



TITLE:	ABUSE AND NEGLECT REPORTING	POLICY 22.01
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Authority: [RCW 74.34, Abuse of vulnerable adults](#)
[RCW 18.20.185, Complaints, toll free telephone, investigation rules](#)
[WAC 388-78A-2600, Policies and Procedures](#)

Reference: Trouves Policy Prevention of Abuse and Neglect Program
[Electronic reports of Abuse and Neglect](#)

PURPOSE:

This policy outlines mandatory reporting requirements and the process for reporting all alleged, suspected or witnessed abuse, neglect, abandonment, and/or exploitation of residents at Trouves Health Care.

SCOPE:

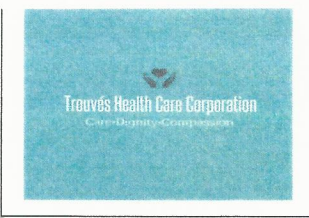
This policy applies to all Trouves Health Care employees, volunteers, and any person or entity working under contract or license with the Trouves.

DEFINITIONS:

Abandonment: Action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care [RCW 74.34.020\(1\)](#).

Abuse: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult and improper use of restraint against a vulnerable adult which have the following meanings:

- (a) **Sexual abuse** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under [RCW 71A.12](#), and a vulnerable adult living in that facility or receiving service



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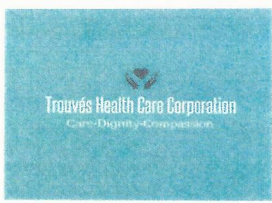
from a program authorized under [RCW 71A.12](#), whether or not it is consensual.

- (b) **Physical abuse** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.
- (c) **Mental abuse** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.
- (d) **Personal exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- (e) **Improper use of restraint** means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under [RCW 71A.12](#); (ii) is not medically authorized; or (iii) otherwise constitutes abuse under [RCW 74.34.025](#).

Chemical restraint: The administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

Financial exploitation: The illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;



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- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

Mandated reporter: An employee of the department (i.e., DSHS); law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter [18.130 RCW](#).

Neglect: (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under [RCW 9A.42.100](#).

Vulnerable adult: A person who:

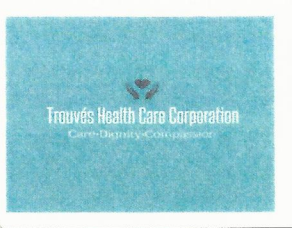
- (a) Is 60 years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (b) Is Found incapacitated under chapter [11.88 RCW](#); or
- (c) Has a developmental disability as defined under [RCW 71A.10.020](#); or
- (d) Admitted to any facility; or
- (e) Is Receiving services from home health, hospice or home care agencies licensed or required to be licensed under chapter [RCW 70.127](#); or
- (f) Is Receiving services from an individual provider; or
- (g) Who self-directs his or her own care and receives services from a personal aide under chapter [RCW 74.39](#).



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POLICY:

- A. Trouves Health Care will deliver quality care and treatment services to residents in an environment that is free of abuse and neglect. State law prohibits abuse and neglect of vulnerable adults and will not be tolerated.
- B. All Trouves employees, volunteers, and any person or entity working under contract or license are subject to mandatory reporting laws and must report alleged, suspected or witnessed abuse, neglect, abandonment, and/or exploitation of residents ([RCW 74.34](#)).
- C. Upon knowledge of or witnessing alleged or suspected abuse, neglect, abandonment, and/or exploitation of a resident, the reporter will:
 - 2. Complete an oral report immediately to DSHS by calling the Abuse and Neglect Reporting Hotline 1-800-652-6078;
 - 3. Notify their supervisor; and
 - 4. Complete incident report.
- D. Employees who fail to report suspected resident abuse, neglect, abandonment, and/or exploitation may be subject to disciplinary and/or criminal action (RCW 74.34.130).
- E. All allegations of resident abuse, neglect, abandonment, and/or exploitation will be investigated.
- F. The Trouves Health Care Director or designee must be notified of all allegations when:
 - 1. The alleged perpetrator has unsupervised access to residents; and
 - 2. A referral for an investigation is accepted by local law enforcement or the Washington State Patrol (WSP); or
 - 3. There are founded or substantiated allegations.



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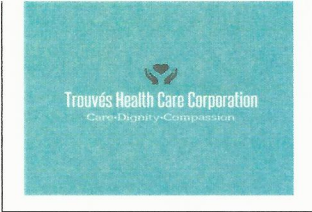
PROCEDURES

- A. The reporter documents the following information in the resident’s record:
 - 1. A brief summary of the allegation of abuse, neglect, abandonment and/or exploitation and pertinent clinical findings.
 - 2. The documentation must include:
 - a. Date and time;
 - b. Who notified whom (do not include employee or resident names in the resident record);
 - c. List of who has been notified: and
 - d. Actions taken.

- B. The Director or designee (i.e., the first supervisor who takes the report) will:
 - 1. Protect the safety and rights of the resident, which may include removal of the alleged staff until an expedited review is completed.
 - 2. Verify local law enforcement has been informed of the alleged incidents of abuse and neglect.
 - 3. Ensure reporting of resident abuse occurs, including notification to the Department of Health (DOH) of alleged resident abuse or neglect by Licensed, Registered or Certified staff.
 - 4. At the conclusion of the investigation, initiate review of facts for corrective or disciplinary action if indicated.

- C. Suspected Resident Abuse Discovered on Admission

Upon knowledge of or witnessing alleged or suspected abuse, neglect, abandonment, and/or exploitation of a resident that occurred prior to the resident’s admission to Trouves Health Care, the reporter will:



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1. Complete an oral report immediately to DSHS by calling the Abuse and Neglect Reporting Hotline at 1-800-652-6078;
2. Notify their supervisor; and
3. Complete Incident Report , including the following information:
 - a. Name and address of the person making the report;
 - b. Name and address of the facility they came from;
 - c. Name and address of the resident’s relatives having responsibility for the resident;
 - d. Nature and extent of the injury or injuries;
 - e. Nature and extent of the suspected neglect;
 - f. Nature and extent of the suspected sexual abuse;
 - g. Any evidence of previous injuries, including their nature and extent; and
 - h. Any other information which may be helpful in establishing the cause of the resident’s death, injury or injuries, and the identity of the perpetrator(s).

EXCEPTIONS:

No exceptions to this policy may be granted without the prior written approval of the Director.

SUPERCEDES:

None