



## ABUSE & NEGLECT OF NURSING HOME RESIDENTS: WHAT ARE WE DOING ABOUT IT?

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## What are we talking about?

- Abuse
  - Physical, Emotional/Psychosocial, Sexual
  - Altercations/aggression between residents
- Neglect
- Misappropriation of Funds/Property



**Six Charged in Indiana Nursing Home Abuse Case**

- Felony battery and neglect
- Failure to report
- Resident has dementia

**Marshall County Nurse Arrested for Nursing Home Theft**


- Stolen Credit Card

**OIG: Nursing homes provide 'criminally poor care,' fail on care plans (OIG-02-09-00201)**

**Indiana Resident Dies After Attack at Nursing Home**

- Resident on Resident aggression

**More Can Be Done to Protect Residents from Abuse (GAO-02-312)**



## How Prevalent is ANE?

- For every 1 reported case ... 23 cases are unreported
- 1 in 10 elder adults are victims of ANE
- As many as 1 in 2 individuals with dementia are victims of ANE

*Kathleen Sebelius, Secretary, Department of Health & Human Services, speaking to the Elder Justice Coordinating Council, October 11, 2012*



## 2013 - Year of Elder Abuse Prevention



**PROTECT SENIORS**  
Take a stand against **ELDER ABUSE.**

YEAR OF ELDER ABUSE PREVENTION



## What Kind of Abuse is Occurring in LTCFs?

(2011 NORS Data)

### Nationally

- Physical Abuse – 28%
- Sexual Abuse – 7%
- Psychological Abuse – 21%
- Financial Exploitation – 7%
- Gross Neglect – 16%
- Resident to Resident Abuse – 20%

### Indiana

- Physical abuse – 48%
- Sexual abuse – 8%
- Psychological abuse – 20%
- Financial Exploitation – 8%
- Gross Neglect – 10%
- Resident to Resident Abuse – 8%



## ANE in Indiana

**Abuse** – “any physical or mental injury or sexual assault inflicted on a resident in the facility, other than by accidental means.” [410 IAC 16.2-1.1-2]

**Neglect** – “Means:

- (1) an act or omission that places a resident in a situation that may endanger the resident’s life or health;
- (2) abandoning or cruelly confining the resident;
- (3) depriving the resident of necessary support, including food, clothing, shelter, and medical care; or
- (4) depriving the resident as education as required by statute.” [40 IAC 16.2-1.1-44]

**Misappropriation of Property** – “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.” [410 IAC 16.2-1.1-41]



## Indiana Regulations

### 410 IAC 16.2-3.1-27 Abuse and neglect

- (a) The resident has the right to be free from:
  - 1) Sexual, physical, and mental abuse;
  - 2) Corporal punishment;
  - 3) Neglect; and
  - 4) Involuntary seclusion
- (b) The resident has the right to be free from verbal abuse



## Federal Regulations

Residents have the right to be:

- Free from abuse:
  - Verbal
  - Sexual
  - Physical
  - Mental
  - Corporal punishment
  - Involuntary seclusion

*42 Code of Federal Regulations §483.13*



## Facility Responsibility

Policies & Procedures	Develop & implement written policies and procedures that prohibit mistreatment, neglect, abuse, and mistreatment of property
Be Free from Abuse	Not use abuse, corporal punishment, or involuntary seclusion or employ individuals who have been found guilty of abusing, neglecting, or mistreating residents
Report	Ensure all allegations of mistreatment, neglect or abuse, and misappropriation of property are reported immediately to the administrator and other officials as required by State law (including the State survey & certification agency)
Investigate	Thoroughly investigate all alleged violations, prevent further potential abuse while the investigation is in progress, and report the results of the investigation within 5 days to the administrator and other officials as required by State law
Correct	Take appropriate corrective action if the alleged violation is verified

*42 Code of Federal Regulations §483.13*



## Impact of ANE

- Effects of ANE on residents
  - Physical injuries
  - Emotional effects – depression, fear, withdrawal
  - Loss of dignity
  - Loss of property – items of value
  - Pain & suffering
- Incidences of ANE are grossly underreported
- Costs of ANE – Medicare/Medicaid, Private dollars, Hospitalizations, Fines/Corrective Action, Legal Fees



A study done by MetLife Mature Market Institute, the National Committee for the Prevention of Elder Abuse, and the Center for Gerontology at Virginia Polytechnic Institute and State University in 2009 estimated the financial loss from abuse to be at least

**\$2.6 billion a year.**



Things that Make You Go

*Hhhhmmmmm.....*

## Effects of ANE on Residents



### Physical Abuse:

- Slapping
- Punching
- Hitting
- Burning
- Denying access to pain medication
- Pulling
- Kicking
- Pinching
- Throwing objects at the person
- Pulling hair



### Physical Abuse Indicators:

- Bruises
- Broken bones
- Tears/lacerations
- Burns
- Pain
- Fearfulness
- Withdrawal



## NIJ Bruising Study

- Physically abused elders had significantly larger bruises
- More of the physically abused elders knew the cause of their bruises
- Physically abused elders were significantly more likely to have bruises on the face, lateral and anterior surfaces of the arms, and the posterior torso

*NIJ Study, Bruising as a Marker of Physical Elder Abuse (Phase I & II)*



## Sexual Abuse:

- Unwanted sexual contact:
  - Rape
  - Molestation
  - Touching
  - Kissing
  - Fondling
- Vulgar or suggestive remarks
- Exposing genitalia



## Sexual Abuse – Indicators:

- Bloody, stained underclothing
- Bruising on external genitalia or inner thighs
- Difficulty walking or sitting
- Tears/lacerations
- Sexually transmitted diseases
- Withdrawal
- Fearfulness
- Inappropriate, unusual, aggressive sexual behavior



## Psychological Abuse

- Yelling
- Bullying
- Teasing
- Threatening
- Intimidation
- Denying access to other family, friends



## Psychological Abuse – Indicators:

- Agitation
- Confusion
- Depression
- Embarrassment
- Fearfulness
- Hesitates to speak freely or openly
- Isolation from family, friends
- Intimidation
- Poor eye-contact
- Withdrawn



## Neglect

	Leads to:
Incorrect Body Positioning	Limb contractures; Skin breakdown
Lack of Toileting/Changing Briefs	Incontinence; Agitation; Skin Breakdown
Lack of Assistance Eating/Drinking	Weight Loss; Malnutrition; Dehydration
Lack of Assistance Walking	Lack of Mobility
Lack of Bathing	Poor Hygiene; Indignity
Poor Hand Washing Techniques	Infection
Lack of Participation in Activities of Interest	Withdrawal; Isolation
Ignoring Call Bells; Cries for Help	Unmet Needs
Failure to Obtain Emergency Care	Serious health issues



## Neglect – Indicators:

- Pressure sores
- Contractures
- Dehydration
- Unkempt appearance
  - Clothes, hair, nails
- Dental issues
- Weight loss
- Decline in ADLs



**Each resident** must receive and the facility must provide the necessary care and services to “***attain or maintain the highest practicable physical, mental, and psychosocial well-being,***” in accordance with the comprehensive assessment and plan of care.

*42 CFR §483.25 Quality of Care*



A resident's abilities in activities of daily living **do not diminish unless** circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to –

- (i) Bathe, dress, and groom
- (ii) Transfer and ambulate
- (iii) Toilet
- (iv) Eat; and
- (v) Use speech, language, or other functional communication system

*42 CFR 483.25(a)(1)*



## Financial Exploitation – Indicators:

- Bills not being paid
- Not having necessities – clothing, shoes, etc.
- Gifts to staff
- Pressure from a family member/friend to sign documents “right now!”
- Resident’s personal possessions, valuables, money, credit cards go missing



## Financial Exploitation -

- Inform residents and families right away if bills are unpaid
- Make available safe places for residents to keep money, credit cards, and other valuables
- Background checks and training for staff
- Assist residents who need help, support
  - With representative payees
  - Getting a POA in place for help with finances
  - Getting access to their PNA or other funds
- Report concerns



## Impact of Dementia

- Residents with dementia significantly more likely to be victims of ANE
  - May not be able to report abuse
  - May not be believed
- More likely to be engaged in altercations with other residents, staff



## *When Abuse or Neglect Occurs: Facility Responsibilities*

- Stop the abuse right away
- Attend to the resident's immediate physical or emotional needs
- Report as required by facility policies and/or state law



## Report!

Report to:	Timeframe	Required by:
The Administrator	Immediately	42 CFR 483.13 (c )(2), 410 IAC 16.2-3.1-28(c )
ISDH	Immediately	42 CFR 483.13(c )(2), 410 IAC 16.2-3.1-28(c )
Adult Protective Services	Immediately	42 CFR 483.13(c )(2), 410 IAC 16.2-3.1-28(c ), 410 IAC 12-10-3-9
Law Enforcement	Within 24 hours	PPACA §2046
LTC Ombudsman		Strongly Recommended

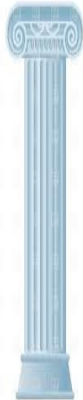


### *What to Do When Abuse or Neglect Occurs: Facility Responsibilities*

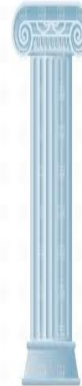
- Investigate
- Protect resident from further harm
  - Assure other residents that they are safe
- Report back to ISDH – within 5 days
- Analyze to prevent recurrence



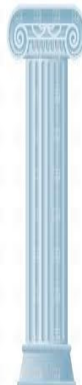
## Four Pillars of Prevention



- I. Good Care Practices**
- II. Staffing, Staffing, Staffing and Staffing**
- III. Strong Leadership**
- IV. Detailed Policies & Procedures**



## Pillar I: Good Care Practices



Achieve good care practices through:

- Resident Assessment
- Care Planning





## Case Example - 1

Mrs. Thomas has Alzheimer's Disease and needs assistance with eating. Her care plan calls for her to gain weight. At meals in the dining room, Mrs. Thomas is refusing to eat. Mrs. Thomas is clenching her teeth together and turning her head away from the CNA who is trying to get Mrs. Thomas to open her mouth. The CNA, who has several other residents to help, leaves Mrs. Thomas. She never comes back to help Mrs. Thomas finish eating.



## Case Example 1 – What to Do?

- Assessment – get at the issue
  - When does Mrs. Thomas like to eat?
  - Does she need a quieter environment?
  - Do her teeth or mouth hurt?
  - Is she having trouble swallowing?
  - Would she be more responsive another aide?
  - Would she rather something else to eat?
- Care Planning
- Evaluating the Care Plan



## Pillar II: Staffing, Staffing, Staffing, & Staffing



- There is a strong relationship between staffing levels and quality of care
- CMS Study recommended 4.1 hours of nursing care per resident per day



## Achieving Adequate Numbers of Staff

- Advocate with corporate, owners
  - Share complaints from residents, families, councils
- Reduce turnover and stabilize
  - Take measures to retain the staff you have
- Cross train all staff
- “All hands on deck!”



## Staffing: Good training

Good training gives staff:

- Knowledge
- Skills
- Competence
- Confidence

to respond appropriately to difficult situations that might arise



## Staffing: Good training

Should Be:

- Provided at time of hiring and on an ongoing basis
- Given to all staff



## Staffing: Good Training



## Case Example - 2

Mr. Peters is a young resident who is paraplegic as a result of a car accident. He repeatedly presses his call light and yells very loudly at all hours of the day and night for staff when the call light is not answered quickly enough.

Mr. Peters' roommate, who is fairly mild mannered and has moderate dementia, gets agitated and blocks his ears when Mr. Peters starts yelling.

One morning, after being woken up by Mr. Peter's yelling, the roommate gets out of bed and starts repeatedly punching Mr. Peters.



## Case Example 2 – What to Do?

- Talk to Mr. Peters – what is his need when he presses his call light?
  - Boredom?
  - Angry?
  - Frustrated?
- Care Plan for addressing and meeting Mr. Peter's needs
  - Involvement in activities, the resident council
  - Counseling?



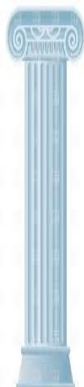
## Staffing: Consistent Assignment

- What is consistent assignment?
- How to achieve consistent assignment?





## Pillar III: Strong Leadership



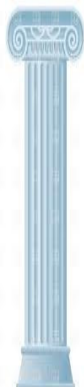
***“What a difference  
management makes!”***

## Strong Leadership

- Sends a strong message that abuse and neglect will not be tolerated
- Is very visible in the facility
- Models what it looks like to treat residents with respect
- Helps out when necessary
- Has an open door policy
- Is responsive to concerns
- Creates an atmosphere where incidents can be reported without fear or intimidation
- Takes action when someone reports abuse



## Pillar IV: Facility Policies & Procedures



### Staff Treatment of Residents:

*The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.*

42 CFR §483.13 (c)  
410 IAC 16.2-3.1-28(a)



## Facility Policies & Procedures

The Federal Interpretive Guidelines (Guidance to Surveyors) indicate that policies/procedures must cover the following as pertains to abuse:

- ✓ Screening
- ✓ Training
- ✓ Prevention
- ✓ Identification
- ✓ Investigation
- ✓ Protection
- ✓ Reporting/response



## Facility Policies & Procedures

### Screening

- Must have a procedure for screening all potential employees for a history of abuse, neglect or mistreating residents
  - Obtaining information from previous employers and/or current employers
  - Checking with the appropriate licensing boards and registries
- Conduct criminal background check – IC 16-28-13





## Facility Policies & Procedures

### Additional screening steps you can take:

- ✓ Conduct a federal criminal background check
- ✓ Ask the applicant about:
  - Their feelings about caring for elders
  - How they might react to an abusive situation
  - Their work ethic
  - How they handle stress and anger
- ✓ *Your process could include role play or asking an applicant to read a scenario and tell you what they would do.*



## Facility Policies & Procedures

- Involve staff and residents in the screening and hiring process (put that into policies)
  - Staff know best what it takes to do the job
  - Residents know what characteristics staff should have
    - You can observe how the applicant interacts and talks with residents



## Case Example - 3

Mrs. Williams has mild cognitive impairment. She has been married for 52 years and her husband has physically abused her. When Mrs. Williams comes to visit his wife in the nursing home, the abuse continues. He hits/slaps her when he gets irritated with her, such as if she doesn't agree with him or respond to him.



## Case Example 3 – What to Do?

- Talk with the resident about her rights and wishes
  - Does she want to continue seeing her husband?
  - Does she know her rights?
  - Arrange for her to talk with an abuse counselor (with her consent)
- Talk with Husband – the abuse will not continue
- Report abuse; call APS
- Explore options for protecting the resident if she wants to continue receiving visits from her husband
  - Supervised visits
  - Visits in open/public areas of the facility



## In a Nutshell – No More Elder Abuse!

### PREVENTION

- Good care practices
  - Person-Centered Care
- Staffing, staffing, staffing, staffing
  - Numbers, Training, Oversight
- Strong Leadership
- Facility Policies and Procedures
- Collaboration

### ACTION

- Take action to Stop the Abuse!
- Support/Help the Victim
- Report
- Investigate
- Remedy



## Resources

**National Consumer Voice for Quality Long-Term Care -**  
[www.theconsumervoice.org](http://www.theconsumervoice.org)

**National Center on Elder Abuse -** [www.ncea.aoa.gov](http://www.ncea.aoa.gov)

**Ageless Alliance –** [www.agelessalliance.org](http://www.agelessalliance.org)

**National Committee for the Prevention of Elder Abuse –**  
[www.preventelderabuse.org](http://www.preventelderabuse.org)

**Advancing Excellence in America's Nursing Homes -**  
[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

**Pioneer Network –** [www.pioneernetwork.net](http://www.pioneernetwork.net)

**Indiana Culture Change Coalition –** [www.indianaculturechange.com](http://www.indianaculturechange.com)





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