



### Abuse, Neglect and Exploitation

<i>Date Implemented:</i>	12/27/05	<i>Date Reviewed/ Revised:</i>	4/6/2026	<i>Reviewed/ Revised By:</i>	trs
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#### Policy:

It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.

#### Definitions:

**“Abuse”** means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

**“Alleged Violation”** is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

**“Covered individual”** is anyone who is an owner, operator, employee, manager, agent or contractor of the facility.

**“Crime”** is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

**“Criminal sexual abuse”** is serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

**“Exploitation”** means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

**“Involuntary Seclusion”** refers to the separation of a resident from other residents or from his/her room or confinement to his/her room against the resident’s will or the will of the resident’s legal representative. Emergency or short term monitored separation from other residents will not



be considered involuntary seclusion and may be permitted if used for a limited time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs as long as the least restrictive approach is used for the minimum amount of time.

**“Law enforcement”** is the full range of potential responders to elder abuse, neglect, and exploitation including: police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners.

**“Mental Abuse”** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s).

**“Misappropriation of Resident Property”** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.

**“Mistreatment”** means inappropriate treatment or exploitation of a resident.

**“Neglect”** means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. **“Willful”** means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

**“Physical Abuse”** includes, but is not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment.

**“Serious Bodily Injury”** means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse.

**“Sexual Abuse”** is non-consensual sexual contact of any type with a resident.

**“Staff”** includes employees, the medical director, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social and activity programs.

**“Verbal Abuse”** means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.

## **Policy Explanation and Compliance Guidelines:**

1. The facility will develop and implement written policies and procedures that:
  - a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property;
  - b. Establish policies and procedures to investigate any such allegations; and



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- c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, reporting procedures, and dementia management and resident abuse prevention; and
  - d. Establish coordination with the QAPI program.
2. The Social Worker/designee will be designated Abuse Prevention Coordinator who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.
  3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written.

**The components of the facility abuse prohibition plan are discussed herein:**

**I. Screening**

- A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property.
  1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants.
  2. Screenings may be conducted by the facility itself, third-party agency or academic institution.
  3. The facility will maintain documentation of proof that the screening occurred.
- B. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility.
  1. An assessment of the individual's functional and mood/behavioral status, medical acuity, and special needs will be reviewed prior to admission.
  2. The facility will make individual determinations in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment.

**II. Employee Training**

- A. New employees will be educated on abuse, neglect, exploitation and misappropriation of resident property during initial orientation.
- B. Existing staff will receive annual education through planned in-services and as needed.
- C. Reinstated staff will be educated on abuse, neglect, exploitation and misappropriation of resident property if more than 30 days has lapsed from date of separation.
- D. Training topics will include:
  1. Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation;
  2. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property;
  3. Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators;



4. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources;
5. Understanding behavioral symptoms of residents that may increase the risk of abuse and neglect such as:
  - a. Aggressive and/or catastrophic reactions of residents;
  - b. Wandering or elopement-type behaviors;
  - c. Resistance to care;
  - d. Outbursts or yelling out; and
  - e. Difficulty in adjusting to new routines or staff.

### **III. Prevention of Abuse, Neglect and Exploitation**

- A. Establishing a safe environment that supports, to the extent possible, a resident's consensual sexual relationship and by establishing policies and protocols for preventing sexual abuse. This may include identifying when, how, and by whom determinations of capacity to consent to a sexual contact will be made and where this documentation will be recorded; and the resident's right to establish a relationship with another individual, which may include the development of or the presence of an ongoing sexually intimate relationship;
- B. Identifying, correcting and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff assigned have knowledge of the individual residents' care needs and behavioral symptoms;
- C. Assuring an assessment of the resources needed to provide care and services to all residents is included in the facility assessment;
- D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect;
- E. Ensuring the health and safety of each resident with regard to visitors such as family members or resident representatives, friends, or other individuals subject to the resident's right to deny or withdraw consent at any time and to reasonable clinical and safety restrictions. *(See Resident Right to Access and Visitation Policy);*
- F. Providing residents, representatives, and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution; and providing feedback regarding the concerns that have been expressed;
- G. Addressing features of the physical environment that may make abuse, neglect, exploitation, and misappropriation of resident property more likely to occur; and
- H. Assigning responsibility for the supervision of staff on all shifts for identifying inappropriate staff behaviors.

### **IV. Identification of Abuse, Neglect and Exploitation**

- A. The facility will have written procedures to assist staff in identifying the different types of abuse – mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an



individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.

B. Possible indicators of abuse include, but are not limited to:

1. Resident, staff or family report of abuse
2. Physical marks such as bruises or patterned appearances such as a hand print, belt or ring mark on a resident's body
3. Physical injury of a resident, of unknown source
4. Resident reports of theft of property, or missing property
5. Verbal abuse of a resident overheard
6. Physical abuse of a resident observed
7. Psychological abuse of a resident observed
8. Failure to provide care needs such as comfort, safety, feeding, bathing, dressing, turning & positioning
9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.
10. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.

V. **Investigation of Alleged Abuse, Neglect and Exploitation**

A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.

B. Written procedures for investigations include:

1. Identifying staff responsible for the investigation;
2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence);
3. Investigating different types of alleged violations;
4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations;
5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and
6. Providing complete and thorough documentation of the investigation.

VI. **Protection of Resident**

The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to:

- A. Responding immediately to protect the alleged victim and integrity of the investigation;
- B. Examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed;
- C. Increased supervision of the alleged victim and residents;
- D. Room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator;



- E. Protection from retaliation;
- F. Providing emotional support and counseling to the resident during and after the investigation, as needed;
- G. Revision of the resident's care plan if the resident's medical, nursing, physical, mental, or psychosocial needs or preferences change as a result of an incident of abuse.

## VII. Reporting/Response

- A. The facility will have written procedures that include:
  - 1. Reporting of all alleged violations to the Administrator, DON, charge person, social services to state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes:
    - a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or
    - b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.
  - 2. Assuring that reporters are free from retaliation or reprisal;
  - 3. Promoting a culture of safety and open communication in the work environment prohibiting retaliation against any employee who reports a suspicion of a crime. This facility will post a conspicuous notice of employee rights, including the right to file a complaint with the State Survey Agency if the employee believes the facility has retaliated against him/her for reporting a suspected crime and how to file such a complaint.
  - 4. Reporting to the state nurse aide registry or licensing authorities any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service;
  - 5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following:
    - a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences;
    - b. Defining how care provision will be changed and/or improved to protect residents receiving services;
    - c. Training of staff on changes made and demonstration of staff competency after training is implemented;
    - d. Identification of staff responsible for implementation of corrective actions;
    - e. The expected date for implementation; and
    - f. Identification of staff responsible for monitoring the implementation of the plan.
- B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.

## VIII. Coordination with QAPI



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- A. The facility has written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.
1. Cases of physical or sexual abuse, for example by facility staff or other residents, will be reviewed for and receive corrective action and tracking by the QAA Committee. This coordinated effort results in the QAA Committee determining:
    - a. If a thorough investigation is conducted;
    - b. Whether the resident is protected;
    - c. Whether an analysis was conducted as to why the situation occurred;
    - d. Risk factors that contributed to the abuse (e.g., history of aggressive behaviors, environmental factors); and
    - e. Whether there is further need for systemic action such as:
      - i. Insight on needed revisions to the policies and procedures that prohibit and prevent abuse/neglect/misappropriation/exploitation,
      - ii. Increased training on specific components of identifying and reporting that staff may not be aware of or are confused about,
      - iii. Efforts to educate residents and their families about how to report any alleged violations without fear of repercussions,
      - iv. Measures to verify the implementation of corrective actions and timeframes, and
      - v. Tracking patterns of similar occurrences.

**References:**

Centers for Medicare & Medicaid Services, *State Operations Manual, Appendix PP (2025 Revision)*. F600 – Freedom from Abuse and Neglect.

Centers for Medicare & Medicaid Services, *State Operations Manual, Appendix PP (2025 Revision)*. F607 – Develop/Implement Abuse/Neglect Policies.

**PREVENTION:**

Elkins Rehabilitation & Care Center (ERCC) in order to prevent any form of resident mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, 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.



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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/designee, Director of Nursing/designee, 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, 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/designee and Director of Nursing/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



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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 resident(s) 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. The Administrator/designee 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. The Administrator/designee and/or Social Worker will coordinate the investigation and in their absence the Director of Nursing/designee. 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. Reporting to the nurse aide registry of a certified nurse aide alleged of mistreatment, neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property will be determined by the Administrator/designee on a case by case basis.
9. Reporting to a licensing board of a licensed staff member alleged of mistreatment,



# ERCC

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neglect and/or abuse, including injuries of unknown source, involuntary seclusion, and misappropriation of resident property will be determined by the Administrator/designee on a case by case basis.

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.
13. All staff will be required Dementia management training annually.

### **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".



# ERCRC

## ELKINS REHABILITATION & CARE CENTER

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WHAT TO REPORT?	WHEN?	WHO?	
		OHFLAC	APS
ABUSE	<i>Within 2 hours</i>	YES	YES
EXPLOITATION	No later than 24 hours	YES	YES
MISAPPROPRIATION	No later than 24 hours	YES	YES
INJURY OF UNKNOWN SOURCE	No later than 24 hours	YES	YES
MISTREATMENT	No later than 24 hours	YES	YES
NEGLECT	No later than 24 hours	YES	YES
REASONABLE SUSPICION OF A CRIME	<i>Within 2 hours</i>	YES	NO
SERIOUS BODILY INJURY	<i>Within 2 hours</i>	YES	YES
UNUSUAL OCCURRENCE	No later than 24 hours	RECOMMENDED	NO

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