PURPOSE:

To define the policies and procedures developed to comply with the mandatory reporting requirements for suspected abuse/neglect of elders (65 and older) and dependent adults (18 to 64 years). The criteria for identifying and assessing victims of abuse, neglect, or exploitations should be used throughout the hospital. Staff need to be able to identify abuse or neglect as well as the extent and circumstances of the abuse or neglect to give the patient appropriate care.

REFERENCES:

- California Welfare and Institutions Code, Sections 15600-15637
- California Penal Code Section 368
- California Health and Safety Code, Sections 1250, 1250.2 and 1250.3
- CAHHS Consent Manual, Chapter 24.13

POLICY:

It is the policy of the hospital to refer to the clinical social worker, when possible, for the direction of team exploration of abuse/neglect issues pursuant to reporting requirements set forth in the California Welfare and Institutions Code.

SUMMARY OF CALIFORNIA WELFARE AND INSTITUTIONS CODE

Sections 15600-15637:

The State of California assumes responsibility for protecting elders and dependent adults from abuse, neglect and abandonment and has set up protective reporting agencies and a mandated reporting system. The mandated reporter is required to make a report whenever, in his/her professional capacity or within the scope of his/her employment, the following occurs:

1. The reporter has observed an incident that reasonably appears to be physical abuse/neglect
2. The reporter has observed the nature of the injury, its location on the body, or the repetition of the injury which clearly indicates that abuse has occurred; or
3. The reporter is told by an elder or dependent adult that he or she has experienced behavior constituting abuse.

Mandated reporters include persons who have assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not they are compensated for their services. Also included are administrators, supervisors and licensed staff of a public or private facility that provides
care or services for elders or dependent adults, and elder or dependent adult care custodians, health practitioners, clergy members, and employees of county adult protective service agencies and local law enforcement agencies.

Failure to make a mandated report is a misdemeanor, punishable by imprisonment in the county jail for up to 6 months, or a fine of up to $1000 or both.

Willfully failing to make a mandated report and the abuse results in the victim's death or serious bodily injury, is punishable by imprisonment in the county jail for up to a year, or a fine up to $5000 or both.

APPROPRIATE REPORTING AGENCIES:

Mandated reports of physical abuse, sexual abuse, isolation, abandonment, abduction, financial abuse, neglect and self neglect are to be made immediately or as soon as practically possible by telephone and a written report, completed on the SOC 341 form, "Report of Suspected Dependent Adult/Elder Abuse" and sent to the appropriate agency within two (2) working days of making the telephone report to the responsible agency as identified below. A copy of the report will be kept confidential and placed in a locked file.

The county ADULT PROTECTIVE SERVICES (APS) agency or the local law enforcement agency is contacted if the abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter.

APS centralized intake unit is (213) 351-5401 during regular business hours. After hours, the Elder Abuse Hotline is contacted at 1-877-477-3646. APS will provide further instructions to staff.

Also, APS can also be contacted for purposes of consultation. Often they are of assistance in providing guidance regarding need to report significance of suspicious factors or additional areas of injury indicated, etc.

The Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency is contacted if the alleged abuse occurred in a nursing home, board and care, adult residential facility, adult day programs, residential care facility for the elderly, or adult day health care center.

The Long-Term Care Ombudsman Program number is 800-344-WISE (800-334-9473) during regular business hours. After hours, contact the State Crisis Line at 800-334-9473. Obtain instructions about completing the written report from the Ombudsman.

PROCEDURE:

1. The clinical social worker directs the healthcare team effort in the resolution of questions of suspected abuse/neglect of the elderly and dependent adults.

2. When cases need to be explored on weekends, evenings, etc. (in the absence of available clinical social worker), the primary nurse caring for the patient will carry the responsibility for assessment and reporting of suspected elder/dependent adult abuse. The on-call social worker will be contacted via the house supervisor as needed for assistance.

3. Referrals to assess for suspected elder abuse/neglect come from E.R., staff nursing, physicians, other staff and the community.
4. The physician is advised of the abuse/neglect question. M.D. referral/cooperation is not required as hospital is specifically mandated to explore and report suspected situations; however, cooperation of M.D. is always enlisted.

5. Details of situation are obtained - from M.D., nurses, other staff who have dealt with patient and/or family. Verbatim statements from patient/family are recorded when possible. When indicated, pictures of the patient are taken by the nursing staff to aid in the assessment. Patient/family consent is not needed. Records may also be released to appropriate authorities without consent.

6. Patient/family and other involved individuals are interviewed. They are given an explanation of our need to explore unusual injuries, etc. Indices for possible abuse/neglect are explored, e.g. recent stressors, frequent E.R. visits, behavior of patient, family conflicts, history of abuse, past medical history, etc. We do not need to determine responsibility, just suspicious situations that need to be reported. We need to maintain a non-judgmental attitude.

7. Upon request, clinical social work case consultation is provided to hospital staff as well as staff throughout the LCM Continuum.

8. If the condition warrants reporting, the clinical social worker or primary nurse caring for the patient completes the reporting process. Another mandated reporter may take responsibility for reporting if they are knowledgeable about the case and it is agreed upon by the other mandated reporters involved.

9. The entire process is documented in the patient's chart. At the discretion of the reporting party, the patient/family is notified of APS report, along with an explanation to them. They are advised of our legal obligation to report and their cooperation is solicited with follow-up investigation. They are advised of procedures to follow and are offered support. This process is also followed when a Nursing Home, Board and Care, Assisted Living/Retirement facility or Adult Day Care centers are involved.

DEFINITIONS:

**Elder** - Any person residing in California who is 65 years of age or older.

**Dependent Adult** - Any person between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. This includes, but is not limited to, persons who have physical or development disabilities. It also includes those whose physical or mental abilities have diminished because of age, as well as any 18 to 64 year old person who is admitted as an inpatient to a 24-hour health facility.

**Abuse Of An Elder Or A Dependent Adult** - Physical abuse, which includes sexual abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment which results in physical harm or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

**Exploitation** - Utilization of another person for selfish purposes.

**Physical Abuse**
- Assault
- Battery
• Assault with a deadly weapon or force likely to produce great bodily injury
• Unreasonable physical constraint or prolonged or continual deprivation of food or water

**Sexual Assault**
• Sexual battery
• Rape
• Rape in concert
• Incest
• Sodomy
• Oral copulation
• Penetration of a genital or anal opening by a foreign object

Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:

A. For punishment
B. For a period significantly beyond that for which the restraint or medication is authorized by a physician licensed in California who is providing medical care to the elder or dependent adult
C. For any purpose not consistent with that authorized by the physician

**Neglect** is the negligent failure of a person having the care or custody of an elder or dependent adult to exercise that degree of care which a reasonable person in a like position would exercise. Neglect includes, but is not limited to, the following:

A. Failure to assist in personal hygiene, or in the provision of food, clothing or shelter
B. Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment
C. Failure to protect from health and safety hazards
D. Failure to prevent malnutrition

**Abandonment** means the desertion or willful forsaking of an elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

**Exploitation:** Utilization of another person for selfish purposes.

**Fiduciary Abuse/Exploitation** means a situation in which a person who has the care or custody of, or who stands in a position of trust to, an elder or dependent adult, takes, secretes, or appropriates their money or property, to any use or purposes not in the due and lawful execution of his or her trust.

**Isolation** includes the following:
A. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls
B. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor, where the statement is false, is contrary to the express wishes of the elder or dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons
C. Physical restraint of an elder or dependent adult for the purpose of preventing him or her from meeting with visitors
D. False imprisonment, as defined in Penal Code Section 236.

The acts described in these paragraphs are subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician licensed in California who is caring for the elder or dependent adult at the time the instructions are given and who gives the instructions as part of his or her medical care. These acts also shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.

**Deprivation of goods or services** by a care custodian that are necessary to avoid harm or mental suffering include, but are not limited to:
A. The provision of medical care for physical and mental health needs
B. Assistance in personal hygiene
C. Possessing adequate clothing
D. Adequately heated and ventilated shelter
E. Protection from health and safety hazards
F. Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment
G. Transportation and assistance necessary to secure any of the needs set forth in the immediately preceding subparagraphs.

If the conduct involves criminal activity not constituting physical abuse, it may be immediately reported to a law enforcement agency.

**ASSESSMENT CRITERIA:**

The following criteria will be utilized by staff when assessing for possible abuse/neglect:

**Physical Clues**
- Injury that has not been cared for properly
- Any injury incompatible with history
- Pain on touching
- Cuts, lacerations, puncture wounds
- Bruises, welts, discoloration:
  - Bilaterally on upper arms
  - Clustered on trunk, but may be evident over any area of the body Morphologically similar to an object
  - Presence of old and new bruises at the same time
- Dehydration and/or malnourishment without illness-related cause, loss of weight
- Pallor
- Sunken eyes, cheeks
- Evidence of inadequate care (e.g., gross decubiti without adequate medical care)
- Evidence of inadequate or inappropriate administration of medication
- Eye problems, retinal detachment
- Poor skin hygiene
- Absence of hair and/or hemorrhaging below scalp
- Soiled clothing or bed
- Burns - may be caused by cigarettes, caustics, acids, friction from ropes or chains, from
confinement, or contact with other objects

- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Injuries are sometimes hidden under the breasts or other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment.

Frequent use of the emergency room, and/or hospital or health care "shopping" may also indicate physical abuse.

The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect.

Behavioral Clues

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Hesitation to talk openly
- Implausible stories
- Confusion or disorientation
- Ambivalence/contradictory statements not due to mental dysfunction
- Anger
- Denial
- Non-responsiveness
- Agitation, anxiety

STAFF AND COMMUNITY TRAINING AND EDUCATION:

1. It is the policy of the SOCIAL SERVICES DEPARTMENT to provide education on suspected abuse/neglect to professional staff.

2. It is the responsibility of the SOCIAL SERVICES DEPARTMENT to provide information and education regarding suspected abuse and/or neglect to employees at new employee orientation. This includes an explanation of health team collaboration in individual case assessment and role responsibility of mandated reporters.

3. Patients, staff, physicians and community may request educational services and/or information regarding abuse and/or neglect from the SOCIAL SERVICES DEPARTMENT.

4. SOCIAL SERVICES DEPARTMENT staff members provide education and programs for staff and community as unmet needs are identified and regulations are updated.

5. Support information on suspected abuse and neglect is available in the SOCIAL SERVICES DEPARTMENT offices.

6. Social Work staff/management update policies and procedures regarding abuse and/or neglect as
needed.

7. The SOCIAL SERVICES DEPARTMENT will update caregivers with any changes in the law. New employees in designated disciplines are required to read a handout about abuse/neglect of the elderly and dependent adults and complete an acknowledgment that they have read the handout. Unit/Department Managers are responsible for completing this as part of orientation. Professionals identified for screening or assessing for suspected abuse/neglect receive education during their orientation.

This policy was developed in collaboration with the following involved departments:
Care Management, Social Services, Nursing Services, Rehab Services, Education, Dietary and Medical Staff

RESPONSIBILITY FOR REVIEW AND MAINTENANCE OF THIS POLICY IS ASSIGNED TO:
Chief Nursing Officer

Reviewed and Approved:  Little Company of Mary - Torrance, Kathy Harren, RN, CNO
Little Company of Mary - San Pedro, Mary Jane Jones, RN, CNO