



ABUSE AND NEGLECT REPORTING



IT'S YOUR RESPONSIBILITY

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OBJECTIVES:

- Review State and Federal Regulatory Requirements for Abuse Reporting
- Local Law Enforcement Reporting Requirements
- Seven Components of Abuse Prevention Policy
- Review the New Abuse Reporting Decision Tree



FEDERAL REGULATIONS



WHAT THEY SAY



F223

§483.13(b) Abuse


“The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.”







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| | F223 |
| | <p>“Intent §483.13(b)</p> <p>Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.”</p> |



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| | F223 INTERPRETIVE GUIDELINES |
| | <p>Abuse:</p> <ul style="list-style-type: none"> ■ Verbal Abuse ■ Sexual Abuse ■ Physical Abuse ■ Mental Abuse ■ Involuntary Seclusion |



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| WHAT IS ABUSE? | ABUSE |
| | F223 INTERPRETIVE GUIDELINES |
| | <p>“ABUSE” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.” (42 CFR §488.301)</p> |

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| | VERBAL ABUSE |
| | F223 INTERPRETIVE GUIDELINES |
| | <p>“VERBAL ABUSE” is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.”</p>  |

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| SEXUAL, PHYSICAL, AND MENTAL ABUSE F223 INTERPRETIVE GUIDELINES |
| <p>“SEXUAL ABUSE” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.</p> <p>“PHYSICAL ABUSE” includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.</p> <p>“MENTAL ABUSE” includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.”</p> |
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| INVOLUNTARY SECLUSION F223 INTERPRETIVE GUIDELINES |
| <p>“INVOLUNTARY SECLUSION” is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident’s will, or the will of the resident’s legal representative.”</p> |
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| F224 |
| <p>*Intent §483.13(c) (F224)</p> <p>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.</p> |
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| F224: NEGLECT AND MISAPPROPRIATION OF PROPERTY |
| <p>Guidelines §483.13(c) (F224)</p> <p>“NEGLECT” means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR 488.301)</p> <p>“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)</p> |
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F323: §483.25(H) ACCIDENTS

ELOPEMENT occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. A resident who leaves a safe area may be at risk of (or has the potential to experience) heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle.

F323: §483.25(H) ACCIDENTS

Facility policies that clearly define the mechanisms and procedures for monitoring and managing residents at risk for elopement can help to minimize the risk of a resident leaving a safe area without authorization and/or appropriate supervision. In addition, the resident at risk should have interventions in their comprehensive plan of care to address the potential for elopement.

WHAT ABOUT IN MISSOURI?

WHAT IS ABUSE?







MISSOURI

WHAT IS ABUSE?

ABUSE

The infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation (192.2400, RSMo).

MISSOURI WHAT IS ABUSE?

FINANCIAL EXPLOITATION

A person commits the crime of financial exploitation of an elderly or disabled person if such person knowingly and by deception, intimidation, or force... deprive the elderly or disabled person of the use, benefit or possession of his or her property thereby benefiting such person or detrimentally affecting the elderly or disabled person (570.145, RSMo).



MISSOURI WHAT IS NEGLECT?

NEGLECT

The failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result (192.2400, RSMo).



REPORTING ABUSE



Adult Abuse and Neglect Hotline
1-800-392-0210
Make a difference. Make the call.



REPORTING ABUSE

REPORTING

Be prepared to provide an recount of the circumstances that you believe led to the alleged abuse, the victim's demographic information, the alleged abuser's demographic information, if you believe there is immediate danger, the best time to contact alleged victim. Any and all relevant information relating to the circumstances.





Reports of abuse and neglect must be made immediately once there is reasonable cause. You have the knowledge of facts, although not direct knowledge, that would lead a reasonable person to the same conclusion.



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Mandated Reporters

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| <ul style="list-style-type: none"> ✓ Adult Day Care Worker ✓ Chiropractor ✓ Christian Science Practitioner ✓ Coroner ✓ Dentist ✓ Embalmer ✓ Employee of the Department of Health and Senior Services ✓ Employee of the Department of Social Services ✓ Employee of the Department of Mental Health ✓ Employee of a local Area Agency on Aging (AAA) or an organized AAA Program ✓ Funeral Director ✓ Home Health Agency or Agency Employee | <ul style="list-style-type: none"> ✓ Hospital or Clinic Personnel engaged in examination, care, or treatment of persons ✓ In-Home Services owner, provider, operator, or employee ✓ Law Enforcement ✓ Long-Term Care Facility Administrator or Employee ✓ Medical Examiner ✓ Medical Resident or Intern ✓ Mental Health Professional ✓ Minister ✓ Nurse | <ul style="list-style-type: none"> ✓ Nurse Practitioner ✓ Optometrist ✓ Other Health Practitioner ✓ Peace Officer ✓ Person with responsibility for the care of a person 60 years of age or older or an eligible adult ✓ Personal Care Attendant ✓ Pharmacist ✓ Physical Therapist ✓ Physician ✓ Physician's Assistant ✓ Podiatrist ✓ Probation or Parole Officer ✓ Psychologist ✓ Social Worker ✓ Consumer Directed Services Vendor |
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WHAT HAPPENS AFTER I MAKE A REPORT?

If the alleged victim lives in a long-term care facility, the department's Division of Regulation and Licensure staff conducts an investigation. Complaint investigations are handled in accordance with state statute. Reports or complaints are generally initiated within 24 hours.



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**MISSOURI REVISED STATUTES
CHAPTER 198
CONVALESCENT, NURSING, AND BOARDING HOMES**



198.070.




1. When any adult day care worker;... long-term care facility administrator or employee;... or other person with the care of a person sixty years of age or older or an eligible adult has reasonable cause to believe that a resident of a facility has been abused or neglected, he or she shall immediately report or cause a report to be made to the department.







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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>2. The report shall contain the name and address of the facility, the name of the resident, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>3. Any person required in subsection 1 of this section to report or cause a report to be made to the department who knowingly fails to make a report within a reasonable time after the act of abuse or neglect as required in this subsection is guilty of a class A misdemeanor.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>4. In addition to the penalties imposed by this section, any administrator who knowingly conceals any act of abuse or neglect resulting in death or serious physical injury, as defined in section 556.061, is guilty of a class E felony.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>5. In addition to those persons required to report pursuant to subsection 1 of this section, any other person having reasonable cause to believe that a resident has been abused or neglected may report such information to the department.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>6. Upon receipt of a report, the department shall initiate an investigation within twenty-four hours and, as soon as possible during the course of the investigation, shall notify the resident's next of kin or responsible party of the report and the investigation and further notify them whether the report was substantiated or unsubstantiated unless such person is the alleged perpetrator of the abuse or neglect.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>7. If the investigation indicates possible abuse or neglect of a resident, the investigator shall refer the complaint together with the investigator's report to the department director or the director's designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate removal is necessary to protect the resident from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file a petition for temporary care and protection of the resident in a circuit court of competent jurisdiction.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>8. Reports shall be confidential, as provided pursuant to section 192.2500.</p> <p>9. Anyone, except any person who has abused or neglected a resident in a facility, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith or with malicious purpose. It is a crime under section 565.189 for any person to knowingly file a false report of elder abuse or neglect.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>10. Within five working days after a report required to be made pursuant to this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>11. No person who directs or exercises any authority in a facility shall evict, harass, dismiss or retaliate against a resident or employee because such resident or employee or any member of such resident's or employee's family has made a report of any violation or suspected violation of laws, ordinances or regulations applying to the facility which the resident, the resident's family or an employee has reasonable cause to believe has been committed or has occurred.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>12. Any person who abuses or neglects a resident of a facility is subject to criminal prosecution under section 565.184.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>13. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who are or have been employed in any facility and who have been finally determined by the department pursuant to section 192.2490 to have knowingly or recklessly abused or neglected a resident.</p> | |
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| <p>MISSOURI REVISED STATUTES CHAPTER 198 CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)</p> | |
| <p>13. <i>cont.</i> For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.</p> | |
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MISSOURI REVISED STATUTES
CHAPTER 198
CONVALESCENT, NURSING, AND BOARDING HOMES (CONT.)

14. The timely self-reporting of incidents to the central registry by a facility shall continue to be investigated in accordance with department policy, and shall not be counted or reported by the department as a hot-line call but rather a self-reported incident. If the self-reported incident results in a regulatory violation, such incident shall be reported as a substantiated report.

REPORTING A CRIME







SECTION 1150B OF THE SOCIAL SECURITY ACT (THE ACT)

Effective implementation of section 1150B of the Act may promote a timely response to potential crimes, thereby protecting residents of such facilities. The statute requires that:

- o Covered individuals timely report any reasonable suspicion of a crime against a resident of, or who is receiving care from, a LTC facility;
- o If the events that cause the reasonable suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion (but not later than two hours after forming the suspicion). Otherwise, the report must be made not later than 24 hours after forming the suspicion;

Ref: S&C: 11-30-NH REVISED 01.20.12



SECTION 1150B OF THE SOCIAL SECURITY ACT (THE ACT)



Time Period for Individual Reporting



Section 1150B establishes two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion.




1. Serious Bodily Injury – 2 Hour Limit: If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion;
2. All Others – Within 24 Hours: If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion not later than 24 hours after forming the suspicion.



Ref: S&C: 11-30-NH REVISED 01.20.12

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| SECTION 1150B OF THE SOCIAL SECURITY ACT (THE ACT) | |
| <p>Covered Individual: A “covered individual” is defined in section 1150B(a)(3) of the Act as anyone who is an owner, operator, employee, manager, agent or contractor of the LTC facility;</p> <p>Crime: Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where a LTC facility is located. Applicable facilities must coordinate with their local law enforcement entities to determine what actions are considered crimes within their political subdivision;</p> |   |

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| SECTION 1150B OF THE SOCIAL SECURITY ACT (THE ACT) | |
| <p>Serious Bodily Injury: The term “serious bodily injury” is defined in section 2011(19)(A) of the Act (as added by section 6703(a)(1)(C) of the Affordable Care Act) as an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation;</p> |   |

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| ABUSE PREVENTION POLICY | |
| SEVEN COMPONENTS | |
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| F226 | |
| <p>F226 ** Intent §483.13(c)</p> <p>The facility must develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences.</p> |   |

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| POLICY AND PROCEDURE REQUIREMENTS |
| <p>The facility must develop and implement policies and procedures that include seven components:</p> <ol style="list-style-type: none"> I. Screening II. Training III. Prevention IV. Identification V. Investigation VI. Protection VII. Reporting/Response |



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| SCREENING |
| <p>Screen potential employees for a history of abuse, neglect or mistreating residents as defined by the applicable requirements at 483.13(c)(1)(ii)(A) and (B). This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries.</p> |







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| TRAINING |
| <p>Train employees, through orientation and on-going sessions on issues related to abuse prohibition practices.</p> |







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| PREVENTION |
| <p>Have procedures to:</p> <ul style="list-style-type: none"> □ Provide residents, families and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution; and provide feedback regarding the concerns that have been expressed. □ Identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. |



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| | IDENTIFICATION |
| | <p>Have procedures to:</p> <ul style="list-style-type: none"> □ Identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; and to determine the direction of the investigation. |
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| | INVESTIGATION |
| | <p>Have procedures to:</p> <ul style="list-style-type: none"> □ Investigate different types of incidents; and; □ Identify the staff member responsible for the initial reporting, investigation of alleged violations and reporting of results to the proper authorities. |
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| | INVESTIGATION |
| | <p>WHAT TO INCLUDE IN THE INVESTIGATION</p> <p>WHO:</p> <ul style="list-style-type: none"> □ Who witnessed the alleged or suspected incident/event? □ Who is (are) the alleged suspect(s) or who may have contributed to the occurrence of the incident/event? □ Who is (are) the alleged victim(s)? □ Who spoke to the alleged victim(s) regarding the incident/event? □ Who else may have information related to the incident/event? |
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| | INVESTIGATION |
| | <p>WHAT TO INCLUDE IN THE INVESTIGATION</p> <p>WHAT:</p> <ul style="list-style-type: none"> □ What is the alleged or suspected incident/event? □ What is the chronological order of action leading up to alleged/suspected incident? □ What are the injuries? □ What information does/do the alleged victim(s) have regarding the incident/event? □ What did the discovering staff person(s) or witness(es) see, hear or smell? |
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| | INVESTIGATION |
| | <p>WHAT TO INCLUDE IN THE INVESTIGATION</p> <p>WHAT:</p> <ul style="list-style-type: none"> □ What did these staff persons/witnesses do in relation to first discovering the incident/event? □ What information do other staff members have of the incident(s) or factor(s) leading up to the incident/event? □ What was the functional, mental and cognitive status of the alleged victim(s) before and after the incident/event? |
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| | INVESTIGATION |
| | <p>WHAT TO INCLUDE IN THE INVESTIGATION</p> <p>WHAT:</p> <ul style="list-style-type: none"> □ What is known about the alleged suspect(s) or person(s) who may have contributed to the occurrence of the incident/event? □ What was happening to the alleged victim(s) just prior to the incident/event? □ What were the victim(s) and alleged perpetrator(s) doing at the time of the incident? □ What precipitating factors were identified? |
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| | INVESTIGATION |
| | <p>WHAT TO INCLUDE IN THE INVESTIGATION</p> <p>WHEN:</p> <ul style="list-style-type: none"> □ When was the suspected or alleged incident/event discovered? By whom? □ When did the suspected or alleged incident/event occur? (Be as specific as possible related to time of day or night) <p>WHERE:</p> <ul style="list-style-type: none"> □ Where did the suspected or alleged incident/event occur? (exact location if known) |
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| | PROTECTION |
| | <p>Have procedures to:</p> <ul style="list-style-type: none"> □ Protect residents from harm during an investigation. <div style="text-align: center;">  </div> |
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REPORTING/RESPONSE

Have procedures to:

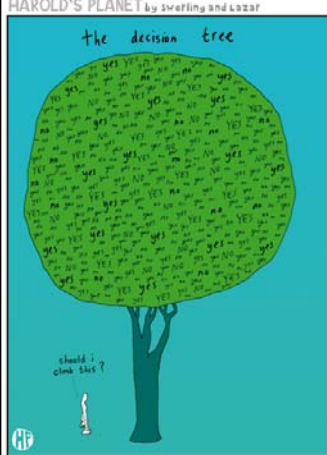
- o Report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required, and take all necessary corrective actions depending on the results of the investigation;
- o Report to the State nurse aide registry or licensing authorities any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service; and
- o Analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.




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ABUSE DECISION TREE

A Guide to Help You Decide... Reporting to Local Law Enforcement





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Reporting Decision Tool: When Do I Report to State Agency and Law Enforcement?

Problem solving flowchart upon discovery of an incident/allegation

- Immediately treat all effects to resident.
- Determine if a report should be made... if yes you MUST report **immediately** to the State Agency (see below).
- Protect resident against further occurrences.
- Institute other interventions as needed.
- Begin investigation upon discovery of the incident.
- Gather facts to answer who, what, when, where, how, and why.
- Analyze information to rule out or establish the likelihood that abuse, neglect, financial exploitation has occurred, or may have contributed to the incident. **NOTE:** Report suspected abuse, neglect, or financial exploitation immediately (**MUST BE** reported within two hours of suspicion to local law enforcement). Record: (1) The details of the incident in the resident's medical record(s); and (2) The details of the investigation according to the requirements and facility protocol.

A and **B**: Two different incident types that will not need to be reported to the State Agency (hotline) or Law Enforcement. You know what happened, the incident is directly related to diagnosis and predictable, the resident is able to explain what happened, an ACCIDENT occurred. If in doubt, call your regional office.

C: The incident is suspected abuse, neglect, exploitation, or misappropriation. You need to immediately take action. This must be reported to the Abuse Hotline immediately and to Local Law Enforcement within **TWO HOURS of SUSPICION**. For example, (1) a resident tells you another resident hit them or sexually abused them, (2) a family member or visitor hit them or sexually abused them, or (3) a staff member hit them or sexually abused them, or that someone is taking advantage of them financially or you discover that money/property has been stolen or misappropriated. In addition, an injury of unknown origin that is suspicious in nature i.e., excessive or large bruising, skin tears(s), or broken bones would require **immediate** reporting to the State Agency (hotline) and Local Law Enforcement.

D: You are unable to determine how the incident occurred. **Report Immediately!**

E: You will continue with your investigation and analyze the facts for abuse/neglect/misappropriation.

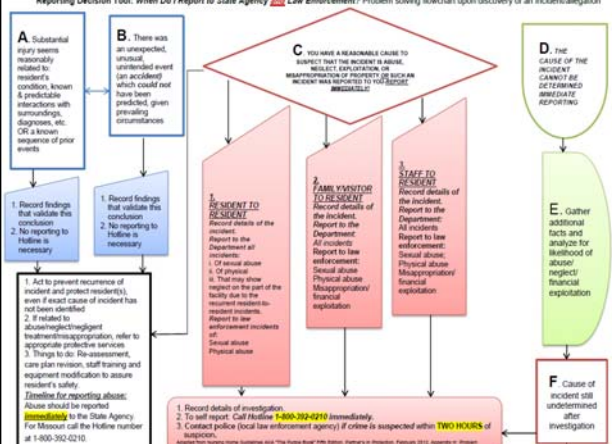
F: Cause cannot be determined. For substantial injury, REPORT incident to State Agency (hotline). If you are **SUSPICIOUS** a crime has occurred you **must** also report within **TWO HOURS of Suspicion** to Local Law Enforcement.

Regulatory references: Look for compliance with F323 Accidents and Supervision, F223 Abuse, F279 Comprehensive Care Plans, F261 Meet Professional Standards, and F309 Quality of Care. A copy of S&C 11-30-NH is available at http://www.cms.gov/Medicaid-Providers-Enrollment-and-Certification/Sources/Certification/Downloads/S&C11_30.pdf. Please note, these are not all inclusive and for reference only. For State Specific Reference refer to 19 CSR 30-88.010 (22), (23), (24), (25), <http://health.mo.gov/safety/abuse/>, and http://www.nursinghomehelp.org/pdf/QFTF_Abuse_0415.pdf.

*It is important to note that if you are ever in doubt if an incident is reportable to call and discuss it with your Regional State Agency Office or the Abuse and Neglect Hotline. A map of the Department of Health and Senior Services (DHSS) Division of Regulation and Licensure, Section for Long-Term Care Regulation Regional Office locations is available at <http://health.mo.gov/seniors/nursinghomes/pdf/LongTermCareRegions.pdf>.

Reporting Decision Tool: When Do I Report to State Agency and Law Enforcement?

Problem solving flowchart upon discovery of an incident/allegation



A Substantial injury seems reasonably related to resident's condition, known & predictable interactions with surroundings, diagnosis, etc. OR a known sequence of prior events.

B There was an unexpected, unusual, unanticipated event (an accident) which could not have been predicted, given prevailing circumstances.

C YOU HAVE A REASONABLE CAUSE TO BELIEVE THAT THE INCIDENT IS ABUSE. SELECT EXPLANATION OR MISAPPROPRIATION OF PROPERTY OR MONEY AS INDICATED BY THE DECISION TREE.

D THE CAUSE OF THE INCIDENT CANNOT BE DETERMINED IMMEDIATELY.

E Gather additional facts and analyze for likelihood of abuse/neglect/financial exploitation.

F Cause of incident still undetermined after investigation.

1. Record findings that validate this conclusion.
2. No reporting to hotline is necessary.

1. Record findings that validate this conclusion.
2. No reporting to hotline is necessary.

1. RESIDENT TO RESIDENT
Record details of the incident.
Report to law enforcement all incidents:
1. Of sexual abuse
2. Of physical abuse
3. That may alter regard on the part of the resident resident to resident incidents.
Report to law enforcement incidents of:
Sexual abuse
Physical abuse

2. FAMILY VISITOR TO RESIDENT
Record details of the incident.
Report to the Department:
All incidents.
Report to law enforcement:
Sexual abuse
Physical abuse
Misappropriation/financial exploitation

3. STAFF TO RESIDENT
Record details of the incident.
Report to the Department:
All incidents.
Report to law enforcement:
Sexual abuse
Physical abuse
Misappropriation/financial exploitation

1. Record details of investigation.
2. To self report. Call hotline 1-800-392-6270 immediately.
3. Contact police (local law enforcement agency) if crime is suspected within **TWO HOURS** of suspicion.
Approved by: Kathy Jones, Lorraine Auld, "The Abuse Book" Web Sites, Authors in Progress, February 2015, Appendix B, Revised.
Source: Proceedings of the National Council on the Abuse of the Elderly and Disabled, 1998.

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| <h2>RESOURCES</h2> |
| <p>www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltrf.pdf</p> <p>health.mo.gov/seniors/abuse.php</p> <p>health.mo.gov/safety/abuse/pdf/poster.pdf</p> <p>www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/scletter11_30.pdf</p> <p>www.nursinghomehelp.org/coaching/Reporting_Decision_Tool_2015.pdf</p> |
|  <p>Adult Abuse and Neglect Hotline 1-800-392-0210 Make a difference. Make the call.</p>   |

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