal representative were notified of the results of the investigation.					
19. Any subsequent knowledge of actions by a court of law against an employee, which would indicate unfitness for service, is reported to the Nurse Aide Abuse Registry by the Administrator.					
Alleged Abuse by an Individual not Directly Associated with the Facility:					
20. The staff member(s) suspecting abuse, neglect, exploitation or misappropriation immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
21. The alleged abusive person was removed from the facility and not allowed to return until the facility internal investigation is complete.					
22. The incident was immediately reported to the OIG, DCBS and other state/local agencies as required					
23. A thorough examination of the resident was conducted for any suspicious marks, bruising injury or change in emotional/mood status and is documented.					
24. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
25. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.					
26. The attending physician and the resident's legal representative were notified of the results of the investigation.					
Other issues:					
27. Bruises and/or other injuries are investigated to determine that the cause is not of unknown origin. Injuries of unknown origin are reported to the state/local agencies as required.					
28. Missing items that are unable to be located upon immediate search of the facility, will be reported and investigated as allegations of potential misappropriation of property and reported to state/local agencies as required.					
29.					
30.					

Percentage of compliance = $\frac{\# \text{ Yes responses}}{\text{total \# of responses}} \times 100$ %Compliance: _____

Threshold met: Yes No Plan of correction implemented: Yes No

Date completed: _____ By: _____

Rev: 1/12

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#14

Resident Abuse Policy

Policy:

1. Hicks Golden Years Nursing Home upholds resident's rights to be free from and strictly prohibits verbal, sexual, physical, and mental abuse of residents, involuntary seclusion, corporal punishment, mistreatment and neglect of residents, and misappropriation of resident's property.
 2. It is the policy of Hicks Golden Years Nursing Home to report and thoroughly investigate all allegations or mistreatment, neglect, abuse, misappropriating of residents property or an injury of unknown origin.
 3. It is the policy of Hicks Golden Years Nursing Home to perform before hiring:
 - a. A criminal background check with the local police department and the Justice department, state police.
 - b. Reference check from previous employers if available.
 - c. Check abuse registry in each state in which the employee have worked in an effort to uncover information about any past criminal prosecution relating to abuse, neglect or mistreatment.
 - d. (In the state of Kentucky, you cannot work in healthcare setting if you have had a felony, had any type of abuse to elderly's, or been involved in the selling or manufacturing drugs.)
-
- c. Drug testing.

Definition: (42 CFR 483.13 (b) (c))

"ABUSE" if defined as the wilful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain, or mental anguish.

"VERBAL" is defined as any oral, written, or gestured language that willfully includes disparaging, and derogatory terms as to their age, ability to comprehend, or disability.

"SEXUAL ABUSE" includes, but is not limited to sexual harassment, sexual coercion, or sexual assault.

"PHYSICAL ABUSE" includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

"MENTAL ABUSE" includes but not limited to, humiliation, harassment, and threats of punishment or deprivation.

"MISAPPROPRIATION OF RESIDENTS PROPERTY" is defined as the patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money

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without the resident's consent. (example: theft of resident's property)

"NEGLECT" is defined as failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs on an individual basis when a resident does not receive care in one or more areas.

1. Not being changed in a timely manner and left laying in urine or feces.
2. Not being turned to prevent skin problems.
etc.

GUIDELINES:

1. Abuse, neglect, or misappropriation of residents property constitutes a crime in the state in which Hicks Golden Years Nursing Home operates its nursing home.
2. Residents will not be subject to abuse, mistreatment, neglect, and misappropriation of property by anyone. This includes the following: facility staff, family, friends, visitors, consultants, volunteers, staff of outside agencies, other residents, legal guardians.
3. The facility will post in a conspicuous area, accessible to the residents, employees, and visitors, the names, addresses, phone numbers of all pertinent state client advocacy groups such as Licensing and Regulation (OIG), the state Ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit, and a statement that the resident may file a complaint with the survey and the certification agency concerning abuse, neglect, mistreatment and misappropriation of property in the facility. We have also placed on the wall as you come in the facility blank comment sheets that you can voice a comment, complaint or a grievance. There is a black box that you can place those in. They will be looked at daily by the Abuse committee and action will be taken.
4. The facility policy prohibits abuse, neglect, mistreatment and misappropriation of residents property will be shared with residents and/or their legal representatives during admission. In addition, they will be informed of the procedure for expressing a concern or grievance.
5. Training will be provided for all new employees, and ongoing training for all staff regarding our policies, appropriate interventions in situations involving residents who exhibit aggressive catastrophic reactions. This will be done monthly for a year and then timely. Re-training will be provided if needed after post tests to insure our employees are trained in all the components of the abuse policy and how to

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respond if they see or hear any type of abuse.

6. Training will be provided ongoing on how to recognize the signs of burnout, frustration and stress that may lead to abuse.

PROCEDURE

1. All allegations involving mistreatment, neglect, or abuse include injuries of unknown source and misappropriation of resident's property will be reported immediately to the facility Administrator, DON, DCBS, and OIG. The LPN will be responsible for starting the investigation. If the allegation is on a employee that is working, they will be removed from the floor. They will write up a statement and then be walked to the time clock to go home until the investigation concludes. This is to protect the resident in question. The employee will be removed from the schedule.

The resident will have a head to toe assessment to see if there are any injuries or if the resident is upset and anxious (physical, and emotional status and document all findings)

If this occurs after hours, the LPN in charge will call Central Intake at 1-877-597-2331 (hotline for Kentucky) on all allegations.

After the Investigation has been started, the Administrator or his designee will notify OIG (licensure and regulation) and DCBS. (Adult Protective Agency) Central Intake immediately. If there is a major injury, 911 will be called immediately and the LPN will ask for a Social worker to call the facility

2. A thorough investigation will be initiated immediately for all alleged incidents by the Administrator or his/her designee.

This investigation will include:

1. Interviews with staff, resident, and witnesses who have potential knowledge of the incident.
2. Assessment of resident to ensure no physical or emotional harm.
3. Review of residents record to track other incidents.
4. Determining cause if incident involves a injury.
5. Obtaining written statements from all involved or present during incident.
6. Completing check list to ensure all parties, OIG, DCBS, Physician, Family, DON and Administrator have been notified.
7. Ensuring individual named in allegation was removed from the facility and taken off of schedule if he/she were a facility staff member.
8. Ensuring resident protection.

3. Residents physician and family/responsible party shall be notified immediately.

4. If appropriate to the incident, the DON or his/her designee will remove the resident to an environment where safety can be maintained. The facility will prevent further potential abuse while the investigation is in progress.

This will be accomplished by:

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1. Removal of alleged staff from the care of all residents.
 2. Removal of alleged visitor from facility.
 3. Removal of alleged family member from facility.
 4. Removal of alleged resident from immediate area. Room changes if indicated, psychologist consult if indicated.
5. The Administrator or his/her designee will review the results of the investigation process and take any corrective action required such as re-training, disciplinary action to prevent further neglect, abuse, mistreatment and misappropriation of resident's property.
6. All results of an internal investigation will be faxed within 5 working days to OIG and DCBS with all reports included in the investigation.
Resident's responsible party will be notified of the results also.
7. All investigations will be reviewed in the daily QA Investigative meeting to see if they are being done correctly and in a timely manner.
8. All investigations will be tracked and trended by QA to see if there are any patterns or trends with residents or employees, or certain areas of the building. They will be brought up in the QA meeting for further discussion and to make changes as needed.
-

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QA ABUSE INVESTIGATIVE TEAM

DATE _____ **TIME** _____

MEMBERS:

INCIDENT REPORTS: INVESTIGATIONS
NEW _____

ONGOING _____

CONCLUDED _____

COMPLAINTS/GRIEVANCES-LOG:

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24 HOUR DAILY REPORT:

3 DAY REPORT:

7 DAY REPORT:

ANY OTHER PROBLEMS/NEEDS :

NAME _____ DATE _____

REPORT GIVEN TO ADMINISTRADOR _____

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Complaint of Abuse

(to be filled out by the one making the complaint)

Name of making complaint: _____

Date: _____

Resident: _____

What is the allegation: _____

Who voiced the allegation: _____

What time was the allegation voiced: _____

What date was the allegation voiced on: _____

Who the employee reported the allegation to _____

What time the employee reported the allegation to their supervisor: _____

name: _____ date: _____

Supervisor _____ date: _____

#20

**Initial Investigation
(Misappropriation of Resident Property)**

(The following is to be done by the charge nurses when the social service individual is not present to conduct an investigation & complete needed forms.)

Date of allegation: _____

Time of allegation: _____

Individual making allegation: _____

Individual allegation was voiced too: _____

List in detail items missing:

When did the individual first notice items missing? _____

After completing the above proceed to the list below:

- 1) Do an immediate search of the facility to see if the missing item can be located.**
- 2) Talk with residents & staff to determine if anyone has seen the item**
- 3) Search residents room & other areas he/she may have visited within the previous 24 hours**
- 4) Have staff provide written statements as indicated**
- 5) Notify the family member or/& or legal representative of the missing item**
- 6) If the item is not located within a minimal length of time start the abuse investigation**

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**Reporting Protocol
(Abuse, Neglect, Misappropriation of property, Exploration)**

When an allegation of abuse, misappropriation of property, neglect or exploration is voiced to a staff member they are to report it immediately to their supervisor.

After reporting to the supervisor the employee is to write, sign & date a statement describing in detail the following:

- 1) What the allegation is
- 2) Who voiced the allegation
- 3) What time the allegation was voiced
- 4) What date the allegation was voiced
- 5) Who the employee reported the allegation too
- 6) What time the employee reported the allegation to their supervisor

If the supervisor is someone other than a nurse then it becomes the supervisor's responsibility to report the allegation to the charge nurse.

The Charge nurse is responsible for notifying the following individuals immediately upon learning of the allegation:

- 1) The Administrator
- 2) The Director of Nursing
- 3) Residents physician
- 4) Residents family &/or responsible party

It is the responsibility of the charge nurse to start an immediate investigation. The initial investigation includes:

- 1) Taking the accused employee off of the floor immediately
- 2) Escorting the accused employee to the lobby
- 3) Obtaining a written statement from the accused employee
- 4) Escorting the accused employee to the time clock after their statement has been obtained & ensure they clock out & leave the building
- 5) Taking the accused employee off of the schedule
- 6) Performing a complete assessment of resident physical & emotional state & documenting all findings in detail

It is the responsibility of the QA RN and the MDS RN to continue the investigation into the allegation after the initial investigation has been started by the charge nurse. It will be these RN's responsibility to do the following:

- 1) Notify OIG
- 2) Notify Central Intake
- 3) Complete time line
- 4) Investigate the allegation further & present it to the QA Abuse Committee for review
- 5) Fax all reports to OIG & DCBS
- 6) Write the conclusion & fax it to OIG
- 7) After hours phone number for Central Intake – 1-677-597-2331
- 8) If there is a major injury or issue call 911 for the Social Worker who is on call.

If the QA RN or the MDS RN are not available then the DON will be contacted for instructions.

Revised: 6-17-2014

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**Nurse's Instructions for Initial Allegations
(Abuse, Neglect, Misappropriation of Property)**

- 1) Complete initial allegation form in detail**
- 2) Have all individuals involved write, sign & date their statements R/T the incident**
- 3) Do a complete assessment & document findings (include physical & emotional findings)**
- 4) If injury is present contact the physician**
- 5) Remove the employee from the floor immediately, escort them to the lobby & take them off of the schedule**
- 6) After the employee has completed his/her written statement escort them to the time clock & make sure they exit the building**
- 7) Notify Administrator**
- 8) Notify DON**
- 9) Follow any instructions given by the DON &/or Administrator**

4-29-2014

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Initial Allegation of Abuse/Neglect

Date of allegation: _____

Time of allegation: _____

Individual making allegation: _____

Individual allegation was voiced too: _____

Witnesses to allegation: _____

Was DON &/or Administrator notified of allegation: _____ **yes** _____ **no**

Date & time DON Notified of allegation: _____

Date & time Administrator notified of allegation: _____

Name of individual notifying DON & Administrator: _____

Describe allegation in detail:

Signature of staff completing report:

Date

Time

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Resident Protection During Abuse Investigation

Any employee who is accused of resident abuse will be taken off of the schedule immediately. The employee will be taken to the lobby and ask to write a statement relating to the alleged abuse. After obtaining the employee statement the employee will be escorted to the time clock & observed until they have exited the building. The employee will be placed on suspension until the investigation has been completed & the facility obtains a report from the appropriate agencies stating that the allegations were not substantiated. The accused employee will not be permitted to enter the facility unless otherwise directed by the Administrator until the investigation has been completed & final disposition has been given.

If the alleged perpetrator is a family member or visitor they will be ask if they would like to write a statement R/T the incident then they will be escorted out of the facility & told they will not be able to visit again until the investigation has been completed & they have been cleared of the allegation.

If the alleged perpetrator is another resident he/she will be removed from the area immediately & monitored to ensure there is no potential for the resident to harm other residents. To prevent the possibility of a reoccurrence by the alleged resident room changes will be made as indicated.

Revised 4-28-2014

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Reporting On Injury of Unknown Origin Policy

An injury should be classified as an injury of unknown source when the following conditions are met;

- 1) The source of the injury has not been observed by any persons or the source of the injury can not be explained by the resident.**
- 2) The injury is suspicious because of the extent of the injury or the location of the injury.**
- 3) Or the number of injuries observed at one particular point in time.**
- 4) Or the incidence of injuries over time.**
- 5) The injury is located in an area not generally vulnerable to trauma.**

Injuries of unknown origin will be investigated & reported according to regulations.

4-29-2014

#14

Missing Item(s) Monitoring Report

Report Date: _____
Residents Name: _____ Room: _____
Individual Initiating Report: _____
Relationship to Resident (or title): _____

Missing Item Information

Items Missing
(Describe): _____

Estimated Date of Loss: _____ Time: _____ Estimated Value of
Item: _____
Name of Individual Estimating Value of Item(s): _____
Description of Occurance: _____

Signature of Individual Completing Report: _____
Signature of Administrator: _____ Date: _____

Follow up

Individual Designated to Follow up : _____
Action(s) Taken: _____

Signature: _____ Date: _____
Outcome of Action(s): _____

Police Report Filed? Yes No
Date: _____ Report#: _____
Signature of Individual Completing Follow up: _____
Date: _____

Signature of Administrator: _____
Date: _____

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**Initial Investigation
(Misappropriation of Resident Property)**

(The following is to be done by the charge nurses when the social service individual is not present to conduct an investigation & complete needed forms.)

Date of allegation: _____

Time of allegation: _____

Individual making allegation: _____

Individual allegation was voiced too: _____

List in detail items missing:

When did the individual first notice items missing? _____

After completing the above proceed to the list below:

- 1) Do an immediate search of the facility to see if the missing item can be located.**
- 2) Talk with residents & staff to determine if anyone has seen the item**
- 3) Search residents room & other areas he/she may have visited within the previous 24 hours**
- 4) Have staff provide written statements as indicated**
- 5) Notify the family member or/& or legal representative of the missing item**
- 6) If the item is not located within a minimal length of time start the abuse investigation**

4-29-2014

#23

Misappropriation of Residents Property

It is the policy of this facility to safeguard residents property (to the extent possible) to ensure there is no misappropriation of residents property. If an item is reported missing, all efforts will be made to locate the item &/ or provide restitution if warranted. Whenever resident or family reports missing items a report will be completed and the following procedure will begin.

- 1) Do an immediate search of the facility to see if the items missing can be located**
- 2) Talk with residents & staff to determine if anyone has seen the item**
- 3) Search the resident's room & other locations the resident may have visited within the previous 24 hours to determine if the item was misplaced**
- 4) Have staff provide written statements of observations as indicated**
- 5) Notify the family member &/or legal representative of the missing item**
- 6) If the item is not located within a minimal length of time start the abuse investigation**
- 7) Notify the Administrator, Director of Nursing, OIG, Central Intake, & local police (as indicated)**
- 8) Director of Nursing or designee will notify the abuse & neglect investigation team**

Complaint / Grievance Report

#9

Section I

Date: _____

Time: _____

Complaint/Grievance: (describe in detail)

Reported By: _____

Reported To: _____

This section completed by: _____

Section II

Documentation of investigation:

Date investigation started: _____

Individual responsible for investigation: _____

Findings of investigation:

Plan of action to resolve issue:

D.O.N signature: _____

Administrators signature: _____

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Indicator: Abuse Investigation and Reporting

Threshold: 100%

Directions: Members of the quality improvement team will review resident medical records, investigation reports, other internal reports and perform staff interviews as needed to complete the appropriate section of this form. Mark 'X' for a YES response, 'O' for a NO response, and 'N/A' if not applicable. A NO response may indicate a potential problem.

Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
Resident to Resident Altercation/Abuse:					
1. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and/or the Administrator (or designee).					
2. The residents were separated from each other immediately to assure their safety.					
3. A thorough examination of both residents was conducted for any suspicious marks, bruising, injury, or indication of change in emotional/mood status and is documented.					
4. An investigation was performed (as defined per policy).					
5. If abuse, neglect, exploitation or misappropriation was alleged, then the Office of the Inspector General (OIG), Dept. of Community Based Services (DCBS) and other state/local agencies were notified.					
6. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or indication of change in emotional/mood status found during the examination.					
7. An evaluation of the aggressive resident was completed to determine if there was a problem requiring medical intervention to prevent further incidents.					
8. The aggressive resident had an assessment, care plan and behavior management program in place to prevent conflict/aggression.					
9. The above has been reviewed and revised as needed and all new approaches are re-evaluated for effectiveness by an interdisciplinary team per policy.					
Alleged abuse by a staff member:					
10. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					
11. The resident's safety and protection was assured					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
by the immediate suspension/physical removal of the employee involved.					
12. The allegation of abuse, neglect, exploitation or misappropriation was immediately reported to the OIG, DCBS, and other state/local agencies as required and is documented, (date, time and person reported to).					
13. A thorough examination of the resident was conducted for any suspicious marks, bruising, injury or change in emotional/mood status and is documented.					
14. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
15. The resident's attending physician and legal representative were notified of the alleged abuse incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.		/			
16. The employee(s) suspected of the alleged abuse has the following forms in their employee file: <ul style="list-style-type: none"> • Reference check from previous employer(s) • State Abuse Registry, Sex Offender Registry and the OIG Exclusion Check • Criminal record check showing no felony's or misdemeanors related to abuse, neglect, or exploitation of an adult • Signed acknowledgment of the corporate Abuse Policy 					
17. The Administrator completed the investigation and sent a copy of it to the OIG within 5 working days of the alleged incident.					
18. The attending physician and the resident's legal representative were notified of the results of the investigation.					
19. Any subsequent knowledge of actions by a court of law against an employee, which would indicate unfitness for service, is reported to the Nurse Aide Abuse Registry by the Administrator.					
Alleged Abuse by an Individual not Directly Associated with the Facility:					
20. The staff member(s) suspecting abuse, neglect, exploitation or misappropriation immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
21. The alleged abusive person was removed from the facility and not allowed to return until the facility internal investigation is complete.					
22. The incident was immediately reported to the OIG, DCBS and other state/local agencies as required					
23. A thorough examination of the resident was conducted for any suspicious marks, bruising injury or change in emotional/mood status and is documented.					
24. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
25. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.					
26. The attending physician and the resident's legal representative were notified of the results of the investigation.					
Other issues:					
27. Bruises and/or other injuries are investigated to determine that the cause is not of unknown origin. Injuries of unknown origin are reported to the state/local agencies as required.					
28. Missing items that are unable to be located upon immediate search of the facility, will be reported and investigated as allegations of potential misappropriation of property and reported to state/local agencies as required.					
29.					
30.					

Percentage of compliance = $\frac{\# \text{ Yes responses}}{\text{total \# of responses}} \times 100$ %Compliance: _____

Threshold met: Yes No Plan of correction implemented: Yes No

Date completed: _____ By: _____

Rev: 1/12

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ALLEGATION OF ABUSE / NEGLECT CHECKLIST

Resident Name:			Date:
DATE	TIME	INITIALS	
			Staff member or other accused removed from direct resident contact immediately.
			Emergency care provided to resident if applicable. (Should also be documented in the nurses notes.)
			Director of Nurses notified.
			Administrator notified.
			Facility Director of Social Services notified.
			DCBS (Department of Community Based Services) notified by administrator or DON. If after hours, refer to bottom of page.
			OIG – Division of Long Term Care notified (<i>as per policy</i>) by Administrator or DON. If after hours, refer to bottom of page.
			Local Law Enforcement notified - if suspicion of a crime.
			Complaint form completed – if allegation was initiated by a concern/grievance.
			Incident report completed.
			Resident statement taken and includes their signature with the date and time. (If resident unable to sign, get signature of person transcribing.)
			Physician notified. (Should also be documented in the nurse's notes.)
			Family / responsible party notified of allegation (refer to bottom of page). (Should also be documented in the nurse's notes.)
			Complainant(s) statement completed with time, date and signature.
			Person(s) accused statement completed with time, date and signature.
			Witness(s) statements completed. Immediate supervisor will document statement and witness(s) sign and date.
			Investigation findings summarized in writing and signed by the administrative staff.
			Resident/Family/Complainant notified of results of investigation.
			MD notified of results of investigation.
			OIG – Division of Long Term Care notified of results of investigation (in writing) within 5 working days by the administrator.
			If DCBS substantiates allegation, the Nurse Aide Registry was notified. (see contact numbers below)

Family / responsible party notification: Inform them that an allegation has been made, that an investigation is under way, the appropriate authorities have been notified, what care has been provided and the resident's current condition. Do not give out names of staff/resident accused of abuse/neglect.

After hours notification:

DCBS _____

OIG _____

Administrator's Signature: _____ Date: _____

File completed form in 'Internal Investigations' file in Administrator's office.

Potential Employee Check List

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Applicant Name: _____

<u>Item</u>	<u>Date Received</u>	<u>Comment</u>
KSP Report	_____	_____
LPD Report	_____	_____
SNAR Report	_____	_____
Licensing Board Report	_____	_____
Information from previous employers	_____	_____
Information from current employers	_____	_____
References listed on Application	_____	_____
Drug Screening	_____	_____

Date information was given to D.O.N _____

Date information was given to Administrator _____

Hiring Decision: Yes No

Signature of individual whom approved the hiring: _____

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New Hire Checklist Items Required PRIOR to Hire

Employee Name: _____

Date of Interview: _____

___ Application complete and signed

___ Reference checks completed

___ Abuse Registry Check completed.	Date obtained _____
___ Criminal Records Check completed.	Date obtained _____
___ OIG Exclusion Check completed.	Date obtained _____
___ Sexual Offender Check completed.	Date obtained _____

___ WOTC Telephone Interview Completed (for profit facilities only)

___ Verification of Licensure or credentials

If a Certified Nurses Aide:

___ Confirmation received of name listed as Active on the Kentucky Nurse Aide Registry

___ Active Status expires on _____

If a Certified Medication Aide:

___ Confirmation received of name listed as Active on the Kentucky Nurse Aide Registry

___ Active Status expires on _____

___ Proof of employment in this position within the last two years

___ Copy of Medication Aide Program completion

If a Licensed Nurse:

___ Copy of Nursing License

___ Verification of active license by the Kentucky Board of Nursing.

___ Copy of CPR certification

___ Other training or certificates held

Employee Responsible for Completion:

Name

Date

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Reference Checks

Potential Employee: _____

Reference #1 _____ Date: _____

Person Giving Reference: _____ Title: _____

Dates Employed: From: _____ To: _____ Position Held: _____

Eligible For Rehire? Yes _____ No _____ Comments: _____

Reference #2 _____ Date: _____

Person Giving Reference: _____ Title: _____

Dates Employed: From: _____ To: _____ Position Held: _____

Eligible For Rehire? Yes _____ No _____ Comments: _____

Reference #3 _____ Date: _____

Person Giving Reference: _____ Title: _____

Dates Employed: From: _____ To: _____ Position Held: _____

Eligible For Rehire? Yes _____ No _____ Comments: _____

Staff Completing Reference Checks: _____

I hereby consent to and authorize the above named employer to release the information requested within this form. And I hereby hold harmless and release said employer from any liability in furnishing this information.

Date: _____ Applicant's Signature: _____

40

ALLEGATION OF ABUSE / NEGLECT CHECKLIST

Resident Name:

Date:

DATE	TIME	INITIALS	
			Staff member or other accused removed from direct resident contact immediately.
			Emergency care provided to resident if applicable. (Should also be documented in the nurses notes.)
			Director of Nurses notified.
			Administrator notified.
			Facility Director of Social Services notified.
			DCBS (Department of Community Based Services) notified by administrator or DON. If after hours, refer to bottom of page.
			OIG - Division of Long Term Care notified (as per policy) by Administrator or DON. If after hours, refer to bottom of page.
			Local Law Enforcement notified - if suspicion of a crime.
			Complaint form completed - if allegation was initiated by a concern/grievance.
			Incident report completed.
			Resident statement taken and includes their signature with the date and time. (If resident unable to sign, get signature of person transcribing.)
			Physician notified. (Should also be documented in the nurse's notes.)
			Family / responsible party notified of allegation (refer to bottom of page). (Should also be documented in the nurse's notes.)
			Complainant(s) statement completed with time, date and signature.
			Person(s) accused statement completed with time, date and signature.
			Witness(s) statements completed. Immediate supervisor will document statement and witness(s) sign and date.
			Investigation findings summarized in writing and signed by the administrative staff.
			Resident/Family/Complainant notified of results of investigation.
			MD notified of results of investigation.
			OIG - Division of Long Term Care notified of results of investigation (in writing) within 5 working days by the administrator.
			If DCBS substantiates allegation, the Nurse Aide Registry was notified. (see contact numbers below)

Family / responsible party notification: Inform them that an allegation has been made, that an investigation is under way, the appropriate authorities have been notified, what care has been provided and the resident's current condition. Do not give out names of staff/resident accused of abuse/neglect.

After hours notification:

DCBS _____

OIG _____

Administrator's Signature: _____ Date: _____

File completed form in 'Internal Investigations' file in Administrator's office.

#46

**Quality Assurance
Allegations of Abuse, Neglect, Misappropriation of Property**

Month & Year reviewed: _____ QA Nurse Signature: _____

- 1) Were all allegations of abuse, neglect, misappropriation of property investigated timely & correctly? _____ Yes _____ No

Comments:

- 2) Was facility policy & procedure correctly followed with allegations? _____ Yes _____ No

Comments:

- 3) Were investigation forms completed in a timely manner? _____ Yes _____ No

Comments:

- 4) Was facility staff & State Agencies notified timely & according to facility policy? _____ Yes _____ No

Comments:

- 5) Was the residents protected during the investigations? _____ Yes _____ No

Comments:

- 6) Did Administration utilize the facilities policies & procedures effectively & efficiently so residents were able to maintain their highest practicable physical, mental, & psychosocial well-being? _____ Yes _____ No

Comments:

Date Reported to DON

Reported to QA Com.

Reported to Adm.

#44

**Quality Assurance
(Allegations of Abuse, Neglect, Misappropriation of Property)**

- 1) Are in-services being held monthly with staff on abuse? Yes No
Comments: _____
- 2) Are post test being given after each abuse in service: Yes No
Comments: _____
- 3) Are the nurses consultants visits timely & are their recommendations being followed? Yes No
Comments: _____
- 4) Is the CQI form being completed correctly & timely? Yes No
Comments: _____
- 5) Are weekly interviews being done with residents & staff with identified issues being followed up on? Yes No
Comments: _____
- 6) Does the Abuse Committee minutes indicated allegations are being investigated & followed up on timely? Yes No
Comments: _____
- 7) Does the complain log indicate all complaints are being investigated, followed up on & a report given back to the individual making the complaint?
 Yes No
Comments: _____
- 8) Are complaints/grievances reported in resident council meeting being reported, investigated, and acted on & a report given back to the residents in a timely manner on all issues voiced? Yes No
Comments: _____
- 9) Is tracking & trending being done on misappropriation of resident items to ensure policy & procedure is being followed correctly? Yes No
Comments: _____

Signature

Date

Date reported to QA Com.

Date reported to Administrator

Date reported to DON

#48

Quality Assurance

(Monitoring Resident Council Minutes for Complaints/Grievances)

Date of Resident Council Meeting: _____

Complaints/Grievances voiced at resident council meeting:

1) _____

2) _____

3) _____

4) _____

Have above listed complaints/grievances been investigated? Yes No

If no explain why they were not investigated.

Have residents' complaints/grievances been resolved: Yes No

If no explain why:

Have residents been informed of what has been done to resolve complaints/grievances?

Yes No (Explain no answer)

Date report given to Director of Nursing: _____

Date report given to Administrator: _____

Date report reviewed by QA Committee: _____

Signature of staff completing form: _____

Date form completed: _____

Hicks Golden Years Nursing Home

F226 Please accept our credible allegation of compliance.

- 1) Resident # 7 allegation of being hurt by SRNA's # 7 & # 8 has been investigated & reported to the facility Administrator and appropriate State Agencies. Staff involved in the allegation (SRNA # 7, SRNA # 8 & LPN # 2) was suspended during the investigation.

Resident # 5 allegation of having six dollars (\$6.00) & a pair of pants missing has been investigated & reported to the appropriate State Agencies.

Resident # 6 allegation of having thirty-six (\$36.00) missing from his/her room has been investigated & reported to the appropriate State Agencies.

- 2) To ensure the safety of all other residents residing at this facility on 4-25-2014 residents with a BIM's score of 8 & above were interviewed by the ACT/SS Director and/or MDS Coordinator to determine if any had failed to report an allegation of abuse, neglect, misappropriation or exploitation. Resident # 4 interview was conducted on 4-28-14 due to her being absent from the facility on 4-25-2014. These interviews identified 13 residents who reported missing items/money with no allegations of physical abuse being identified. Investigations were started immediately by members of the Abuse Committee, (SS/ACT Director, MDS staff member). OIG & DCBS were notified of these allegations on 4-28-2014. Resident allegations identified from interviews were as listed below:

- A) Blanket missing (blanket was located in residents room)
- B) \$2.00 missing over a year ago
- C) Quarters missing twice (Quarters replaced)
- D) \$28.00 in quarters missing (quarters replaced)
- E) 7 quarters (quarters replaced)
- F) Lotion (family stated they took lotion home)
- G) Soup (husband brings resident soup for lunch & always takes the container home)
- H) Dr. Pepper sleep pants (facility replaced sleep pants) staff determined they were mistakenly put in with the soiled briefs & thrown away
- I) \$3.00 a month ago & \$36.00 missing on 2-4-2014
- J) 11 quarters (quarters replaced)
- K) Watch 5 months ago (watch replaced by facility)
- L) \$12.00 in quarters (quarters replaced by facility)
- M) Picture of a doll 3-4 months ago: sweater – several years ago

Quarters missing were won in a quarter toss game that is played in activities. To prevent the reoccurrence of quarters won from becoming missing, the facility has put into place a policy where the residents will be given a voucher instead of the quarters. This voucher can be presented to the charge nurse & the resident will be given the amount of money requested. A lock box with cash for this purpose is being

kept at A-side nurses station locked in the med. room. Residents who routinely play the quarter toss game was told of this change by the SS/ACT Director on 5-1-2014. To prevent residents clothing from being mistakenly put into the soiled brief cart the soiled linen brief will have a white lid & the soiled linen container will have a different color lid with each container also having a large sign placed on each lid so each can be easily identified. A sign has been posted for visitors to see instructing them to put the resident's name in all articles of clothing that is brought into the facility so they can be easily identified for returns from the laundry.

On 4-25-2014 a head to toe skin assessment was completed on all residents with a BIM's score of less than 8. Eleven residents were identified with bruises/areas of discoloration/scratches/scabs of unknown origin. These were reviewed by the DON & the consulting nurse on 4-27-2014 and although none were of suspicious nature, investigations were started on 4-27-2014 by the QA nurse & MDS Coordinators. OIG & DCBS were each notified on 4-28-2014 on the identified areas by MDS Coordinator. Investigations were concluded on 4-29-2014 with all being unsubstantiated by the facilities QA Abuse Committee. On 5-1-2014 & 5-2-2014 these eleven residents' investigations were again reviewed to determine possible causes of the injuries & what could be done to protect the resident from a reoccurrence of similar injuries.

Listed below is the resident room number identified in the head to toe skin assessment, the injury and what staff has put into place to prevent a reoccurrence of a similar injury.

- A) Room 18b – bruises to bilateral lower extremities – skin sleeves to bilateral lower extremities. Note to SRNA's per communication book R/T skin sleeves
- B) Room 7b – scratches to rt. Foot & forehead: pad side rails, keep fingernails trimmed & filed. Note to SRNA's per communication book R/T nails. Placed on LPN treatment sheet for nails to be monitored
- C) 23b – Bruise to left elbow – place elbow pad on left elbow. Note to SRNA's per communication book R/T elbow pad. Placed on LPN treatment book for monitoring.
- D) 20d – discoloration to bilateral arms (origin of injury undetermined)
- E) 20d – scab & bruise to back of left arm (origin of injury undetermined)
- F) 20c – discoloration to right inner arm (Takes ASA 81 mg daily)
- G) 11b – discoloration to right inner thigh & back of left knee (pad geri chair)
- H) 21a – skin tear with discoloration to right elbow. (keep finger nails cut & filed, Pad side rails)
- I) 14b – scratch to left knee (Keep finger nails cut & filed)
- J) 7a – multiple discolored areas to lower bilateral extremities (pad geri chair)
- K) 8b – scratches to left knee (keep finger nails cut & filed. Pad post of over bed table)

All staff was interviewed by the ADON & the QA Nurse on 4-29-2014 to determine if any had failed to report any allegations of abuse, neglect, misappropriation or exploitation. There were no new allegations reported from these interviews.

Questions ask of staff are as follow:

- A) Have you witnessed or are aware of any residents being spoken to or treated in any manner by staff that would allege physical, verbal or mental abuse?

- B) Are you aware of any staff members taking items/money from residents?
- C) Do you have any concerns about any of your co-workers and how they provide care for residents that could be abusive or neglectful?

All allegations from the year 2013 until May 2014 were reviewed by the Abuse Committee to ensure investigations were completed timely & thoroughly with appropriate State Agencies, facility Administrator & Director of Nursing being notified. This review produced one allegation that had not been completed correctly. Due to this failure a new investigation was started on 5-1-2014 with the appropriate State Agencies being notified of the allegation. This investigation was concluded by the Abuse Committee with the committee determining that the allegation could not be substantiated.

- 3) The nursing home Administrator, DON, ADON, QA Nurse, Activity/Social Service Director, Resident Care Supervisor, MDS Coordinators, Medical Records Director, Data Compliance & Office Assistant received in-service education by the nurse consultant on 4-25-2014 regarding the regulatory requirements on reporting, investigation and protection of residents with all allegations of abuse, neglect, misappropriation and exploitation. On 5-1-2014 additional in-service was provided by the nurse consultant on using the handouts provided at a seminar given by OIG on 2-26-2014 with the following staff members attending: DON, ADON, Administrator, Dietary Supervisor, Admissions staff (payroll clerk), Resident Care Supervisor, Data Compliance Staff, Housekeeping/Laundry Supervisor, MDS Coordinators, Medical Records Staff, QA Nurse, Social Service/Activity Director.

The following is a list of items covered in the in-services:

- A) Describing the various forms of abuse & neglect
- B) Possible indicators of abuse, neglect, misappropriation, exploration
- C) Developing & implementing policies & procedures to prohibit abuse, neglect, mistreatment, involuntary seclusion & misappropriation of residents property
- D) Reporting allegations
- E) Protecting residents
- F) Investigating allegations
- G) Identification
- H) Training
- I) Screening

In-service was held on 5-1-2014 at 2pm & 7pm with all LPN's, SRNA's, CMT's, office staff, kitchen staff, housekeeping staff, laundry staff, maintenance staff & janitorial staff attending by the DON. Two employees were not present at either meeting & these two employees were in serviced on 5-2-2014 by the DON.

Information for these in-services included the training manual "Hand in Hand: A Training Series for Nursing Homes". The in-service covered the following listed areas:

- 1) Revised abuse policy
- 2) Revised investigation form

- 3) Types of abuse
- 4) How to report abuse
- 5) Protection of resident
- 6) Preventing abuse
- 7) What constitutes abuse
- 8) LPN's starting investigation (what to do)
- 9) Allegations of abuse
- 10) Identifying abuse
- 11) Screening potential employees
- 12) Revised reporting protocol for abuse
- 13) Watched Module 2 (What is Abuse) DVD from the Hand in Hand A Training Series for Nursing Homes

Post test were given after each of the in-services. Employees who did not score 100% on their test were rein-serviced at the time the post test was reviewed by the DON.

As an on-going training program all new hires will be required to go through the abuse training that will include the following:

- A) Screening
- B) Training Prevention
- C) Identification
- D) Protection
- E) Reporting/response

Information for these trainings will be taken from the manual "Hand in Hand: A Training Series for Nursing Homes". New employees will be required to take a post test to ensure they understand all issues related to abuse.

In-services on abuse will be held monthly for a period of 6 months by the DON &/or her designee. Post test will be given after each abuse in-service.

All staff will be required to attend the monthly abuse in-services.

The policies & Procedures listed below have been revised by the DON & ADON.

- A) Screening of potential employees – See Attachment # 26
- B) Criminal record background checks – See attachment # 28
- C) Reference checks on potential employees – See attachment # 30

On 4-28-2014 the ADON in serviced the payroll clerk, office manager & accounts payable on the following:

- A) Screening of potential employees
- B) Criminal record background checks
- C) Reference checks on potential employees

All current employee files were reviewed by the payroll clerk, office manager & accounts payable to ensure current employees had no offences that would prevent them from working at this facility. The following is a list of what has been checked on all current employees:

- A) Abuse registry

- B) KY Court of Justice
- C) Wayne County Police Department
- D) OIG Exclusion

As of 4-29-2014 all current employee files were reviewed by the DON & Administrator & signed off on indicating all current employees had no record that would prevent them from working at this facility.

New forms have been developed that are being used to report & investigate missing items &/or misappropriation of residents property. (See attachment #38) The Abuse Committee is responsible for reviewing all allegations of missing items &/or misappropriation of residents property daily (Monday through Friday).

A tracking/trending system has been developed & put into place that will track & trend missing items to determine if there is a pattern relating to the incidents.

An Abuse Committee has been established & will be responsible for investigating, monitoring & tracking of all allegations. This Committee will meet daily (Monday through Friday) to review all allegations of abuse, neglect, misappropriation of property, injuries of unknown origin. Members of this committee will include the following:

- A) DON
- B) ADON
- C) MDS Coordinator
- D) SS/Activity Director
- E) QA Nurse

Members of the Abuse Committee meet daily (Monday through Friday) to review all allegations, injuries of unknown origin, and any misappropriation of residents property to ensure all policies/procedures have been followed. Charge nurses will be in serviced on when to contact the RN on allegation of suspected abuse &/or areas of suspicious origin that occurs after hours for the Abuse Committee. A list of RN's along with their contact phone number will be posted at A & B side nurses station. If the listed RN cannot be reached then the charge nurses will notify the DON, Administrator or ADON for further instructions on who will report to the facility to assist in the investigation & to ensure all policies & procedures are followed. These investigations are then reviewed as soon as the Abuse Committee Members return to the facility. If indicated the Abuse Committee Members will return to the facility on their off hours for allegations.

Weekly interviews are being conducted with a random selection of residents as well as employees to ensure all allegations are being reported. These interviews are being completed with staff from different shifts & include all facility departments. A log is being maintained by the Abuse Committee on these interviews to ensure five (5) different residents & five (5) different employees from different departments are being interviewed. All investigation information R/I these interviews are also being maintained in this log. The information from the resident/employee interviews are

being reviewed weekly by members of the Abuse Committee. If an allegation is identified during one of the interviews the Abuse Committee will be notified immediately & an investigation initiated as indicated.

A locked box has been placed on the wall near the front entrance of the facility with blank complaint forms kept next to it so family members, visitors, employees, etc can make a complaint or a concern & place it in the lock box. Staff checks this box daily & takes any complaint found in the box to the daily Abuse Committee meeting Monday through Friday for review & investigation if indicated. Complaints obtained from the box on the weekend will be investigated by the RN on duty with abuse committee notified as indicated.

The Continuous Quality Improvement (CQI) indicator will be completed weekly by the Director of Nursing on all investigations of alleged abuse. Completed CQI indicators will be reviewed weekly by the Abuse Committee members to ensure all policies & procedures R/T allegations of abuse has been followed. The CQI indicator will review the residents medical record, investigation reports, internal reports & staff interviews in completing the CQI form to ensure ongoing compliance with the abuse regulations. The threshold to be met for this form has a compliance threshold of 100%. If this threshold is not met then it will be the responsibility of the Abuse Committee members to implement a plan of correction R/T the issues identified. (See attachment #39)

Results of each abuse allegation CQI indicator will be reviewed by the Abuse Committee as part of their daily meeting, Monday through Friday, to ensure all allegations are being handled correctly. The results of the CQI indicators will serve as an ongoing avenue to determine where the facilities weak areas are located with the seven components of abuse & neglect. In-services will be held with staff related to the weak areas identified by the CQI indicators.

The facility will be in contact with the Consultant Nurse by e-mail on a daily basis as indicated. Monthly visits to the facility will be done by the Nurse Consultant. During these visits the Nurse Consultant will review all allegations R/T abuse & neglect issues to ensure the facility continues to be in compliance with investigation, notification, protection & reporting.

The Administrator of the facility will be given daily (Monday through Friday) information from the Abuse Committee for his reviews. This information will include the following:

- A) All allegations of abuse
- B) All abuse investigations & conclusions.
- C) QA findings
- D) All allegations of misappropriation of property, All other allegations
- E) Minutes from the Abuse Committee

The following policies & procedures have been reviewed & revised:

- A) Abuse Policy (See attachment # 14)
- B) QA Abuse Investigating Team (See attachment # 35)
- C) Complaint of abuse form (See attachment # 16)
- D) Form for reporting misappropriation of property (See attachment # 20)
- E) Reporting protocol (See attachment # 21)
- F) Check list of initial investigation (See attachment # 18)
- G) Nurse's instruction for initial allegations (See attachment # 22)
- H) Initial allegation of abuse and neglect form (See attachment # 19)
- I) Policy on resident protection during abuse investigation (See attachment # 24)
- J) Reporting on an injury of unknown origin policy (See attachment # 25)
- K) Missing items monitoring form (See attachment # 17)
- L) Initial investigation of misappropriation of property (See attachment # 20)
- M) Policy on misappropriation of property (See attachment # 23)
- N) Complaint/grievance report form (See attachment # 9)

The following listed assessment tools have been provided to the facility by the Consultant Nurse & adopted for use.

- A) CQI tool to determine compliance with abuse policy & procedure (Attachment # 39)
- B) Abuse allegation check list (See attachment # 40)
- C) Screening of potential employees (See attachment # 29)
- D) Criminal record background checks (See attachment # 27)
- E) Reference checks on potential employees (See attachment # 31)

To ensure continued compliance with abuse regulations staff of Hicks Golden Years is performing the following as an on going monitoring system to ensure all allegations are investigated & reported to all agencies according to regulations & facility policy:

- 1) Abuse Committee meets daily (M-F) to review any new allegation, ongoing investigations, new investigations, & conclusions to ongoing investigations.
- 2) The Director of Nursing reviews all investigations after their conclusion has been written. (See attachment #40)
- 3) All investigations are logged into a Investigation log binder by the Director of Nursing. (See attachment # 41). This log keeps a record of Complaint name, date, problem, date Administrator, DON & all agencies were notified as well as the conclusion to the investigation. The Consultant Nurse reviews this log monthly & makes recommendations as indicated.
- 4) The Abuse Committee members reviews daily (Monday –Friday) the 72 hour charting sheet, (See Attachment # 42), the Daily charting sheet (See attachment # 43), & the 7 day charting sheet (See attachment # 44)(to ensure no allegations or incidents have failed to be reported per facility policy. The above listed charting papers are utilized by the charge nurse daily for their charting & to ensure all charge nurses are aware of all changes in the residents condition. Any areas of concern noted during the daily (M-F) review of these sheets by the Abuse Committee will have an investigation

- started immediately with appropriate staff & agencies notified. The RN working week-ends will review the 72 hour charting sheet, the daily charting sheet, & the 7 day charting sheet to ensure no allegations or incidents have failed to be reported.
- 5) Interviews are being conducted weekly by the Social Service/Activity Director &/or her designee with 5 different employees. These interviews are being utilized to determine if any complaints &/or allegations have gone unreported by staff &/or residents. These interviews are reviewed by the Abuse Committee weekly (M-F).. If a complaint or allegation was noted during a interview then it is the responsibility of the SS/Act. Director &/or her designee to inform the DON & the Administrator immediately so an investigation can be initiated immediately. The SS/Act Director&/or her designee will notify the DON & Administrator or all complaints &/or allegations identified during the interviews by completing a complaint/grievance form & giving it to the DON & Administrator. A log is kept to identify the employee & the date they were interviewed.
 - 6) Interviews are being conducted weekly by the Social Service/Activity Director &/or her designee with five (5) different residents with a BIMS score of 8 or above. These interviews are being utilized to determine if any complaints &/or allegations have gone unreported by residents. These interviews are reviewed by the Abuse Committee weekly (M-F). If a complaint or allegation is noted during these interviews it is the responsibility of the SS/Act. Director &/or her designee to inform the DON & Administrator immediately by completing a complaint/grievance form so an investigation can be initiated immediately. A log is kept to identify the resident & the date they were interviewed.
 - 7) Five (5) weekly skin assessments will be chosen for review on residents with a BIMS score below eight (8) to identify any discolorations or injuries of suspicious origin. If any discoloration or injury of suspicious nature is noted during the review of chosen skin assessments the Director of Nursing & the RN on duty will be notified immediately and an investigation started immediately.
 - 8) Skin assessments are done routinely on all residents if during these assessments any area is identified as an injury of unknown origin the Charge Nurse will start an investigation immediately & notify the DON. An RN is required to review & follow up on these investigations to ensure facility policies & procedures are followed correctly.
 - 9) Complaint box placed at the entrance of the facility is checked daily(M-F) by the Social/Activity Director for any complaint forms that have been completed & placed in the box. Completed forms are brought to the Abuse Committee meeting daily (M-F) by the SS/Act. Director for review by the Abuse Committee. Investigations are started immediately on complaints/&/or allegations. The RN working weekends is responsible for checking the complaint box on Saturday & Sunday. The weekend RN is responsible for starting investigations into any complaint &/or allegation found in the box & notifying the Director of Nursing & the Administrator. Any complaint found

in the complaint box on the weekend will be reviewed at the Abuse Committee meeting on Monday. Blank complaint forms are being kept next to the complaint box for easy access to all visitors, staff, residents & others. The complaint box is kept locked at all times & signatures are not required on the complaint form (See attachment # 45).

In addition to the above mentioned actions being taken by this facility Quality Assurance will also monitor the facilities over all performance to ensure that the practices put into place continue to work in maintaining compliance with regulations. Each item listed below will be monitored monthly by the Quality Assurance Nurse &/or her designee. The Quality Assurance Nurse &/or her designee will be responsible for reporting on all areas listed below to the QA Committee, Administrator & Director of Nursing monthly. It will be the responsibility of the Abuse Committee along with the QA Committee members to investigate & find solutions to any issues that may be identified during these monthly QA Audits .

- A) QA Nurse will monitor monthly allegations of abuse, neglect, misappropriation of property & mistreatment to ensure investigations are completed correctly & in a timely manner. Any problem identified will be reported to the DON & Administrator immediately by the QA Nurse by providing them with a copy of the report. Corrective action R/T the problems identified will be taken by the DON & Administrator.
- B) QA Nurse will monitor monthly allegations of abuse, neglect, misappropriation of property & mistreatment to ensure facility policies & procedures has been followed. Problems identified will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report so the DON & Administrator can take corrective action.
- C) QA Nurse will monitor monthly Investigation files to ensure all forms were completed timely. Problems identified with the completion of investigations forms will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report so corrective action can be initiated..
- D) QA Nurse will monitor monthly notification of all facility staff & State Agencies to ensure appropriate notification was done. Any problem identified with notification will be reported to the DON & Administrator by the QA Nurse immediately by providing them with a copy of the report.
- E) QA Nurse will monitor monthly all notifications R/T abuse & neglect issues to ensure they were done timely. The QA Nurse will notified the DON & Administrator immediately of any problems identified in this area by providing them with a copy of the report. Corrective action related to the problems identified will be done by the DON & Administrator.
- F) QA Nurse will monitor monthly allegations of abuse to ensure residents were protected during the investigation. Problems identified with resident protection will be reported to the DON & Administrator by the QA Nurse by providing them with a copy of the report immediately so they corrective action can be taken by the DON & Administrator.

- G) QA Nurse will monitor monthly allegations to ensure Administration has utilized the facilities policies & procedures relating to abuse & neglect effectively & efficiently so residents maintain their highest practicable physical, mental & psychosocial well-being. The QA Nurse will report immediately to the DON & Administrator any problems identified with failure to follow the facilities policies & procedures by means of providing them with a copy of the completed report identifying the problems. Corrective action related to the areas identified will be taken by the DON & Administrator.
- II) QA Nurse will monitor monthly the files of new hires to ensure facility policies & procedures are being followed. The QA Nurse will report any problems identified to the DON & Administrator immediately by providing them with a copy of the report so they can take corrective action.
- I) QA Nurse will monitor monthly in-service records to ensure abuse in-services continue monthly for all staff. The QA Nurse will report any problems identified with in services immediately to the DON & Administrator by providing them with a copy of the report so corrective action can be taken by them to prevent recurrence of the identified problem
- J) QA Nurse will monitor in-services monthly to ensure post test are given after the in-service. The QA Nurse will report any problems identified with giving the post test to the DON & Administrator immediately by providing them with a copy of the report so they can take corrective action.
- K) The QA Nurse will monitor monthly the Consultant Nurse visits to ensure they are done timely. Any problems identified with the Consultant Nurse visits will be reported to the DON & Administrator immediately by the QA Nurse by providing them with a copy of the monitoring sheet so correct action can be taken by the DON & Administrator.
- L) The QA Nurse will monitor monthly the Consultant Nurse recommendations to ensure they are followed up on in a timely manner. Any problems identified during this review will be given to the Administrator & DON immediately by the QA Nurse by providing them with a copy of the report so correction action can be taken by the DON & Administrator.
- M) The QA Nurse will monitor the COI forms monthly to ensure they are being completed correctly & in a timely manner. The QA Nurse will notify the DON & Administrator immediately of any problems identified with the COI form by providing them with a copy of the completed monitoring form. The DON & Administrator will take correction action R/T the problems identifies.
- N) The QA Nurse will monitor the Abuse Committee minutes monthly to ensure the committee is investigating & following up on all allegations as stated per facility policy & regulations. The QA Nurse will report any problems identified during this review to the DON & Administrator immediately by providing them with a copy of the report. Corrective action R/T the identified problems will be taken by the DON & Administrator.
- O) The QA Nurse will monitor monthly the complaint log to ensure all complaints are being investigated, followed up on & a report given back to

the individual making the complaint. The DON & Administrator will be notified immediately of any identified problems R/T this area by the QA Nurse by providing the Don & Administrator with a copy of the report. Corrective action R/T identified issues will be done by the DON & Administrator.

- P) The QA Nurse will monitor resident & employee weekly interviews to ensure they are being done timely & followed up on. The QA Nurse will report any problems identified during this review immediately to the DON & Administrator by providing them with a copy of the report. Corrective action R/T identified problems will be taken by the DON & Administrator.
- Q) The QA Nurse will monitor monthly resident council minutes for complaints/grievances to ensure they have been reported, investigated, acted on, & a report given to the residents in a timely manner on all issues voiced. The QA Nurse will notify the DON & Administrator of any problems identified during this review immediately by providing them with a copy of the report. Corrective action will be taken by the DON & the Administrator.
- R) The QA Nurse will monitor monthly the tracking & trending of misappropriation of resident items to ensure it is being done correctly. The QA Nurse will notify the DON & the Administrator immediately of any problems identified during this review by providing them with a copy of the report. Correction action R/T the identified problems will be taken by the DON & Administrator.

(See attachments #46, #47, #48)

Completion Date: 6-12-2014

26

Screening of Potential Employees

- 1) **Prior to the hiring of any individual the following will be done.**
 - A) **Criminal record background checks**
 - B) **Obtain information from previous &/or current employees if available**
 - C) **Check with all appropriate licensing boards**
 - D) **Check with appropriate registries (State nurse aide registry)**
 - E) **Contact references listed on application if available**
 - F) **Urine drug screen**
- 2) **All potential employees will be screened for a history of abuse, neglect or mistreatment of residents.**
- 3) **The screening of potential employee check list will be completed in detail prior to the hire of any individual.**
- 4) **Above information will be reviewed by administration prior to the hiring process.**

4-25-2014

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Criminal Record Background Check Policy

- 1) **Prior to hiring any individual a criminal record background check will be performed.**
- 2) **Information for a criminal record background check will be obtained from:**
 - A) **Local police department**
 - B) **Kentucky State Police**
 - C) **Other state police &/or other local police departments as indicated (Example: individuals who have recently moved to local area).**
- 3) **All reasonable efforts will be made to uncover any information relating to a potential hires past criminal prosecutions.**
- 4) **After all criminal record background checks requested has been received by the nursing facility they will be reviewed by the administration and a determination made as to the hiring of the individual.**
- 5) **If it is determined by the facility that the actions of a court of law are such that they indicate the individual is unsuited to work in a nursing facility then they will not be employed by this facility.**

4-25-2014

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REFERENCE CHECKS

POLICY:

Individual references shall be attempted on each new employee. All reference checks must be documented in writing. (See attached form).

PROCEDURE:

The following procedures and guidelines will apply:

1. Reference checks will not be performed until after a personal interview has been conducted. If, as a result of the interview, the applicant is discovered to be unqualified for employment, there is no point in checking with former employers. If further confirmation or investigation of previous work is indicated, proceed as outlined below.
2. All reference checks are confidential. Violation of the confidentiality of a prospective employee is grounds for termination.
3. A minimum of two (2) reference checks is recommended for each candidate. If the applicant is employed, determine whether or not the present employer can be contacted for a reference.

4. All reference checks require the consent of the applicant. All applicants must sign the statement on the application which permits the facility to check references.
5. References can be requested in writing or by telephone. The telephone reference saves time, but the results may not always be predictable. The disadvantage of the telephone request is that some employers will supply little or no information. You may then be asked to provide written request in order to receive a response. On the other hand, a telephone reference may elicit valuable information an employer is reluctant to put in writing. Due to EEO guidelines and legislation which protects the privacy of employees and their records, there is no guarantee that either a telephone or written request for reference will result in more than verification of employment. However, at least one (1) attempt shall be made.

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Misappropriation of Resident's Belongings

Name: _____

Date: _____

1. What is missing: _____

2. Do you know if someone got it: _____

3. Do you know who took it: _____

4. Did you loose it: _____

5. Did you give it to anyone: _____

6. Do you think family took it: _____

Name

Date

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Indicator: Abuse Investigation and Reporting

Threshold: 100%

Directions: Members of the quality improvement team will review resident medical records, investigation reports, other internal reports and perform staff interviews as needed to complete the appropriate section of this form. Mark 'X' for a YES response, 'O' for a NO response, and 'N/A' if not applicable. A NO response may indicate a potential problem.

Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
Resident to Resident Altercation/Abuse:					
1. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and/or the Administrator (or designee).					
2. The residents were separated from each other immediately to assure their safety.					
3. A thorough examination of both residents was conducted for any suspicious marks, bruising, injury, or indication of change in emotional/mood status and is documented.					
4. An investigation was performed (as defined per policy).					
5. If abuse, neglect, exploitation or misappropriation was alleged, then the Office of the Inspector General (OIG), Dept. of Community Based Services (DCBS) and other state/local agencies were notified.					
6. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or indication of change in emotional/mood status found during the examination.					
7. An evaluation of the aggressive resident was completed to determine if there was a problem requiring medical intervention to prevent further incidents.					
8. The aggressive resident had an assessment, care plan and behavior management program in place to prevent conflict/aggression.					
9. The above has been reviewed and revised as needed and all new approaches are re-evaluated for effectiveness by an interdisciplinary team per policy.					
Alleged abuse by a staff member:					
10. The staff member(s) suspecting abuse immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					
11. The resident's safety and protection was assured					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
by the immediate suspension/physical removal of the employee involved.					
12. The allegation of abuse, neglect, exploitation or misappropriation was immediately reported to the OIG, DCBS, and other state/local agencies as required and is documented, (date, time and person reported to).					
13. A thorough examination of the resident was conducted for any suspicious marks, bruising, injury or change in emotional/mood status and is documented.					
14. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
15. The resident's attending physician and legal representative were notified of the alleged abuse incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.					
16. The employee(s) suspected of the alleged abuse has the following forms in their employee file: <ul style="list-style-type: none"> • Reference check from previous employer(s) • State Abuse Registry, Sex Offender Registry and the OIG Exclusion Check • Criminal record check showing no felony's or misdemeanors related to abuse, neglect, or exploitation of an adult • Signed acknowledgment of the corporate Abuse Policy 					
17. The Administrator completed the investigation and sent a copy of it to the OIG within 5 working days of the alleged incident.					
18. The attending physician and the resident's legal representative were notified of the results of the investigation.					
19. Any subsequent knowledge of actions by a court of law against an employee, which would indicate unfitness for service, is reported to the Nurse Aide Abuse Registry by the Administrator.					
Alleged Abuse by an Individual not Directly Associated with the Facility:					
20. The staff member(s) suspecting abuse, neglect, exploitation or misappropriation immediately reported the alleged incident to their supervisor and Administrator (and/or designee).					

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Criteria/Question Mark 'X' for YES, 'O' for NO, or 'N/A'	Resident				
	1	2	3	4	5
21. The alleged abusive person was removed from the facility and not allowed to return until the facility internal investigation is complete.					
22. The incident was immediately reported to the OIG, DCBS and other state/local agencies as required					
23. A thorough examination of the resident was conducted for any suspicious marks, bruising injury or change in emotional/mood status and is documented.					
24. The Administrator or designee immediately began a thorough investigation of the alleged incident of abuse, neglect, exploitation or misappropriation.					
25. The resident's attending physician and legal representative were notified of the incident and any suspicious marks, bruising, injury or change in emotional/mood status found during the examination.					
26. The attending physician and the resident's legal representative were notified of the results of the investigation.					
Other issues:					
27. Bruises and/or other injuries are investigated to determine that the cause is not of unknown origin. Injuries of unknown origin are reported to the state/local agencies as required.					
28. Missing items that are unable to be located upon immediate search of the facility, will be reported and investigated as allegations of potential misappropriation of property and reported to state/local agencies as required.					
29.					
30.					

Percentage of compliance = $\frac{\# \text{ Yes responses}}{\text{total \# of responses}} \times 100$ %Compliance: _____

Threshold met: Yes No Plan of correction implemented: Yes No

Date completed: _____ By: _____

Rev: 1/12

Privileged and Confidential – for Quality and Peer Review Only

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Resident Abuse Policy

Policy:

1. Hicks Golden Years Nursing Home upholds resident's rights to be free from and strictly prohibits verbal, sexual, physical, and mental abuse of residents, involuntary seclusion, corporal punishment, mistreatment and neglect of residents, and misappropriation of resident's property.
 2. It is the policy of Hicks Golden Years Nursing Home to report and thoroughly investigate all allegations or mistreatment, neglect, abuse, misappropriating of residents property or an injury of unknown origin.
 3. It is the policy of Hicks Golden Years Nursing Home to perform before hiring:
 - a. A criminal background check with the local police department and the Justice department, state police.
 - b. Reference check from previous employers if available.
 - c. Check abuse registry in each state in which the employee have worked in an effort to uncover information about any past criminal prosecution relating to abuse, neglect or mistreatment.
 - d. (In the state of Kentucky, you cannot work in healthcare setting if if you have had a felony, had any type of abuse to elderly's, or been involved in the selling or manufacturing drugs.)
-
- c. Drug testing.

Definition: (42 CFR 483.13 (b) (c))

"ABUSE" if defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain, or mental anguish.

"VERBAL" is defined as any oral, written, or gestured language that willfully includes disparaging, and derogatory terms as to their age, ability to comprehend, or disability.

"SEXUAL ABUSE" includes, but is not limited to sexual harassment, sexual coercion, or sexual assault.

"PHYSICAL ABUSE" includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

"MENTAL ABUSE" includes but not limited to, humiliation, harassment, and threats of punishment or deprivation.

"MISAPPROPRIATION OF RESIDENTS PROPERTY" is defined as the patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money

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without the resident's consent. (example: theft of resident's property)

"NEGLECT" is defined as failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs on an individual basis when a resident does not receive care in one or more areas.

1. Not being changed in a timely manner and left laying in urine or feces.
 2. Not being turned to prevent skin problems.
- etc.

GUIDELINES:

1. Abuse, neglect, or misappropriation of residents property constitutes a crime in the state in which Hicks Golden Years Nursing Home operates its nursing home.
2. Residents will not be subject to abuse, mistreatment, neglect, and misappropriation of property by anyone. This includes the following: facility staff, family, friends, visitors, consultants, volunteers, staff of outside agencies, other residents, legal guardians.
3. The facility will post in a conspicuous area, accessible to the residents, employees, and visitors, the names, addresses, phone numbers of all pertinent state client advocacy groups such as Licensing and Regulation (OIG), the state Ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit, and a statement that the resident may file a complaint with the survey and the certification agency concerning abuse, neglect, mistreatment and misappropriation of property in the facility. We have also placed on the wall as you come in the facility blank comment sheets that you can voice a comment, complaint or a grievance. There is a black box that you can place those in. They will be looked at daily by the Abuse committee and action will be taken.
4. The facility policy prohibits abuse, neglect, mistreatment and misappropriation of residents property will be shared with residents and/or their legal representatives during admission. In addition, they will be informed of the procedure for expressing a concern or grievance.
5. Training will be provided for all new employees, and ongoing training for all staff regarding our policies, appropriate interventions in situations involving residents who exhibit aggressive catastrophic reactions. This will be done monthly for a year and then timely. Re-training will be provided if needed after post tests to insure our employees are trained in all the components of the abuse policy and how to

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respond if they see or hear any type of abuse.

6. Training will be provided ongoing on how to recognize the signs of burnout, frustration and stress that may lead to abuse.

PROCEDURE

1. All allegations involving mistreatment, neglect, or abuse include injuries of unknown source and misappropriation of resident's property will be reported immediately to the facility Administrator, DON, DCBS, and OIG. The LPN will be responsible for starting the investigation. If the allegation is on a employee that is working, they will be removed from the floor. They will write up a statement and then be walked to the time clock to go home until the investigation concludes. This is to protect the resident in question. The employee will be removed from the schedule.

The resident will have a head to toe assessment to see if there are any injuries or if the resident is upset and anxious (physical, and emotional status and document all findings)

If this occurs after hours, the LPN in charge will call Central Intake at 1-877-597-2331 (hotline for Kentucky) on all allegations.

After the investigation has been started, the Administrator or his designee will notify OIG (licensure and regulation) and DCBS. (Adult Protective Agency) Central Intake immediately. If there is a major injury, 911 will be called immediately and the LPN will ask for a Social worker to call the facility

2. A thorough investigation will be initiated immediately for all alleged incidents by the Administrator or his/her designee.

This investigation will include:

1. Interviews with staff, resident, and witnesses who have potential knowledge of the incident.
2. Assessment of resident to ensure no physical or emotional harm.
3. Review of residents record to track other incidents.
4. Determining cause if incident involves a injury.
5. Obtaining written statements from all involved or present during incident.
6. Completing check list to ensure all parties, OIG, DCBS, Physician, Family, DON and Administrator have been notified.
7. Ensuring individual named in allegation was removed from the facility and taken off of schedule if he/she were a facility staff member.
8. Ensuring resident protection.

3. Residents physician and family/responsible party shall be notified immediately.

4. If appropriate to the incident, the DON or his/her designee will remove the resident to an environment where safety can be maintained. The facility will prevent further potential abuse while the investigation is in progress.

This will be accomplished by:

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1. Removal of alleged staff from the care of all residents.
 2. Removal of alleged visitor from facility.
 3. Removal of alleged family member from facility.
 4. Removal of alleged resident from immediate area. Room changes if indicated, psychologist consult if indicated.
5. The Administrator or his/her designee will review the results of the investigation process and take any corrective action required such as re-training, disciplinary action to prevent further neglect, abuse, mistreatment and misappropriation of resident's property.
6. All results of an internal investigation will be faxed within 5 working days to OIG and DCBS with all reports included in the investigation. Resident's responsible party will be notified of the results also.
7. All investigations will be reviewed in the daily QA Investigative meeting to see if they are being done correctly and in a timely manner.
8. All investigations will be tracked and trended by QA to see if there are any patterns or trends with residents or employees, or certain areas of the building. They will be brought up in the QA meeting for further discussion and to make changes as needed.
-

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QA ABUSE INVESTIGATIVE TEAM

DATE _____ TIME _____

MEMBERS:

INCIDENT REPORTS: INVESTIGATIONS

NEW

ONGOING

CONCLUDED

COMPLAINTS/GRIEVANCES-LOG:

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24 HOUR DAILY REPORT:

3 DAY REPORT:

7 DAY REPORT:

ANY OTHER PROBLEMS/NEEDS :

NAME _____ DATE _____

REPORT GIVEN TO ADMINISTRADOR _____

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Complaint of Abuse

(to be filled out by the one making the complaint)

Name of making complaint: _____

Date: _____

Resident: _____

What is the allegation: _____

Who voiced the allegation: _____

What time was the allegation voiced: _____

What date was the allegation voiced on: _____

Who the employee reported the allegation to _____

What time the employee reported the allegation to their supervisor: _____

name: _____ date: _____

Supervisor _____ date: _____