

ELKINS REGIONAL CONVALESCENT CENTER ABUSE POLICY

PREVENTION:

Elkins Regional Convalescent Center (ERCC) in order to prevent any form of resident mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, adverse event, mistreatment, sexual abuse, exploitation and misappropriation of resident property (this includes but it not limited to freedom from corporal punishment and any physical or chemical restraint not required to treat resident medical symptoms) will conduct the following measures with all new staff:

1. Conduct pre-employment interview and previous employment reference check.
2. Verify past history with CNA Abuse Registry
3. Verify RN and LPN licensure with the appropriate state board
4. Fingerprinting/Criminal Background check
5. Orientate each new employee regarding resident mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion and misappropriation of resident property. Orientation will also include resident to resident abuse and reporting requirements and forms.
6. Provide an annual in-service to all staff regarding Abuse Prevention and Reporting.
7. All information collected and/or documented will be maintained in the individual's personnel file.

REPORTING OF ABUSE:

Per OBRA Regulation F225 (483.13(c) which requires that a facility must ensure that all alleged violations involving mistreatment, neglect and/or abuse, including injuries of unknown source and misappropriation of resident property be reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures, ERCC has established the following policy and procedures:

POLICY:

1. Any staff member witnessing, receives a complaint of, or suspects mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property is to report immediately to the immediate supervisor, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

2. If their supervisor is not in the facility, it is to be reported to the Charge Nurse. The chain of command is to be followed if the potential perpetrator is an immediate supervisor.
3. The following incidents (occurrences) are to be reported to the Administrator, Assistant Administrators, Director of Nursing, Nurse Managers or Social Worker immediately during the normal working hours (7 a.m. – 5:00 p.m.) incidents occurring during weekends and/or holidays are to be reported to the Administrative staff on-call.
 - a. Allegations of resident mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property by any or all of the following are to be reported immediately by the person receiving the allegation. “Immediate Fax Reporting of Allegations” form located at each Nurses Station, Social Services Department, DON, Nurse Managers, Assistant Administrator and Administrator’s office.
 1. Nurses (RN/LPN)
 2. CNA
 3. Administrator and/or administrative staff
 4. Physician(s)
 5. PA’s
 6. Podiatrists
 7. Dentists
 8. Beauticians
 9. Resident Activities
 10. Dietary Staff
 11. Social Services
 12. Consultants
 13. Volunteers
 14. Visitors
 15. Restorative Staff
 16. Rehab Staff
4. The Charge Nurse is to immediately remove the alleged staff member, non-staff member from the alleged victim.
5. The staff member (s) may be placed on paid investigative suspension. Instruct the alleged staff member to contact their Department Director the following day regarding the alleged incident. Any licensed Nurse or Department Director can place any staff member including any Licensed Nurse, Department Head, ancillary staff member or volunteer alleged or mistreatment, neglect and abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property on paid investigative suspension. The Charge Nurse is to then notify the

Administrator, and Assistant Administrator, Director of Nursing or their designee.

6. Non-staff members such as family member(s) or visitor(s) alleged of mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property will be escorted out of the facility.
7. The allegation will be reported to the Administrator, DON, or designee and to all other agencies (OHFLAC, APS, Ombudsman, State Police if potential criminal law issue) as required by state law (within 24 hours of the occurrence). See attached reporting forms to be completed in accordance with F225 (483.13(c)).
 - a. Suspect injuries of unknown source- unexplained bruises, skin tears
 - b. Resident to resident altercations in which a resident is injured to the extent that physician intervention and/or transfer or discharge to a hospital is required.
 - c. Facility visitor to resident abuse in which a resident is injured to the extent that physician intervention and/or transfer or discharge to a hospital is required.
 - d. Unusual occurrence. Examples include, but are not limited to the following:
 1. Any event involving a resident that is likely to result in legal action.
 2. Medication errors that result in the resident being hospitalized or dying.
 3. Suicides-attempted or successful
 4. Death or serious injury associated with the use of restraints.
 5. Ingestion of toxic substance that requires medical intervention
 6. Accidents or injuries of known origin that are unusual, i.e., a resident falling out of a window, a resident is burned.
 7. Any unusual event involving a resident (or residents) that may result in media coverage.
 - e. An incident report is to be completed at the time of the occurrence and facility policy followed as to notification of the physician and family/responsible party.
 - f. An Assistant Administrator or Social Worker will complete the investigation and notify the required agencies within five (5) days of the allegation. The investigation will consist of but not limited to the

following:

1. An Assistant Administrator and/or Social Worker will coordinate the investigation and in their absence the Director of Nursing and/or a Nurse Manager. The individual(s) conducting the investigation will keep the Administrator and Director of Nursing updated on the investigation.
2. The individual conducting the investigation will as a minimum:
 - a. Identify who was affected.
 - b. Identify the alleged perpetrator or document any description provided by the victim(s).
 - c. What was the relationship of the alleged perpetrator to the resident?
 - d. Identify all witnesses.
 - e. What was the nature of the occurrence?
 - f. What effect did the occurrence have on the resident?
 - g. When did the incident occur?
 - h. Document all information provided by the victim and/or witnesses.
 - i. If the identity of the alleged perpetrator is unknown, list all individuals known to have had contact with the resident at the time of the event or at the time that the incident probably occurred.
 - j. Interview all individuals who may have information concerning the incident, including the resident (even a confused resident may be able to provide valid information), all individuals who were working at the time of the incident, anyone the resident may have shared information with etc.
8. A certified nurse aide suspect and/or alleged of mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property will be reported to the nurse aide registry.
9. A licensed staff member suspect and/or alleged of mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property will be reported to his or her licensing board.
10. ERCC will report any individual, when it determines that actions by a court of law against an employee are such that they indicate that the individual is unsuited to work in a nursing home, e.g., felony conviction of child abuse, sexual assault, or assault with a deadly weapon, to the nurse aide registry (if a nurse aide) or to the state licensing authorities (if a licensed staff member). Such a determination by the facility is not limited to

mistreatment, neglect and abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property, but to any treatment of resident or others inside or outside ERCC which ERCC determines to be such that the individual should not work in a nursing home environment.

11. ERCC will inform the resident and/or the responsible party of the allegation, the findings of the investigation, and any corrective action taken.
12. Disciplinary action will be taken according to ERCC's Employee Reference Guide.

Social Media

All nursing home staff are prohibited from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). This would include using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media.

“Guidelines for Personal Use of Media and Social Networking Communications” policy for Elkins Rehabilitation & Care Center is also given to each employee during new employee orientation.

Elkins Rehabilitation & Care Center also addresses “electronic monitoring and recording” in the “Employee Reference Guide” page 15.

Revised: 12/27/2005; 1/16/2006; 8/4/2010clr; 8/30/16pas; 11/28/2016pas