



State of Idaho

DIVISION OF VETERANS SERVICES

FREEDOM FROM RESIDENT
ABUSE, NEGLECT,
MISTREATMENT &
EXPLOITATION
POLICY & PROCEDURES
IDVS-PO-21-01

2021

FREEDOM FROM ABUSE, NEGLECT, MISTREATMENT & EXPLOITATION

1. PURPOSE

Each resident at the Idaho Division of Veterans Services, Idaho State Veterans Homes (ISVHs) has the right to be free from verbal, sexual, physical, and mental abuse; neglect; exploitation; mistreatment, including injuries of unknown source; misappropriation of resident property; involuntary seclusion, and crime against a resident. Further, each resident at the ISVHs will be treated with dignity and respect at all times.

The ISVHs follow state and federal guidelines regarding resident care and work in collaboration with the Bureau of Facility Standards, the Veterans' Administration, and local law enforcement to ensure rules and regulations regarding resident care and protection are upheld. State and federal regulations require the ISVHs to report certain events in accordance with 42 CFR § 483.12.

As such, it is the Division's policy and the responsibility of all employees, agents, students, and contractors of the facility (also referenced herein after as to "covered individuals") to immediately protect the resident(s) and report any and all alleged violations related to abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident. Reporting requirements to the appropriate officials will be adhered to including reporting to the appropriate law enforcement agency within the time frames established within this policy.

The ISVHs will take all allegations seriously by conducting proper, impartial, and thorough investigations into each alleged violation. Retaliation against an individual who reports any violation of this policy is strictly prohibited.

Compliance with this policy and the procedures within this document are required, and violation of them may lead to disciplinary action, up to and including termination of employment or inability to provide services within the ISVHs.

2. DEFINITIONS

“ABUSE,” is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

“CRIME” is defined by law of the applicable political subdivision where the Idaho State Veterans Home facility is located. The facility must coordinate with local law enforcement entities to determine what actions are considered crimes within their political subdivision. At the very least, examples of situations that would likely be considered crimes in all subdivisions would include but are not limited to physical harm, assault and battery, theft/robbery, drug

diversion for personal use or gain, fraud or forgery, identity theft, murder, manslaughter, rape, and sexual abuse.

“EXPLOITATION” means taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.

"EXPLOITATION THROUGH PHOTOGRAPHY OR VIDEOS" is the taking and use of photographs or video of residents that the resident (or their representative when they can't make their own decisions) have not granted consent or believes may be demeaning or humiliating. Taking or distributing of any photographs or video recordings of a resident or his/her private space without the resident's or designated representatives, written or verbal consent must not be done by any employees, consultants, contractors, volunteers, or other caregivers at the ISVH. Examples include, but are not limited to, staff taking unauthorized photographs of a resident's room or furnishings (which may or may not include the resident), a resident eating in the dining room, or a resident participating in an activity in the common area. Should a photograph or video recording be taken unintentionally; they must be destroyed unless the resident (or their representative should the resident be unable to consent) provides consent. While residents may give consent for taking of photographs or videos, the use of those photographs must be consistent with the consent and cannot be demeaning or humiliating. Using photographs or video recordings in ways not covered by the consent may be inappropriate. Any photograph(s)/video(s) should ideally be shared with resident or their representative prior to use to make sure they do not find it humiliating or demeaning. Staff must report to their supervisor any unauthorized (or suspected to be unauthorized) taking of photographs or videos as well the sharing of such recordings in any medium.

*Note: written or verbal consent requires the resident to understand the implications of their consent. Also, residents (or their representative if they are unable to consent) may change their consent at any time, which should be documented.

"INJURY OF AN UNKNOWN ORIGIN" are injuries (including but not limited to bruising anywhere on the body, lacerations, sprains, dislocations, or fractured bones) that should be classified in this definition category when both of the following conditions are met:

- The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and
- The injury is suspicious because of:
 - The extent of the injury, **or**
 - The location of the injury, **or**
 - The number of injuries observed at one particular point in time, **or**
 - The incidence of injuries over time.

"INVOLUNTARY SECLUSION" means separation of a resident from other residents or from his or her room against the resident's will or the will of the resident's Legal representative. Emergency or short-term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time

as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the residents' needs.

"MENTAL ABUSE" is the use of verbal or nonverbal conduct that causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. This also involves psychosocial harm including, but not limited to, extreme embarrassment, degradation as a human being, and fear or panic at the thought of the public or unknown persons accessing the information.

"MISTREATMENT" involves inappropriate treatment or exploitation of a resident.

"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.

"NEGLECT" means failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect may be the result of a pattern of failures or may be the result of one or more failures involving a covered individual and a resident(s).

"PHYSICAL ABUSE" includes hitting, slapping, pinching, biting, kicking, etc. It also includes controlling behavior through corporal punishment.

"SERIOUS BODILY INJURY" means an injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, requiring medical intervention such as surgery, hospitalization, or physical rehabilitation, or an injury resulting from criminal sexual abuse.

"SEXUAL ABUSE" is non-consensual sexual contact of any type with a resident.

"VERBAL ABUSE" may be considered a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability.

3. SCREENING, TRAINING & PREVENTION

- a. The ISVHs will not employ individuals who have been found guilty of abusing, mistreating, exploiting, or neglecting residents by a court of law or individuals who have had a finding entered into the state Nurse Aide Registry concerning abuse, mistreatment or neglect. The Idaho Board of Nursing will be contacted for information on licensed nursing applicants. The ISVHs will also refrain from employing any individual who has been prohibited from working in a long-term care facility because of failure to report a suspicion of a crime against a resident of another long-term care facility. Further, no person shall be employed at the ISVHs who disclose, is found to have been convicted, or has a withheld judgment as an adult or juvenile of any of the disqualifying offenses as described in IDAPA 16.05.06, "Criminal History and Background Checks." Criminal history checks shall be completed on

all staff employed at the ISVHs per the Division's Criminal History Background Check Procedures.

- b. To ensure residents of the ISVHs will not be subjected to any of the above defined situations (as described under Section 2) by anyone, including but not limited to, facility staff, other residents, consultants, contractors, volunteer staff, family members, friends, visitors, or other individuals, all covered individuals will be educated about this policy as part of their orientation prior to providing services to the residents. Employees are expected to be well informed of the elements of this policy and procedures. As such, it is mandatory that all new employees read this document and that they certify in writing that they have read and are familiar with its content. Contracted entities will also receive a copy of this policy.
- c. Mandatory annual training will also be provided to all employees and in-house contractors at the ISVHs regarding this policy. The content of this training shall include identifying appropriate interventions in dealing with aggressive and/or catastrophic reactions* of residents; the protection and reporting requirements of this policy and the ability to make such reports without the fear or concern of reprisal; recognizing signs of distress in others that may lead to possible abuse; and the definition of what constitutes abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident.

* "catastrophic reactions" can be defined as reactions or mood changes of the resident. In response to what may seem to be minimal stimuli such as bathing, dressing, toileting, etc., that can be characterized by unusual responses such as weeping, anger, or agitation.

Further, each resident, family member, or responsible party shall be notified in writing at the time of admission about how and to whom any suspected incident or report of abuse, neglect, exploitation, mistreatment, or misappropriation of property may be made. This information shall also include assurances that such reporting may be made without fear of retribution and that full protection shall be provided to the resident who may be the subject of alleged abuse during any investigative process that ensues.

- d. The ISVHs shall post conspicuously in an appropriate location a sign specifying the rights of employees under Section 1150B of the Social Security Act. The ISVHs will also notify covered individuals annually of their individual reporting obligations to comply with this policy and section 1150B (b) of the Act.
- e. Staffing of direct care positions shall meet or exceed state minimums at all times on all shifts. Proper supervision of those staff will include direct observations during the provision of care with special attention given to any inappropriate behavior on the part of the caregiver such as using derogatory language, rough or improper handling, ignoring legitimate requests of residents, ignoring toileting needs, etc.

- f. Careful attention will be given to all residents during the assessment and care planning processes for residents who may have special needs because of behaviors such as aggressiveness, catastrophic reactions, self-injury, nonverbal communication, or those who require heavy or total nursing care. These residents are to be viewed as especially vulnerable and deserving ongoing protection.

4. REPORTING REQUIREMENTS

- a. Any covered individual who witnesses or suspects abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident must ensure the resident(s) is safe and protected from harm, if applicable, and then "immediately"** notify the Home Administrator via telephone or text message.*

If the Home Administrator does not immediately respond, then the following team leaders within the Home's hierarchy need to be contacted via telephone or text message* until verbal contact is made by telephone or a text message* response is returned from one of these team leaders:

- Deputy Home Administrator (Boise only)
- DNS
- RN Manager
- Social Worker

In addition, immediately after notifying the Home Administrator (or team leaders), as described above, the covered individual must also contact their direct supervisor via phone call or text message* concerning the matter. The direct supervisor will then immediately notify the DNS.

* *Note:* all text messages should be done without providing any PHI in the content of the text messages or in the voicemails.

** "immediately" in the above-described situations means that the covered individual must not wait until the end of a shift before reporting the matter. This notification must be done as soon as the covered individual is made aware of the alleged violation or has a reasonable suspicion of an alleged violation. The covered individual must, however, first ensure the resident(s) is safe and protected from harm, if applicable.

Prior to departing the facility for the day, the covered individual shall also fill out the golden colored form titled, *Suspected Abuse, Neglect, Mistreatment & Exploitation Witness Report*, and provide it to the DNS, RN Manager, Social Worker, Deputy Home Administrator (Boise only) or Home Administrator. This form is located on each nursing unit. All statements must include specific times, places, staff/residents, what was said and by whom, and what was seen, in chronological order. If the incident involved equipment/furnishings/supplies/environmental factors, the statement should also include notations on whether the equipment was properly functioning, where it was located, if the floor was wet or dry, if the room was cluttered, if supplies were not available, and so on.

- b. The above-described notifications activate the Abuse Response Team convening, which consist of at least the Home Administrator, Deputy Home Administrator (Boise only), DNS, unit RN Manager, and Social Services Worker. The Home Administrator may determine if additional team members are also needed as part of the Abuse Response Team. Each member of the Abuse Response Team will immediately ensure the facility has provided protection for the identified resident(s), that all members of the Abuse Response Team have been notified, and that this policy and procedures are being followed. The Abuse Response Team must document in writing what information was initially provided to them orally from the person who made the allegation, including the date and time when the report was received. This written documentation should be completed via email by sending the information to the Abuse Response Team and Principal Investigator. This documentation shall also be maintained as supporting evidence as part of the investigation findings.

All alleged violations will be reviewed by the Abuse Response Team to determine if state and federal reporting requirements are necessary as described below.

An alleged violation is defined as a situation or occurrence that is observed by staff, contractor, resident, relative, visitor or others but has not yet been investigated and if verified, could be noncompliance with federal requirements related to mistreatment, exploitation, neglect, or abuse, etc. It can also pertain to more than one resident. In addition, the person making a report (e.g., a resident, family member, visitor, covered employee) to the agency does not have to explicitly characterize the situation as "abuse," "neglect," "mistreatment," "exploitation," "crime," etc., in order to trigger the federal requirements at 42 CFR § 483.12. Rather, if the ISVHs could reasonably conclude that the potential exists for noncompliance with the federal or state requirements related to abuse (physical, mental, sexual, and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident, then it would be considered to be reportable and require action. For example, if an allegation is made but the resident does not allege abuse, the resident's failure or inability to provide information about the occurrence is immaterial when the abuse may be verified by other supporting evidence. Another example is when a covered individual witnesses an act of abuse but fails to report the alleged violation immediately or at all. The failure of the covered individual to report the matter timely does not support a conclusion that the abuse did not occur, and the facility would still need to meet the reporting requirement.

In some situations, the Abuse Response Team may initially evaluate an occurrence to determine whether it meets the definition of an alleged violation. For example, upon discovery of an injury, the facility must immediately take steps to evaluate whether the injury meets the definition of an "injury of unknown source." Similarly, if a resident states that his/her belongings are missing, the facility may make an initial determination whether the item has been misplaced in the resident's room, in the laundry, or elsewhere before reporting misappropriation of property. Nevertheless, if the alleged violation meets the definition of abuse, neglect, exploitation or mistreatment, the facility should not make an initial determination whether the allegation is credible before reporting the allegation.

- c. Once deemed to be reportable by the Abuse Response Team, as described above in Section 4b, the Social Services Worker will report the alleged violation to the Bureau of Facility Standards (BFS) by entering a summary of the allegation, along with the steps they took to immediately protect the resident(s), in the BFS' electronic reporting portal.

This facility reporting requirement must be completed immediately but no later than 2 hours after the allegation is made if the allegation involves actual harm or serious bodily injury, or not later than 24 hours if the events that cause the allegation did not involve abuse and do not result in serious bodily injury.

Bureau of Facility Standards' Reporting Portal www.ltc-portal.com
Bureau of Facility Standards (208) 334-6626
Bureau of Facility Standards' Facsimile (208) 364-1888

Retaliation against any individual who reports an alleged violation under this policy is strictly prohibited.

- d. If a reasonable suspicion of a crime against a resident (as previously defined in Section 2 under "Crime") has been reported, the Social Services Worker will report the suspicion to BFS' electronic reporting portal per the prescribed timing identified below.

In addition, the Abuse Response Team will also assist the covered individual in reporting the suspicion of a crime to local law enforcement.

The covered individual and facility reporting requirement for reporting reasonable suspicion of a crime must be completed immediately but no later than 2 hours after forming the suspicion if the suspicion involves serious bodily injury, or not later than 24 hours, if the events that cause the suspicion did not involve serious bodily injury.

Boise City Police Department (208) 377-6790
Lewiston Police Department (208) 746-0171
Pocatello Police Department (208) 234-6100

It is important for all covered individuals to understand that there are also significant federal personal monetary penalties associated with the failure to report a crime. If a covered individual fails to report a crime within the mandated timeframes, the covered individual may be subject to civil money penalties upwards of \$300,000 and the covered individual may be excluded to participate in any federal health care program as defined in section 1128B of the Social Security Act.

Covered individuals can use the facility form to report a suspicion of a crime. This form can be located at the end of this policy and is titled, *Reasonable Suspicion of a Crime Against a Resident Reporting Form*. There, however, is no requirement to use the form. Covered individuals can either report the same incident as a single complaint or multiple individuals

may file a single report that includes information about the suspected crime from each covered individual using the facility form.

After a report is made regarding a particular incident, the original report may be supplemented by additional covered individuals who become aware of the same incident. The supplemental information can be added to the form and must include the name of the additional staff along with the date and time of their awareness of such incident or suspicion of a crime. However, in no way will a single or multiple person report preclude a covered individual from reporting separately. Either a single or joint report will meet the individual's obligation to report.

Retaliation against any individual who lawfully reports a reasonable suspicion of a crime under this policy and section 1150B of the Social Security Act is strictly prohibited.

- e. The Abuse Response Team will verify and ensure that the Medical Director and resident's representative/family have been properly notified of the allegation.
- f. The Home Administrator or his/her designee will notify the Division Deputy Administrator and Quality Improvement Director of the allegation or suspicion as soon as practical and not later than 24 hours after receiving the information.
- g. Upon completion of the investigation, the Administrator or his/her designee is responsible for providing the final investigation report to the Bureau of Facility Standards by submitting it in the BFS' electronic portal no later than 5 working days of the alleged violation or suspicion of a crime.
- h. Failure to report in the required timeframes may result in disciplinary action, up to and including termination of employment or inability to provide services at the ISVHs.
- i. Based on the findings of the investigation, the Abuse Response Team may also determine that the matter needs to be reported to the Idaho Board of Nursing.

Idaho Board of Nursing (208) 334-3110.

5. MONITORING INCIDENT/ACCIDENT REPORTS FOR IDENTIFICATION

- a. All events which warrant reporting via the facility Incident/Accident reporting system shall be tracked so as to be able to identify suspicious events, occurrences, patterns or trends that may constitute abuse or neglect. The Abuse Response Team is responsible for monitoring this tracking system and shall determine when a preponderance of the data indicates that a violation of this policy might have occurred.

6. INVESTIGATION PROCESS

- a. Any employee under investigation for violation of this policy will be removed from the facility and may not work at any Idaho State Veterans Home until the investigation is

completed. Facility employees may be placed on Administrative Leave with Pay from employment pending the results of the investigation for up to thirty (30) days under the provisions of IDAPA 15.04.01.109.02. If necessary, the thirty (30) day suspension period may be extended with written approval from the Administrator of the Idaho Division of Human Resources. If an employee is placed on administrative leave during the investigation, the employee will be notified in writing by the Home Administrator or his/her designee explaining their leave and availability expectations during the investigation process.

- b. Regardless of whether an allegation requires federal or state reporting (e.g. an injury of an unknown source that doesn't meet the definition as described in Section 4b and 2), all allegations related to abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident, whether oral or in writing, must be thoroughly investigated by the facility under the direction and oversight of the Abuse Response Team, and in accordance with state and federal law. If determined not reportable to the BFS, the final fact-finding report (e.g., grievance resolution report) will include an explanation as to why it didn't meet the reporting criteria and be maintained and filed with the reportable alleged violations as described below in Section 6l and 6m.
- c. As soon as possible after receiving the report the Abuse Response Team will initiate the investigation process. All interviews should also be conducted as soon as possible following the time the allegation or suspicion was reported. The timing on this is essential in order to improve the accuracy of the investigative findings.
- d. Subject to rights under law, all covered individuals must participate in the investigations and comply with the Division's confidentiality requirements. See IDVS Personnel Policies & Procedures, Sections 3J- Cooperation with Investigations, 3A Confidentiality, and Section 22A and B, Due Process.
- e. The following steps will be utilized to assist in ensuring a proper, thorough, and impartial investigation is completed timely related to any alleged violation:
 - i. If the allegation is related to abuse, neglect, mistreatment, involuntary seclusion exploitation, misappropriation of resident property, or a reasonable suspicion of a crime then Social Services or designee (as determined by the Abuse Response Team) will take the lead as the Principal Investigator.
 - ii. If the reporting is an observation of an unexplained injury or it is clinically related (e.g., drug diversion for personal use or gain), the RN Manager will take the lead as the Principal Investigator.
 - iii. Any allegations which involve physical harm to a resident will be investigated by the RN Manager in conjunction with the investigation by the unit Social Worker.
 - iv. In the event the unit Social Worker or RN Manager is a witness to the incident, then another unit Social Worker or designee (assigned by the Abuse Response Team) will take the lead in completing the investigation as the Principal Investigator.

- v. The Home Administrator should not be involved in conducting the investigation since he/she is responsible for making decisions related to employee disciplinary actions.
- vi. If the matter is related to an allegation of a crime, it will be investigated by both the facility and local law enforcement.
- vii. Any persons who have first-hand knowledge of the incident must submit a signed and dated written statement to the Principal Investigator before they leave at the end of their shift. All statements must include specific times, places, staff/residents, what was said and by whom, and what was seen, in chronological order. If the incident involved equipment/furnishings/supplies/environmental factors, the written statement should also include notations on whether the equipment was properly functioning, where it was located, where furnishings were located, if the floor was wet or dry, if the room was cluttered, if supplies were not available, etc.
- viii. All written statements provided must also be followed up on by the Principal Investigator personally interviewing these persons to clarify their statement or to review information which might be conflicting to other information obtained. All interviews should conclude with asking the individual if there is anything else they would like to add.
- ix. If no person can be identified as having first-hand knowledge, the Principal Investigator must interview the floor nurse and at least two CNAs on shift at the time of the incident. If a timeframe cannot be determined for when the alleged incident occurred, then staff from each shift must be interviewed.
- x. For an employee who has been placed on paid administrative leave, the Principal Investigator and the employee's supervisor (or designee) will make arrangements to conduct a face-to-face interview at either the ISVH or the Central Support Office conference room.
- xi. Interview questions should be open-ended and not leading and the Principal Investigator should write down exact quotes from persons interviewed.
- xii. All residents involved in any allegation must also be interviewed. To the extent possible, residents with cognitive impairments should also be interviewed. Under no circumstance will the ISVHs dismiss an allegation based on a resident's cognitive level.
- xiii. It is important to note that all injuries to a resident, including those of an unknown origin, will always have a witness (i.e., the person who discovered the injury).
- xiv. For all incidents involving any injury to a resident, a copy of the incident report must also be obtained as evidence and reviewed by the Principal Investigator. The Principal Investigator shall also review any and all incident reports for this resident within the past twelve (12) months to determine if there are any patterns.
- xv. Regarding all resident injuries (to include physical abuse, sexual abuse, and injuries of an unknown origin), a secondary head-to-toe assessment will be conducted and documented by the unit RN Manager.
- xvi. Regarding resident injuries of an unknown origin, the RN Manager will also ensure that sufficient documentation is being charted in the resident's medical file to support why the unexplained injury is a reportable/non reportable incident. Details relevant to injury meeting the definition as described in Section 2 should be charted in the Notes section of the active incident report in PCC.

- xvii. For resident injuries of an unknown origin, all covered individuals should be interviewed who potentially may have come into contact with the injured resident from the time the injury was noted back to 72 hours before the injury was noted. Staff must be very specific in what they saw or heard during the time they interacted with the resident. All injuries must be specifically described regarding exact location(s), size, color, etc., and the report must include if first aide or advanced treatment was required.
 - xviii. The investigation must also include a review of the resident's medical record for any indication whether the alleged violation occurred or if there is a pattern of evidence that may suggest whether the incident occurred. A notation on the residents normal physical/psychological condition, any change in behaviors/pain levels/physical abilities or conditions must also be evaluated and documented as part of the investigation.
- f. During the investigation, at least daily, unless more frequent updates are necessary, the Principal Investigator will communicate his/her findings to all members of the Abuse Response Team and the Quality Improvement Director.
 - g. The Principal Investigator will also utilize the *Investigation Process Checklist form* found in this policy and procedures. Once this checklist is completed, a copy will be sent to the Abuse Response Team and the Quality Improvement Director. This checklist will help ensure that no information is inadvertently omitted.
 - h. The ISVHs have five (5) working days to conclude the investigation with the allegation either being verified or not verified. The Principal Investigator will formulate a detailed draft investigative report and provide it to the Abuse Response Team and the Quality Improvement Director. Documentation on the investigative report should include key pieces of the investigation findings including but not limited to:
 - Details of the activity that was occurring at the date and time of the alleged event.
 - The names, titles and statements of staff members working on the unit at the time.
 - A review of the environment
 - Specifics about the resident, including a head-to-toe assessment; any visible signs or changes in behavior; and disruption to the resident or the resident's room.
 - Statements or interviews from the witness, other residents, and the alleged violator.
 - The conclusion of the investigation and what preventative measures or corrective actions will be taken, if applicable. If employee disciplinary actions are being contemplated, the concluding statement will have a statement similar to, "Employee will remain on administrative leave while the Home Administrator consults with Human Resources concerning appropriate disciplinary action, which may include up to termination of employment."

The Abuse Response Team and Quality Improvement Director will review this report and, if needed, provide edits and/or follow-up instructions to the Principal Investigator. After following up on any of these actions and/or making the final edits, the Principal Investigator will submit the signed investigation report and any relevant supporting information to

Bureau of Facility Standards via their electronic reporting portal. This will be completed no later than the fifth (5th) day of when the investigation began.

The Home Administrator is responsible for ensuring that the investigation has been completed as described above and that the investigation report was submitted within the prescribed timeframes.

- i. Appropriate preventive measures and corrective action will be taken related to all verified findings.
- j. If at the conclusion of the investigation the alleged violating employee is reinstated to work from administrative leave, the employee will be provided with written notification by the Home Administrator outlining the results of the investigation including training, if any, necessary.
- k. If the investigation findings result in contemplated disciplinary action against an employee, the Home Administrator will consult with the Human Resources team concerning the matter and additional information and interviews may need to be obtained related to the performance concern. IDVS Personal Policies & Procedures, concerning Sections 21-Discipline and 22 A and 22B – Due Process, will be followed.
- l. If the investigation findings do not substantiate the allegation or are not verified, then the investigation will be closed by the Abuse Response Team. All documentation and supporting evidence regarding the investigation will be filed and maintained by the Home Administrator or his/her designee for a minimum of seven (7) years after the investigation is closed and then maintained per ISVH required retention procedures.
- m. If the allegation is verified, then all documentation and supporting evidence related to the investigation will be maintained as an "open" investigation until a corrective action plan has been completed and the matter has been resolved, at which time the investigation file will be filed and maintained by the Home Administrator or his/her designee for a minimum of seven (7) years after the investigation is closed and then maintained per ISVH required resident retention procedures.

11/00; Revised 10/03, 03/11, 09/11, 03/13, 03/15, 02/17, 05/17, 01/18, 06/19, 02/20, 06/21

Suspected Abuse, Neglect, Mistreatment, & Exploitation Witness Report

Give Completed form to DNS, Social Worker, or Home Administrator

The first person to suspect abuse, neglect, mistreatment, exploitation, involuntary seclusion, misappropriation of resident property or a crime against a resident, is responsible for notifying the Home Administrator by telephone per IDVS Policy. That person **MUST** contact the Home Administrator, or if unavailable, the next person in the following hierarchy:

- Home Administrator
- Deputy Home Administrator (Boise only)
- DNS
- RN, Manager
- Social Worker

* Refer to your ISVH telephone directory for contact information.

Once leadership has been notified, the initial witness **MUST** then notify their immediate supervisor who will inform the DNS.

This notification **CANNOT** wait until the end of a shift. It **MUST** be done as soon as the initial witness becomes aware of the alleged violation. However, first they **MUST** ensure the safety and protection of the resident or residents.

Reported to Administrator Yes or No Method: In person/phone/text Date/Time Notified: _____

Reported to Direct Supervisor Yes or No _____ Date/Time Notified: _____
Direct Supervisor Name

Name of Reporter/Witness: _____

Signature: _____ Date: _____

Reporter/Witness Phone #: _____

Date of Report: _____

Date & Time of Incident: _____

Location of Incident: _____

Resident(s) Involved: _____

Other Individuals Involved:
(Including Staff, Contractors, Visitors)

Resident: _____

INVESTIGATION PROCESS CHECKLIST

BFS Portal ID # _____

Purpose: To assure proper and immediate reporting and investigating of all alleged violations involving, abuse, neglect, mistreatment, including injuries of unknown source, exploitation, crime against a resident, and misappropriation of resident property as appropriate.

#	Procedure	Complete	Comments
1.	Verify to ensure the resident is safe and protected from harm		
2.	Home Administrator was Immediately notified per Policy.		
3.	Accused employee has been removed from the facility until investigation is complete-If applicable per Policy.		
4.	Other personnel to be notified:		
	(a) Director of Nursing Services		
	(b) Social Services		
	(c) RN Manager of corresponding unit		
	(d) VAMC of jurisdiction – If applicable		
	(e) IDVS Deputy Chief – Tracy Schaner		
	(f) IDVS Q.I. Director – Kirsten Gazley		
	(g) Physician / Medical Director		
	(h) Family member / Legal representative		
	(i) Ombudsman – If applicable		
5.	Report to BFS Portal no later than 2 hours or 24 hours as identified per Policy (Section 4c).		
6.	Report to law Enforcement no later than 2 hours or 24 hours as identified per Policy (Section 4d).		
6.	The Home Administrator will notify the Division Deputy Administrator and Quality Improvement Director no later than 24 hours after receiving the information.		
7.	Suspected Abuse/Neglect/Exploitation Witness Report (gold form) filled out by witness and turned into the DNS, Social Worker, Deputy Home Administrator, or Home Administrator.		
8.	The Abuse Response Team must document in writing via email what information was initially provided to them from the person who made the allegation, including the date and time when the report was received.		
9.	Assign appropriate Principal Investigator determined by the type of allegation made. <i>Refer to Section 6.e of the "Freedom from Resident Abuse, Neglect, Mistreatment & Exploitation Policy and Procedures."</i>		

10.	Signed Interviews/Statements: <i>Any persons who have first-hand knowledge of the incident must submit a signed/dated statement to the Principal Investigator by the end of shift.** For resident injuries of an unknown origin, all individuals who may have come into contact with the injured resident in the last 72 hours should be interviewed.</i>		
	(a) Alleged abused/neglected resident(s) interviewed per Policy.		
	(b) Floor nurses on unit during time of incident. <i>If a timeframe cannot be determined, nurses from each shift must be interviewed.</i>		
	(c) CNAs on unit during time of incident. <i>If a timeframe cannot be determined, CNAs from each shift must be interviewed.</i>		
	(d) Other residents involved interviewed per Policy - if applicable.		
	(e) Visitors, family, volunteers interviewed per Policy - if applicable.		
	(f) Other staff or contractors interviewed per Policy - if applicable.		
	(g) Alleged violator interviewed per Policy - if applicable.		
11.	Principal Investigator to complete in-person interviews to clarify or expand upon all written statements.		
12.	Head-to-toe Assessment conducted and documented by floor nurse on unit at time of incident- <i>Required for any resident injury</i> per Policy - if applicable.		
13.	A secondary head-to-toe assessment conducted and documented by unit RN manager- <i>Required for any resident injury</i> per Policy - if applicable.		
14.	RN manager to ensure sufficient documentation has been charted in PCC to support why an unexplained injury is reportable/non-reportable incident per Policy - if applicable.		
15.	Submit report of findings to Abuse Response Team and QI Director for review		
16.	Once approved by Abuse Response Team and QI Director, submit to Administrator for review and signature.		
17.	Administrator or his/her designee must submit the final investigation report to BFS no later than 5 working days of the alleged violation or suspicion of a crime.		
18.	Provide HR with copy of finalized report – If applicable.		
19.	File complete - investigation including supporting documentation in secure location per Policy (Section 6).		
Principal Investigator Name:			Date:

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