

INTERNATIONAL QUALITY HOMECARE CORPORATION – WISCONSIN
Vulnerable Adults, Elder Adults, and Children Policy Regarding Reporting of
Abuse, Neglect for DHS Licensed Programs

Definitions

“Abuse” means any of the following:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Treatment without consent
5. Unreasonable confinement or restraint

“Caregiver” means a person who has assumed responsibility for all or a portion of an individual’s care voluntarily, by contract, or by agreement, including a person acting or claiming to act as a legal guardian.

“Elder adult at risk” means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

“Elder-adult-at-risk agency” means the agency designated by the county board of supervisors to receive, respond to, and investigate reports of abuse, neglect, self-neglect, and financial exploitation.

“Emotional abuse” means language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonable could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.

“Financial exploitation” means any of the following:

1. Obtaining an individual’s money or property by deceiving or enticing the individual, or forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent.
2. Theft
3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities.
4. Unauthorized use of an individual’s personal identifying information or documents.
5. Forgery
6. Financial transaction card crimes

“Neglect” means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual’s physical or mental health.

“Physical abuse” means the intentional or reckless infliction of bodily harm.

“Self-neglect” means a significant danger to an individual’s physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

“Treatment without consent” means the administration of medication to an individual who had not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.

“Unreasonable confinement or restraint” includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

Purpose

1. To protect individuals who, because of physical or mental disability or dependence on home health services, are particularly vulnerable to abuse or neglect.
2. To ensure a safe living environment for vulnerable individuals who are receiving services.
3. To identify within the client's home all potential areas that might contribute to vulnerability and include corrective measures in the care plan.
4. To provide protection to individuals reporting abuse or neglect within the parameters of the law.

Policy

It is the policy of this agency to protect clients who are vulnerable to neglect, abuse, or maltreatment due to physical or mental disability. It is also our policy to comply fully with the Wisconsin Statutes and to cooperate with the State Department of Human Services or other investigative authorities in the course of any investigation regarding vulnerable persons. Staff members are aware of physical handicaps and weaknesses of the clients and are responsible for their safety and comfort at all times during the normal day. This includes assisting other staff members when acts of vulnerability occur that can only be handled with additional help and physical assistance.

All agency staff, including volunteers and temporary workers are mandated reporters. A mandated reporter is anyone who comes in contact with a vulnerable adult

All clients receiving care are considered to be vulnerable adults/ children/ elder adults at risk.

The agency will develop an individual abuse prevention plan for each vulnerable adult / elder and vulnerable minor receiving services. The plan will contain an individualized assessment of the person's susceptibility to abuse (including self-abuse), and a statement of the specific measures to be taken to minimize the risk of abuse to that person.

The individualized assessment of each client will include:

- (1) The person's susceptibility to abuse by other individuals, including other vulnerable adults; and
- (2) The person's risk of abusing other vulnerable adults; and
- (3) Statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

Procedure

ASSESSMENT:

When staff are entering a client's environment, staff should naturally assess the environment for any issues or concerns of safety. If any issues are noted, the staff should try to discuss the concern with the client and ways to reduce the risk. If the client does not want to discuss, document in the progress notes the issue and communicate with your supervisor for further follow-up.

1. Assessment
 - a) Assessment of physical environment
 1. Doors accessible and in good repair.
 2. Bed - clean, in good condition.
 3. Furniture - chairs, table, equipment appropriate to individual needs.
 4. Electrical items - lamps, cords, lights, switches (proper working order).
 5. Faucets in working order.
 6. Bathroom - toilet bowl and utensils clean and in good working order.
 7. Kitchen - refrigerator proper temp and foods fresh; garbage control; sink drain working, range clean and in good working order.
 8. Temperature of room - comfortable for client.
 9. Fire safety - evacuation plan and functioning extinguisher (check review period).
 - b) Assessment of individual
 1. Client's susceptibility to abuse by other individuals, including other vulnerable adults

2. The client's risk of abusing other vulnerable adults
 3. Physical evidence of welts, bruises, untreated sores or injuries.
 4. Injuries inadequately treated or untreated.
 5. Evidence of poor overall care.
 6. Given inappropriate food, drink or medication.
 7. Inadequate supervision.
 8. Behaviors which may be indicative of abuse or neglect, such as: excessive fear, crying, apathy, anxiety, behavioral extremes, depression.
- c) Assessment of psychosocial - cultural
1. Family history of abuse or neglect.
 2. High stress levels within the past year.
 3. Family lacks knowledge and understanding of norms and needs of vulnerable individual.
 4. Violation of rights of vulnerable individual including misuse of funds.
 5. Family lacks social support network such as neighbors, friends, and relatives.
 6. Cultural values stigmatize person with handicap, mental illness or other not defined as their "norm."
 7. Family refers to vulnerable individual in abusive or derogatory manner

INTERNAL REPORTING PROCEDURE

Any employer, or employee, or delegate of the client who has knowledge of the abuse or neglect of a vulnerable individual and has reasonable cause to believe that a vulnerable individual is being or has been neglected must verbally report said incident to the Administrator.

The mandated reporter should report the alleged maltreatment to his/her immediate supervisor (SEE BELOW FOR TIME LINE FOR REPORTING)

The supervisor will also complete an Incident Report (to be kept in a separate file from the clinical record).

The report must include:

- The name and location of the person and the program
- Nature of the maltreatment.
- Pertinent dates and times
- Any history of maltreatment
- Name and address of the alleged perpetrator
- Name and address of the reporter
- Whether or not the reporter wishes to receive notification of the initial and final reports
- Any other information that may be helpful

The report must be made immediately to the supervisor, after the mandated reporter becomes knowledgeable of the incident. The supervisor will report the incident to the Common Entry Point (CEP). It is the reporter's responsibility to ensure that the report reaches appropriate outside investigative authorities.

The written report will be on the appropriate form and will identify the vulnerable individual, person providing care, nature and extent of suspected abuse or neglect including evidence of any previous abuse or neglect, reporter's name and address in conjunction with any additional information to assist with the investigation.

The person reporting will NOT discuss the incident with anyone else.

The supervisor investigates and determines WITHIN 24 HOURS probable maltreatment, abuse or neglect or not.

If maltreatment, abuse, or neglect is suspected, a report is completed and called in to the County.

If an employee is the suspected abuser, the employee is removed from the home and will be removed from any other scheduled home care services as the supervisor investigates and determines WITHIN 24 HOURS either probable maltreatment, abuse or neglect or not.

Employee will be immediately notified that he or she is placed on temporary leave of absence while the incident is under investigation.

When probable maltreatment, abuse or neglect is indicated: the report will be processed as described in the internal reporting procedure. The supervisor will submit a written report WITHIN 48 HOURS to the Internal Control / Compliance Director who will discuss the situation with the President/CEO.

If no evidence of maltreatment is found, the suspected employee will be given written notification of such.

The reporter shall be informed when a report has been forwarded so the CEP.

The person(s) responsible for conducting the internal investigation is the Director of Compliance and/or the President/CEO and/or another designated individual by the CEO.

EXTERNAL REPORTING PROCEDURE

1. All internal reports shall be promptly reviewed by the supervisor and forwarded to the Corporate Office – Compliance Director. If the agency finds there is reason to believe maltreatment has occurred or the individual has sustained injury which is not reasonably explained, it will promptly report to the appropriate County where the client lives.

2. Agency staff have the option of bypassing internal reporting procedures and reporting directly to the County. The County will sort and refer all vulnerable adult calls and will take the information on a standard intake form. However, it is the policy of the company to have incidents are reported internally to protect the clients and the staff.
3. If an Agency employee has reasonable cause to believe that a vulnerable adult has died as a direct or indirect result of maltreatment, he/she shall report that information internally which and to the County.
4. Agency personnel should use reasonable judgment in reporting, making sure that the maltreatment is apparent, and not merely hearsay.

CONFIDENTIALITY

1. All stages of the reporting process are considered confidential information and are not to be discussed with any person not directly involved or affected by the issue. However, should any portion of the issue be brought to a court of law any or all of the information may become public.
2. Any person making a report in good faith will have immunity from any civil or criminal liability that otherwise might result from this reporting or participating in the investigation.
3. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.
4. Failure to report is a misdemeanor and exposes the non-reporter to potential civil damages.
5. Any person who intentionally makes a false report is guilty of a misdemeanor and shall be liable for any actual civil damages suffered by the reported facility, and for any punitive damages up to \$10,000 and attorney fees.

AGENCY RESPONSIBILITIES

1. To admit clients for whom care can be safely provided. Clients shall be discharged when they are in a safe environment or under the care of an appropriate caregiver or agency.
2. To do background investigations of all individuals providing direct services to clients.
3. To provide staff education regarding Vulnerable Adult Protection policy:
 - a) Education shall be included in orientation to all new employees.

- b) Inservice training shall be provided to all employees as new information becomes available.
 - c) Vulnerable adult assessments shall be reviewed during the quarterly clinical record review process.
 - d) Agency personnel shall cooperate fully with those assigned to investigate suspected adult maltreatment.
 - e) Agency personnel shall maintain client confidentiality and rights during the reporting and investigation process, as appropriate.
4. Complete report form and call report to County.
 5. Compliance Director and/or President/CEO reviews all reports and makes sure resolution has been reached.

PREVENTION

1. All personnel are required to assess each client individually to determine the client's vulnerability to abuse or neglect, and develop a specific plan to minimize the risk of abuse to that client.
2. The following clients need to be assessed:
 - a) Those who are physically frail or have severe functional limitations.
 - b) Those who show evidence of decreased mental functioning.
 - c) Those with identified environmental hazards/safety concerns.
 - d) Those who lack family support.
 - e) Those lacking basic food, clothing, shelter, health care, or supervision.
3. Preventive measures include but are not limited to:
 - a) There must be a reasonable expectation that the client's needs can be met in the client's place of residence.
 - b) Care plan - specific measures outlined following initial and ongoing assessment.
 - 1) Periodic review - to update and revise care plan.
 - c) Identify high-risk situations with interventions of teaching and referral to appropriate community agencies.
4. Staff selected to provide care to clients shall be screened and interviewed to assure they have proper qualifications, reliable references, and adequate training. Employee orientation and ongoing education will be designed to enhance the skills and knowledge necessary to provide safe, quality care to clients and to carry forth the policies dealing with vulnerable adults/children.

INDIVIDUAL CONSIDERATIONS

1. For the physically frail or clients with severe functional limitations:
 - a. Nurse observation of the client's ability to meet basic needs. For example, observe transfers, meal preparation, etc.
 - b. If there are questions regarding the client's abilities, consult with the physician, the health care team members, and the caregiver (with the client's permission).
 - c. Request a physical therapy evaluation to assess rehabilitation potential.
 - d. Establish what neighborhood and caregiver supports are available.
 - e. When independent living is no longer appropriate, help the client and caregiver with problem solving.
 - f. Arrange for paraprofessional help, based on the client's needs and existing supports.
 - g. Instruct the client on use of the 9-1-1 emergency telephone system.
2. For working with clients with decreased or decreasing mental functioning:
 - a. The assessment is important in determining whether it is safe for the client to live independently. Concerns from caregivers, friends, or health care providers are important areas to examine.
 - b. The assessment may have to take place over a period of time. For example, the nurse may monitor medication compliance and set up a reminder system for the caregiver or nurse to supervise.
 - c. The nurse/social worker may acquaint the caregiver with respite care or senior-sitting services if a client cannot be left alone in the house.
 - d. The agency staff may monitor the client's eating habits by weighing the client to see if the client has lost weight. The staff may then arrange for home-delivered meals.
 - e. The Nurse should assess whether changes in mental functioning have happened recently. Has a medical examination been done? Could medical treatment be the cause?
 - f. When the client's mental functioning is limited, include the caregiver in the problem-solving process to decide what alternatives are available. If a caregiver isn't available or if the caregiver lacks interest, refer the case to Social Services.
3. For addressing environmental hazards/safety concerns present in the home environment:
 - a. Conduct a thorough assessment of the client's living areas using visual inspection and document findings.
 - b. Educate the client to the hazards or potential problem areas that are present in his/her home environment.
 - c. Refer safety concerns, such as basic housing repair or weatherization needs to the proper community resources.
 - d. Talk with caregivers about needed repairs and safety precautions for the elderly who are not able to do the repairs (not low income).
 - e. Encourage clients to report hazards to landlords or housing inspectors.
4. For addressing the lack of caregiver support and identifying alternatives in the community to broaden the client's support base:
 - a. Arrange for a volunteer/friendly visitor.
 - b. Link the client up with community senior groups, congregate dining,
 - c. Retired Volunteer Senior Program, Home Delivered Meals.
 - d. Arrange for volunteer transportation.
 - e. Check the client's religious preferences and see what resources are available through local churches.
 - f. The Registered Nurse/Therapist can monitor on a health supervision basis.

- g. Refer the client to Social Services for supervision and/or money management services.
 - h. Assist the client in sorting through whether he/she is able to continue in his/her present living situation. Recommend possible alternatives.
 - i. When a caregiver is available, see if he/she is aware of the client's needs and encourage the caregiver to give whatever support he/she can.
5. For adults lacking basic food, clothing, shelter, health care, or supervision:
- a. Have the client screened for public assistance.
 - b. Refer the client to food shelves and Free Store for immediate food and clothing needs.
 - c. Refer the client to Social Services Intake through the client's county to meet emergency shelter needs.
 - d. Refer the client to appropriate community resources or to Social Services Intake (county) to meet emergency health care needs if no financial resources are available.