



Senior Living IQ Toolkit

| Resident Safety

Senior Living IQ Toolkit: Resident Safety

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Introduction

It goes without saying that all seniors, regardless of where they live, have the right to live free of abuse, neglect and exploitation. They have the right to live with dignity, respect and freedom of choice.

Older people, especially those living alone, physically frail, or cognitively impaired, can be targets of abuse. Fear or embarrassment may prevent some seniors from reporting the abuse. Vulnerable seniors may not know how to prevent abuse, or where to go to report it. Abuse can come in many different forms, and some seniors may not even recognize that they are victims of abuse.

Argentum has launched the Senior Living IQ initiative to develop and make available tools and resources that providers can use to address potential issues related to elder abuse. The purpose of the Senior Living IQ Program is to provide general information and guidance regarding best practices in the senior living industry. It is important to note that these materials should only be used after careful consideration of the appropriate risks and relevant circumstances for a given senior living community, and if necessary, consultation with a qualified professional.

In addition, please note that Argentum has developed the Senior Living IQ Program without particular regard to the laws or regulations of any one jurisdiction. Users are therefore encouraged to review all pertinent laws and regulations when deciding how best to use the information contained in this toolkit.

Recognition

The following individuals contributed substantially to the development of this document, sharing their knowledge, experiences and approaches for addressing issues related to elder abuse. Development of the materials contained in this Resident Safety Toolkit would not have been possible without their support.

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Part 1 – Recognizing the Different Types of Elder Abuse

How to Recognize Abuse

There are many different types of abuse. It is important that team members, residents, and family members understand the different types of abuse and how symptoms of abuse could be manifested.

Definition and Types of Abuse

Elder abuse is an intentional act, or failure to act, by a caregiver, family member, or another person in a relationship that causes or creates a risk of harm to an older or vulnerable adult. Abuse can also include a resident-to-resident scenario.

There are five types of abuse: physical, sexual, emotional/psychological, neglect, and financial.

Physical Abuse

Physical abuse is the intentional, reckless, or willful use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.

Examples of physical abuse may include, but are not limited to:

- Beating
- Biting
- Broken bones (may be in various stages of healing)
- Bruising (ex: bilateral on upper arms)
- Burning (cigar, cigarettes, or other)
- Choking
- Dislocations
- Forcing someone to remain in a chair or bed
- Hitting (hand or object)
- Kicking
- Pinching
- Pushing
- Rough handling
- Scalding
- Scratching
- Shaking
- Shoving
- Slapping
- Sprains
- Stomping
- Suffocation
- Confinement
- Non-medically directed restraints

Outcomes/behaviors associated with physical abuse may include:

- A resident not wanting a particular caregiver to provide care
- Unexplained bruises on the neck, back, stomach, or private areas
- Refusal to be in the company of others
- Withdrawal
- Flinching
- Not eating

Sexual Abuse

Sexual abuse is forced or unwanted sexual interaction (touching and non-touch acts) of any kind with or to an older adult.

Examples of sexual abuse may include, but are not limited to:

- Forced or unwanted (completed or attempted) contact between the penis and vulva, or anus
- Unwanted kisses and hugs
- Forced or unwanted penetration of the anus or genital opening by another person by a hand, or object, touching of the breast, groin, inner thigh or buttocks, either directly or through clothing
- The showing of pornographic materials, or forced witness to sex acts if committed against an incapacitated person who is not competent to give informed approval
- Videotaping or taking pictures of exposed residents

Outcomes or behaviors may include:

- Bruising around the breasts or genitals
- Unexplained sexually transmitted diseases or infections or vaginal or anal bleeding
- Bloody or torn undergarments
- A resident asking for a new caregiver

Emotional or Psychological Abuse

Emotional or psychological abuse is verbal or nonverbal behavior that results in the infliction of anguish, mental, and/or emotional pain, fear, or distress.

Examples of emotional or psychological abuse may include, but are not limited to:

- Belittling
- Controlling
- Blaming
- Cruel punishment

- Ignoring
- Intimidation
- Prohibiting or limiting access to transportation, telephone (using or receiving calls), TV remote, or food
- Seclusion from activities, family, or friends
- Scapegoating
- Terrorizing
- Threatening (such as expressing an intent to initiate nursing home placement)

Outcomes or behaviors associated that may reflect this type of abuse in residents are:

- Confusion
- Depression
- Disorientation
- Fear
- Hesitation to talk openly
- Mood changes
- Mumbling to oneself
- Non-responsiveness
- Rocking
- Withdrawal

Neglect

Neglect is the failure by the caregiver or other responsible person to protect an elder from harm, or by failing to fulfill caretaking functions and responsibilities by not meeting the needs for essential/proper medical care, personal care, nutrition, hydration, clothing, and/or shelter, which results in a serious risk of compromised health and safety.

Examples of neglect may include but are not limited to:

- Withholding of personal care or support services, food, or prescribed medications, dentures, hearing aids, and other needs
- Not being responsive to needs (such as not taking to the restroom)
- Withholding access to medical or dental care

Self-neglect is also considered a form of abuse. It is defined as the adult's inability, due to physical/mental impairments, to perform tasks essential to caring for oneself.

This can include:

- Not taking medications as prescribed
- Drug or alcohol dependency

(Note that residents have rights but cannot endanger the health or wellbeing of other residents.)

Outcomes or behaviors associated with neglect include:

- Weight loss, malnutrition, or dehydration
- Poor hygiene
- Unsanitary living conditions (such as dirt, bugs, or soiled bedding)
- No cooling or heating
- Negligent acts of omission (such as untreated bedsores, missing false teeth or bad teeth, missing glasses or hearing aids)

Financial Abuse or Exploitation

Financial abuse or exploitation is the illegal, unauthorized or improper use of an older individual's resources of funds or property by a caregiver or other person in a trusting relationship, including a family member, for the benefit of someone other than the older individual.

Examples of financial abuse may include, but are not limited to:

- ATM withdrawals without permission
- Identity theft
- Coerced property transfers
- Missing items
- Outside scams (such as requiring money to claim a "prize," phony charities, or investment fraud)
- Denial of access to benefits or assets or to supplies to conserve accounts (such as a checkbook or bank statements)
- Forgery of signatures for income checks
- Improper use of guardianship or power of attorney
- Purchases of unnecessary goods and services chosen by the caregiver and paid for by the elder for the benefit of the caregiver
- Significant withdrawals from accounts
- Not paying the resident's bills, including payment to the senior living community, mortgage, and utility bills

Outcomes and behaviors associated with this abuse include:

- Sudden change in financial condition
- Notices of non-payment for services
- Bounced checks

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Part 2 – Pre-employment Screening

Combating elder abuse begins with the use of appropriate hiring practices, and having staff screened is a necessary precaution to helping keep residents safe. State laws dictate pre-employment hiring practices.

Below are examples of best practices for pre-employment screening:

- Review the employee application. (Note: some states “ban the box” and prohibit asking about prior criminal convictions.)
- Complete a formal interview process that may include other team members and residents.
- Conduct at least two reference checks.
- Complete a multistate criminal background check, going back five years and including all states the employee lived in during that time.
- Complete a fingerprint check (if required by law).
- Complete other required screens (whether required by law or not), such as sex offender screening and drug testing.
- Conduct driver record and credit checks (if applicable to their position).
- Confirm the status of licensed/certified individuals in the appropriate state and certification registries.

While community needs are great, taking the time to appropriately screen staff before they begin work is an important commitment to quality. Always check state laws for other requirements.

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Part 3 – Training on Elder Abuse

Employee Training

Employee training should occur within 30 days of hire, annually, and after an incident.

Training should include:

- Review of the definitions and types of abuse.
- Reporting and investigating abuse requirements.
- Discussion about the signs of burnout, frustration, and stress of caregivers, and what to do to prevent a potentially abusive situation from occurring.
- Instruction on how to effectively work with dementia residents.
- Review of the community’s policies and procedures for reporting suspected abuse.
- Review of the state requirements for reporting suspected abuse (mandated reporter).
- Review of resident rights.
- Review of community house rules.
- Review of social media policies.
- Review of policies on use of personal phones during work hours.

Community Culture

Another important part of combating abuse is establishing and fostering a community culture that supports and empowers team members to speak up if they see something. This culture should be maintained and strengthened as part of the community’s orientation and training activities.

Non-employee Training

It is recommended that a modified version of elder abuse training used for employees be provided on a regular basis to residents and their family members, third-party contractors, and volunteers in the community. A critical part of this training is to make these individuals aware of legal requirements to report suspected abuse, as well as community protocols for reporting suspected abuse.

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Part 4 – Elder Abuse Reporting, Investigating & Enforcement

When first informed of suspected abuse, it is important to immediately take action.

In the event of physical/sexual abuse requiring immediate medical needs:

1. Contact 911 and ensure the resident's comfort while waiting.
2. Collect information, if possible, from the resident as you are waiting for the ambulance.
3. Do not disturb any evidence.
4. Secure the resident's health records so they cannot be tampered with.
5. Remove any unnecessary staff or other individuals from the area who are not needed as part of the process. This decreases confusion and is less traumatic.
6. Always maintain confidentiality.
7. Ensure that a nurse performs an assessment for visible signs of injury and gathers as much information as possible (prior to the ambulance arriving) and documents findings.
8. Contact local law enforcement.
9. Contact your state agency(ies) within two hours. Note that there may be more than one.
10. Notify the primary care provider, your policy and procedure chain of command, family, and other significant persons.
11. Complete your internal incident report and/or the state reporting form.

If medical needs are not immediate and for all other types of abuse:

1. Follow your policies and procedures and guidelines for state reporting.
2. Complete steps 3 through 8 from above.
3. Complete your internal incident report and/or the state reporting form.

Employee Suspensions and Terminations

The following procedures should be followed during an investigation:

- Any community staff found under suspicion will be immediately placed on suspension pending the outcome of the investigation. Substantiation will lead to disciplinary employee action, up to and including immediate termination. Law enforcement and criminal proceedings may be pursued.
- Any guest or visitor suspected of perpetrating abuse will be barred from the premises until the investigation is completed. This may include family members.
- If the employee is a licensed individual, the appropriate licensing board may be contacted.
- If it is another resident, the community executive director or designee will take steps to assess and determine appropriate action to prevent further abuse. Consideration must be given to the safety of the resident who was the target of abuse, as well as the safety of other residents in the community.
- Staff members who see abuse and don't report it, or try to cover up abuse, will be terminated. Legal action may also be taken.

Investigation

A designated point person (generally the community executive director) will document the facts gathered from interviews with all witnesses and those involved. The point person will interview the associates involved, plus all residents and team members, not just those involved in the incident.

The point person's report will include the following information:

- The name and position in the community of the person completing the report.
- The name of the resident(s) involved and whether they are aware of the report.
- Names of all persons/staff involved and what they witnessed.
- Date and time of incident.
- Location where the incident occurred.
- Resident's Social Security number (not required for all states).
- Diagnoses (not required for all states).
- Description of alleged abuse/neglect, with all specific relevant facts.
- Any injuries sustained.
- Interviews of any other witnesses.

- Medical treatment needed, and actions taken, if required.
- As an emergency, the risk of death or immediate and serious harm.
- Date and time the incident was reported to the state agencies. (If it is required that information be phoned to a hotline, document the fact that the information was phoned in and the name of the person (if any) to whom it was reported on the phone.)
- Contacts for the point person, the responsible party, physician, any other applicable state agencies, local law enforcement, and professional regulatory boards as indicated.

A person accused may or may not be asked to sign the completed report.

In completing the investigation, the point person should:

- Ensure all names are protected.
- Ask open-ended questions.
- Review state laws for requirements.
- Secure the medical record of the impacted resident to prevent modification or alteration during the investigation, reporting and follow-up.
- Document any information regarding prior incidents (resident to resident, or, caregiver to resident, or, vice versa).
- Be prepared for a follow-up by the state agency, which will most likely occur. It is critical that all information is organized and thorough.
- Conduct in-service training for your staff to put in place preventive measures.
- Ensure all persons in need of contact for your company have been contacted. This may include referral services and colleagues.
- Be proactive and follow procedures to ensure community families, residents, and staff are notified before any calls from the press or before releasing any media statements.
- Plan team and family meetings as appropriate to discuss in person and answer any questions or concerns they may have.

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Part 5 – Abuse Prevention: Pre-determinates and Coping Strategies

The demands and stress of caregiving can be taxing as a resident’s condition begins to deteriorate. The continued stress can lead to caregiver burnout, reflecting impatience by the worker, which can increase the possibility of lashing out at the residents in their care. Communities that have employees with lack of training, and/or too many responsibilities, are unsuited to caregiving or are working under poor conditions and can be at risk of abuse. Some elders are more vulnerable than others, or more likely to push beyond their caregivers’ capabilities.

The following factors don’t excuse abuse, but they do put residents at greater risk for abuse:

- The intensity of an elderly person’s illness or dementia.
- The resident and caregiver being alone together a lot of the time (consider whether 12-hour shifts are too long).
- The resident’s role, at an earlier time, as an abusive parent or spouse.
- A history of domestic violence.
- The resident’s own tendency to be verbally or physically aggressive. Offer training on difficult behaviors (e.g., bipolar residents) and how to set boundaries with difficult residents.

Routinely track and review incident reports, and look for patterns in their frequency, time of day, shift, who is involved (resident to resident, resident to staff or vice versa). A pattern may suggest a profile typical of “gerophiles,” people who prey on vulnerable seniors, who may work third shift and pick the most vulnerable time and population.

Caregivers should learn techniques that can help to prevent abuse. They include:

- An event of high stress, leave the area, take a break, and walk away. Taking a few steps away and deep breathing can make a difference. The “step away” concept is a powerful technique to incorporate in policies, procedures, and training.
- Request help if needed from other staff.
- Learn how to work effectively with behavior challenges, recognize symptoms that may create or aggravate dementia behaviors, and know commonly used medications for dementia and the effects of those medications.

- Use distraction techniques: know the resident’s “likes” and “dislikes” and verbally direct them to their “likes.”
- Discuss the level of stress with your director. When stressors begin to become unbearable, speak with your director.
- If you’re having problems with drug or alcohol abuse, get help.
- Find a form of exercise, hobby, and interests outside of work.
- For caregivers who are parents, understand that interventions with seniors are different than interventions with your children.

In addition, communities should:

- Have a mental health specialist offer a support group for team members, especially frontline caregivers, as a resource.
- Have a hotline for staff to call and report suspected abuse anonymously.
- Have a culture that encourages team members to ask for help and to speak up if they see something unusual.

Best practices include:

- Add abuse prevention as a routine meeting or to a community risk management/safety committee:
 - Include a review of incident reports in the regular agenda, while taking steps to maintain confidentiality as required.
 - Track and analyze all incident report data for patterns, ensuring a multi-level approach (including management and frontline staff).
- Incorporate findings into everyday practices and ongoing trainings.
- Have a hotline to the corporate office where anonymous tips can be made.
- Offer annual training for families and significant others.

Social Media

Social media presents special risks with vulnerable residents.

Communities should stay up-to-date on technology and include the following elements:

- Review current policies regarding cell phone usage and update them, as necessary, to include social media usage.
- Prohibit picture taking of residents using staff phones under any circumstances.
- Prohibit posting on Facebook or other social media about community events.

The purpose of the Senior Living IQ Program is to provide general information and guidance regarding best practices in the senior living industry. Users of the Senior Living IQ Program agree that action taken based in whole or part on the information provided by Argentum is an individual choice and one that should be made only after a careful consideration of the appropriate risks and relevant circumstances for a given senior living community, and if necessary, consultation with a qualified professional. Argentum has developed the Senior Living IQ Program without particular regard to the laws or regulations of any one jurisdiction, so use of the information should be done only in compliance with the laws and regulations of the jurisdiction with authority over the use. Argentum hereby disclaims any liability and responsibility whatsoever for the consequences, injuries or damages due to any action or inaction of any company(ies) and individual(s) as a result of using the information provided by the Senior Living IQ Program. Any individuals that use information provided in connection with the Senior Living IQ Program assume the risk for all use of, or reliance on, the information. All individuals and companies, by use of the information in the Senior Living IQ Program, agree NOT to take action against, or seek to hold or hold liable, Argentum for his/her/its use of the information provided in connection with the Senior Living IQ Program. As used herein the term "Argentum" shall be defined to include each its directors, officers, employees, volunteers, members and agents.

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