**Abuse and Neglect**

**Competency**

**Suggested Implementation Checklist**

**Implementation Checklist: Abuse and Neglect Prevention**

| **Regulation:** | **Suggested Actions:** |
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| **F600**“§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s medical symptoms.  §483.12(a) The facility must—  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;  INTENT §483.12(a)(1) Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.”[[1]](#footnote-1)* “GUIDANCE §483.12(a)(1) NOTE: For purposes of this guidance, “staff” includes employees, the medical director, consultants, contractors, and volunteers. Staff would also include caregivers who provide care and services to residents on behalf of the facility, students in the facility’s nurse aide training program, and students from affiliated academic institutions, including therapy, social, and activity programs.”[[2]](#footnote-2)
 | * Review for comprehensive and updated Abuse Prevention policies
* Educate staff regarding policies for prevention, reporting expectations on an ongoing basis
* Educate staff to follow individualized best practices when working with residents who have a history of behavioral challenges
* Complete employee background checks and facility background checks as required
* Monitor employee performance at varied times to observe interactions with residents during activities of daily living
* Observe the environment for condition, placement of call lights within reach, and resident personal belongings
* Interact with residents and ask probing questions to identify any questions, concerns, and issues regarding care and services- follow up promptly
* Complete record review to determine that care and treatment is provided according to the resident preferences
* Evaluate frequency and types of grievances, complaints, and allegations of abuse for:
	+ Comprehensive investigation and follow up;
	+ Trends and similarities
	+ Number of events
	+ Outcomes
* Present findings to QAPI Committee for discussion and follow up
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| 483.12(a) NEGLECT “The failure to provide necessary care and services resulting in neglect may not only result in a negative physical outcome, but may also impact the psychosocial well-being of the resident, with outcomes such as mental anguish, feelings of despair, abandonment, and fear.” [[3]](#footnote-3)“The cumulative effect of different individual failures in the provision of care and services by staff leads to an environment that promotes neglect. Examples of individual failures include, but are not limited, to the following: • Failure to provide sufficient, qualified, competent staff, to meet resident’s needs; • Failure to provide orientation and/or training to staff; • Failure to provide training on new equipment or new procedures or medications required for the care of a specified resident or required due to changes in acceptable standards of practice; • Failure to oversee the implementation of resident care policies; • Failure to provide supervision and/or monitoring of the delivery and implementation of care; • Failure of staff to implement resident interventions, even when residents are assessed and interventions are identified in the care plan; • Failure to identify, assess, and/or contact a physician and/or prescriber for an acute change in condition, and/or a change in condition that requires the plan of care to be revised to meet the resident’s needs in a timely manner; • Failure to ensure staff respond correctly to medical or psychiatric emergencies; • Failure to monitor and/or provide adequate supervision to assure that environmental hazards are not present including but not limited to:  o Access to hot water of sufficient temperature to cause tissue injury;  o Non-functioning call system without a compensatory action;  o Improper handling/disposal of hazardous materials, chemicals and waste;  o Infestation by insects/rodents; • Failure to provide adequate monitoring and supervision, if smoking is allowed; • Failure to meet financial obligations for the delivery of care and the maintenance of the facility (e.g. payment for staff, utilities, contractors); • Failure of the Quality Assurance and Assessment committee to develop and implement appropriation action plans to correct identified quality deficiencies; • Failure of administration to effectively and efficiently use its resources to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing; and • Failure to provide oversight of medical services that are provided in the facility.” [[4]](#footnote-4) | * Educate staff regarding definitions and prevention of neglect
* Review Facility Assessment and Admission policies to ensure the facility has the capability and capacity to provide needed care and services
* Educate staff regarding safe and competent resident practice guidelines, including but not limited to:
* Prompt call light response
* Placement of resident belongings
* Person-centered care
* Environmental cleanliness and elimination of clutter
* Resident decision-making
* Providing dignity & respect
* Complete appropriate pre-admission screening of all potential admissions
* Evaluate sufficient staff availability prior to accepting referrals for admission
* Complete skill competencies for nurses, aides, and other care giving staff and educate as needed to increase capability
* Review and enhance orientation processes
* Provide documented training prior to implementation of new equipment, updated procedures, and new medications or practices
* Monitor care delivery practices and supervise cares
* Audit that care practices such as order transcription, medication administration, assessments, and identification of changes are consistently followed
* Monitor identification of and intervention for acute changes of condition, including timely physician and family notifications
* Evaluate environment, infection control practices, and safety
* Present to QAPI/QAA Committee for discussion and follow up
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| **F608**“§483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. (i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual’s obligation to comply with the following reporting requirements. (A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility. (B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. (iii) Prohibiting and preventing retaliation”[[5]](#footnote-5) | * Review facility policies and procedures to ensure annual notification of covered individuals of their obligation to comply with the reporting requirements:
	+ Reporting to one or more local law enforcement entities any reasonable suspicion of a crime against any resident
	+ Immediate reporting (no later than 2 hours after forming suspicion of serious bodily injury) or within 24 hours if the suspicion indicates no serious bodily injury
	+ Posted note in conspicuous area of employee rights
	+ Prohibition/prevention of retaliation
* Provide education on policy/procedure to all staff upon orientation and annually
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| **F609**“§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.”[[6]](#footnote-6) | * Review facility policies and procedures for monitoring reporting of all alleged violations involving abuse, neglect, exploitation or mistreatment
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| **F610**“§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.   §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.”[[7]](#footnote-7) | * Review facility process for investigation and follow up
* Educate all managers and nurses on investigation of abuse, neglect, exploitation and mistreatment
* Educate managers and nurses on steps to prevent further abuse, neglect, exploitation or mistreatment during the investigation
* Review facility process for reporting the results of the investigation to the administrator or designee and the State Survey Agency within 5 working days.
* Review documentation of corrective action taken with verified instances of abuse, neglect, exploitation and mistreatment
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| **F607**“§483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95,  §483.12(b)(4) Establish coordination with the QAPI program” | * Review facility policies and procedures on prevention of abuse, neglect, exploitation and misappropriation of resident property
* Review and update if necessary, procedures for investigation of all allegations
* Develop training program for all staff involved in a comprehensive investigation process
* Review process to coordinate process with the QAPI Program
 |

**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>

Centers for Medicare and Medicaid Services (CMS) Neglect Critical Element Pathway, Form CMS 20130 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

1. 1 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-1)
2. [↑](#footnote-ref-2)
3. 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-3)
4. 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-4)
5. 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. 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-6)
7. 7,8 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-7)