

483.13(c)(2): The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency)

F.M.S. 11

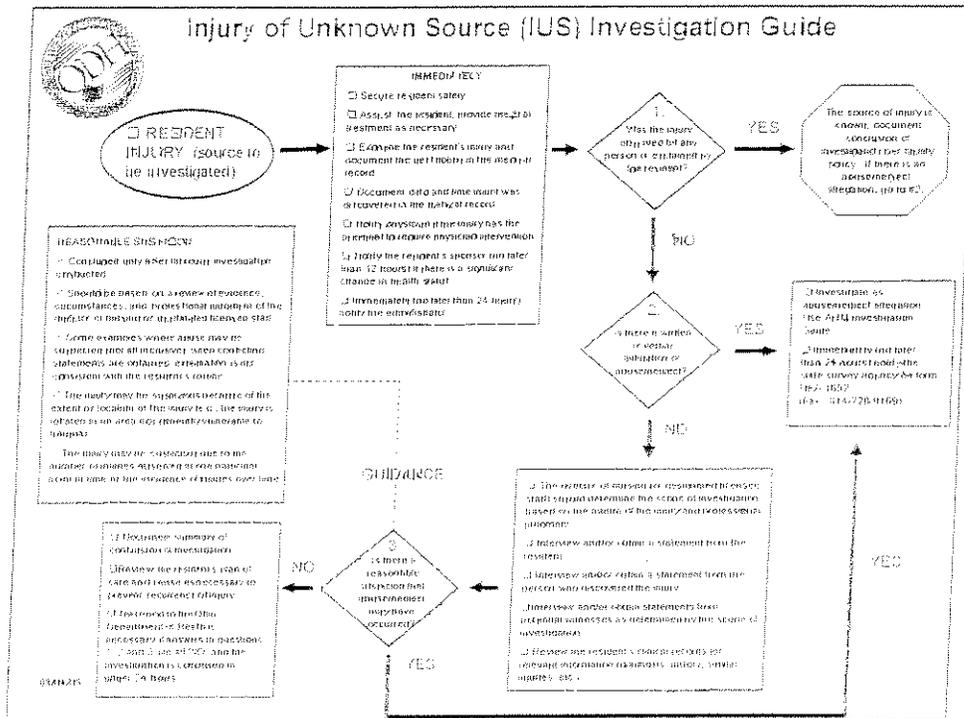
483.13(c)(3): The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

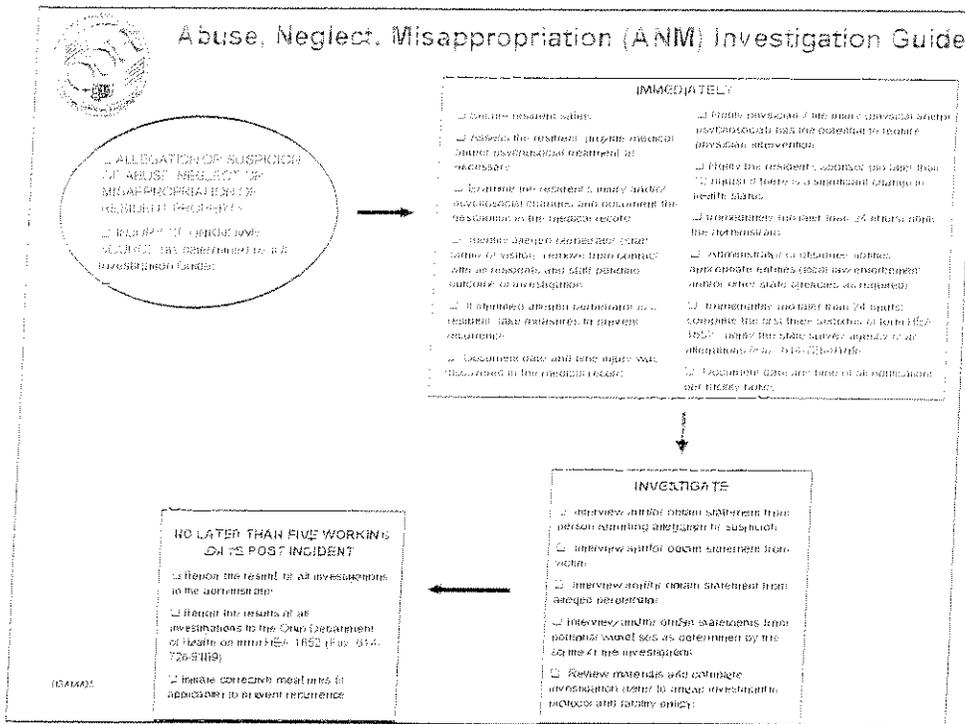
F.M.S. 11

483.13(c)(4): The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if alleged violation is verified appropriate corrective action must be taken.

RMS

Right Location, Right Now!





| | Reportable | Non-Reportable |
|-----------------------|--|--|
| Physical Abuse | Resident alleges STNA struck him/her – with or without noted injuries Aired and oriented resident intentionally strikes another resident | Resident with dementia strikes another resident Aired and oriented resident accidentally injures another resident |
| Mental Abuse | Telling a resident that their spouse died when it is not true | |
| Verbal Abuse | A staff member says something to a resident that is derogatory Staff member uses a derogatory tone cursing at a resident because they were incompetent | Staff member uses inappropriate language in front of a resident – not directed at or to the resident |
| Neglect | A resident is left on the bedpan – staff member left the facility and then remembered but did not call back to report the problem – next shift fails to do rounds and the resident is left on the bedpan all night | |

| | Reportable | Non-Reportable |
|--------------------------|---|---|
| Sexual Abuse | <ul style="list-style-type: none"> Alleged rape by a staff member Open and/or exposed resident inappropriately touches another resident | <ul style="list-style-type: none"> Resident with dementia inappropriately touches another resident |
| Misappropriation | <ul style="list-style-type: none"> A family member/responsible party fails to remit the social security or monthly resources of the resident to the facility Resident alleges that an item of value to the resident, clothing, or money was taken | <ul style="list-style-type: none"> Resident reports an article of clothing did not come back from the laundry |
| Injury of Unknown Origin | <ul style="list-style-type: none"> Resident presents with a black eye and is unable to describe how it occurred – this is reportable because it is in a suspicious location A resident presents with large or multiple bruises | <ul style="list-style-type: none"> Resident presents with a small bruise on the back of the hand – not reportable without an allegation or suspicion of abuse and not in a suspicious location Injuries that are consistent with a fall |

RMS Resident Monitoring System

High Quality. Our goal.

- The facility/corporation designates an individual with overall responsibility for the program.
 - Designee is responsible for development and implementation of all components of the program.
 - Designee acts as the contact person during survey activity to review the facility specific policy and procedures.
- RMS Resident Monitoring System
- High Quality. Our goal.*

Focus needs to be on improving the screening of prospective staff to focus on applicants' criminal backgrounds, history of continuing substance abuse, domestic violence, their feelings about caring for the elderly, reactions to abusive residents, work ethics, and their ability to manage anger and stress.

The facility/corporation establishes screening/hiring practices in order to prevent the hiring/retention of individuals with a criminal record:

- Completion/review of employment application.
- Pre-employment physical and drug screening as required based on facility need.



RMS

Criminal background checks: State Bill 100 Bureau of Criminal Identification and Investigation (BCI & I).

- FBI-required when proof of residency for the preceding five-year period is not established.
- Reference checks.
- License verification through the appropriate licensing board for all licensed personnel.
- Nurse Aide Registry verification for all nurse aide applicants.
- 90-day Performance Monitoring and Evaluations completed for all new employees.

- Does not hire/employ individuals who have/are:
 - Found guilty of/pied no contest to the automatic disqualifiers as established under State Bill 160. Individuals who meet the criteria for exemption must have documentation in their file to justify the administrative decision to hire/retain the employee.
 - A finding entered into the State Nurse Aide registry concerning abuse, neglect, mistreatment or misappropriation of resident property.
 - A finding by the professional licensing agency regarding abuse, neglect, mistreatment or misappropriation of resident property.
 - Sanctions imposed by CMS for Medicare/Medicaid fraud.

RMS

Right Solution. Right Answer.

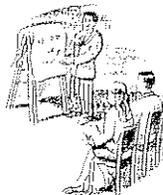
Educational programs are developed to ensure that facility staff, volunteers, and physicians are knowledgeable regarding preventing and detecting mistreatment of any kind:

Employees, privileged physicians and volunteers:

What constitutes abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment and involuntary seclusion.

Review of state and federal regulations pertaining to abuse, neglect, mistreatment of residents, misappropriation of resident property, corporal punishment and involuntary seclusion.

Review of Resident's Rights.



RMS

Right Solution. Right Answer.

Employees, privileged physicians and volunteers:

- Sign and system of abuse, neglect and/or mistreatment of residents.
- Facility specific reporting requirements related to all allegations of abuse, neglect, mistreatment of residents, misappropriation of resident property, corporal punishment and involuntary seclusion, without fear of reprisal.
- Review of facility policies and procedures, including investigation of allegations, reporting to state agencies and resident protection during the investigation phase.
- Appropriate intervention to manage aggressive and/or catastrophic reactions of residents.
- Recognition of signs/symptoms of employee burnout, frustration and stress that may lead to abuse.
- Abuse and Neglect in-servicing is completed on hire, quarterly (different topics), and more frequently based on identified needs of the facility.

RMS

The facility develops procedures which promote a safe living environment for all residents. Residents must not be subjected to abuse, neglect, or mistreatment by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.



RMS

• Resident education:

- * Admission.
- Annual Resident Council review, to include:
 - Review of Residents Rights with every resident or legal guardian.
 - Review of how and to whom they may report concerns, incidents, grievances without fear of retribution; and provision of feedback regarding the concerns that have been voiced.
 - Review of facility specific policies and procedures regarding abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment and involuntary seclusion.
 - Review of the ODH Abuse Hotline, including location of posted number: (800)342-0553

RMS

Plan. Do. Check. Act. Review

• Family Education:

- * Upon admission of a family member to the facility.
- * Annual Family Council review:
 - Utilize the same topics as stated under annual Resident Council review.
- * Post the ODH Abuse Hotline number in a readily accessible location: (800)342-0553

RMS

The facility must screen potential admissions for any behavioral issues and should not accept residents whose needs cannot be met by the facility.

The facility must provide ongoing educational training on best practices when accepting residents with behavior that may lead to abuse.

The facility must provide for the safety of all residents when behaviors occur.

There must be support 24/7 for direct care staff.

Policies and procedures regarding behavior management must be clearly stated and consistently implemented as an abuse prevention strategy.

The behavior need not be physical to cause harm. Loud, threatening, verbal behavior has the potential to cause severe emotional distress for other residents and by definition is abuse.

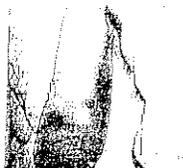
RMS

Never Assume, Always Observe

The facility establishes procedures, which ensures the identification of events/occurrences, such as suspicious bruising of residents, patterns, and trends that may constitute abuse in order to determine the direction of the investigation:

Consider all allegations of abuse or neglect, also focus on objective and observable evidence of abuse or neglect to identify possible victims. This identification should include, but not be limited to the following:

Assessment of the injury:



Is the injury intentional and centrally located or accidental and distally located?
 Is the injury patterned, such as marks from a belt, ring? Is the resident's skin red/bruised from being slapped or grabbed?

RMS

Never Assume, Always Observe

Physical demeanor of the resident, such as body language, responses to touch, verbalization, which coincide with physical injuries or possible abuse.

Psychosocial changes in mood, affect, behavior and/or personality that coincide with physical injuries or possible abuse.

Changes in sleeping and eating patterns that coincide with physical injuries or possible abuse.

Prior history of resident being victimized, such as at home by a family member, history of abuse/neglect.



11/11/13

Physical Abuse/Neglect:

- Bruises, black eyes, lacerations, and welts
- Broken bones and fractures
- Burns
- Cuts, open wounds, and wounds in various stages of healing
- Sprains, dislocations, and internal injuries
- Broken eyeglasses
- Signs of restraint
- Sudden change in behavior
- New/untreated pressure sores
- Poor personal hygiene
- Poor skin condition

11/11/13

- Physical Abuse/Neglect:
 - Dehydration or malnourishment
 - Weight loss
 - Untreated medical conditions: pain; diabetes; wounds, etc.
 - Unsanitary/harmful living conditions
 - Lab findings indicating an overdose or deprivation of medication
 - Caregiver's refusal to allow visitors to see the older person alone.
- Psychological/Emotional Abuse:
 - Agitation or anger
 - Withering
 - Depression
 - Confusion
 - Behavior associated with dementia, such as rocking, biting, and/or sucking.

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Right Solutions. Right Mind.

Employee predictors of abuse: Stress, "Burnout", Financial strain, Substance abuse, Negative attitude towards elderly individuals, Age: young employees are more likely to psychologically abuse residents, Gender: male perpetrators are more common in abuse cases which have been prosecuted.

- Employee predictors of abuse:
 - Stress
 - "Burnout"
 - Employee "burnout," which is described as a progressive physical and emotional exhaustion resulting from prolonged involvement with people, has been found to be strongly associated with physical and psychological abuse.
 - Burnout is believed to create negative job attitudes and perceptions and a loss of empathy for patients.
 - Financial strain
 - Substance abuse
 - Negative attitude towards elderly individuals
 - Age: young employees are more likely to psychologically abuse residents
 - Gender: male perpetrators are more common in abuse cases which have been prosecuted.

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Right Solutions. Right Mind.

Resident predictors of abuse:

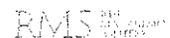
- Cognitive impairment
- Physical impairment/dependence
- Infrequent visitors
- Aggressive behaviors

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- Stress management techniques.
- Situational extraction.
- Reassignment of care givers.
- Sufficient deployment of staff to meet the needs of the residents.
- Supervision of staff.
- Enhanced communication between direct care and administrative staff.
- Leave of absence.

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- Create support groups for nurse aides.
- Strengthen resident councils.
- Training that focuses on interpersonal care-giving skills, managing difficult resident care situations, problem-solving, cultural issues that affect staff/resident relationships, conflict resolution, stress reduction techniques, information on dementias, and witnessing and reporting abuse.

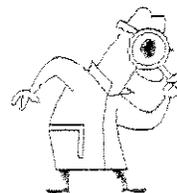


New Course, Same Goal

Investigation of Abuse

The facility establishes procedures, which ensures that all suspicious and/or allegations of abuse, neglect, mistreatment and misappropriation of resident property, involuntary seclusion and injuries of unknown source are thoroughly investigated:

- The facility investigates different types of incidents.
- The facility documents the investigation of all incidents, with a probable cause determination if a conclusion can reasonably be established.
- Staff member responsible for the initial reporting, and investigation of alleged violations and the reporting of results to the proper authorities.



New Course, Same Goal

The facility establishes procedures, which ensures the safety of residents from harm during the investigative phase for suspected/alleged abuse:



The facility maintains the confidentiality of the resident throughout the investigation process to protect the anonymity of the resident.

The facility establishes procedures to ensure the safety of the resident from the following persons during the active investigation:

- From facility staff/physicians alleged/believed to have committed the act.
- From volunteers alleged/believed to have committed the act.
- From visitors/family members alleged/believed to have committed the act.

E.M.S.

Form Approved Form 1000

- Social Service representative interviews/assesses the resident to ensure psychosocial well being, and documents the interaction within the medical record.
- Suspension of the employee pending completion of the investigation.
- Privilege suspension for physicians, contractual employees and volunteers.
- 1:1 direct supervision if the allegation involves a visitor or family member.
- Room change or discharge if the allegation involves another resident.

E.M.S.

The facility develops procedures to ensure immediate/prompt notification to the appropriate persons/agencies for alleged/suspected occurrences of abuse, neglect, mistreatment, misappropriation of resident property and/or for injuries of unknown source:

Immediate notification requirements: not to exceed 24-hours

- Administrator and Director of Nursing.
- The resident's attending physician.
- The Medical Director.
- The resident's family member or legal representative of record.



RMS RESIDENT MONITORING SYSTEM

Risk: Saution. Risk: Now!

Notification of Abuse, Neglect, Mistreatment, or Misappropriation of Resident Property

- The Ohio Department of Health (ODH):
 - Revisions by CMS now requires that the ODH must be notified immediately (as soon as possible), but not to exceed 24-hours after the allegation, reporting or discovery of the incidence.
- The Ombudsman if warranted/required.
- Based on the investigative findings, the facility will notify the appropriate local law enforcement agencies when it has been determined that abuse, neglect, mistreatment and/or misappropriation of resident property has occurred.
- The appropriate professional and licensing boards when abuse, neglect, mistreatment and/or misappropriation of resident property has been substantiated, or is believed to have occurred but cannot be proven.
 - Social Workers, licensed therapists/therapy assistants, nurses, dietitians, nursing assistants, respiratory therapist, etc.
 - Contact the appropriate entity to determine if official notification is required.

RMS RESIDENT MONITORING SYSTEM

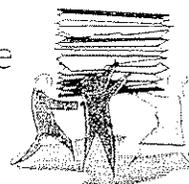
Risk: Saution. Risk: Now!

- Five-day final summary notification requirements:
 - Administrator and Director of Nursing.
 - The resident's attending physician.
 - The Medical Director.
 - The resident's family member or legal representative of record.
 - The Ohio Department of Health (ODH).
 - The Ombudsman if warranted/required.

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Immediately complete a head-to-toe assessment of the resident to identify potential/actual injuries, and document the assessment in the medical record.

Measurements are obtained of any injury identified, and appropriate documentation is completed within the medical record to reflect the location and extent of injury.



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- Document the following notifications in the medical record:
 - Administrator and Director of Nursing.
 - Attending physician.
 - Medical Director.
 - The resident's family member or legal representative.

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Plan. Sautin. Blog Now!

2.04 Incident Reporting and Investigation

- Incident Report:
 - Facility specific Incident & Accident Report: completed by the reporting employee, to include:
 - Name of the resident, date and time incident is believed/alleged to have occurred, circumstances surrounding the incident, where the incident took place.
 - Statements of any witnesses and of the person(s) charged with committing the act;
 - Written/signed interview statements are obtained from all potential witnesses and/or direct care workers assigned to the resident in the shift(s) prior to discovery/notification.

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Facility specific Incident & Accident Report:

Corrective actions taken: what was done to promote the safety and well-being of the resident.

Other information as appropriate.

A summary is written and the individual providing the statement signs and dates the document to reflect that the content is based on their knowledge relative to the occurrence.

Investigative findings are analyzed, and a final determination is made regarding whether a violation has occurred, with notification to the appropriate agencies, as required.

The Ohio Department of Health Facility Incident Report form is completed by the designated person and submitted within the required time frames.

RMS

2013-08-29 10:00 AM

The investigative documents are Quality Assurance documents, and are reviewed by the Quality Assurance/Safety Committee for reevaluation of the policies and procedures as warranted.

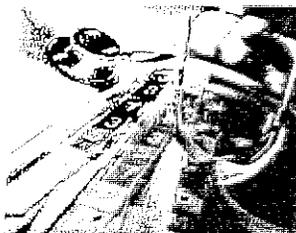
Revision of the policies and procedures are done based on the Quality Assurance Committee/Safety Committee review and recommendation.

Revisions to the facilities policies and procedures are provided to the employees, residents, resident's legal guardian, or sponsor of record, volunteers, consultants and privileged physicians.

RMS

2013-08-29 10:00 AM

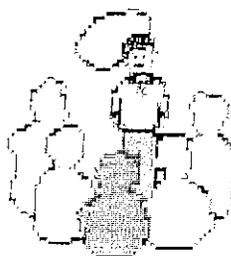
These systems do not guarantee that abuse, neglect, mistreatment of residents, misappropriation of resident property and/or injuries of unknown source will never occur. It can only ensure that the facility is doing all that is within its control to prevent occurrences.



RMS

Risk Solution. Risk Away.

THE RISK SOLUTION
FOR YOUR FACILITY
IS A COMPLETE
RISK MANAGEMENT
PROGRAM



RMS

Risk Solution. Risk Away.

Injury of Unknown Source (IUS) Investigation Guide

RESIDENT INJURY (source to be investigated)

IMMEDIATELY

- Secure resident safety
- Assess the resident, provide medical treatment as necessary
- Examine the resident's injury and document the description in the medical record
- Document date and time injury was discovered in the medical record
- Notify physician if the injury has the potential to require physician intervention
- Notify the resident's sponsor (no later than 11 hours) if there is a significant change in health status
- Initiate report no later than 24 hours, notify the administration

1. Was the injury observed by any person or explained by the resident?

YES

If the source of injury is known, document conclusion of investigation per facility policy. If there is an abuse/neglect allegation, go to #2.

NO

2. Is there a written or verbal allegation of abuse/neglect?

YES

- Investigate as abuse/neglect allegation. Use AUM Investigation Guide
- Immediately (no later than 24 hours) notify the state survey agency on form HEA 1652 (Fax: 614-728-9169)

NO

3. Is there a reasonable suspicion that abuse/neglect may have occurred?

NO

- Document summary of conclusion of investigation
- Review the resident's plan of care and revise as necessary to prevent recurrence of injury
- If report to the Ohio Department of Health is necessary, if answers to questions 1, 2 and 3 are all "NO", and the investigation is completed in under 24 hours

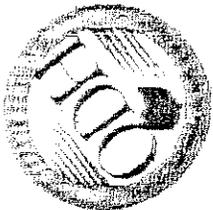
YES

GUIDANCE

- ### REASONABLE SUSPICION
- ✓ Conducted only after thorough investigation completed
 - ✓ Should be based on a review of evidence, circumstances, and professional judgment of the director of nursing or designated licensed staff
 - ✓ Some examples where abuse may be suspected (not all inclusive), when conflicting statements are obtained, explanation is not consistent with the resident's routine
 - ✓ The injury may be suspicious because of the extent or location of the injury (e.g., the injury is located in an area not generally available to (abuse))
 - ✓ The injury may be suspicious due to the number of injuries observed at one particular point in time or the incidence of injuries over time

- The director of nursing (a designated licensed staff) should determine the scope of investigation based on the nature of the injury and professional judgment
- Interview and/or obtain a statement from the resident
- Interview and/or obtain a statement from the person who discovered the injury
- Interview and/or obtain statements from potential witnesses as determined by the scope of investigation
- Review the resident's clinical records for relevant information (diagnosis, history, similar injuries, etc.)

YES



Abuse, Neglect, Misappropriation (ANM) Investigation Guide

ALLEGATION OR SUSPICION OF ABUSE, NEGLIGENCE, MISAPPROPRIATION OF RESIDENT PROPERTY
OR INJURY OF UNKNOWN SOURCE (as determined by IUS Investigator Guide)

IMMEDIATELY

- Secure resident safety
- Assess the resident, provide medical and/or psychosocial treatment as necessary
- Examine the resident's injury and/or psychosocial changes and document the description in the medical record
- Identify alleged perpetrator (staff, family or visitor), remove from contact with all residents and staff pending outcome of investigation
- If identified alleged perpetrator is a resident, take measures to prevent recurrence
- Document date and time injury was discovered in the medical record
- Notify physician if the injury (physical and/or psychosocial) has the potential to require physician intervention
- Notify the resident's sponsor (no later than 12 hours) if there is a significant change in health status
- Immediately (no later than 24 hours) notify the administrator
- Administrator or designee notifies appropriate entities (local law enforcement and/or other state agencies as required)
- Immediately (no later than 24 hours) complete the first three sections of form HEA 1652, notify the state survey agency of all allegations (Fax: 614-728-9169)
- Document date and time of all notifications per facility policy

INVESTIGATE

- Interview and/or obtain statement from person reporting allegation or suspicion
- Interview and/or obtain statement from victim
- Interview and/or obtain statement from alleged perpetrator
- Interview and/or obtain statements from potential witnesses as determined by the scope of the investigation
- Review materials and complete investigation (refer to abuse investigation protocol and facility policy)

NO LATER THAN FIVE WORKING DAYS POST INCIDENT

- Report the results of all investigations to the administrator
- Report the results of all investigations to the Ohio Department of Health on form HEA 1652 (Fax: 614-728-9169)
- Initiate corrective measures (if applicable) to prevent recurrence

ABUSE REPORTING

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. Our facility will not condone resident abuse by anyone, including staff members, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
2. Any alleged violations involving neglect, abuse, or misappropriation of resident property, must be reported to the administrator or designee as soon as possible.
3. All personnel, resident, visitors, etc., are encouraged to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff.
4. To assist our facility's staff members in recognizing incidents of abuse, the following definitions of abuse are provided:
 - a. **Abuse** is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
 - b. **Verbal abuse** is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that she will never be able to see her family again.
 - c. **Sexual abuse** is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. **Physical abuse** is defined as hitting, slapping, punching, kicking, etc. It also includes controlling behavior through corporal punishment.
 - e. **Involuntary seclusion** is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommate) against the resident's will, or the will of the resident's legal guardian or representative (sponsor). (Note: Temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the medical director, and/or the director of nursing services, and such action is consistent with the resident's plan of care.)
 - f. **Mental abuse** is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment services.

ABUSE REPORTING (Cont'd)

11. Upon receiving information concerning a report of abuse, a representative of the social services department will monitor the resident's emotions concerning the incident as well as the reactions to his/her involvement in the investigation.
12. Inquiries concerning abuse reporting and investigations should be referred to the Administrator/Assistant Administrator.
13. All reports of abuse will be kept confidential. Employees can report suspected or witnessed incidents without fear of reprisal.
14. Any person who has knowledge or reason to believe that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense SHALL report, or cause a report to be made of, the mistreatment or offense.
15. A person shall not knowingly:
 - a. Attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of mistreatment or other offense;
 - b. Fail to report an incident of mistreatment or other offense;
 - c. Alter, change without authorization, destroy or render unavailable a report made by another; a and/or
 - d. Screen reports or withhold information to reporting agencies.

ABUSE INVESTIGATION

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. When an incident or suspected incident of abuse, neglect or misappropriation of property is reported, the investigation will begin immediately.
2. The Administrator/designee will provide to the person in charge of the investigation a copy of the Incident Report Form and any supporting documents relative to the investigation.
3. The representative's investigation shall consist of:
 - a. A review of the completed Incident Report Form;
 - b. A review of the statement of the person(s) reporting the incident;
 - c. A review of the statements of any witnesses to the incident;
 - d. An interview with the resident (if possible);
 - e. A review of the resident's medical record;
 - f. Interview with the resident's roommate, if possible;
 - g. A review of all circumstances surrounding the incident
4. While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the administrator.
5. Employees of this facility that have been accused of resident abuse will be removed from resident care duties immediately pending investigation or until the results of the investigation have been reviewed by the Administrator.
6. The administrator/designee will keep the residents and his/her representative (sponsor) informed of the progress of the investigation.
7. The results of the representative's investigation will be recorded in a written report.
8. A copy of the completed Investigation Report will be provided to the administrator within five (5) working days of the reported incident.
9. The administrator/designee will inform the resident and his/her representative (sponsor) of the findings of the investigation and corrective action taken.
10. Inquiries concerning abuse reporting and investigation should be referred to the Administrator or the Assistant Administrator.

7 COMPONENTS OF EDGEMONT HEALTHCARE ABUSE,
NEGLECT AND EXPLOITATION POLICY

SCREENING: All employees will have criminal background checks, reference checks and abuse registry checks for any history of abuse, neglect or mistreating residents.

TRAINING: Employees will be trained through orientation and on-going in-services, regarding abuse, reporting, prevention, intervention and detection.

PREVENTION: Identify, correct and intervene in situations in which abuse is more likely to occur (ie., secluded areas, residents that wander or have aggressive behavior, inappropriate behavior by staff.)

IDENTIFICATION: A proactive approach through QA will be taken to identify events that may constitute or contribute to abuse.

INVESTIGATION: A timely, thorough and objective investigation will be done of all allegations.

PROTECTION: During investigations residents will be protected the alleged perpetrator will be suspended. No contact will be allowed with the resident until the investigation is complete.

REPORTING: Incident, investigations and facility response to the result of the investigation will be reported in accordance with local, state, and federal law.

ABUSE: SCREENING AND TRAINING

POLICY STATEMENT

All persons employed by this facility will be screened for a history of abuse, neglect or misappropriation of property.

PROCEDURES:

A. Screening

1. Prior to employment the facility will complete verification that the prospective employee is not listed on the Nurse Aide Abuse Registry.
2. Criminal record checks, employment reference checks and professional license checks (Nurses) are completed upon employment.
3. Should the background investigation disclose any misrepresentation on the application form or information indication that the individual has a felony conviction for abuse, neglect, mistreatment of individuals, theft of property, drugs or sex crimes the applicant will not be employed, or, if already employed, will be terminated from employment.

B. Training

1. All employees will receive training in orientation and at a minimum yearly thereafter on the following topics:
 - a. Employee screening
 - b. Employee training
 - c. Preventing abuse neglect or exploitation
 - d. Protecting residents
 - e. Identifying signs and symptoms of abuse
 - f. Reporting abuse, neglect or exploitation
 - g. Investigation abuse, neglect or exploitation

Prevention and Reporting of Resident Abuse

Acknowledgment of Responsibilities

I acknowledge that the philosophy and mission of Edgemont Manor Nursing Home strictly prohibits any form of abuse, neglect, mistreatment and misappropriation of resident property. Each employee is responsible for securing a safe environment of all residents.

I am aware of the definitions set down in the policies and have had the opportunity to discuss these definitions and ask any questions I may have.

I am aware that it is my responsibility as an employee to immediately report any incidents of actual or suspected abuse to my supervisor and/or Administrator of designee. Failure on my part to immediately report any actual or suspected abuse, neglect, involuntary seclusion or misappropriation of resident property will result in disciplinary action, up to and including termination of my employment.

It is also my responsibility to abstain from any commission of any act, which may be abusive, (verbally, mentally, or physically), to any resident, staff member or other individual related to the facility. I may not willfully withhold care to any resident nor place any resident in a secluded area for my own benefit or for punishment to the resident. Any property belonging to the resident, (including food, telephone, clothing, money, etc) may not be used or removed without the resident or responsible party knowing about it and giving consent. I understand that my commission of or participation in the commission of any of these acts will result in discipline action, up to and including termination of my employment.

Allegations of abuse will be thoroughly investigated by the facility, the appropriate state agencies, and/or law enforcement agencies, when appropriate.

I have had the opportunity to read, discuss, and ask questions regarding this information. I acknowledge understanding of the Abuse Policies and agree to abide by all provisions of these documents.

Employee Signature

Date

Facility Representative

Date

Quality Assurance Hotline

If you have a concern about the facility,
please call and talk with the owner Bonnie.

859-953-0294





I have reviewed the Abuse Registry on all employees and continue on new employees. There are no current issues with the Abuse Registry. Also, all employees have background checks and continue to have checks on new employees with no issues.

Office Manager.



ABUSE REPORTING

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. Our facility will not condone resident abuse by anyone, including staff members, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
2. Any alleged violations involving neglect, abuse, or misappropriation of resident property, must be reported to the administrator or designee as soon as possible.
3. All personnel, resident, visitors, etc., are encouraged to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff.

To assist our facility's staff members in recognizing incidents of abuse, the following definitions of abuse are provided:

- a. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
- b. Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that she will never be able to see her family again.
- c. Sexual abuse is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
- d. Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
- e. Involuntary seclusion is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommate) against the resident's will, or the will of the resident's legal guardian or representative (sponsor). (Note: Temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the medical director, and/or the director of nursing services, and such action is consistent with the resident's plan of care.)
- f. Mental abuse is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment services.

Richard W. Smith, M.D. 8/20/2013

ABUSE REPORTING (Cont'd)

- g. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs on an individual basis when a resident lacks care in one or more areas (e.g. absence of frequent monitoring for a resident known to be incontinent resulting in being left to lie in urine or feces).
 - h. Misappropriation of resident property is defined as patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.
5. The person(s) observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the charge nurse who will report to the Administrator or designee as soon as practicable. The following information should be reported.

- a. The name of the resident involved;
- b. The date and time that the alleged incident occurred;
- c. Where the incident took place;
- d. The name(s) of the person(s) committing the alleged incident (if known);
- e. The name(s) of any witnesses to the incident;
- f. The type of abuse that was allegedly committed (i.e. verbal, physical, sexual, etc.); and
- g. Other information that may be requested.

6. Upon receiving a report of suspected abuse, neglect, or misappropriation of property, the charge nurse shall examine and interview the resident. Findings of the examination/interview will be recorded in the resident's medical record. The resident's physician and representative will be notified. (Note: If sexual abuse is suspected, DO NOT bathe the resident or wash the resident's clothes or linen):

7. Upon receiving suspected reports of abuse, misappropriation of property, or neglect, the Administrator or designee will report the incident to the following agencies:

Office of the Inspector General
 Department of Community Based Services
 Law Enforcement Agency (if appropriate)

8. The charge nurse must complete an Incident Report Form and obtain a written, signed, and dated statement from the person reporting the incident.

9. A completed Copy of the Incident Report Form will be given to the Administrator/designee. An investigation will be made and a copy of the findings of such investigation will be provided to the administrator within five (5) working days of the occurrence of such incidents. This investigation will be reported to the Office of the Inspector General and DCBS.

When an incident of resident abuse is suspected or determined such incident must be reported to the Administrator or designee regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy.

Richard Gould, M.D.
 8/20/2013

ABUSE REPORTING (Cont'd)

11. Upon receiving information concerning a report of abuse, a representative of the social services department will monitor the resident's emotions concerning the incident as well as the reactions to his/her involvement in the investigation.
12. Inquiries concerning abuse reporting and investigations should be referred to the Administrator/Assistant Administrator.
13. All reports of abuse will be kept confidential. Employees can report suspected or witnessed incidents without fear of reprisal.
14. Any person who has knowledge or reason to believe that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense SHALL report, or cause a report to be made of, the mistreatment or offense.
15. A person shall not knowingly:
 - a. Attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of mistreatment or other offense;
 - b. Fail to report an incident of mistreatment or other offense;
 - c. Alter, change without authorization, destroy or render unavailable a report made by another; and/or
 - d. Screen reports or withhold information to reporting agencies.

Richard Arnold, M.D.
8/28/13

ABUSE INVESTIGATION

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. When an incident or suspected incident of abuse, neglect or misappropriation of property is reported, the investigation will begin immediately.
2. The Administrator/designee will provide to the person in charge of the investigation a copy of the Incident Report Form and any supporting documents relative to the investigation.
3. The representative's investigation shall consist of:
 - a. A review of the completed Incident Report Form;
 - b. A review of the statement of the person(s) reporting the incident;
 - c. A review of the statements of any witnesses to the incident;
 - d. An interview with the resident (if possible);
 - e. A review of the resident's medical record;
 - f. Interview with the resident's roommate, if possible;
 - g. A review of all circumstances surrounding the incident.
4. While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the administrator.
5. Employees of this facility that have been accused of resident abuse will be removed from resident care duties immediately pending investigation or until the results of the investigation have been reviewed by the Administrator.
6. The administrator/designee will keep the residents and his/her representative (sponsor) informed of the progress of the investigation.
7. The results of the representative's investigation will be recorded in a written report.
8. A copy of the completed Investigation Report will be provided to the administrator within five (5) working days of the reported incident.
9. The administrator/designee will inform the resident and his/her representative (sponsor) of the findings of the investigation and corrective action taken.
10. Inquiries concerning abuse reporting and investigation should be referred to the Administrator or the Assistant Administrator.

Richard L. Arnold, M.D.

8/20/13.

7 COMPONENTS OF EDGE MONT HEALTHCARE ABUSE, NEGLECT AND EXPLOITATION POLICY

SCREENING: All employees will have criminal background checks, reference checks and abuse registry checks for any history of abuse, neglect or mistreating residents.

TRAINING: Employees will be trained through orientation and on-going in-services, regarding abuse, reporting, prevention, intervention and detection.

PREVENTION: Identify, correct and intervene in situations in which abuse is more likely to occur (i.e., secluded areas, residents that wander or have aggressive behavior, inappropriate behavior by staff.)

IDENTIFICATION: A proactive approach through QA will be taken to identify events that may constitute or contribute to abuse.

INVESTIGATION: A timely, thorough and objective investigation will be done of all allegations.

PROTECTION: During investigations residents will be protected the alleged perpetrator will be suspended. No contact will be allowed with the resident until the investigation is complete.

REPORTING: Incident, investigations and facility response to the results of the investigation will be reported in accordance with local, state, and federal law.

Richard W. Randall, MD,
8/20/13.

Edgemont Healthcare

Monitoring Policy

It is the policy of Edgemont Healthcare to assess all residents for risk of safety, including residents who may have the potential to cause harm to themselves or others. If resident is found to be at risk, they shall be placed on a 15 minute monitoring schedule as follows:

Q 15 minutes while awake

Q15 minutes while sleeping

If no additional safety issues are noted within a 24 hour period, continue monitoring resident every hour for 24 additional hours. At which time the resident will be reevaluated by interdisciplinary team for any further need to continue monitoring.

8/15/13

Richard W. Arnold, M.D.
8/20/2013

Stand-Up Meeting

Date _____

Time _____

Attendees

F157
F169
F223
F225
F226
F258
F280
F490

Nursing

Social Services

Staffing

Dietary

Maintenance/Building Issues

Business Office

ABUSE: SCREENING AND TRAINING

POLICY STATEMENT

All persons employed by this facility will be screened for a history of abuse, neglect or misappropriation of property.

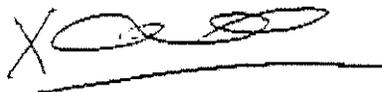
PROCEDURES:

A. Screening

1. Prior to employment the facility will complete verification that the prospective employee is not listed on the Nurse Aide Abuse Registry.
2. Criminal record checks, employment reference checks and professional license checks (Nurses) are completed upon employment.
3. Should the background investigation disclose any misrepresentation on the application form or information indicating that the individual has a felony conviction for abuse, neglect, mistreatment of individuals, theft of property, drugs or sex crimes the applicant will not be employed, or, if already employed, will be terminated from employment.

B. Training

1. All employees will receive training in orientation and at a minimum yearly thereafter on the following topics:
 - a. Employee screening
 - b. Employee training
 - c. Preventing abuse neglect or exploitation
 - d. Protecting residents
 - e. Identifying signs and symptoms of abuse
 - f. Reporting abuse, neglect or exploitation
 - g. Investigation abuse, neglect or exploitation



A handwritten signature in black ink, consisting of a stylized 'X' followed by a cursive name, underlined.

Prevention and Reporting of Resident Abuse

Acknowledgment of Responsibilities

I acknowledge that the philosophy and mission of Edgemont Manor Nursing Home strictly prohibits any form of abuse, neglect, mistreatment and misappropriation of resident property. Each employee is responsible for securing a safe environment of all residents.

I am aware of the definitions set down in the policies and have had the opportunity to discuss these definitions and ask any questions I may have.

I am aware that it is my responsibility as an employee to immediately report any incidents of actual or suspected abuse to my supervisor and/or Administrator of designee. Failure on my part to immediately report any actual or suspected abuse, neglect, involuntary seclusion or misappropriation of resident property will result in disciplinary action, up to and including termination of my employment.

It is also my responsibility to abstain from any commission of any act, which may be abusive, (verbally, mentally, or physically), to any resident, staff member or other individual related to the facility. I may not willfully withhold care to any resident nor place any resident in a secluded area for my own benefit or for punishment to the resident. Any property belonging to the resident, (including food, telephone, clothing, money, etc) may not be used or removed without the resident or responsible party knowing about it and giving consent. I understand that my commission of or participation in the commission of any of these acts will result in discipline action, up to and including termination of my employment.

Allegations of abuse will be thoroughly investigated by the facility, the appropriate state agencies, and/or law enforcement agencies, when appropriate.

I have had the opportunity to read, discuss, and ask questions regarding this information. I acknowledge understanding of the Abuse Policies and agree to abide by all provisions of these documents.

Employee Signature

Date

Facility Representative

Date



ABUSE INVESTIGATION

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. When an incident or suspected incident of abuse, neglect or misappropriation of property is reported, the investigation will begin immediately.
2. The Administrator/designee will provide to the person in charge of the investigation a copy of the Incident Report Form and any supporting documents relative to the investigation.
3. The representative's investigation shall consist of:
 - a. A review of the completed Incident Report Form;
 - b. A review of the statement of the person(s) reporting the incident;
 - c. A review of the statements of any witnesses to the incident;
 - d. An interview with the resident (if possible);
 - e. A review of the resident's medical record;
 - f. Interview with the resident's roommate, if possible;
 - g. A review of all circumstances surrounding the incident.
4. While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the administrator.
5. Employees of this facility that have been accused of resident abuse will be removed from resident care duties immediately pending investigation or until the results of the investigation have been reviewed by the Administrator.
6. The administrator/designee will keep the residents and his/her representative (sponsor) informed of the progress of the investigation.
7. The results of the representative's investigation will be recorded in a written report.
8. A copy of the completed investigation Report will be provided to the administrator within five (5) working days of the reported incident.
9. The administrator/designee will inform the resident and his/her representative (sponsor) of the findings of the investigation and corrective action taken.
10. Inquiries concerning abuse reporting and investigation should be referred to the Administrator or the Assistant Administrator.

X 

F157 NO18

Edgemont Healthcare

Physician Notification Policy/Procedure

Policy:

It is the policy of Edgemont Healthcare to notify a resident's physician of significant changes in the resident's condition and of status in a timely manner.

Procedure:

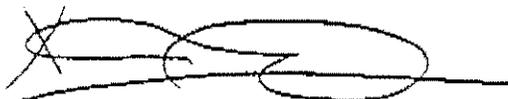
The nurse supervisor/charge nurse will notify the resident's results in injury and notify physician as soon as possible when there has been an physician intervention.

- A discovery of injuries of an unknown source.
- Unexpected significant weight loss/gain per regulations.
- A significant change in the resident's physical, emotional, or mental condition that is unexpected/no previous history.
- Refusal of treatment or medication (ie: 3 consecutive Days) that could cause significant change in condition and is of new onset/no previous history.
- Not substantially meeting estimated fluid needs over 3 days and is displaying signs/symptoms of dehydration.
- A need to transfer/Discharge to; hospital/treatment center, home, etc.
- Resident leaving AMA (Against Medical Advice)
- A need to alter medical treatment significantly. (ie: ancillary services, PT, OT, ST, medication therapy)
- Abnormal lab/X-ray or other ordered tests requiring follow up intervention.

Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's condition, unless otherwise noted.

The nurse supervisor/charge nurse will record in the resident's medical record any information relative to changes in the resident's condition.

Date revised 08/07



F280
N 192

F250
H 130

Edgemont Healthcare

Behavior Policy

Policy

This facility supports the right of all residents to a quality of life that encourages independent expression, decision making, and action when applicable. The resident has a right to be free from chemical/physical restraints except as authorized by a physician and assessed by IDT when necessary to protect the resident from injury to self/others or it is determined to assist with improving mood/behaviors for improved quality of life. The principle use of psychopharmacologic drugs is to alleviate mental health conditions and to enable residents to restore/maintain their highest level of emotional, spiritual, mental and physical well being. Facility shall also assess resident's history to assess how pain may be increasing behaviors.

It is also the policy of this facility to provide residents with appropriate assessments/ monitoring /interventions to assist with evaluation of effectiveness of behavior management interventions (including non-pharmaceutical interventions). This shall be done with obtaining history/background information to assist with appropriate interventions, assessing/documenting new onset of behaviors or those behaviors that are not improving with treatment, monitoring for side effects and providing staff with information regarding behavior management via care plan, etc.

Procedure

Information gathered will be evaluated for pattern and etiology after new admissions, and IDT shall utilize information when creating individualized care plan based on their history/current condition/type and severity of behavior and shall be completed per RAI/Federal guidelines.

Three Interdisciplinary Team members will work with the physician and the family as well as the resident to develop a plan of care. Through the plan of care, an attempt will be made to minimize the resident's distress and that of the other residents.

Residents exhibiting new onset of behavioral problems/change in condition will be referred to the attending physician/or psychiatrist for evaluation and treatment when interventions are not effective. (Please refer to Physician notification and Significant Change in Condition Policies for additional information)

Residents exhibiting behaviors that pose an immediate threat/harm to themselves or others will have physician/responsible party notified for request to discharge to hospital for assuring safety. Resident shall receive individualized interventions based on behaviors until transportation can be arranged.

Social Services shall evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate with nursing information when documenting admission notes for use with RAI to develop an appropriate plan of care. SS Director shall document at least quarterly thereafter and as needed regarding any noted changes in conditions. Interventions implemented to assure appropriate plan of care is instituted. This includes if psychiatrist is needed to evaluate condition. Nursing Staff shall document in nurses notes of any concerns/changes (improvement/decline) with behaviors that require additional intervention or monitoring.

Residents on psychotropic drug use shall be monitored per regulatory guidelines from both consulting pharmacist and care plan team regarding if resident is good candidate for any reduction. This shall be done in addition to monthly Clinical Meeting in which care plan team shall discuss residents on psychotropic drug use as well as residents who are displaying significant changes/new onset of behavior. Nursing staff shall be informed of changes with behavior management interventions and care plan shall be updated. (Additional Assessment forms for specific behavior i.e. wandering, non-compliance, etc. are documented on individual forms as there are many differences with Mental Illness/Behaviors/Diagnosis).

6/07



F223 - N104

F225 - N105

F226 - N108

F490 - N316

ACCIDENTS AND INCIDENTS

POLICY STATEMENT

It is the policy of this facility to provide a safe and healthful home for residents and work environment for employees.

PROCEDURES

1. Reporting of Accidents/Incidents:

- A. Regardless of how minor an accident or incident may be, it must be reported to the department supervisor, and an Accident/Incident Report Form must be completed on the shift that the accident or incident occurred.
- B. An employee witnessing an accident or incident involving a resident, employee or visitor must report such occurrence to his/her immediate supervisor as soon as practical. Do not leave an accident victim unattended unless it is absolutely necessary to summon assistance.
- C. The charge nurse must be informed of all accidents or incidents so that medical attention can be provided.

2. Assisting Accident / Incident Victims

Should an employee witness an accident or find it necessary to aid an accident victim, the employee should:

- A. Render immediate assistance. Do not move the victim until he/she has been examined for possible injuries.
- B. Summon the charge nurse to evaluate and determine if the individual is to be moved. If assistance is needed, summon help. If the victim cannot be left alone, ask someone to report to the nurses' station that help is needed, or if possible, use the call system located in the resident's room to summon help.

3. Medical Attention:

The charge nurse shall:

- A. Examine all accident/incident victims;
- B. Notify the victim's personal or attending physician (Note: Residents only).
- C. If necessary, transfer the injured person to the nearest hospital.

4. Investigative Action:

- A. The charge nurse and/or the department supervisor shall conduct an immediate

ACCIDENTS AND INCIDENTS (Cont'd)

investigation of the accident or incident.

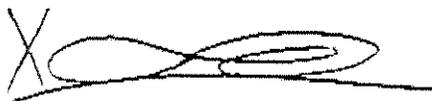
B. The following data, as it may apply, must be included on the Accident Investigation Report Form:

1. The date and time the accident/incident took place;
2. The circumstances surrounding the accident/incident;
3. Where the accident/incident took place;
4. Name(s) of any witnesses and their accounts of the accident/incident;
5. The injured person's account of the accident/incident;
6. The time the injured person's attending or personal physician was notified, as well as the time the physician responded and his/her instructions;
7. The date and time the injured person's responsible party was notified and by whom;
8. The condition of the injured person, including his/her vital signs if indicated;
9. Disposition of the injured (i.e. transferred to hospital, put to bed, sent home, returned to work, etc.);
10. Corrective action taken if indicated;
11. Other pertinent data as necessary or required; and
12. Signature and title of the person completing the report.

5. Accident/Incident Report

A. The charge nurse and/or the department supervisor shall:

1. Complete an Accident/Incident Report Form and submit it to the Director of Nursing Services.

A handwritten signature in black ink, consisting of a large 'X' followed by a series of loops and a horizontal line.

F280
N192 F 490
N316

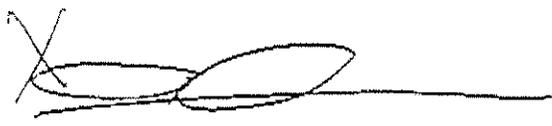
CARE PLANS - COMPREHENSIVE

POLICY STATEMENT

It is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs.

PROCEDURES

1. An interdisciplinary team, in coordination with the resident and his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident.
2. The comprehensive care plan has been designed to:
 - a. Incorporate identified problem areas;
 - b. Incorporate risk factors associated with identified problems;
 - c. Build on the resident's strengths;
 - d. Reflect treatment goals and objectives in measurable outcomes;
 - e. Identify the professional services that are responsible for each element of care;
 - f. Prevent declines in the resident's functional status and/or functional levels;
 - g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.
3. The resident's comprehensive care plan must be developed within twenty-one (21) days after the resident's admission.
4. Care plans are revised as changes in the resident's condition dictates. Reviews are made at least quarterly.
5. A preliminary care plan is developed within twenty-four (24) hours of admission. The preliminary care plan is used only until the comprehensive care plan has been developed.



F280
N 192

CARE PLANS - COMPREHENSIVE

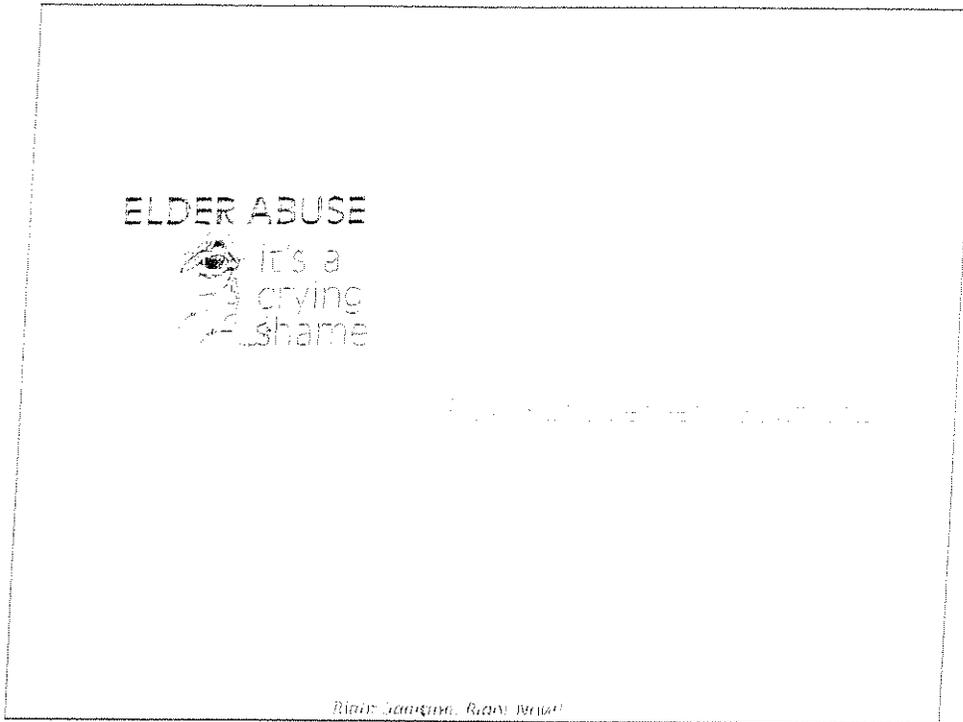
POLICY STATEMENT

It is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs.

PROCEDURES

1. An interdisciplinary team, in coordination with the resident and his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident.
2. The comprehensive care plan has been designed to:
 - a. Incorporate identified problem areas;
 - b. Incorporate risk factors associated with identified problems;
 - c. Build on the resident's strengths;
 - d. Reflect treatment goals and objectives in measurable outcomes;
 - e. Identify the professional services that are responsible for each element of care;
 - f. Prevent declines in the resident's functional status and/or functional levels;
 - g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.
3. The resident's comprehensive care plan must be developed within twenty-one (21) days after the resident's admission.
4. Care plans are revised as changes in the resident's condition dictates. Reviews are made at least quarterly.
5. A preliminary care plan is developed within twenty-four (24) hours of admission. The preliminary care plan is used only until the comprehensive care plan has been developed.

F 223
N 104
F 225
N 105
F 226
N 108



In 2008 the state Long Term Care Ombudsman programs nationally investigated 17,741 complaints of abuse, gross neglect, and exploitation on behalf of nursing home and board and care residents.

Among seven types of abuse categories, physical abuse was the most common type reported.

National Long Term Care Ombudsman Program Data Report, 2008, Washington, DC, U.S. Administration on Aging.

in a case involving an Ohio nursing home, a resident was abused by a staff member who "yanked" him out of bed, "slammed" him into a chair, closed off the resident's nose with his hand to cut off his airway, pried back the resident's thumb, verbally abused him, and let him fall to the floor. The staff person was not disciplined and continued to work at the facility.

in another case involving an Ohio nursing home, a resident was observed with severe lacerations on the ear, skin tears, and bruising on his neck and hands. When asked by two staff members who had hurt him, the resident replied, "He'll beat me up again if I tell you." Later, the resident identified a male aide, who confessed to abusing the resident.

RMS

Be Careful. Fight Now!

- In an Ohio nursing home, a resident with dementia abused 13 other residents over a ten month period, including sexually assaulting a female resident, punching and slapping numerous residents in the face, and striking another resident in the head with a coffee mug.
- In one Florida nursing home, a staff person forced a call light from a resident's hand, placed it out of reach, and refused to comply with the resident's requests for assistance on numerous occasions. When the resident required a bedpan at night, the staff person did not provide it, forcing the resident to urinate in bed and wait until morning for a diaper to be changed.

Wolstein, R. A., 2001. *Abuse of residents in a nursing home in U.S. nursing homes*. Special Investigations Division Committee on Government Reform U.S. House of Representatives.

R.A.

Be Careful. Fight Now!

Each resident has the right to be free from abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment, and involuntary seclusion.



RMS

Residents must not be subjected to abuse by anyone, including but not limited to:

- All facility staff;
- Other residents;
- Privileged Physicians;
- Consultants or Volunteers;
- Staff of other agencies serving the resident;
- Family members or legal guardians,
- Friends; or
- Other individuals

RMS

- Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- Mistreatment: A definition is not provided at this time.
- Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

RMS Resident Monitoring System

Right Solution, Right Now!

Other Injuries

- Injury of Unknown Source: An injury should be classified as an "injury of unknown source" when both of the following conditions are met (CMS F-225 Interpretive Guidelines):
 - The source of injury was not observed by any person or the source of the injury could not be explained by the resident; AND
 - The injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma); OR the number of injuries observed at one particular point in time; OR the incidence of injuries over time.

RMS Resident Monitoring System

Right Solution, Right Now!

483.13 (b) Abuse.

The resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.



RMS

483.13 (c) Staff Treatment of Residents

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, abuse of residents, and misappropriation of resident property

RMS

483.13 (c)(1)(ii): The facility must not employ individuals who have been:

1. Found guilty of abusing, neglecting, or mistreating residents by a court of law; or
2. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property.

RMS

Riane Saurion, RN, RMA

483.13 (c)(1)(iii): The facility must report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

RMS

Riane Saurion, RN, RMA

483.13(c)(2): The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency)

FIMF

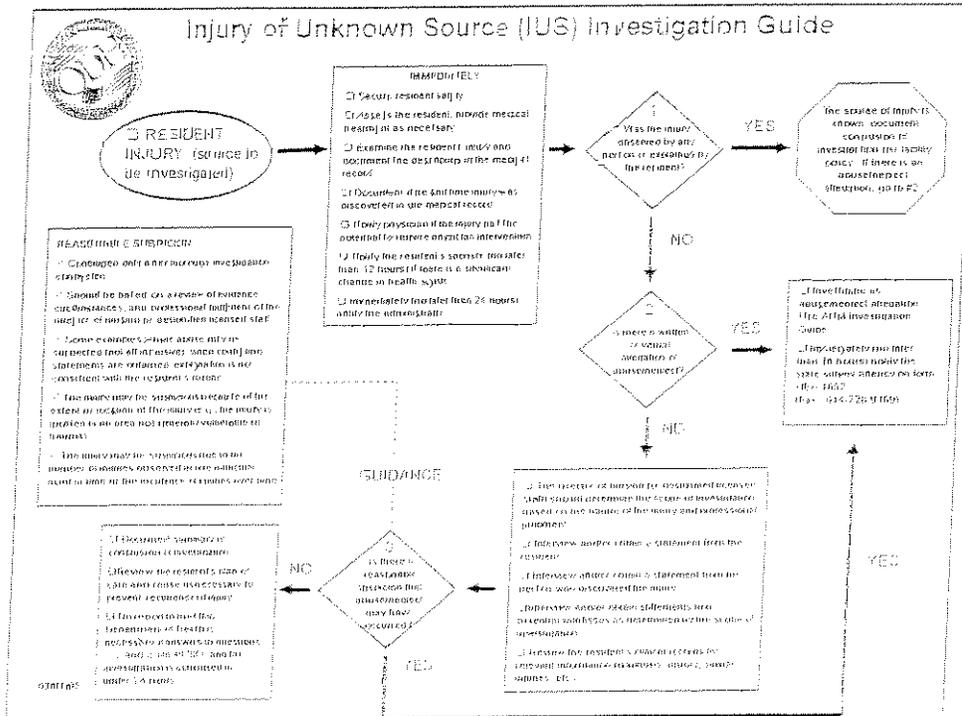
483.13(c)(3): The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

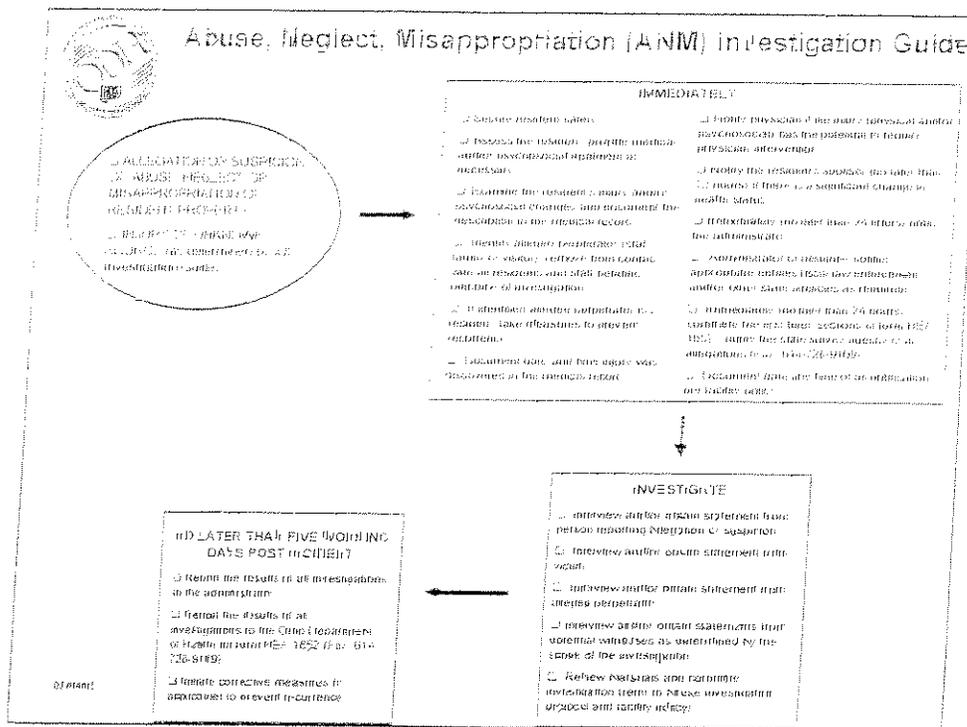
FIMF

483.13(c)(4): The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if alleged violation is verified appropriate corrective action must be taken.

RMS

From: Smarion, Alan; mwp





| | Reportable | Non-Reportable |
|-----------------------|--|--|
| Physical Abuse | Resident alleges STNA struck another - with or without noted injuries Aid and oriented resident intentionally strikes another resident | Resident with dementia strikes another resident Aid and oriented resident accidentally injures another resident |
| Mental Abuse | Telling a resident that their spouse died when it is not true | |
| Verbal Abuse | A staff member says something to a resident that is derogatory Staff member uses a derogatory tone cursing at a resident because they were ill-equipped | Staff member uses inappropriate language in front of a resident - not directed at or to the resident |
| Neglect | A resident is left on the bedpan - staff member left the facility and then remembered but did not call back to report the problem - next shift fails to do rounds and the resident is left on the bedpan all night | |

| | Reportable | Non-Reportable |
|--------------------------|--|---|
| Sexual Abuse | <p>Alleged rape by a staff member</p> <p>Alleged and/or resident inappropriately touches another resident</p> | <p>Resident with dementia inappropriately touches another resident</p> |
| Misappropriation | <p>A facility member/responsible party fails to return the social security or Medicare resources of the resident to the facility</p> <p>Resident alleges that an item of value to the resident, clothing, or money was taken</p> | <p>Resident reports an article of clothing did not come back from the laundry</p> |
| Injury of Unknown Origin | <p>Resident presents with a black eye and is unable to describe how it occurred - this is reportable because it is in a suspicious location</p> <p>A resident presents with large or multiple lacerations</p> | <p>Resident presents with a small bruise on the back of the hand - (in a reportable without an allegation or suspicion of abuse and not in a suspicious location)</p> <p>injuries that are consistent with a fall</p> |

RMS RESIDENT MONITORING SYSTEM

Blair, Courtney, Blaine, Brian

- The facility/corporation designates an individual with overall responsibility for the program.
 - Designee is responsible for development and implementation of all components of the program.
 - Designee acts as the contact person during survey activity to review the facility specific policy and procedures.
- Blair, Courtney, Blaine, Brian*

Focus needs to be on improving the screening of prospective staff to focus on applicants' criminal backgrounds, history of continuing substance abuse, domestic violence, their feelings about caring for the elderly, reactions to abusive residents, work ethics, and their ability to manage anger and stress.

The facility/corporation establishes screening/hiring practices in order to prevent the hiring/retention of individuals with a criminal record:

- Completion/review of employment application.
- Pre-employment physical and drug screening as required based on facility need.



HMS

Criminal background checks: State Bill 160 Bureau of Criminal Identification and Investigation (BCI & I).

- FBI-required when proof of residency for the preceding five-year period is not established.
- Reference checks.
- License verification through the appropriate licensing board for all licensed personnel.
- Nurse Aide Registry verification for all nurse aide applicants.

90-day Performance Monitoring and Evaluations completed for all new employees.

- Does not hire/employ individuals who have/are:
 - Found guilty of/pied no contest to the automatic disqualifiers as established under State Bill 260. Individuals who meet the criteria for exemption must have documentation in their file to justify the administrative decision to hire/retain the employee.
 - A finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment or misappropriation of resident property.
 - A finding by the professional licensing agency regarding abuse, neglect, mistreatment or misappropriation of resident property.
 - Sanctions imposed by CHS for Medicare/Medicaid fraud.

RMS

Right Location. Right Now.

Educational programs are developed to ensure that facility staff, volunteers, and physicians are knowledgeable regarding preventing and detecting mistreatment of any kind:

Employees, privileged physicians and volunteers:

What constitutes abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment and involuntary seclusion.

Review of state and federal regulations pertaining to abuse, neglect, mistreatment of residents, misappropriation of resident property, corporal punishment and involuntary seclusion.

Review of Resident's Rights.



RMS

Right Location. Right Now.

Employees, privileged physicians and volunteers:

- Sign and systems of abuse, neglect and/or mistreatment of residents.
- Facility specific reporting requirements related to all allegations of abuse, neglect, mistreatment of residents, misappropriation of resident property, corporal punishment and involuntary seclusion, without fear of reprisal.
- Review of facility policies and procedures, including investigation of allegations, reporting to state agencies and resident protection during the investigation phase.
- Appropriate interventions to manage aggressive and/or catastrophic reactions of residents.
- Recognition of signs/symptoms of employee burnout, frustration and stress that may lead to abuse.
- Abuse and neglect in-service is completed on hire, quarterly (different topics), and more frequently based on identified needs of the facility.

RMS

The facility develops procedures which promote a safe living environment for all residents. Residents must not be subjected to abuse, neglect, or mistreatment by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.



RMS

• Resident education:

- Admission.
- Annual Resident Council review to include:
 - Review of Resident Right: with every resident or legal guardian.
 - Review of how and to whom they may report concerns, incidents, grievances without fear of retribution; and provision of feedback regarding the concerns that have been voiced.
 - Review of facility specific policies and procedures regarding abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment and involuntary seclusion.
 - Review of the ODH Abuse Hotline, including location of posted number: (800)342-0553

RMS RESIDENT MANAGEMENT SYSTEMS

Right Education. Right Care.

• Family Education:

- Upon admission of a family member to the facility.
- Annual Family Council review:
 - Utilize the same topics as stated under annual Resident Council review.
- Post the ODH Abuse Hotline number in a readily accessible location: (800)342-0553

RMS RESIDENT MANAGEMENT SYSTEMS

Right Education. Right Care.

identify, correct and intervene in situations in which abuse, neglect, mistreatment, corporal punishment, and/or involuntary seclusion are more likely to occur. This may include, but is not limited to the following:

Features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility.

The deployment of staff on each shift in sufficient numbers to meet the needs of residents, and assure that staff assigned has the necessary knowledge of the individual resident's care needs.

Supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents, while giving care, directing residents who need toileting assistance to urinate or defecate in their beds.

The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents with self-injurious behaviors, residents with communication disorders, those that require heavy nursing care and/or are totally dependent on staff.

F 141

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While the abuse focus has been on staff to resident, the reality of resident to resident abuse cannot be ignored. A working definition of resident to resident aggression (RRR) is, "negative and aggressive physical, sexual or verbal interactions between long term care residents that would likely be construed as unwelcome by the recipient in a community setting and that have high potential to cause physical or psychological distress."

(Office Resident to Resident Conflicts in Caring for the Aged, May 2000)

- Facilities tend to report only the "serious" events and often those events that have the potential to cause fear or intimidation may go unreported and uninvestigated.
- The fact that many residents in nursing homes are demented increases the challenges of both prevention and investigation. However, the fact that the resident is demented does not negate the potential for abuse to have occurred and does not relieve the facility of the need to implement strategies aimed at prevention.

F 141

The facility must screen potential admissions for any behavioral issues and should not accept residents whose needs cannot be met by the facility.

The facility must provide ongoing educational training on best practices when accepting residents with behaviors that may lead to abuse.

The facility must provide for the safety of all residents when behaviors occur.

There must be support 24/7 for direct care staff.

Policies and procedures regarding behavior management must be clearly stated and consistently implemented as an abuse prevention strategy.

The behavior need not be physical to cause harm. Loud, threatening, verbal behavior has the potential to cause severe emotional distress for other residents and by definition is abuse.

RMS REGULATORY MANAGEMENT SYSTEMS

Rita Johnson, Rita Snow

The facility establishes procedures, which ensures the identification of events/occurrences, such as suspicious bruising of residents, patterns, and trends that may constitute abuse in order to determine the direction of the investigation:

Consider all allegations of abuse or neglect, also focus on objective and observable evidence of abuse or neglect to identify possible victims. This identification should include, but not be limited to the following:

Assessment of the injury:

Is the injury intentional and centrally located or accidental and distally located?

Is the injury patterned, such as marks from a belt, ring? Is the resident's skin red/bruised from being slapped or grabbed?



RMS REGULATORY MANAGEMENT SYSTEMS

Rita Johnson, Rita Snow

Physical demeanor of the resident, such as body language, responses to touch, verbalization, which coincide with physical injuries or possible abuse.

Psychosocial changes in mood, affect, behavior and/or personality that coincide with physical injuries or possible abuse.

Changes in sleeping and eating patterns that coincide with physical injuries or possible abuse.

Prior history of resident being victimized, such as at home by a family member, history of abuse/neglect.



F.M.L.

Physical Abuse/Neglect:

- Bruises, black eyes, lacerations, and welts
- Broken bones and fractures
- Burns
- Cuts, open wounds, and wounds in various stages of healing
- Sprains, dislocations, and internal injuries
- Broken eyeglasses
- Signs of restraint
- Sudden change in behavior
- New/untreated pressure sores
- Poor personal hygiene
- Poor skin condition

F.M.L.

- Physical Abuse/Neglect:
 - Dehydration or malnourishment
 - Weight loss
 - Clinically medical conditions: pain, diabetes, wounds, etc.
 - Unsanitary/harmful living conditions
 - Lab findings indicating an overdose or underdose of medication
 - Caregiver's refusal to allow visitors to see the aged person alone.

Psychological/Emotional Abuse:

- Agitation or anger
- Withdrawal
- Depression
- Confusion
- Behavior associated with dementia, such as rocking, biting, and/or sucking.

RMS RESEARCH & MANAGEMENT SOLUTIONS

Help. Don't. Harm. Now!

Employee predictors of abuse:

- Employee predictors of abuse:
 - Stress
 - "Burnout"
 - Employee "burnout," which is described as a progressive physical and emotional exhaustion resulting from prolonged involvement with people, has been found to be strongly associated with physical and psychological abuse.
 - Burnout is believed to create negative job attitudes and perceptions and a loss of empathy for patients.
 - Financial strain
 - Substance abuse
 - Negative attitude towards elderly individuals
 - Age: young employees are more likely to psychologically abuse residents
 - Gender: male perpetrators are more common in abuse cases which have been prosecuted.

RMS RESEARCH & MANAGEMENT SOLUTIONS

Help. Don't. Harm. Now!

Resident predictors of abuse:

- Cognitive impairment
- Physical impairment/dependence
- Infrequent visitors
- Aggressive behaviors

EMAS 114

- Stress management techniques.
- Situational extraction.
- Reassignment of care givers.
- Sufficient deployment of staff to meet the needs of the residents.
- Supervision of staff.
- Enhanced communication between direct care and administrative staff.
- Leave of absence.

EMAS 114

- Create support groups for nurse aides.
- Strengthen resident councils.
- Training that focuses on interpersonal care-giving skills, managing difficult resident care situations, problem-solving, cultural issues that affect staff/resident relationships, conflict resolution, stress reduction techniques, information on dementias, and witnessing and reporting abuse.

RMS

Right Location. Right Time.

The facility establishes procedures, which ensures that all suspicious, and/or allegations of abuse, neglect, mistreatment and misappropriation of resident property, involuntary seclusion and injuries of unknown source are thoroughly investigated:

The facility investigates different types of incidents.

The facility documents the investigation of all incidents, with a probable cause determination if a conclusion can reasonably be established.

Staff member responsible for the initial reporting, and investigation of alleged violations and the reporting of results to the proper authorities.



RMS

Right Location. Right Time.

The facility establishes procedures, which ensures the safety of residents from harm during the investigative phase for suspected/alleged abuse:



The facility maintains the confidentiality of the resident throughout the investigation process to protect the anonymity of the resident.

The facility establishes procedures to ensure the safety of the resident from the following persons during the active investigation:

From facility staff/physicians alleged/believed to have committed the act.

From volunteers alleged/believed to have committed the act.

From visitors/family members alleged/believed to have committed the act.

1.1.1.1

1.1.1.1

- Social Service representative interviews/assesses the resident to ensure psychosocial well being, and documents the interaction within the medical record.
- Suspension of the employee pending completion of the investigation. Privilege suspension for physicians, contractual employees and volunteers.
- 24 direct supervision if the allegation involves a visitor or family member.
- Room change or discharge if the allegation involves another resident

1.1.1.1

The facility develops procedures to ensure immediate/prompt notification to the appropriate persons/agencies for alleged/suspected occurrences of abuse, neglect, mistreatment, misappropriation of resident property and/or for injuries of unknown source:

Immediate notification requirements: not to exceed 24-hours

- Administrator and Director of Nursing.
- The resident's attending physician.
- The Medical Director.
- The resident's family member or legal representative of record.



RMS Right Moment Solutions

Right Solution. Right Now!

External Reporting Requirements

- The Ohio Department of Health (ODH):
 - Revisiops by CMS now requires that the ODH must be notified immediately (as soon as possible), but not to exceed 24-hours after the allegation, reporting or discovery of the incidence.
- The Ombudsman if warranted/required.
- Based on the investigative findings, the facility will notify the appropriate local law enforcement agencies when it has been determined that abuse, neglect, mistreatment and/or misappropriation of resident property has occurred.
- The appropriate professional and licensing boards when abuse, neglect, mistreatment and/or misappropriation of resident property has been substantiated, or is believed to have occurred but cannot be proven.
 - Social Workers, licensed therapists/therapy assistants, nurses, dietitians, nursing assistants, respiratory therapist, etc.
 - Contact the appropriate entity to determine if official notification is required.

RMS Right Moment Solutions

Right Solution. Right Now!

Five-day final summary notification requirements:

- Administrator and Director of Nursing.
- The resident's attending physician.
- The Medical Director.
- The resident's family member or legal representative of record.
- The Ohio Department of Health (ODH).
- The Ombudsman if warranted/required.

RMS

Immediately complete a head-to-toe assessment of the resident to identify potential/actual injuries, and document the assessment in the medical record.

Measurements are obtained of any injury identified, and appropriate documentation is completed within the medical record to reflect the location and extent of injury.



RMS

- Document the following notifications in the medical record:
 - Administrator and Director of Nursing.
 - Attending physician.
 - Medical Director.
 - The resident's family member or legal representative.

RMS Resident Monitoring System

Plan: Location, Date/Time

Incident Report - Facility Specific Incident & Accident Report

- Incident Report:
 - Facility specific Incident & Accident Report: completed by the reporting employee, to include:
 - Name of the resident, date and time incident is believed/alleged to have occurred, circumstances surrounding the incident, where the incident took place.
 - Statements of any witnesses and of the person(s) charged with committing the act;
 - Written/signed interview statements are obtained from all potential witnesses and/or direct care workers assigned to the resident in the shift(s) prior to discovery/notification.

RMS Resident Monitoring System

Plan: Location, Date/Time

Facility specific Incident & Accident Report:

Corrective action: taken what was done to promote the safety and well-being of the resident.

Other information as appropriate.

A summary is written and the individual providing the statement signs and dates the document to reflect that the content is based on their knowledge relative to the occurrence.

Investigative findings are analyzed and a final determination is made regarding whether a violation has occurred, with notification to the appropriate agencies as required.

The Ohio Department of Health Facility Incident Report form is completed by the designated person and submitted within the required time frames.

RMS

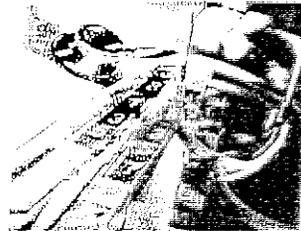
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- The investigative documents are Quality Assurance documents, and are reviewed by the Quality Assurance/Safety Committee for reevaluation of the policies and procedures as warranted.
- Revision of the policies and procedures are done based on the Quality Assurance Committee/Safety Committee review and recommendation.
- Revisions to the facilities policies and procedures are provided to the employees, residents, resident's legal guardian, or sponsor of record, volunteers, consultants and privileged physicians.

RMS

2013 08 29 10:00 AM

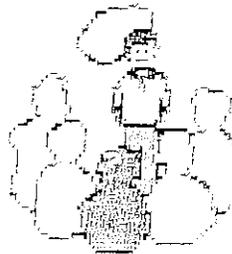
These systems do not guarantee that abuse, neglect, mistreatment of residents, misappropriation of resident property and/or injuries of unknown source will never occur. It can only ensure that the facility is doing all that is within its control to prevent occurrences.



RMS THE RESIDENT MANAGEMENT SOLUTION

Right Solution. Right Way!

At RMS, we understand the unique challenges of the long-term care industry. Our software solutions are designed to help you manage your facility more effectively, improve resident care, and reduce risk.



RMS THE RESIDENT MANAGEMENT SOLUTION

Right Solution. Right Way!



Injury of Unknown Source (IUS) Investigation Guide

RESIDENT INJURY (source to be investigated)

REASONABLE SUSPICION

- Conducted only after thorough investigation conducted
- Should be based on a review of evidence, circumstances, and professional judgment of the director of nursing or designated licensed staff
- Some examples where abuse may be suspected (not all inclusive): when conflicting statements are obtained, explanation is not consistent with the resident's routine
- The injury may be suspicious because of the extent or location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma)
- The injury may be suspicious due to the number of injuries observed at one particular point in time or the incidence of injuries over time

IMMEDIATELY

- Secure resident safety
- Assess the resident, provide medical treatment as necessary
- Examine the resident's injury and document the resident's pain in the medical record
- Document date and time injury was discovered in the medical record
- Notify physician if the injury has the potential to require physician intervention
- Notify the resident's spouse (no later than 12 hours) if there is a significant change in health status
- Immediately (no later than 24 hours) notify the administrator

1. Was the injury observed by the person or explained by the resident?

YES

NO

2. Is there a written or verbal allegation of abuse/neglect?

YES

NO

the source of injury is known, document conclusion of investigation per facility policy. If there is an abuse/neglect allegation, go to #2

Investigate as abuse/neglect allegation. Use ARM Investigation Guide

- Immediately (no later than 24 hours) notify the state survey agency on line (ISA 1552 (Fax: 614-728-9159))

GUIDANCE

3. Is there a reasonable suspicion that abuse/neglect may have occurred?

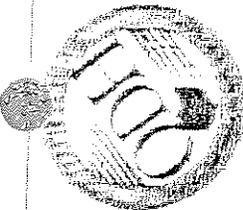
NO

YES

- The director of nursing (or designated licensed staff) should determine the scope of investigation based on the nature of the injury and professional judgment
- Interview and/or obtain a statement from the resident
- Interview and/or obtain a statement from the person who discovered the injury
- Interview and/or obtain statements from potential witnesses as determined by the scope of investigation
- Review the resident's clinical records for relevant information (diagnosis, history, similar injuries, etc.)

- Document summary of conclusion of investigation
- Review the resident's plan of care and revise as necessary to prevent recurrence of injury
- File report to the Ohio Department of Health is necessary if answers to questions 1, 2 and 3 are all "NO" and the investigation is completed in under 24 hours

YES



Abuse, Neglect, Misappropriation (ANM) Investigation Guide

ALLEGATION OR SUSPICION OF ABUSE, NEGLIGENCE OR MISAPPROPRIATION OF RESIDENT PROPERTY
OR INJURY OF UNKNOWN SOURCE (as determined by IUS Investigation Guide)

IMMEDIATELY

- Secure resident safety
- Assess the resident, provide medical and/or psychosocial treatment as necessary
- Examine the resident's injury and/or psychosocial changes and document the description in the medical record
- Identify alleged perpetrator (staff, family or visitor); remove from contact with all residents and staff pending outcome of investigation
- If identified alleged perpetrator is a resident, take measures to prevent recurrence
- Document date and time injury was discovered in the medical record
- Notify physician if the injury (physical and/or psychosocial) has the potential to require physician intervention
- Notify the resident's sponsor (no later than 12 hours) if there is a significant change in health status
- Immediately (no later than 24 hours) notify the administrator
- Administrator or designee notifies appropriate entities (local law enforcement and/or other state agencies as required)
- Immediately (no later than 24 hours) complete the first three sections of form IEA 1652, notify the state survey agency of all allegations (Fax: 614-728-9169)
- Document date and time of all notifications per facility policy



INVESTIGATE

- Interview and/or obtain statement from person reporting allegation or suspicion
- Interview and/or obtain statement from victim
- Interview and/or obtain statement from alleged perpetrator
- Interview and/or obtain statements from potential witnesses as determined by the scope of the investigation
- Review materials and complete investigation (refer to abuse investigation protocol and facility policy)



NO LATER THAN FIVE WORKING DAYS POST INCIDENT

- Report the results of all investigations to the administrator
- Report the results of all investigations to the Ohio Department of Health on form IEA 1652 (Fax: 614-728-9169)
- Initiate corrective measures (if applicable) to prevent recurrence

Stages of Alzheimer's Disease

Experts have documented common patterns of symptom progression that occur in many individuals with Alzheimer's disease and developed several methods of "staging" based on these patterns. Progression of symptoms corresponds in a general way to the underlying nerve cell degeneration that takes place in Alzheimer's disease.

Nerve cell damage typically begins with cells involved in learning and memory and gradually spreads to cells that control other aspects of thinking, judgment and behavior. The damage eventually affects cells that control and coordinate movement.

Staging systems provide useful frames of reference for understanding how the disease may unfold and for making future plans. However, it is important to note that all stages are artificial benchmarks in a continuous process that can vary greatly from one person to another. Not everyone will experience every symptom, and symptoms may occur at different times in different individuals. People with Alzheimer's die an average of four to six years after diagnosis, but the duration of the disease can vary from three to 20 years.

The framework for this fact sheet is a system that outlines key symptoms characterizing seven stages ranging from unimpaired function to very severe cognitive decline. This framework is based on a system developed by Barry Reisberg, M.D., Clinical Director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Within this framework, we have noted which stages correspond to the widely used concepts of mild, moderate, moderately severe and severe Alzheimer's disease. We have also noted which stages fall within the more general divisions of early-stage, mid-stage and late-stage categories.

Stage 1: No cognitive impairment

Unimpaired individuals experience no memory problems and none are evident to a health care professional during a medical interview.

Stage 2: Very mild decline

Individuals at this stage feel as if they have memory lapses, forgetting familiar words or names or the location of keys, eyeglasses or other everyday objects. But these problems are not evident during a medical examination or apparent to friends, family or co-workers.

Stage 3: Mild cognitive decline

Early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms.

Friends, family or co-workers begin to notice deficiencies. Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview. Common difficulties include:

- Word- or name-finding problems noticeable to family or close associates
- Decreased ability to remember names when introduced to new people

- Performance issues in social and work settings noticeable to others
- Reading a passage and retaining little material
- Losing or misplacing a valuable object
- Decline in ability to plan or organize

Stage 4: Moderate cognitive decline
(Mild or early-stage Alzheimer's disease)

At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:

- Decreased knowledge of recent events
- Impaired ability to perform challenging mental arithmetic. For example, to count backward from 100 by 7s
- Decreased capacity to perform complex tasks, such as shopping, planning dinner for guests, or paying bills and managing finances
- Reduced memory of personal history
- The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations

Stage 5: Moderately severe cognitive decline
(Moderate or mid-stage Alzheimer's disease)

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:

- Be unable during a medical interview to recall such important details as their current address, their telephone number, or the name of the college or high school from which they graduated
- Become confused about where they are or about the date, day of the week or season
- Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children
- Usually require no assistance with eating or using the toilet

Stage 6: Severe cognitive decline
(Moderately severe or mid-stage Alzheimer's disease)

Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with daily activities. At this stage, individuals may:

- Lose most awareness of recent experiences and events as well as of their surroundings
- Recollect their personal history imperfectly, although they generally recall their own name
- Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces
- Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet

- Experience disruption of their normal sleep/waking cycle
- Need help with handling details of toileting (flushing toilet, wiping and disposing of tissue properly)
- Have increasing episodes of urinary or fecal incontinence
- Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding
- Tend to wander and become lost

Stage 7: Very severe cognitive decline
(Severe or late-stage Alzheimer's disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak, and, ultimately, the ability to control movement.

- Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered
- Individuals need help with eating and toileting and there is general incontinence
- Individuals lose the ability to walk without assistance, then the ability to sit without support, the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated October 2011

Tips for Working With Residents with Dementia

Angry, Agitated Behavior

- Be aware that shift changes are often stressful times and provoke anxiety because of increased noise and activity level.
- Discuss successful and unsuccessful approaches with other staff
- Allow adequate time for person to respond to directions or to perform activity.
- Limit choices such as food, activities, clothing.
- Give clearly stated directions for each step. Complete one step at a time.
- Speak slowly and clearly. Use short simple sentences.
- Approach the person slowly and from the front and ensure person is aware that you are there before touching and speaking.
- Use repetition.
- Call for help if resident becomes physically aggressive to prevent both an injury to you and to the resident.

Incontinence Problems

- Simplify the steps involved. Do one step at a time.
- Use short words and short, simple instructions: "sit down"
- Watch for non-verbal clues that resident has to go to the bathroom: reaching for belt, tugging at a zipper, or taking pants down, restless behavior, facial expressions.
- Avoid reprimanding the person if there has been an accident.
- Assist residents to bathroom as needed.

Problems with Bathing

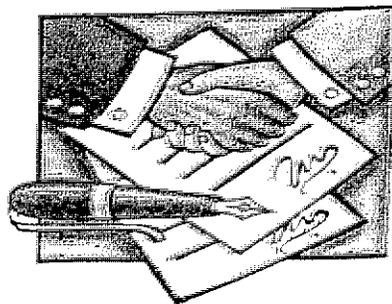
- Use a quiet, calm, matter-of-fact approach: "Sue, your bathwater is ready"
- Simplify task of bathing
- Avoid forcing or arguing with a person to take a bath when he/she is resistant. This only causes further irritation.
- Encourage resident to do as much of the bath as possible.
- A generation ago, most people did not bathe and change their clothes as often as we do today.
- Avoid getting into a lengthy discussion about whether or not a bath is needed. Instead tell the person one step at a time what to do to get ready for the bath.

Problems with Dressing

- Be sensitive to the fact that dressing is a personal activity and one which should be done in the privacy of a person's room with the door closed.
- Allow residents to do as much for themselves as possible. Example: Staff assist with putting a stocking on over a person's heel and then encourage the resident to finish the step by pulling the stocking up.
- Break tasks down into simple and manageable steps

Residents' Rights For Residents in Kentucky Long-Term Care Facilities

*Nursing Home Ombudsman Agency
Of the Bluegrass, Inc.*



*This document combines both Federal and Kentucky statutes, as well as information from the
National Citizens' Coalition for Nursing Home Reform at www.nccnhr.org*



A United Way Agency

YOUR RIGHTS AS A RESIDENT IN A NURSING FACILITY

As in all facilities, there are rules and procedures to keep things running smoothly; however, you do have specific legal rights as a resident of a nursing facility. This booklet is a summary of your rights taken from Kentucky and Federal law and regulations. Please read this booklet carefully and keep it for future reference. If you have questions about your rights, please ask that they be explained to you.

Residents' Rights

Residents' Rights were part of the Nursing Home Reform Law enacted in 1987 by the U.S. Congress. Residents' Rights were also incorporated into Kentucky Regulatory Statutes (KRS 216.515). These laws require nursing homes and other long-term care health facilities to promote and protect the rights of each resident. These are their rights as residents of the facility, and as citizens of the United States, and the Commonwealth of Kentucky. Resident Rights place a strong emphasis on individual dignity and self-determination. Nursing homes must meet residents' rights requirements to participate in Medicare or Medicaid.

You have *at least* the following rights...

- You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
- You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights.
- If you have been found mentally disabled under State law, your rights are exercised by your guardian.
- Prior to or upon your admission to the facility and during your stay, you must be informed, both orally and in writing in a language that you understand, of your rights and all rules and regulations governing your conduct and responsibilities. You must acknowledge in writing receipt of this information, and the facility must keep the acknowledgment in your file.
- Upon oral or written request, you or your legal representative have the right to access all your records within 24 hours (excluding weekends and holidays). You may purchase photocopies (with the first copy being free of cost to you) of your records upon request and 2 working days advance notice to the facility.
- You have the right to be fully informed, in a language you can understand, of your total health status, including but not limited to, your medical condition.

- You have the right to refuse treatment, to refuse to participate in experimental research, and to make an advance directive.
- If you are entitled to Medicaid benefits at the time you are admitted to the facility or when you do become eligible for Medicaid benefits, the facility must inform you in writing of the services for which you may not be charged and those for which you may be charged.
- Before, or at the time of your admission, and periodically during your stay, the facility must inform you of services available in the facility and of charges for those services. You must acknowledge in writing receipt of this information and the facility must keep the acknowledgment in your file.
- The facility must prominently display in the facility written information, and provide you with oral and written information, about how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered by such benefits.
- You, your physician, and your legal representative or an interested family member must be notified **IMMEDIATELY** of any serious accident, significant change in your health or mental status, or a decision to transfer or discharge you from the facility.
- You and your legal representative or interested family member have the right to receive prompt notice before there is a change in your room or roommate assignment.
- You have the right to manage your financial affairs, and the facility may not require you to deposit your personal funds with the facility.
- If the facility accepts responsibility for managing your funds, the facility must keep funds over \$50 in an interest-bearing account, separate from the facility's accounts; and the facility must keep funds of less than \$50 in a separate account such as a petty cash fund. The facility must maintain a full and separate accounting of your funds held by the facility and must give a statement to you or your legal representative quarterly or upon request.
- If you are receiving Medicaid benefits, the facility must notify you when the amount in your account comes within \$200 of the Medicaid limit and of the effect of this on your eligibility.
- The facility must purchase a surety bond to assure the security of all your funds deposited with the facility.
- You have the right to choose your personal attending physician.

- You have the right to be fully informed in advance about your care and treatment and of any changes in your care and treatment and to participate in planning your care and treatment.

- You have the right to personal privacy (including accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups) and confidentiality of our personal and clinical records, but the facility is not required to provide a private room for you.

- You may approve or refuse the release of your personal and clinical records to any individual outside the facility except when you are transferred to another health care institution or when release of your records is required by law.

- You have the right to voice grievances without discrimination or reprisal, and the facility must make prompt efforts to resolve your grievances.

- You have the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility, as well as all inspection reports of the facility.

- You have the right to refuse to perform services for the facility unless you choose and the need or desire for work is documented in your plan of care.

- You have the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.

- You must be permitted immediate visits by representatives from the Federal or State governments, your individual physician, representatives from the State Long-Term Care Ombudsman program, and, subject to your consent, your immediate family or other relatives.

- Representatives of the State Long-Term Care Ombudsman program must be allowed by the facility to examine your medical and social records if you or your legal representative grant permission.

- You have the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

- You have the right to retain and use personal possessions, including some furnishings and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

- If you are married, privacy must be assured for your spouse's visits. If you and your spouse are both residents in the facility and both consent, you may share the same room.

- You have the right to self-administer drugs if it has been determined that this practice is safe.

- You must be permitted to remain in the facility and not be transferred or discharged from the facility unless necessary for your welfare and your needs can not be met in the facility, or the safety or health of other individuals would be endangered, or for non-payment. Notice of your transfer or discharge must be given to you at least 30 days in advance or as soon as practicable if safety or medical reasons require immediate transfer. You may appeal a transfer or discharge to the Cabinet for Health Services within 15 days of receipt of the notice.

- The facility must not require residents or potential residents to waive their rights to Medicare or Medicaid.

- The facility must not require a third party guarantee of payment as a condition of admission or continued stay in the facility.

- The facility must not charge, solicit, accept or receive any gift, money, donation, or other consideration as a precondition of admission or continued stay in the facility.

- ✱ • You have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat your medical symptoms.

- ✱ • You have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

- ✱ • The facility must promote care for you in a manner and in an environment that maintains or enhances your dignity and respect in full recognition of your individuality, including privacy in treatment and in care for your personal needs.

- You have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

- You have the right to live in the facility with reasonable accommodation of your individual needs and preferences, except when the health or safety of you or other residents would be endangered.



- You shall be encouraged and helped to exercise your rights as a resident and a citizen. You may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of your choice free from restraint, interference, coercion, discrimination, reprisal.
- The facility must return your valuables, personal possessions, and any balance of money from your account to you at the time of your transfer or discharge from the facility. In case of your death, these items must be returned to your responsible party or family member, your guardian, or your executor.
- Unless you have been found mentally disabled under State law, you cannot be detained against your will. You must be given permission and encouragement to go outdoors and leave the premises as you wish unless a legitimate reason can be found and documented for refusing such activity.
- You must be assured of at least visual privacy in multibed rooms and in tub, shower, and toilet rooms.
- You have the right to be suitably dressed at all times and given assistance when needed in maintaining body cleanliness and good grooming.
- You have the right to have private meetings with the nursing facility inspectors from the Cabinet for Health Services.
- If any of your rights are denied you or infringed upon, you shall have the right to take legal action against the facility responsible for the violation. You may be entitled to recover actual and punitive damages, reasonable attorney's fees, costs of the action, and other relief as determined by the court.
- The facility shall conspicuously post a listing of your rights and responsibilities under State law.
- The facility shall have written procedures for the submission and resolution of complaints and recommendations by you and your responsible party or your responsible family member or your guardian and shall conspicuously display these policies.

If you have questions or concerns, please contact

Nursing Home Ombudsman Agency

1530 Nicholasville Rd.

Lexington KY

40503

(859)277-9215

Or Toll Free 1-877-787-0077

www.ombuddy.org

OR

Long-Term Care Ombudsman Program
Department for Aging and Independent Living

275 East Main Street, 3W-F

Frankfort, KY 40621

1-800-372-2991

OR

Division of Health Care
Office of Inspector General

275 East Main Street, 5E-A

Frankfort, KY 40621

502-564-7963

(This book was revised August 2008 by the Nursing Home Ombudsman Agency
Of the Bluegrass, Inc.)

F280
N 199

CARE PLANS - COMPREHENSIVE

POLICY STATEMENT

It is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs.

PROCEDURES

1. An interdisciplinary team, in coordination with the resident and his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident.
2. The comprehensive care plan has been designed to:
 - a. Incorporate identified problem areas;
 - b. Incorporate risk factors associated with identified problems;
 - c. Build on the resident's strengths;
 - d. Reflect treatment goals and objectives in measurable outcomes;
 - e. Identify the professional services that are responsible for each element of care;
 - f. Prevent declines in the resident's functional status and/or functional levels;
 - g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.
3. The resident's comprehensive care plan must be developed within twenty-one (21) days after the resident's admission.
4. Care plans are revised as changes in the resident's condition dictates. Reviews are made at least quarterly.
5. A preliminary care plan is developed within twenty-four (24) hours of admission. The preliminary care plan is used only until the comprehensive care plan has been developed.

Dept Managers/ QI members

Managers on duty

Edgemont Healthcare

F 250 N 130
F 280 N 192

Behavior Policy

Policy

This facility supports the right of all residents to a quality of life that encourages independent expression, decision making, and action when applicable. The resident has a right to be free from chemical/physical restraints except as authorized by a physician and assessed by IDT when necessary to protect the resident from injury to self/others or it is determined to assist with improving mood/behaviors for improved quality of life. The principle use of psychopharmacologic drugs is to alleviate mental health conditions and to enable residents to restore/maintain their highest level of emotional, spiritual, mental and physical well being. Facility shall also assess resident's history to assess how pain may be increasing behaviors.

It is also the policy of this facility to provide residents with appropriate assessments/ monitoring /interventions to assist with evaluation of effectiveness of behavior management interventions (including non-pharmaceutical interventions). This shall be done with obtaining history/background information to assist with appropriate interventions, assessing/documenting new onset of behaviors or those behaviors that are not improving with treatment, monitoring for side effects and providing staff with information regarding behavior management via care plan, etc.

Procedure

Information gathered will be evaluated for pattern and etiology after new admissions, and IDT shall utilize information when creating individualized care plan based on their history/current condition/type and severity of behavior and shall be completed per RAI/Federal guidelines.

Three Interdisciplinary Team members will work with the physician and the family as well as the resident to develop a plan of care. Through the plan of care, an attempt will be made to minimize the resident's distress and that of the other residents.

Residents exhibiting new onset of behavioral problems/change in condition will be referred to the attending physician/psychiatrist for evaluation and treatment when interventions are not effective. (Please refer to Physician Notification and Significant Change in Condition Policies for additional information)

Residents exhibiting behaviors that pose a immediate threat/harm to themselves or others will have physician/responsible party notified for request to discharge to hospital for assuring safety. Resident shall receive individualized interventions based on behaviors until transportation can be arranged.

Social Services shall evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate with nursing information when documenting admission notes for use with RAI to develop an appropriate plan of care. SS Director shall document at least quarterly thereafter and as needed regarding any noted changes in conditions, interventions implemented to assure appropriate plan of care is instituted. This includes if psychiatrist is needed to evaluate condition. Nursing Staff shall document in nurses notes of any concerns/changes (improvement/decline) with behaviors that require additional intervention or monitoring.

Residents on psychotropic drug use shall be monitored per regulatory guidelines from both consulting pharmacist and care plan team regarding if resident is good candidate for any reduction. This shall be done in addition to monthly Clinical Meeting in which care plan team shall discuss residents on psychotropic drug use as well as residents who are displaying significant changes/new onset of behavior. Nursing staff shall be informed of changes with behavior management interventions and care plan shall be updated. (Additional Assessment forms for specific Behavior i.e. wandering, non-compliance, etc. are documented on individual forms as there are many differences with Mental Illness/Behaviors/Diagnosis).

FIS 1

Edgemont Healthcare

Family Notification Policy/Procedure

Policy:

It is the policy of Edgemont Healthcare to notify a resident's responsible party/family member of Significant changes in the resident's condition and or status in a timely manner:

Procedure:

The nurse supervisor/charge nurse will notify the resident's responsible party/family member occurrence of:

- An accident/ incident involving the resident that results in injury and has the potential for requiring physician intervention.
A discovery of injuries of an unknown source. A significant change in the resident's physical, emotional, or mental condition that is unexpected/no previous history.
- A need to transfer/Discharge to; hospital/treatment center, home, etc.
Resident leaving AMA (Against Medical Advice)
- A need to alter medical treatment significantly,
Abnormal lab/X-ray or other ordered tests requiring follow up intervention.

Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's condition, unless otherwise noted.

The nurse supervisor/charge nurse will record in the resident's medical record any information relative to changes in the resident's condition.

Edgemont Healthcare

Behavior Policy

Policy

This facility supports the right of all residents to a quality of life that encourages independent expression, decision making, and action when applicable. The resident has a right to be free from chemical/physical restraints except as authorized by a physician and assessed by IDT when necessary to protect the resident from injury to self/others or it is determined to assist with improving mood/behaviors for improved quality of life. The principle use of psychopharmacologic drugs is to alleviate mental health conditions and to enable residents to restore/maintain their highest level of emotional, spiritual, mental and physical well being. Facility shall also assess resident's history to assess how pain may be increasing behaviors.

It is also the policy of this facility to provide residents with appropriate assessments/ monitoring /interventions to assist with evaluation of effectiveness of behavior management interventions (including non-pharmaceutical interventions). This shall be done with obtaining history/background information to assist with appropriate interventions, assessing/documenting new onset of behaviors or those behaviors that are not improving with treatment, monitoring for side effects and providing staff with information regarding behavior management via care plan, etc.

Procedure

Information gathered will be evaluated for pattern and etiology after new admissions, and IDT shall utilize information when creating individualized care plan based on their history/current condition/type and severity of behavior and shall be completed per RAI/Federal guidelines.

The Interdisciplinary Team members will work with the physician and the family as well as the resident to develop a plan of care. Through the plan of care, an attempt will be made to minimize the resident's distress and that of the other residents.

Residents exhibiting new onset of behavioral problems/change in condition will be referred to the attending physician/psychiatrist for evaluation and treatment when interventions are not effective. (Please refer to Physician notification and Significant Change in Condition Policies for additional information)

Residents exhibiting behaviors that pose a immediate threat/harm to themselves or others will have physician/responsible party notified for request to discharge to hospital for assuring safety. Resident shall receive individualized interventions based on behaviors until transportation can be arranged.

Social Services shall evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate with nursing information when documenting admission notes for use with RAI to develop an appropriate plan of care. SS Director shall document at least quarterly thereafter and as needed regarding any noted changes in conditions, interventions implemented to assure appropriate plan of care is instituted. This includes if psychiatrist is needed to evaluate condition. Nursing Staff shall document in nurses notes of any concerns/changes (improvement/decline) with behaviors that require additional intervention or monitoring.

Residents on psychotropic drug use shall be monitored per regulatory guidelines from both consulting pharmacist and care plan team regarding if resident is good candidate for any reduction. This shall be done in addition to monthly Clinical Meeting in which care plan team shall discuss residents on psychotropic drug use as well as residents who are displaying significant changes/new onset of behavior. Nursing staff shall be informed of changes with behavior management interventions and care plan shall be updated. (Additional Assessment forms for specific Behavior i.e. wandering, non-compliance, etc. are documented on individual forms as there are many differences with Mental Illness/Behaviors/Diagnosis).

ACCIDENTS AND INCIDENTS

POLICY STATEMENT

It is the policy of this facility to provide a safe and healthful home for residents and work environment for employees.

PROCEDURES

1. Reporting of Accidents/Incidents:

- A. Regardless of how minor an accident or incident may be, it must be reported to the department supervisor, and an Accident/Incident Report Form must be completed on the shift that the accident or incident occurred.
- B. An employee witnessing an accident or incident involving a resident, employee or visitor must report such occurrence to his/her immediate supervisor as soon as practical. Do not leave an accident victim unattended unless it is absolutely necessary to summon assistance.
- C. The charge nurse must be informed of all accidents or incidents so that medical attention can be provided.

2. Assisting Accident / Incident Victims

Should an employee witness an accident or find it necessary to aid an accident victim, the employee should:

- A. Render immediate assistance. Do not move the victim until he/she has been examined for possible injuries.
- B. Summon the charge nurse to evaluate and determine if the individual is to be moved. If assistance is needed, summon help. If the victim cannot be left alone, ask someone to report to the nurses' station that help is needed, or if possible, use the call system located in the resident's room to summon help.

3. Medical Attention:

The charge nurse shall:

- A. Examine all accident/incident victims;
- B. Notify the victim's personal or attending physician (Note: Residents only).
- C. If necessary, transfer the injured person to the nearest hospital.

4. Investigative Action:

- A. The charge nurse and/or the department supervisor shall conduct an immediate

ACCIDENTS AND INCIDENTS (Cont'd)

investigation of the accident or incident.

B. The following data, as it may apply, must be included on the Accident Investigation Report Form:

1. The date and time the accident/incident took place;
2. The circumstances surrounding the accident/incident;
3. Where the accident/incident took place;
4. Name(s) of any witnesses and their accounts of the accident/incident;
5. The injured person's account of the accident/incident;
6. The time the injured person's attending or personal physician was notified, as well as the time the physician responded and his/her instructions;
7. The date and time the injured person's responsible party was notified and by whom;
8. The condition of the injured person, including his/her vital signs if indicated;
9. Disposition of the injured (i.e. transferred to hospital, put to bed, sent home, returned to work, etc.);
10. Corrective action taken if indicated;
11. Other pertinent data as necessary or required; and
12. Signature and title of the person completing the report.

5. Accident/Incident Report

A. The charge nurse and/or the department supervisor shall:

1. Complete an Accident/Incident Report Form and submit it to the Director of Nursing Services.

ACCIDENTS AND INCIDENTS

POLICY STATEMENT

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ACCIDENTS AND INCIDENTS (Cont'd)

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6. The time the injured person's attending or personal physician was notified, as well as the time the physician responded and his/her instructions;
7. The date and time the injured person's responsible party was notified and by whom;
8. The condition of the injured person, including his/her vital signs if indicated;
9. Disposition of the injured (i.e. transferred to hospital, put to bed, sent home, returned to work, etc.);
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CARE PLANS - COMPREHENSIVE

POLICY STATEMENT

It is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs.

PROCEDURES

1. An interdisciplinary team, in coordination with the resident and his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident.
2. The comprehensive care plan has been designed to:
 - a. Incorporate identified problem areas;
 - b. Incorporate risk factors associated with identified problems;
 - c. Build on the resident's strengths;
 - d. Reflect treatment goals and objectives in measurable outcomes;
 - e. Identify the professional services that are responsible for each element of care;
 - f. Prevent declines in the resident's functional status and/or functional levels;
 - g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.
3. The resident's comprehensive care plan must be developed within twenty-one (21) days after the resident's admission.
4. Care plans are revised as changes in the resident's condition dictates. Reviews are made at least quarterly.
5. A preliminary care plan is developed within twenty-four (24) hours of admission. The preliminary care plan is used only until the comprehensive care plan has been developed.

Change in a Resident's Condition or Status

Policy Statement

Our facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's condition and/or status.

Policy Interpretation and Implementation

1. The Nurse Supervisor will notify the resident's attending physician when:
 - a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source;
 - b. There is a significant change in the resident's physical, mental or psychosocial status;
 - c. There is a need to alter the resident's treatment significantly;
 - d. The resident repeatedly refuses treatment or medications
 - e. The resident is discharged without proper medical authority; and/or
 - f. Deemed necessary or appropriate in the best interest of the resident.
2. Unless otherwise instructed by the resident, the nurse supervisor will notify the resident's next-of-kin or representative (sponsor) when:
 - a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source;
 - b. There is a significant change in the resident's physical, mental, or psychosocial status;
 - c. There is a need to alter the resident's room assignment;
 - d. A decision has been made to discharge the resident from the facility; and/or
 - e. It is necessary to transfer the resident to a hospital.
3. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's condition or status.
4. Regardless of the resident's mental or physical condition, nursing services will inform residents of any changes in their medical care or nursing treatments.
5. The nurse supervisor will record in the resident's medical record any changes in the resident's medical condition or status.

| F-TAG # | REGULATION | GUIDANCE TO SURVEYORS |
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| <p>F225 cont.</p> | <p>of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>§483.13(c)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>§483.13(c)(4)</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> | <p>residents or others inside or outside the facility which the facility determines to be such that the individual should not work in a nursing home environment.</p> <p>A State must not make a finding that an individual has neglected a resident if the individual demonstrates that such neglect was caused by factors beyond the control of the individual.</p> <p>(Rev. 12, Issued: 10-14-05, Effective: 10-14-05, Implementation: 10-14-05)</p> <p>Interpretive Guidelines §483.13(c)(2) and (4)</p> <p>The facility's reporting requirements under 483.13(c)(2) and (4) include reporting both alleged violations and the results of investigations to the State survey agency.</p> <p>"Injuries of unknown source" – An injury should be classified as an "injury of unknown source" when both of the following conditions are met:</p> <ul style="list-style-type: none"> • The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and • The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. <p>"Immediately" means as soon as possible, but ought not exceed 24 hours after discovery of the incident, in the absence of a shorter state timeframe requirement. Compliance with this definition requires that each state has a means to collect reports, even on off-duty hours (e.g., answering machine, voice mail, fax).</p> <p>The phrase "in accordance with State law" modifies the word "officials" only. As such, state law may stipulate that alleged violations and the results of the investigations be reported to additional state officials beyond those specified in Federal regulations. This phrase does not modify what types of alleged violations must be reported or the time frames in which the</p> |

| F-TAG # | REGULATION | GUIDANCE TO SURVEYORS |
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| F225 cont. | | <p>reports are to be made. As such, states may not eliminate the obligation for any of the alleged violations (i.e., mistreatment, neglect, abuse, injuries of unknown source, and misappropriation of resident property) to be reported, not can the state establish longer time frames for reporting than mandated in the regulations at §§483.13(c)(2) and (4). No state can override the obligation of the nursing home to fulfill the requirements under §483.13(d), so long as the Medicare/Medicaid certification is in place.</p> |
| F240 | <p>§483.15 Quality of Life</p> <p>A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> | <p>Interpretive Guidelines §483.15</p> <p>The intention of the quality of life requirements is to specify the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident. Compliance decisions here are driven by the quality of life each resident experiences.</p> |
| F241 | <p>§483.15(a) Dignity</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> | <p>(Rev. 48; Issued: 05-12-09; Effective/Implementation Date: 06-12-09)</p> <p>Interpretive Guidelines §483.15(a)</p> <p>"Dignity" means that in their interactions with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth. Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> • Grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped); • Encouraging and assisting residents to dress in their own clothes appropriate to the time of day and individual preferences rather than hospital-type gowns; • Assisting residents to attend activities of their own choosing; • Labeling each resident's clothing in a way that respects his or her dignity; |

Manager on Duty Rounds

Name _____ Date _____ Time In _____ Time Out _____

Family Members Present _____

East Hall Issues _____

North Hall Issues _____

Is daily staffing posted? If not please have it posted. Yes _____ No _____

Any maintenance issues that need to be addressed? Please do work req. and put in box

Housekeeping Issues? _____

Dining Rooms inspected and corrected. East _____ North _____

Check a min of 6 rooms and bathrooms per hall. Inspect and correct. Write any issues down on communication sheet.

Write down the room numbers inspected _____

Review with nurses, residents at high risk for dehydration and monitor these residents at meal times.

Resident's monitored _____

Talk to charge nurse about any issues that can be addressed by M.O.D. Use communication sheet for anything that needs to be addressed by other departments.

Observe residents for grooming, ADL, etc. Correct any issues observed. Note specific issues on communication sheet.

Family/Visitor concerns _____

Monitor meals for clothing protectors, difficulty feeding or drinking independently, check tray cards for proper diet. Give examples and resident names for issues observed on back of sheet.

Observe residents for proper positioning. Inspect and correct. Document issues on back of sheet.

All staff scheduled to work present? Nursing _____ Dietary _____ Activities _____

Hskg and Laundry _____

List any additional information on back of sheet or on communication sheet.

Ensure that all issues are corrected by staff.

M.O.D. Initials _____

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100166 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 08/23/2013 |
|--|--|--|---|

NAME OF PROVIDER OR SUPPLIER
EDGEMONT HEALTHCARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**323 WEBSTER AVENUE
CYNTHIANA, KY 41031**

| (X4) IO PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | IO PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| N 000 | <p>INITIAL COMMENTS</p> <p>An Abbreviated/Partial Extended Survey investigating KY#00020561 was initiated on 08/14/13 and concluded on 08/23/13. KY#00020561 was substantiated with deficiencies identified. Imminent Danger was identified on 08/15/13 and was determined to exist on 08/03/13. The facility was notified of the Imminent Danger on 08/15/13.</p> <p>On 08/03/13 at 4:30 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. Interview and record review revealed Resident #1 was not assessed for injury, nor was the resident's Physician or Legal Representative immediately notified of the incident. Interview and record review revealed the facility failed to investigate the incident and report the incident to the appropriate State Agencies. Interview also revealed Resident #2 had a history of exhibiting inappropriate touching of Resident #1. Record review revealed Resident #2 would stare into other residents' rooms, cuss in the hallways, and make sexual comments; however, there was no documented evidence the facility had addressed Resident #2's behavior.</p> <p>A Type A Citation was issued to the facility 08/20/13. On 08/23/13, the State Agency verified the Imminent Danger was removed on 08/20/13 as alleged, prior to exit.</p> | N 000 | <i>See Attached</i> | 9/14/13 |

RECEIVED
NOV 13 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Deborah Zech
STATE FORM

TITLE

(X6) DATE

11-12-13