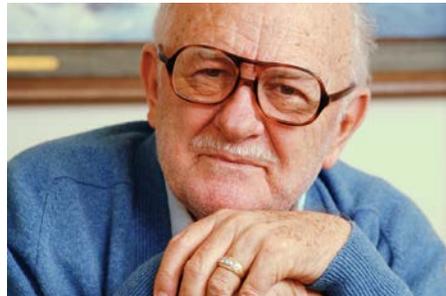


INVESTIGATION & REPORTING

Independent -Study Course



Idaho Department of Health and Welfare
Division of Medicaid

Course Information

This course is a part of a series of courses produced by the Residential Care Assisted Living Facility (RALF) survey team. The courses were designed for direct care staff, nursing staff, administrative staff, and others who work in assisted living. While the courses will help you better understand the state rules, our primary goal in creating these courses is for you to gain knowledge and skills that you can apply in your community to safeguard and continually improve the safety, quality of care, dignity, and rights of the residents you serve.

The courses are designed to be useful either as a guide in delivering training to a group of caregivers, or as a self-study guide. It should take between one and two hours to complete a course. Each course includes a post-test. After reading the course and having any questions answered by your trainer, you're ready to take the post-test. The post-test is to be taken closed-book. A score of 80% or better should be considered passing. If you score lower than 80%, please review the course again and then re-take the test. If you are studying solo and do not have a trainer to ask questions, you can email your questions to us at **ralf@dhw.idaho.gov**. Please allow up to two working days for an answer.

Course Objectives

This self-study course was designed to provide basic information on accidents, incidents, abuse, neglect and exploitation reporting and investigation. When you complete this course, you will be able to:

- Define accidents and incidents
- Know what to report to Licensing & Certification
- Understand the importance of reporting and investigating
- Know where to report allegations of abuse, neglect and exploitation
- Recognize abuse, neglect and exploitation
- Define an injury of an unknown origin
- Conduct a thorough investigation

TERMS

Adult Protection: The entity that investigates allegations of abuse, neglect, exploitation and protects vulnerable adults.

Biased: An unreasonable feeling or opinion formed about a group, person or situation.

Dehydration: The abnormal loss of water from the body. (Dictionary.com)

Humiliation: The act of causing someone painful loss of pride, self-respect or dignity. (Dictionary.com)

Intimidation: The act of forcing someone into an action by inducing fear. (Dictionary.com)

Licensing and Certification: The entity that surveys assisted living facilities to ensure the facilities comply with state rules and regulations.

Pattern Injury: An injury that is caused by an object and shows a distinct pattern. An example would be fingerprints, belt buckle, bedrails, or cigarette burns.

Prejudice: Feelings formed without knowledge, thought or reason.

Vulnerable Adult: A person who is eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.

Introduction

Idaho assisted living facilities play an important role in the care of our most vulnerable citizens. Each facility is unique in its own design, clientele and level of care provided. One common characteristic with all facilities is that residents are dependent on others for at least one aspect of their daily care. Some residents only require assistance with medications and supervision, while others are totally dependent on others for everything. It is their dependency on others that makes them most vulnerable and unfortunately, at risk for abuse, neglect and exploitation.

No matter what type of facility it is, the facility has a responsibility to keep the residents safe. Since it is not uncommon for accidents, incidents, abuse, neglect and exploitation to occur in assisted living facilities, rules for reporting and investigating were put into place.

Course Content

ACCIDENTS/INCIDENTS

According to IDAPA 16.03.22.02 an incident is an event that can cause a resident injury, such as an elopement, resident to resident altercation or medication error.

According to IDAPA 16.03.22.22.09 an accident is the unexpected, unintended event that can cause a resident injury, such as a fall or motor vehicle crash.

The administrator or person designated by the administrator must be notified of all accidents, incidents, reportable, or complaints, according to the facility's policies and procedures (See IDAPA 16.03.22.350.01). All staff must be trained and aware of the process to report when a resident has an accident or incident, (See IDAPA 16.03.22.625.03.h - orientation training). They must know who to notify and where they are to document. Policies and procedures for accidents and incidents should minimally specify the following:

- What incidents or accidents are to be reported and when;
- How and to whom staff are to report;
- How internal investigations will be completed for different types of investigations;
- How residents will be protected from further incidents while an investigation is conducted; and

- How and when staff will be trained.

Be sure to review and understand your facility's policies and procedures on accidents and incidents.

When a facility uses a specific Accident/Incident form, the staff need know where the forms are located and they need to be trained how to fill them out. Documentation should include a description of the accident or incident, who witnessed the accident or incident, the date and time it occurred. If this involves an injury or bruising of an unknown origin, document when the injury or bruising was first noted.

Some accidents and incidents are considered "Reportable" and require Licensing and Certification to be notified. A Reportable Incident is a situation when a facility is required to report information to Licensing and Certification (See IDAPA 16.03.22.011.10). The administrator reports incidents to Licensing and Certification using their online portal access to Licensing and Certification system.

The following are some examples of reportable incidents:

- Injuries that include severe bruising on the head, neck or trunk; fingerprint bruises anywhere on the body; lacerations, sprains, or fractured bones.
- Injuries due to resident to resident altercations.
- Injuries of an unknown origin. This includes any injury, the source of which was not observed by any person or the source of the injury could not be explained by the resident.
- Elopement of any duration. An elopement is when a resident, who is unable to make sound decisions, leaves the facility premises without the facility's knowledge.
- Injuries resulting from an accident involving the facility sponsored transportation.
- Incidents that result in the resident's need for hospitalization need for treatment or death.

Not all accidents and incidents are reportable to Licensing and Certification, but all accidents, incidents and complaints have to be investigated. The administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each accident, incident, complaint or allegation of abuse, neglect or exploitation (IDAPA 16.03.22.350.02). All accidents/incidents, including falls, require a thorough investigation to determine what occurred and what actions will be implemented to keep the resident safe. The primary goal of the investigation is to determine how the incident happened and to implement measures to prevent the incident from recurring.

A thorough investigation will enable the facility to identify interventions that could be put into place to prevent further accidents or incidents. With falls for example, some interventions might include initiating physical therapy to improve balance, assessing the resident's physical abilities,

reviewing medications for side-effects and identifying which environmental factors may have contributed to the incident. Are there slippery rugs, uneven floors or poor lighting? Does the resident have visual problems or medical problems that contributed to the fall? Does the resident take medications that cause a drop in blood pressure, dizziness or unsteady gait?

ABUSE, NEGLECT or EXPLOITATION

There may come a time when an investigation leads to other conclusions. During the course of an accident/incident investigation, it might be suspected the injury was caused by the hands of someone else. Or during an interview, a staff member or resident makes an allegation of abuse, neglect or exploitation. There are several different ways allegations may be reported, but all reports of abuse, neglect or exploitation must be taken seriously and require additional and immediate action.

First and foremost, the resident must be protected. The employee or employees must not be allowed to work with residents until the investigation has been completed. If the alleged perpetrator is another resident, interventions must be put into place to ensure the alleged perpetrator cannot cause further harm to the resident or other residents.

When an allegation of abuse, neglect or exploitation is made, or if you suspect any resident may have suffered from abuse, neglect or exploitation, this needs to be IMMEDIATELY reported to **Adult Protection (AP)**. Adult Protection is the agency that investigates allegations of abuse, neglect, self-neglect, resident to resident altercations and exploitation involving vulnerable adults. In the case of “abuse or sexual assault that has resulted in death or serious physical injury,” you must also report the information within 4 hours to the appropriate law enforcement agency (See Idaho Statutes Title 39 Chapter 53 39-5303). Law enforcement should also be contacted for other criminal activities, such as theft of money or medications.

After AP has been contacted, unless AP says otherwise, the administrator or the designee will begin an internal investigation. Any and all allegations of abuse, neglect or exploitation must be investigated thoroughly. A thorough investigative report becomes the facility’s permanent official record about what actions were taken to ensure a continued safe living environment is being provided to the residents.

The Investigation

An investigation is a consistent and ordered collection of information that describes and explains an incident or occurrence. This is a time to gather facts, sort out the details and then finally reach a conclusion. “It is vital to treat the investigation as a fact-finding mission. Remaining neutral and fair are top priorities. Make no conclusions until you have all the facts.” (Wisconsin DHS Caregiver Project,)

Planning the Investigation:

What does your policy and procedure say? You will need to review your facility's policies to determine the process for reporting.

It is important to have someone with experience and expertise conduct the investigation. Generally, this is the administrator or a person the administrator designated in his/her place. The individual should be skilled in setting people at ease and have the ability to draw out other witnesses in order to collect all the facts. Additionally, the individual should not be biased or prejudiced. This person needs to be able to put their personal feelings and beliefs aside to complete the investigation without forming any opinions or conclusions based on how they feel or what they think.

Injuries of An Unknown Origin

Any injury should be classified as an unknown injury when it is not witnessed and the resident does not know or cannot explain the cause of the injury.

The intent of this type of investigation is to determine if the injury is from an unknown source or an expected one. For example, the facility should evaluate whether the resident has a medical condition or behavior pattern that makes them prone to bruising. Does the resident have extremely fragile skin? Does the resident hit doorways or furniture when maneuvering around with their walker or a wheelchair?

Do not just assume that an injury occurred because the resident bumped into something. Investigate!

There may be cause for concern when pattern bruises are noted. These would include fingerprint bruising on the legs, arms or other areas of the body, rug burns from being dragged across the carpet, or other burns on the arms, legs or hidden areas of the body. When the unknown injury includes severe bruising on the head, neck or trunk, fingerprint bruises anywhere on the body, lacerations, sprains or fractured bones, you must **immediately** report this to Adult Protection. (See the checklist for Reporting Requirements found on the RALF website.)

“Abuse can come from a variety of causes; however, all abuse has the same characteristic of an intentional action. Regardless of the reason, a willful intent is a fundamental characteristic for the abuse to have occurred.” (Kelly Riddle, KeMar and Associates)

To investigate abuse, you must first understand what abuse, neglect and exploitation actually is. Idaho Administrative Rules for Assisted Living defines the following:

IDAPA 16.03.22.010.01 - **Abuse** is “the non-accidental act of sexual, physical or mental mistreatment, or injury of a resident through the action or inaction of another individual.”

IDAPA 16.03.22.011.24 - **Neglect** is the “failure to provide food, clothing, shelter, or medical care necessary to sustain the life and health of a resident.”

IDAPA 16.03.22.010.29 – **Exploitation** is “the misuse of a resident’s funds, property, resources identity or person for profit or advantage.”

Signs of abuse may include:

- Unexplained injuries, such as bruises, scars, sprains, and broken bones
- Slapping, hitting, pinching or kicking
- Reluctance to speak while in the presence of certain staff members
- Unexplained physical or emotional withdrawal
- Unreasonable seclusion or physical restraint
- Patient intimidation or humiliation

Signs of exploitation may include:

- Missing cash, checks, medications, personal belongings
- Using resident’s property without their consent

Signs of neglect may include:

- Malnutrition and dehydration
- Inadequate medical care
- Delay in medical treatment
- Untreated bedsores
- Inadequate hygiene and sanitation

All employees of an assisted living facility are mandatory reporters. Staff should understand what constitutes abuse, neglect and exploitation. They should be able to describe their role as mandatory reporters and understand the mechanisms required for reporting. Again, the facility must have clearly written policies and procedures which include how to identify and report abuse, neglect and exploitation. If you are not aware of your facility’s policy, ask to see it.

The facility has an obligation to ensure the residents are protected and to stop the abuse, neglect or exploitation. If the alleged perpetrator is another resident, you must take steps to protect the victim as well as any other residents who could be at risk. This might involve placing the alleged perpetrator in an area with constant supervision. If a facility staff member is the alleged perpetrator, they must be removed from contact with the residents. “Any resident

involved must be protected during the course of the investigation.” (See IDAPA 16.03.22.350.03)

There is a six part attachment to use as a tool during the investigating process. It will be referred to throughout the rest of this module. Keep in mind, the attachment is numbered for reference use only and is not intended to be completed in any strict sequence. For example, pictures or diagrams may need to be completed immediately upon discovery of the incident.

Beginning an investigation – (See **Part I** of the attachments)

Use the verification form (**Part I**) to determine if an incident or allegation was clearly identified. If you answered yes to any question on the list, an investigation must be started and appropriate actions taken.

It might also be necessary at this time to make a diagram or take photographs of the environment, injuries, etc. and include them on the attachment **Part IV**.

Take time to lay out as many details as possible prior to interviewing your first witness, caregiver, family member, resident or alleged perpetrator. Using **Part II** of the attachment, the following things will be considered:

- What policies/state rules apply to this situation?
- Who will be interviewed and in what order? (You may want to assign each interview a number to carry over through the report)
- What questions will be asked?
- What interim action (such as time off with/without pay) is necessary?
- Review pertinent records. Check schedules. Who was actually working that day? Review resident care notes to see what was documented that day during the identified timeframe.

Reassure the interviewees that no reprisal will be taken for coming forth with the allegation and that all discussions will be kept confidential. You may also let them know at this time, they will be asked to identify anyone else with possible relevant information. However, keep in mind, if the allegation goes to prosecution, the information may not remain confidential.

Part III can be used to record any significant information you gather from the interviews. Here are some things to consider as you take notes:

- Write down only the facts. Avoid making interpretations, feelings, assumptions and frustrations.
- Write direct quotes, if possible.
- Record on separate pieces of paper instead of a notebook. A notebook may contain information not relevant to the issue.

Interviewing the reporter:

When conducting an interview with the reporter, you should be respectful and patient to allow the reporter to tell the story. This is the time where you ask the “who, what, where, when and how questions.” Explain to the reporter you are conducting an investigation and are currently just gathering the facts, not making a decision.

Here are some things to consider:

- Identify the specific concern. What exactly is the allegation?
- How did it happen? Recreate the alleged incident. Have them describe the amount of force used and how the victim responded. For example: Did the perpetrator use an open hand or a closed fist. What was the volume or tone of voice of the perpetrator? Did the resident fall backwards, yell out in pain, or cry? Was the resident fearful or angry?
- Gather all the facts – Are there relevant written documents, pictures, etc.? A description of stolen items. Verification the stolen items belonged to the victim and whether they did not/could not give consent.
- Who else might have information about the incident? Who was present at the time of the incident?
- Was the incident isolated or part of a pattern?
- Where did the incident occur?
- When did it happen? What was the date and time of the incident?
- Have you discussed this situation with anyone else?

Have the reporter put all the information in writing and have them sign and date it.

Interviewing the Resident/Victim

When conducting an interview with a resident, keep the questioning simple and repeat the question if needed. Interviewing is easier if you sit down and write out the questions you want to ask the resident. Below are some helpful hints on interviewing (Alzheimer Society, 2007):

- Be respectful, patient and sensitive.
- Speak slowly and clearly.
- Keep the questioning simple and repeat the question, if necessary.
- Avoid using yes or no question. Use open ended questions to obtain as much information as possible.
- Avoid compound questions that combine two or more issues. An example would be: What time were you hit and who was in the room with you? Two-part questions can confuse the resident and the dates or times can get mixed up.
- Do not put words in the resident’s mouth, give them time to answer.

It is important to document any psychosocial effects the incident had on the resident, such as fear, withdrawal, depression, etc. Does the resident display anxiety, fear telling their story? Have there been behavior changes with the resident? Has the resident been isolating in their room? Document the resident's diagnosis and any other physical limitations they might have.

Interviewing the alleged perpetrator:

When conducting an interview with the alleged perpetrator, you should be respectful and patient to allow them to tell their story. Once again, explain you are investigating an allegation/incident and currently are just gathering the facts, not making a decision.

Here are some things to consider:

- Allow them to tell their side of the story.
- Make sure they fill in the blanks. Ask for the specific details.
- Don't allow them to change the subject or go off task.

After the interview, ask each interviewee to write their description of the events in their own words using **Part V** of the attachment. Provide a separate sheet for each person to write out their statements.

Have them sign and date their written report.

Assessing Credibility

- Make notes immediately after interviewee leaves the room
- Pay attention to demeanor (e.g. nervousness, tone of voice, etc.) logic and consistency of story (e.g. does it make sense, does it agree with others, etc.)
- Did statements conflict with other people's version or written information collected?
- Did the person make any admission or deny anything?
- Has the accused said or done anything previously which make it more likely that the facts of the current circumstances actually occurred?

Now that all the facts have been gathered and the details collected and documented, it is time to make a decision. **(Part VII)** Keep in mind, the most important aspect of any decision is to protect the residents and keep them safe. If the investigation confirms the abuse, neglect or exploitation allegation, corrective action must be taken immediately. Any failure do so, violates the state rule to protect residents from abuse, exploitation and neglect and violates their right to live in a safe living environment. (See IDAPA 16.03.22.510, 515, 525 and 550.03.iii)

Any and all documentation, including notes, handwritten/typed statements, reports, pictures, nursing assessments, and police reports become a part of a "thorough" investigation. The information and must be maintained and safe-guarded by the facility for no less than three (3) years. (See IDAPA 16.03.22.330.02)

References

Dictionary, <http://dictionary.reference.com/>

IDAPA 16.03.22...Rules for Residential Care Facilities

Investigating and Reporting Allegations of Misconduct in Nursing Homes, University of Wisconsin Oshkosh

http://www.uwosh.edu/ccdet/caregiver/Documents/Investigating/Nursing_Home/Investigating_and_Reporting_NH_FacilitatorGuide_042212.pdf - Google Search

Investigating NYC Elder Abuse, <http://nynursinghomeabuselaw.com>

Nursing Home Abuse Guide, Alex Kerwin (2013) [Investigating Nursing Home Abuse - How to Report Elder Abuse](#)

What is Nursing Home Abuse? Kelly Riddle, KeMar & Associates, San Antonio, TX
<http://www.pimall.com/nais/n.nurb.html>

When Interviewing People with Alzheimer's Disease, © 2007 Alzheimer's Association

Resources

Idaho Commission on Aging (Adult Protection)
<http://www.idahoaging.com/favicon.ico>

National Center on Elder Abuse
202-898-2586
ncca@nasua.org

Residential Assisted Living Facilities Program
208-364-1962
RALF@dhw.idaho.gov

A checklist for Reporting Requirements for Residential Care or Assisted Living (6/2013) can be found on RALF website. www.assistedliving.dhw.idaho.gov