**Abuse and Neglect**

**Competency**

**General Information**

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“When a nursing home accepts a resident for admission, the facility assumes the responsibility of ensuring the safety and well-being of the resident. It is the facility’s responsibility to ensure that all staff are trained and are knowledgeable in how to react and respond appropriately to resident behavior. All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population.”[[1]](#footnote-1)

The facility is to develop and implement policies and processes which prevent abuse, neglect, misappropriation of resident property, and exploitation, provide planned and ongoing training for all staff, and ensure that staff are able to recognize and know how to report allegations to provide protection for alleged victims, and make sure that timely reporting and investigation of the allegation is completed.

DEFINITIONS

“**Abuse,”** is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of

goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

“**Neglect**,” as defined at §483.5, means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

“**Sexual abuse**,” is defined at §483.5 as “non-consensual sexual contact of any type with a resident.”[[2]](#footnote-2)

“**Willful**,” as defined at §483.5 and as used in the definition of “abuse,” “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.” [[3]](#footnote-3)

 “**Exploitation,”** as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

“**Misappropriation of resident property,”** as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”[[4]](#footnote-4)

“Facility staff are in a position that may be perceived as one of power over a resident. As such, staff may be able to manipulate or unduly influence decisions by the resident. Staff must not accept or ask a resident to borrow personal items or money, nor should they attempt to gain access to a resident’s holdings, money, or personal possessions through persuasion, coercion, request for a loan, or solicitation.”[[5]](#footnote-5)

“Identified facility characteristics 1,2 that could increase the risk for abuse include, but are not limited to:

* Unsympathetic or negative attitudes toward residents
* Chronic staffing problems;
* Lack of administrative oversight, staff burnout, and stressful working conditions;
* Poor or inadequate preparation or training for care giving responsibilities;
* Deficiencies of the physical environment; and
* Facility policies operate in the interests of the institution rather than the residents.”[[6]](#footnote-6)

**Competencies which may be associated with Abuse and Neglect Prevention include but are not limited to:**

* Abuse Policies and Prevention
* Reporting of Abuse and Neglect
* Mandatory Reporting
* Resident Rights
* Resident Assessment
* Person-Centered Care
* Accommodation of Resident Needs, including Call Light response
* Nursing Clinical Skills
* Nursing Assistant Clinical Skills
* Providing ADL assistance to Dependent Residents
* Pain Management
* Medication Management
* Identification of Change of Condition
* Timely Notification of Physician and Extender

**Staff Competencies in Abuse and Neglect Prevention:**

* All Staff:
* Understanding of abuse, neglect, misappropriation of resident property, and exploitation
* Demonstrate understanding of reporting responsibilities of alleged or observed events
* Demonstrate respect for residents through actions and interactions
* Provide privacy and ensure the resident’s dignity is maintained in all contacts with the resident and their belongings
* Complete accurate assessment of needs
* Plan and provide individualized care and services as the resident prefers
* Provide competent and timely assistance to meet resident needs
* Promptly report changes of resident status when observed or identified
* Ability to provide residents with quality care and services with respect
* Maintain privacy for resident visits and electronic or telephone conversations
* Inform resident of financial information and provide access to funds as required
* Provide resident with mail and other correspondence without opening unless given permission by resident
* Encourage and assist residents to participate in groups, participate in life enrichment activities of choice, and communicate with peers
* Follows resident preferences in care decisions and choices
* Assist and encourage residents to express concerns and utilize the grievance process

**F-Tag Reference Guide[[7]](#footnote-7) for General Information include but are not limited to:**

F600 Freedom from Abuse and Neglect

F608 Reporting of Reasonable Suspicion of a Crime

F609 Reporting of Alleged Violations

F610 Investigate, Prevent, Correct Alleged Violations

F557 Respect, Dignity, Right to have Personal Property

F563 Visitation Rights

F564 Resident’s Rights to Visitors

F572 Notice of Rights and Rules

F583 Personal Privacy and Confidentiality of Records

F585 Grievances

F606 No Employee or Engage Staff with Adverse Actions

F607 Develop and Implement Abuse and Neglect, etc. Policies

F675 Quality of Life

F689 Free of Accident Hazards/Supervision/Devices

F725 Sufficient Staff

F726 Competent Staff

F742 Treatment/Services for Mental/Psychosocial Concerns

F745 Social Services

F867 QAA/QAPI Activities

F942 Abuse, Neglect, and Exploitation Training

F946 Required In-service Training for Nurse Aides

CA Behavioral/Emotional Status

**Suggestions for Resources/Data to Support Competency for Resident Rights and Facility Responsibilities**

A key resource for expectations for providers about Resident Rights include the CMS State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities, and the Critical Element Pathways in these areas.

**Link to Critical Element Pathways**

*CMS-20059: Abuse*

This pathway is used for investigating an alleged violation of abuse to a resident. This would include allegations where a resident was deprived of goods or services by an individual, necessary to attain or maintain physical, mental and psychosocial well-being.

The alleged victim and alleged perpetrator are interviewed regarding the event, witnesses are interviewed, and investigative documents are reviewed, and police reports/contacts, hospital records are completed. The Social Worker, Nursing Home Administrator/designees, and other staff are interviewed to determine that there is awareness of abuse policies and reporting and validate that there was timely reporting and prompt intervention to protect the alleged victim and determine whether other residents may have experienced similar episodes. Training records, policies, are examined and the QAPI/QAA leader interviewed to identify actions taken to address prevention of future episodes.

There is additional investigation completed to ensure there have been no long lasting impact on the Resident’s quality of life and interview with family, significant others, and staff are completed, as well as record review which includes the comprehensive care plan and assessment documents.

*CMS-20130: Neglect*

This pathway is used for concerns in structures or processes that have led to resident outcome such as unrelieved pain, avoidable pressure injuries, poor grooming, avoidable dehydration, lack of continence care, or malnourishment. Neglect may be the outcome of systemic or repeated patterns of care delivery failures throughout the nursing home, such as insufficient staffing, or may be the effect of one or more delivery failures involving one resident and one staff person.

Allegations of abuse or neglect may also result in surveyor investigation of other Critical Element Pathways to identify whether systemic processes may impact care provided to residents.

These pathways may include, but are not limited to:

CMS-20066: ADLS, CMS: 20062: Sufficient and Competent Staff, CMS-20076: Pain Management, CMS-20067: Urinary Catheter or UTI; CMS- 20078: Pressure Ulcers, CMS-20082: Unnecessary Medications, CMS- 20062: CMS-20127: Accidents, General, CMS-20133: Dementia Care

**References:**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services (CMS) Abuse Critical Element Pathway, Form CMS 20059 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

LTC Survey Pathways (Download)<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

1. [↑](#footnote-ref-1)
2. 1,2,3 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. 4,5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)