

SELF SURVEY MODULE
483.13 (c) STAFF TREATMENT OF RESIDENTS

TAG F224

§483.13(c) Staff Treatment of Residents (F224* and F226)**

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

§483.13(c)(1)(i) Staff Treatment of Residents

- (1) The facility must--**
 - (i) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;**

*** Intent §483.13(c) (F224)**

Each resident has the right to be free from mistreatment, neglect and misappropriation of property. This includes the facility's identification of residents whose personal histories render them at risk for abusing other residents, and development of intervention strategies to prevent occurrences, monitoring for changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis.

* Use tag F224 for deficiencies concerning mistreatment, neglect, or misappropriation of resident property.

*** Guidelines §483.13(c) (F224)**

"Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR 488.301)

"Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. (42 CFR 488.301)

DATA COLLECTION:

OBSERVATIONS:

- A. Witnessing an Incident
 - During any encounter or visit with residents, an observation of verbal or physical abuse, neglect of services, or involuntary seclusion could occur. If this occurs, the incident should be documented with the following information:
 - 1. Who was involved?
 - 2. What was observed?
 - 3. Where did it occur?
 - 4. When did it occur?
 - 5. How did those involved behave and respond?

Ensure the resident is safe and immediately report observations to the administrator.

Following notification, observe actions taken by staff:

- 1. Do they comply with the facility's policies and procedures?
- 2. Are residents protected from similar incidents?

- B. Abuse

Besides the actual observation of an abusive incident, signs of possible past abuse can be observed in resident, staff, and visitor interactions. Possible signs of previous abuse include:

1. Unexplained bruises or other injuries;
2. Combativeness on the part of a resident towards a particular person;
3. Presentation of fearful or avoidance behavior.

C. Neglect

The observation of neglect may be seen by repeated requests for assistance or the failure to have been provided necessary services. This can be observed with an individual resident or group of residents. Possible signs of neglect may appear by considering:

1. What has happened to the resident as a result of neglect?
2. Are there signs of skin breakdown, dehydration, incontinence, or other symptoms of neglect?
3. How does the resident express the harm he has experienced?

D. Misappropriation

The misappropriation of resident's property is observed when an item is removed from a resident's possession for no apparent reason and without the resident's consent. With the observation of an incident which may be indicative of abuse, neglect or seclusion, or misappropriation of property, determine if the occurrence was isolated or can a pattern be detected:

1. Is one resident involved or are a group of residents affected?
2. Did the incident occur to the resident(s) being cared for by a particular staff person, at a particular time (i.e., mealtimes, weekends, etc.), or during a particular activity or task?

*** Use other sources of information to identify the nature of the problem.

ABUSE INTERVIEWS:

RESIDENT INTERVIEW:

1. Can you tell me what happened? When?
2. Has this happened before?
3. Is it happening less or more often now?
4. Can you tell me what brought it on?
5. Have you reported it? To whom?
6. Has any staff member talked to you about this?
7. Have you seen or heard of this happening to others?
8. Do you know what, if anything, is being done to prevent it?
9. Can you identify the resident, staff person, or other?
10. Does this occur at any one particular time of day?
11. Are you afraid now?

FAMILY INTERVIEW:

1. Have you seen or heard abuse towards any resident? From staff, another resident, or others?
2. Can you identify these residents? Staff or others involved in these incidents?

3. Has your family member been affected?
4. Have you reported this? To whom?
5. Do you know what is being done to protect your family member from reoccurrence?
6. Are you satisfied with the facility's response and investigation?

GROUP INTERVIEW:

1. Have you seen or heard abuse towards any resident? From staff, another resident or others?
2. Can you identify any of these residents? Staff or others involved in these incidents?
3. Have you ever filed a grievance concerning any resident, staff or others relating to verbal or physical abuse?
4. Did the facility respond?
5. Is it any better now?
6. Are you afraid?
7. What is the facility doing to protect you or prevent reoccurrence?

STAFF INTERVIEW:

1. Do you know what your policies are concerning the prevention and reporting of abuse?
2. How is it implemented? How do you know it has worked?
3. Have residents been identified who are at risk for being abused by others or for mistreating other residents?
4. How do you monitor those residents that have been identified as being at risk for being abused or for mistreating others? Has this been incorporated in the care plan(s)?
5. Has an inservice been held on recognizing/preventing abuse? Staff interventions?
6. Can you explain why reoccurrences have occurred?
7. What has the facility done? Have incidents been investigated? Reported?
8. What have you been directed to do? Did you fill out an incident report?
9. Do you know how to provide care/supervision to this resident to protect/ensure a safe environment for other residents?
10. What does the care plan say?
11. Are the residents reporting the incidents reliable and accurate?
12. The resident assessment shows them as cognitive and alert. Do you agree?
13. This is what the residents are reporting. Is it accurate? If not, why not?
14. Are you aware of the frequency that a specific resident is verbally or physically mistreating other residents?
15. Are you aware that the residents are afraid of this resident?
16. Have you responded to the complaint from the Residents' Council?
17. Has this resident been evaluated by a psychiatrist?
18. Has the resident's primary care physician been advised of the problem?
19. How is the behavior being managed medically? Staff approaches?
20. How was it managed previously?
21. Has the care plan been updated?
22. Has your social worker been involved with the resident with the behavior problems?
23. What are the social worker's suggestions?

24. Have you reported the incident to the State agency or do you have knowledge that it was reported?
25. Have you completed your investigation?
26. What have you done as a result of the identified problem? Staff training, resident interventions, environmental changes?

*** Staff interviews should involve all who may or should have knowledge of an incident or unusual occurrence which has occurred in the facility. Therefore, the focus of the questions should be adjusted as one interacts with the various staff, potentially from any department.

NEGLECT INTERVIEWS:

RESIDENT INTERVIEW:

1. Can you tell me how this (harm) occurred? What happened? Who was involved?
2. What do staff usually do?
3. Has this happened before? If so, how frequently?
4. What do you expect staff to do to prevent these results?
5. How did you feel? How do you feel?
6. Do you feel this was avoidable?
7. Was your physician notified? How was this treated?
8. Did you report this to staff? To whom? What were you told?

FAMILY INTERVIEW:

1. Were you notified?
2. Has this happened before?
3. Do you feel this was avoidable?
4. Can your family member indicate his/her need for services/care? Does your family member resist care? How frequently?
5. Did the facility investigate what has happened?
6. Are you aware of the results of any investigation?
7. Are you satisfied with the facilities response?
8. Did you report this to staff? To whom? What were you told?

GROUP INTERVIEW:

1. Are you aware of any event where a resident became injured as a result of the facility not providing a service of care?

*** Information obtained may require individual follow-up.

STAFF INTERVIEW:

1. Can you tell me what happened? When?
2. Can you explain why? Was the resident to any extent accountable?
3. What did you do when it was discovered?
4. Was an incident report filed?
5. Is the resident reliable in what they tell me?
6. This is what the resident says happened. Is it accurate?
7. Do you know the care plan for this resident?
8. Tell me what you do for. . .
9. Has this happened before?

10. Was the incident investigated? What was the result of the investigation?
11. How are you preventing this from reoccurring?
12. What is your policy for residents with similar needs as this?
13. Have any other residents had a similar incident?
14. How do you usually treat this resident for this issue?

MISAPPROPRIATION OF PROPERTY INTERVIEWS:

RESIDENT INTERVIEW:

1. Can you tell me what items you have missing?
2. Did you report it to anyone? Who?
3. Did the facility investigate your missing items?
4. Do you know the results of the investigation?
5. Have you had things missing before?
6. Do you get a monthly statement on your account?
7. Do you know what you have to pay for out of it?
8. Who takes care of your account?
9. Have you questioned withdrawals from your account?

FAMILY INTERVIEW:

1. Do you understand what is paid for and what is not paid for with this account?
2. Do you have problems with personal property getting lost?
3. Have you reported it? To whom?
4. Are you satisfied with their investigation and the results?

GROUP INTERVIEW:

1. Are you having problems with missing personal items?
2. What do think is happening to them?
3. Have you reported it?
4. Did the facility investigate your complaint?
5. What were the results? Were you satisfied?
6. Is the situation better now?

STAFF INTERVIEW:

1. Have you had problems with missing personal items?
2. Are the reporting residents alert and accurate?
3. What policies have you implemented to prevent further missing items?
4. Does the facility admission packet explain what the residents are responsible for paying?
5. How do you handle residents' accounts?
6. Do they receive interest on those accounts?
7. How often do they get a statement?

DOCUMENTATION:

Observations and interviews lead to documentation. Look for appropriate sources of documentation based on the nature of the allegation (abuse, neglect, or misappropriation of

resident property) and likely perpetrator (perpetrator unknown, another resident, a staff member, a family member or visitor, or facility culture).

Does the facility have written policies and procedures to prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

1. Does documentation indicate that they are followed?
2. How have the incidents been processed?
3. Is there documentation that they have reported to the State Agency? Department of Social Services?
4. Have they been investigated by the facility in a timely manner?
5. Is there documentation that the facility has taken appropriate actions following the investigation(s) and that those actions have been effective?

DOCUMENTATION OF ABUSE:

1. Documentation that the facility policy is in place, is being followed and has been effective.
2. Was there an investigation initiated and completed by the facility? Were the results documented?
3. Review the resident assessment instruments (i.e., the MDS, etc.) of the resident or residents involved in the abusive incident or report.
4. Review the Care Plan to see if the combative behavior has been identified and preventive measures put in place.
5. Review Nurses' Notes and Accident/Incident reports or log to determine frequency of resident to resident combative incidents.
6. Review Resident Council minutes for resident complaints about physical, verbal abuse by staff, residents or others. What was the facility's response?
7. Documentation that the attending physician is aware of the problem. How has he/she helped address the issue (i.e., staff interventions, referrals, medication changes, etc.)?
8. What has the Social Worker's notes identified and how is it being addressed?
9. Has a cause or stimulus of the combative behavior been identified?
10. How is the resident being monitored, what is being monitored, and is such monitoring effective?
11. Verify the cognition and credibility of the resident reporting the abuse via the assessment instrument and medical record review.
12. How has the resident been protected from further abuse (care planned, monitoring sheets, visitation arrangements, personnel action, etc.)?

DOCUMENTATION OF NEGLECT/INJURY OF UNKNOWN ORIGIN:

1. Do Nurses' Notes describe when, what, how, and what harm did occur?
2. Documentation that an incident report was filed?
3. Documentation that appropriate people/agencies were notified?
4. Check care plan and assessment to see if the resident refused treatment or services. How frequently? Were other staff approaches attempted?
5. Check the resident assessment to determine the resident's cognitive status.
6. Was there an investigation? If so what were the results?
7. What was the resident's Plan of Care to prevent such harm? What service was neglected? Has it reoccurred?
8. What should have been done according to the facility? What actually occurred?

9. Was there documentation of training or in-services provided regarding areas of concern?
10. Is there a policy for the treatment of other residents with the same care issue?
11. Is the treatment expected as a standard of practice?
12. Review records of other residents who may or have been affected by the same practice or assigned to the same staff person?

DOCUMENTATION OF MISAPPROPRIATION OF PROPERTY:

1. Review records of the personal items and furnishings brought to the facility at the time of admission.
2. Review documentation of monthly bank statements.
3. Verify deposits and interest earned.
4. Verify withdrawals.
5. Verify those items/costs for which the resident maintains responsibility.
6. Verify that the amounts withdrawn for services is equal to the charges for those services.
7. Verify cognition and credibility of resident reporting loss via resident assessment instrument and Nurses' Notes.
8. Any Nurses' Notes or Social Work's notes regarding the reported incident?
9. What was the facility's response to resident/family regarding the allegation?
10. Is there a policy to investigate reported resident loss and allegations of misappropriation?