

PROTECTING THE RESIDENT AND STAFF IN LONG-TERM CARE FACILITIES



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WHY DOES ABUSE OCCUR AND WHAT CAN WE DO TO PREVENT ABUSE?

Situations that can lead to Abuse or Neglect

- Lack of training
- Failure to know how to recognize the warning signs
- Failure to be sensitive to cultural diversity, ethnic differences and language barriers
- Speaking to residents in a language other than the resident's native language -- residents can become upset and combative when staff speaks in a language in which the resident is not proficient which can then lead to an escalating confrontation.
- Engaging in personal cell phone conversations while on duty; this too can lead to an escalating confrontation between residents and staff.
- Stress in the personal life of the caregiver
- Understaffing
- Poor morale
- Residents who engage in challenging behaviors

Dealing with Risk Factors

Providing proper training is essential. GNAs do a substantial majority of one-on-one care with nursing home residents. GNAs should be educated regarding new practices in the industry. Education and communication are the keys to intervention.

- Abuse and neglect can sometimes result when the risk factors identified above are not addressed in a timely manner.
- Management needs to learn about the signs of abuse and neglect and act promptly to address any issues.
- Managers and supervisors need to understand who their employees are and what motivates them.
- Managers and supervisors need to recognize everyone has the same goal: taking care of the residents.
- Everyone has bad days; anyone who sees a caregiver having a tough time should offer assistance.

- Managers and supervisors must understand that the attitude of the employee impacts both other caregivers and residents. Early intervention when an employee demonstrates a poor attitude can prevent a more serious situation from developing.
- Managers and supervisors must train caregivers how to deal with residents who engage in challenging behaviors.
- Managers and supervisors must train caregivers in all relevant medical information that impacts care.
- Supervisors should be mentors, not just disciplinarians, and should recognize when a staff member needs re-education or mentoring.

The Warning Signs of Caregiver Stress

- Declines in work performance
- Complains to other staff members about hating work
- Feels overwhelmed by work
- Seems to be drowning in life's problems
- Misses work often
- Becomes rude and disrespectful to residents, staff, and management
- Believes the residents are the cause of their problems
- Becomes agitated because of unrealistic expectations, by residents or staff
- Possibly has an active problem with alcohol or drugs
- Possibly lives in a home environment that is abusive
- Consistently lies and does not show any guilt when confronted
- Shows signs of bizarre behavior

APPLICABLE MARYLAND LAW ON ABUSE/NEGLECT OF A VULNERABLE ADULT

Definitions (Maryland Annotated Code, Criminal Law Article, Section 3-604)

Abuse – Sustaining of physical pain or injury by a vulnerable adult as a result of cruel or inhumane treatment or as a result of a malicious act under circumstances that indicate that the vulnerable adult’s health or welfare is harmed or threatened

Neglect – Intentional failure to provide the necessary assistance and resources for the physical needs of a vulnerable adult

Vulnerable adult -- an adult who lacks the physical or mental capacity to provide for the adult’s daily needs

Caregiver – person under a duty to care for a vulnerable adult because of a contractual undertaking to provide care

Serious physical injury – physical injury that creates a substantial risk of death or causes protracted serious disfigurement, loss of the function of any bodily member or organ or impairment of the function of any bodily member or organ

Sexual abuse includes incest, rape, sexual offense in any degree, sodomy and unnatural or perverted sexual practices.

Crimes most commonly charged (Maryland Annotated Code, Criminal Law Article)

CRIME	STATUTE	ELEMENTS	PENALTIES	EXAMPLES
Abuse or neglect of a vulnerable adult in the first degree	Section 3-604 Felony	Caregiver may not cause abuse or neglect that results in death, causes serious physical injury or involves sexual abuse	Up to 10 yrs imprisonment or fine not exceeding \$10,000 or both	Sexual coercion or touching; failure to supervise individual in geri-chair in bath, resulting in drowning; failure to test bath water, resulting in serious scalding to patient
Abuse or neglect of vulnerable adult in the second degree	Section 3-605 Misdemeanor	Caregiver may not cause abuse or neglect	Up to 5 yrs imprisonment or fine not exceeding \$5,000 or both	Slapping, pinching, punching, kicking, spitting, biting, force-feeding, pushing, failure to change adult diapers on a regular basis
Assault in the first degree	Section 3-202 Felony	A person may not intentionally cause or attempt to cause serious physical injury to another	Imprisonment not exceeding 25 yrs	Causing or attempting to cause serious physical injury, strangulation, use of a deadly weapon to cause serious injury
Assault in the second degree	Section 3-203 Misdemeanor	A person may not commit an assault (which means assault, battery, and assault and battery)	Imprisonment not exceeding 10 yrs or a fine not exceeding \$2,500 or both	Slapping, pushing, punching, pinching, grabbing harshly, threatening imminent physical harm
Reckless Endangerment	Section 3-204 Misdemeanor	A person may not recklessly engage in conduct that creates substantial risk of death or serious physical injury to another	Imprisonment not exceeding 5 yrs or a fine not exceeding \$5,000 or both	Leaving a disabled individual in a locked, hot vehicle without required supervision; intentionally withholding prescribed medication from a vulnerable adult; failing to provide supervision to a vulnerable adult who requires constant one-on-one monitoring
Sex offenses	Sections 3-301 to 3-313 (misdemeanors and felonies)		Various	Unlawful touching of intimate body parts; rape; forced sexual acts; sexual contact or acts with a person who is not competent to consent to such contact or acts

RESIDENT AGGRESSION

What are Potential Causes of Aggressive Behavior on the Part of a Resident?

- Stress
- Medication issues
- Pain
- Frustration
- Physical Environment
- Fear
- Feeling of isolation
- Loss of cultural community
- Sick
- Constipation
- Fatigue
- Despondency

How to Respond to a Resident's Aggressive Behavior

- Stay calm.
- Do not argue or disagree.
- Take time to listen to what the resident is telling you.
- Read the resident's body language.
- Offer a compromise.
- Get another person to intercede.
- Avoid physical contact during this behavior.
- Leave the room and come back later.
- Tell the charge nurse of the situation.
- Get other residents and staff out of harm's way.
- Do not force your will on the resident.
- Never get caught up in a shouting match.
- Do not throw objects.
- Do not push, slap, pinch, kick or choke.
- Do not make threats of punishment or deprivation, e.g. *"If you don't get up now, you don't get to eat today."*

WHAT ARE THE SIGNS OF ABUSE AND NEGLECT?

Possible Indicators of Physical Abuse

- Unusual or recurring scratches, bruises, skin tears, welts
- Bilateral bruising (bruises on opposite sides of the body)
- “Wrap around” bruises
- Injuries caused by biting, cutting, pinching or twisting of limbs
- Burns
- Fractures or sprains
- Injuries that are incompatible with explanations
- Intense fear reaction to people in general or certain individuals in particular
- Signs of excessive medication
- Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - For punishment
 - For a period beyond that for which the medication was ordered
 - For any purpose not ordered by the physician

Note: These descriptions are not necessarily proof of abuse but may be clues that a problem exists.

Examples of Physical Abuse

- A resident spits at a caregiver as she feeds the resident breakfast. In retaliation, the caregiver spits on the resident's face and yells, “Don't you ever spit at me again!”
- A resident refuses to get out of bed when encouraged with a gentle approach by a nurse to attend an activity session. The nurse then forcefully pulls the resident from a reclining to an upright position in his bed, pushes him out of his room, as the resident screams and cries to be left alone.
- A male employee is observed kissing and fondling the breasts of a resident with Alzheimer's disease.
- While two nursing assistants are replacing the restraints used for a resident with a brain injury, the resident grabs the shirt of one of the assistants. When the resident refuses to let go, the assistant slaps the resident's hands.

- After soiling her clothes and bedding, a resident is taken into the shower by a nursing assistant. The resident suffers from dementia and struggles with the assistant. The frustrated assistant sprays ice cold water directly into the face of the resident.

Possible Indicators of Neglect

- Skin disorders or untreated rashes
- Unkempt, dirty, matted or uncombed hair or an unshaven face
- Neglected and/or severe bedsores
- Signs of dehydration, malnutrition or sudden weight loss
- Soiled bedding or clothing
- Inadequate clothing
- Hunger
- Absence of, or failure to, give prescribed medication
- Lack of necessary dentures, hearing aids or eyeglasses
- Untreated or unattended medical conditions

Note: These descriptions are not necessarily proof of neglect but may be clues that a problem exists.

Examples of Neglect

- A resident who uses a wheelchair is taken to the bathroom and told by the caregiver to call when she is ready to return to her room. The resident rings the call bell and no one answers in a reasonable amount of time. Frustrated, the resident tries to get into her wheelchair by herself and falls, fracturing her hip.
- A resident repeatedly uses a call bell to attempt to get attention. After several trips to the resident's room, the caregiver unplugs the call bell so the resident can no longer use it.
- A resident with a long history of wandering outside of the facility is not adequately supervised. The resident leaves the facility undetected by the staff. The resident is discovered later that day drowned in a nearby stream.
- A caregiver fails to assist a resident who needs assistance eating, or a caregiver, for his own convenience, takes food away from a resident who has not yet finished.
- The resident's dentures were stolen, and the resident has not been taken to a dentist to get replacements.
- A caregiver falls asleep or is intoxicated while on duty, so a resident is left unattended.
- A resident is allowed to remain covered in feces or urine-soaked undergarments all night.

Signs that May Indicate a Resident Has Been Sexually Abused

- Unexplained difficulty walking or sitting
- Sudden emotional withdrawal
- Bruising and/or thumbprints on the inner thighs
- Bruising on genital area, buttocks, and/or breast
- Unexplained vaginal and /or anal bleeding
- Unexplained sexually-transmitted disease
- Unexplained genital infection, genital irritation
- Genital injury and/or redness
- Presence of sperm in the vagina or anus
- Unexplained pregnancy
- Torn, stained, or bloody underclothing
- Stained or bloody sheets
- Rope burns on wrist and/or ankles
- Exhibiting unexpected fear, stress, anxiety
- Combative reaction when a particular staff member approaches to help bathe, dress, or toilet the resident

Note: These descriptions are not necessarily proof of sexual abuse but may be clues that a problem exists.

What Should You Do if You See Any of the Signs or Abuse or Neglect?

If you see these possible signs of abuse or neglect, do not disturb the area or dispose of anything from the area. Make the proper notifications of your suspicions, and let the trained investigators do the follow-up.

HOW TO COMMUNICATE WITH RESIDENTS

Effective Communication with Individuals with Hearing Impairments

- Ask the person if he or she would prefer to use written communication, a picture chart, word chart, or a sign language interpreter.
- Arrange the room where communication will take place so that the speaker and listener are completely visible to each other.
- Concentrate lighting on the speaker's face for greater visibility of lip movements, facial expressions, and gestures (making sure the lighting is not glaring).
- Position yourself directly in front of person to whom you are speaking.
- Do not stand in front of a light source such as a window or doorway.
- Speak to the person from a distance of no more than 6 feet, but no less than 3 feet.
- Use a light touch on the arm or shoulder to get the person's attention.
- Establish eye contact before you begin to speak.
- Speak slightly louder than you normally would, but do not shout.
- Speak clearly at your normal rate, but not too quickly.
- Use short, simple sentences.
- Keep language concrete.
- Eliminate as much background noise as possible.
- Never speak or shout directly into the person's ear.
- Point and use gestures, demonstrations, pictures, communication chart, and facial expressions when needed.
- Provide the resident with tools to communicate, e.g. highlight with yellow highlighter any written questions or information needed from the resident.

Effective Communication with Individuals with Dementia

- Approach from the front, retreat backwards or sideways from the room.
- Introduce yourself with a smile.
- Explain why you are there.
- Talk slowly.
- Make sure you can be seen and heard.
- Stand, sit or kneel so you have eye-to-eye contact at the listener's level.
- Give one-step directions.

- Point and use gestures, demonstrations, pictures, communication charts, and facial expressions, as needed.
- Provide the resident with tools to communicate, e.g. highlight with yellow highlighter any written questions or information needed from the resident.
- Use different phrases until you are understood.
- Exercise patience and a pleasing tone.
- Listen, acknowledge and include the resident, even when the resident cannot carry on a conversation.
- Reassure and comfort.
- Acknowledge the listener's emotions.
- Validate the listener's feelings.
- Never argue.
- Step into the listener's reality.
- Reminisce, use old photograph albums, old songs, and old movies; talk about the old days.
- Stay calm.
- Remember no two people are the same.
- Remember that reasoning frequently does not work with people who have dementia.
- Do not be too quick to dismiss what a resident is telling you.
- Watch the listener's facial expressions, body language and listen to his or her tone of voice.
- Show you are listening by making eye contact and using appropriate body language.
- Be attuned to the resident's feelings.
- Call the person by name and give your name as often as necessary.
- Keep sentences short, simple and specific.
- Offer choices, but keep them simple.
- Make the resident feel safe and comfortable during the interview.

WHO IS REQUIRED TO REPORT SUSPECTED ABUSE OR NEGLECT?

Maryland law requires any person who suspects that an individual with developmental disabilities has been abused promptly shall report the alleged abuse to the executive officer or administrative head of the licensee that is providing services to that individual. (Maryland Annotated Code, Health General Article, Section7-1005(b))

Maryland law also requires that any person, or any employee of a facility that is providing services to individuals authorized by the Department of Mental Hygiene, who receives a complaint of abuse, or who observes or has reason to believe abuse has occurred, shall promptly report the alleged abuse to an appropriate law enforcement agency, or the administrative head of the facility providing said services. (Maryland Annotated Code, Health General Article, Section10-705(b))

Finally, Maryland law requires that any person who believes that a resident of a facility that provides comprehensive or extended health care has been abused shall report promptly the alleged abuse to an appropriate law enforcement agency, the Secretary of the Department of Health and Mental Hygiene, or the Department of Aging. An employee of the said facility who fails to report alleged abuse within three days is liable for a civil penalty of not more than \$1,000.00. (Maryland Annotated Code, Health General Article, Section19-347(b)).

Reports may be oral or written.

Persons, other than the abuser, who make reports of alleged abuse in good faith, are protected from civil liability for making such reports and for participating in judicial proceedings arising out of such reports. (Maryland Annotated Code, Courts and Judicial Proceedings Article, Sections 5-625, 626 and 631)

**Although mandated reporters are not required to report suspicions of
abuse or neglect to the Maryland Medicaid Fraud Control Unit, anyone
may also contact the Maryland Medicaid Fraud Control Unit at:**

410-576-6521

410-576-6314 (fax)

Medicaidfraud@oag.state.md.us

APPENDIX

Communication and Picture Charts

A B C D E F G
H I J K L M N O P Q
R S T U V W X Y Z
1 2 3 4 5 6 7 8 9 0

DIRECTOR OF NURSING ADMINISTRATOR

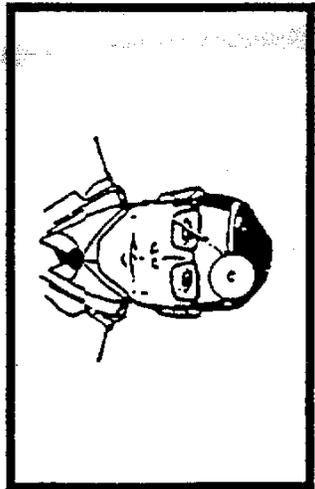
CHARGE NURSE NURSING ASSISTANT

AND OR IS THE THAT THEY SHE HE
SAID WHEN WHERE WHO HOW HARD
PUNCH HIT SEXUAL MAN WOMAN

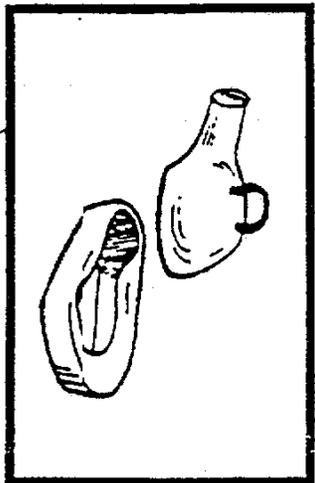
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AFTERNOON	12 NOON-3PM
EVENING	3PM-12 MIDNIGHT
EARLY MORNING	12AM-7AM



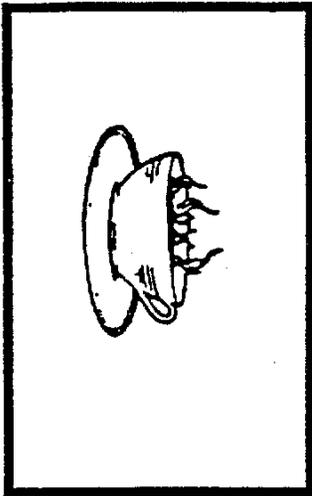
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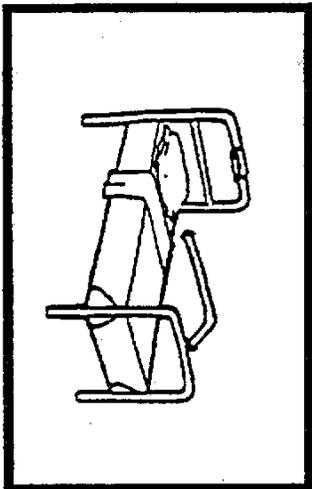
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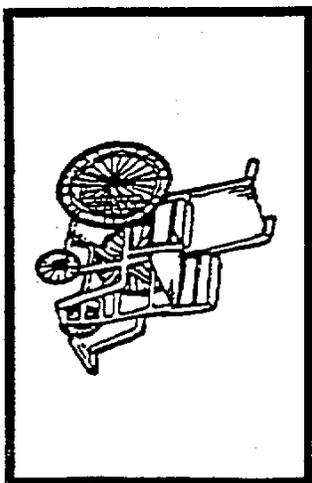
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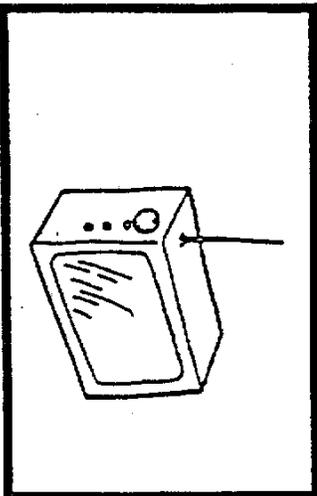
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bed



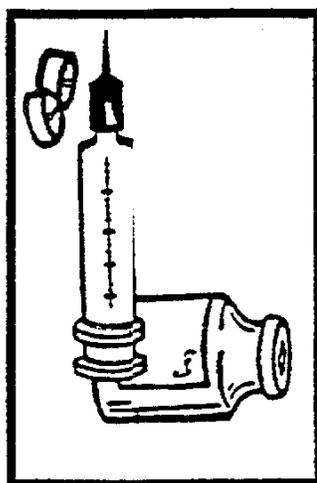
wheelchair



T.V.



pillow



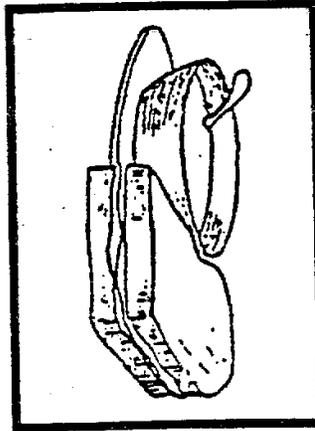
medicine



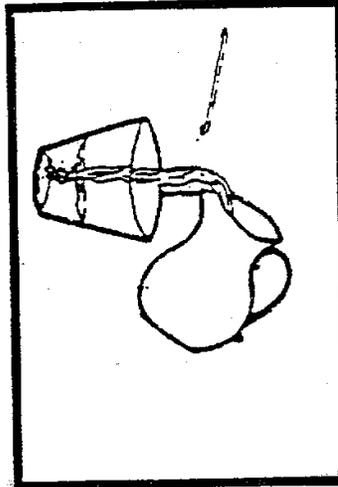
HOT



COLD



HUNGRY



WATER

