

## Long-Term Care Survey Alert

### Clip 'N Save: Push Come To Shove ... Could Your Facility Pass The Surveyors' Abuse Prohibition Review?

Make sure you're covering the bases that surveyors will.

#### Abuse Prohibition Review (Subtask 5G)

##### A. General Objective

To determine if the facility has developed and operationalized policies and procedures that prohibit abuse, neglect, involuntary seclusion and misappropriation of property for all residents. The review includes components of the facility's policies and procedures as contained in the Guidance to Surveyors at 42 CFR 483.13(c), F226. (See Guidance to Surveyors for further information.)

These include policies and procedures for the following:

1. Screening of potential hires;
2. Training of employees (both for new employees, and ongoing training for all employees);
3. Prevention policies and procedures;
4. Identification of possible incidents or allegations which need investigation;
5. Investigation of incidents and allegations;
6. Protection of residents during investigations; and
7. Reporting of incidents, investigations, and facility response to the results of their investigations.

##### B. General Procedures:

8. Utilize the Abuse Prohibition Investigative Protocol to complete this task.

#### Investigative Protocol Abuse Prohibition

##### Objective:

To determine if the facility has developed and operationalized policies and procedures that prohibit abuse, neglect, involuntary seclusion and misappropriation of property for all residents.

##### Use:

Use this protocol on every standard survey.

##### Task 5G Procedures:

9. Obtain and review the facility's abuse prohibition policies and procedures to determine that they include the key components, i.e. screening, training, prevention, identification, investigation, protection and reporting/response. (See Guidance to Surveyors at F226.) It is not necessary for these items to be collected in one document or manual.
10. Interview the individual(s) identified by the facility as responsible for coordinating the policies and procedures to

evaluate how each component of the policies and procedures is operationalized, if not obvious from the policies. How do you monitor the staff providing and/or supervising the delivery of resident care and services to assure that care service is provided as needed to assure that neglect of care does not occur? How do you determine which injuries of unknown origin should be investigated as alleged occurrences of abuse? How are you ensuring that residents, families, and staff feel free to communicate concerns without fear of reprisal?

11. Request written evidence of how the facility has handled alleged violations. Select 2-3 alleged violations (if the facility has this many) since the previous standard survey or the previous time this review has been done by the State.

Determine if the facility implemented adequate procedures:

12. For reporting and investigating;
13. For protection of the resident during the investigation;
14. For the provision of corrective action;

**NOTE:** The reporting requirements at 483.13(c) specify both a report of the alleged violation and a report of the results of the investigation to the State survey agency.

Determine if the facility reevaluated and revised applicable procedures as necessary.

15. Interview several residents and families regarding their awareness of to whom and how to report allegations, incidents and/or complaints. This information can be obtained through the resident, group, and family interviews at Task 5D.
16. Interview at least five direct care staff, representing all three shifts, including activity staff and nursing assistants, to determine the following:

If staff are trained in and are knowledgeable about how to appropriately intervene in situations involving residents who have aggressive or catastrophic reactions.

**NOTE:** Catastrophic reactions are extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care. One definition in current literature is: ". . . catastrophic reactions [are] defined as reactions or mood changes of the resident in response to what may seem to be minimal stimuli (eg.: bathing, dressing, having to go to the bathroom, a question asked of the person) that can be characterized by weeping, blushing, anger, agitation, or stubbornness. "Catastrophic reactions and other behaviors of Alzheimer residents: Special unit compared to traditional units." Elizabeth A Swanson, Meridean L. Maas, and Cathleen Buckwalter . Archives of Psychiatric Nursing. Vol. VII No. 5 (October, 1993). Pp. 292-299.

If staff are knowledgeable regarding what, when and to whom to report according to the facility policies.

17. Interview at least three front line supervisors of staff who interact with residents (Nursing, Dietary, Housekeeping, Activities, Social Services). Determine how they monitor the provision of care/services, the staff/resident interactions, deployment of staff to meet the residents' needs, and the potential for staff burnout which could lead to resident abuse.
18. Obtain a list of all employees hired within the previous 4 months, and select five from this list. Ask the facility to provide written evidence that the facility conducted pre-screening based on the regulatory requirements at 42 CFR 483.13(c).

### **Task 6 Determination of Compliance:**

Take account of all the information gained during this review as well as all other information gained during the survey. When a deficiency exists, determine if F225 or F226 provides the best regulatory support for the deficiency.

19. 483.13(c), F226, Staff Treatment of Residents:

The facility is compliant with this requirement if they have developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. If not, cite at F226.

20. 483.13(c)(1)(2)(3)and (4), F225, Staff Treatment of Residents:

The facility is compliant with this requirement if they took appropriate actions in the areas of screening, reporting, protecting, investigating and taking appropriate corrective actions. If not, cite at F225.

Source: State Operations Manual, Appendix P ([www.cms.hhs.gov/manuals/107\\_som/som107ap\\_p\\_ltcf.pdf](http://www.cms.hhs.gov/manuals/107_som/som107ap_p_ltcf.pdf), pp. 72-75).