



Reedsburg Area
Senior Life Center
Ridgeview Terrace LTC
Ridgeview Place

CAREGIVER MISCONDUCT-ABUSE, NEGLECT, MISAPPROPRIATION OF PROPERTY AND INJURY OF UNKNOWN ORIGIN PROTOCOL

Purpose: To safeguard residents/tenants from abuse, neglect, misappropriation of property and injury of unknown origin. To provide information about reporting, conducting an investigation and documenting investigative findings. Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. Because the federal definitions do not specify that the incident has to involve a caregiver, nursing homes are required to submit allegations of mistreatment by anyone, including resident-to-resident incidents, **immediately (within 24 hours)** to DQA.

Policy:

- Per CMS direction, all nursing homes must report **all alleged violations** involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property **immediately** within 24 hours to the facility administrator and to the Division of Quality Assurance (DQA). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further incidents while the investigation is in progress. The results of all investigations must be reported to the administrator and to the DQA Office of Caregiver Quality (OCQ) within 5 working days of the incident. Additionally, if the alleged violation is verified, the facility must take appropriate corrective action.
- It is the policy of RASLC that the rights of residents/tenants entrusted to this facility for care shall always be respected, and, in addition, the reporting, investigating, notification and posting requirements of both Federal and State law will be met. Alleged violations to Resident/Tenant Rights are immediately reported and investigated.
- Incidents of injury of unknown origin will be immediately investigated to identify possible cause or pattern of injuries and to rule out covert cases of possible resident/tenant mistreatment.
- RASLC will not employ individuals who have been convicted of abusing, neglecting or mistreating individuals.
- Facility has “zero tolerance” approach to caregiver misconduct/abuse, neglect, and misappropriation of property.

Supportive Data:

- A. BQA Memo: Nursing Home Requirements for Alleged Incidents of Abuse, Neglect and Misappropriations.
- B. State and Federal Regulations:
 1. 42 CFR 483.13(b): “The resident/tenant has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.”

2. 42 CFR 483.13(c)(2): The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident/tenant property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).
3. 42 CFR 483.13(c)(4): The results of all investigations must be reported to the administrator or his designated representative; to BQA and other officials in accordance with State law (including to the State survey and certification agency) immediately, not to exceed 24 hours after discovery of the incident, and if the alleged violation is verified appropriate corrective action must be taken.
4. 42 CFR 483.13(c)(1)(iii): An aide or other facility staff found guilty of neglect, abuse, or mistreating residents/tenants or misappropriation of property by a court of law, must have his or her name entered into the nurse aide registry, or reported to the licensing authority, if applicable. Further, if a facility determines that actions by a court of law against an employee are such that they indicate that the individual is unsuited to work in a nursing home (eg. Felony conviction of child abuse, sexual assault, or assault with a deadly weapon), then the facility must report that individual to the nurse aide registry (if a nurse aide) or to the State licensing authorities (if a licensed staff member). Such a determination by the facility is not limited to mistreatment, neglect, and abuse of residents/tenants and misappropriation of their property, but to any treatment of residents/tenants or others inside or outside the facility which the facility determines to be such that the individual should not work in a nursing home environment.
5. Wisconsin Statute 146.995 provides that any person licensed, certified or registered by the state . . . reporting in good faith . . . and any in-patient health care facility that employs the person who reports . . . a wound believed to have occurred as a result of a crime . . . are immune from civil and criminal liability that may result because of the report.

**Misconduct
Definitions:**

1. Caregiver Misconduct – defined as abuse, neglect, misappropriation of property, injury of unknown origin; failure to follow policies/procedures; failure to follow resident/tenants individualized plan of care.
2. See following pages for definitions of abuse, neglect, misappropriations and injury of unknown source.

ABUSE

Abuse - the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

This includes the deprivation by an individual including a caretaker, of goods or services (where necessary to retain or maintain physical, mental and psychosocial well-being).

This presumes that instances of abuse of all residents, even those in a coma, cause physical harm or pain or mental anguish.

Includes depriving an emergency room to residents or their families, their hearing distance, regardless of their age, comprehension, or disability. Examples of verbal

- Includes hitting, slapping, includes controlling behavior

- Mental abuse - includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Note: In the absence of evidence of abuse, it is necessary to be "willful" and that it seems to have caused physical or psychosocial harm to the resident or would be expected to have caused harm to a "reasonable person" if the resident cannot provide a response.

of "willful" passage refers to... Under Resident-to-Resident... resident (including a resident) who... upon... should be... 42 CFR 483.13(b) or F228.

that he/she knew or should have known could harm, pain or mental anguish. Even though a... cognitive impairment, he/she could still

An act or repeated acts by a caregiver or hospital... resident, including but not... confinement, beat, or... contrary to the state's policies... and... treatment plan... intentionally to cause harm, does any of the following:

- a. Causes or causes reasonably pain or injury to a child or... does not comply with... 42 CFR 483.13(b)
- b. Substantially... rights... 42 CFR 483.13(b)
- c. Causes... harm... function... withdrawal... combination of these... does not apply... prohibited

conduct of failure to good performance... ty, respect, insubordination, or ordinary... isolated instances, or good faith error in

MISCONDUCT DEFINITIONS

	<p>An intentional omission or intentional course of conduct by a caregiver or a nonclient caregiver, including but not limited to or abandonment, and through part of the office carelessness negligence, does any of the following:</p> <ul style="list-style-type: none">a. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client.b. Substantially obstructs a client's rights or caregiver's duties.c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning or regression, such as death or a prohibition paragraph does not apply to permissible restraint, isolation or confinement implemented by order of a court or as permitted by statute. <p>Neglect is the intentional carelessness, negligence, or disregard of policy, or care plan, which causes, or would be reasonably expected to cause pain, injury, or death.</p>
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MISCONDUCT DEFINITIONS

Federal Language
42 CFR 483.201

MI Caregiver Law
Ch. DHS 13

ABUSE

Abuse – the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

This includes the deprivation by an individual including a caretaker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.

This presumes that instances of abuse of all residents, even those in a coma, cause physical harm or pain or mental anguish.

- Verbal abuse – the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.
- Sexual abuse – includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
- Physical abuse – includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
- Mental abuse – includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Note that the federal definition of abuse indicates that the act needs to be "willful" and that it needs to have resulted in physical or psychosocial harm to the resident or would be expected to have caused harm to a "reasonable person" if the resident cannot provide a response.

For a definition of "willful," please refer to the interpretive guidelines at F223 where, under Resident-to-Resident Altercations, it notes: "An incident involving a resident who willfully inflicts injury upon other resident should be reviewed as abuse under the guidance for 42 CFR 483.13(b) at F223.

"Willful" means that the individual intended the action itself that he/she knew or should have known could cause physical harm, pain or mental anguish. Even though a resident may have a cognitive impairment, he/she could still commit a willful act."

ABUSE

1. An act or repeated acts by a caregiver, prisoner or resident, including but not limited to restraint, isolation or confinement, that, when contrary to the entity's policies and procedures, not a part of the client's treatment plan and done intentionally to cause harm does any of the following

- a. Causes or could be reasonably expected to cause pain or injury to a client or the death of a client, and the act does not constitute self-defense as defined in s. 939.48 Stats.
- b. Substantially disregards a client's rights under ch. 50 or 51, Stats., or a caregiver's duties and obligations to a client
- c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, or a fear of harm or death, or a combination of these behaviors. This subsection does not apply to permissible restraint, isolation, or confinement implemented by order of a court or as permitted by statute

2. An act or acts of sexual intercourse or sexual contact under s. 940.225, Stats., by a caregiver and involving a client.

3. The forcible administration of medication or the performance of psychosurgery, electroconvulsive therapy or experimental research on a client with the knowledge that no lawful authority exists for the administration or performance

4. A course of conduct or repeated acts by a caregiver which serve no legitimate purpose and which, when done with intent to harass, intimidate, humiliate, threaten or frighten a client, causes or could be reasonably expected to cause the client to be harassed, intimidated, humiliated, threatened or frightened.

Abuse does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency, or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

MISCONDUCT DEFINITIONS

FEDERAL LANGUAGE 42 C.F.R. § 498.301	WV CAREGIVER LAW § 20-2-10
<u>NEGLECT</u>	<u>NEGLECT</u>
<p>Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.</p>	<p>All intentional omission or intentional course of conduct by a caregiver or a non-client resident, including but not limited to restraint, isolation or confinement, that is contrary to the entity's policies and procedures, is not part of the client's treatment plan and, through substantial carelessness or negligence, does any of the following:</p> <ol style="list-style-type: none"> a. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client. b. Substantially disregards a client's rights under either ch. 50 or 51, State., or a caregiver's duties and obligations to a client. c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, fear of harm or death, or a combination of these behaviors. This paragraph does not apply to permissible restraint, isolation or confinement implemented by order of a court, or as permitted by statute. <p>Neglect is the intentional carelessness, negligence, or disregard of policy or care plan, which causes, or could be reasonably expected to cause pain, injury, or death.</p> <p>Neglect does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.</p>

MISCONDUCT DEFINITIONS

FEDERAL LANGUAGE
42 C.F.R. §468.301

WI CAREGIVER LAW
CH. DHS 13

MISAPPROPRIATION OF RESIDENT PROPERTY

The deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

MISAPPROPRIATION OF PROPERTY

1. The intentional taking, carrying away, using, transferring, concealing or retaining possession of a client's movable property without the client's consent and with the intent to deprive the client of possession of the property.
2. Obtaining property of a client by intentionally deceiving the client with a false representation which is known to be false, made with the intent to defraud, and which does defraud the person to whom it is made. "False representation" includes a promise made with the intent not to perform if the promise is a part of a false and fraudulent scheme.
3. By virtue of his or her office, business or employment, or as trustee or bailee, having possession or custody of money or of a negotiable security instrument, paper or other negotiable writing of a client, intentionally using, transferring, concealing or retaining possession of money, security instrument, paper or writing without the client's consent, contrary to his or her authority, and with the intent to convert it to his or her own use or to the use of any other person except the client.
4. Intentionally using or attempting to use personal identifying information as defined in s. 943.201 (1)(b), Stats., or a client's birth certificate or financial transaction card as defined in s. 943.41(1)(em) Stats., to obtain credit, money, goods, services or anything else of value without the authorization or consent of the client and by representing that he or she is the client or is acting with the authorization or consent of the client.
5. Violating s. 943.38, Stats., involving the property of a client, or s. 943.41, Stats., involving fraudulent use of a client's financial transaction card.

INJURY OF UNKNOWN SOURCE

An injury should be classified as an "injury of unknown source" when both of the following conditions are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and,
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

INJURY OF UNKNOWN SOURCE

Refer to federal definition

MISAPPROPRIATION OF RESIDENT PROPERTY

The deliberate acceptance, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

MISAPPROPRIATION OF PROPERTY

1. The intentional taking, carrying away, using, transferring, concealing or retaining possession of a client's money or assets (both the client's account and) with the intent to deprive the client of possession of the property.
2. Obtaining property of a client by intentionally deceiving the client with a false representation which is known to be false, made with the intent to defraud, and which does benefit the person by whom it is made. "False representation" includes a promise made with the intent not to perform it if the promise is part of a false and fraudulent scheme.
3. By abuse of his or her office, business or employment or as trustee or bailee, having possession or custody of money, securities, negotiable instruments, real estate, power or other negotiable interest of a client, intentionally using, transferring, disposing, or retaining possession of money, securities, instruments, paper or writing without the client's consent, authority to file or bear authority, and with the intent to convert it to his or her own use or to the use of any other person except the client.
4. Intentionally using or attempting to use persons identifying information (as defined in s. 943.291 (1)(c), Stats., or a client's birth certificate or financial representative card as defined in s. 943.45(1)(am), Stats.) to convert assets, money, goods, services or anything else of value without the authorization or consent of the client and by representing that he or she is the client or a sales agent with the authorization or consent of the client.
5. Violating s. 943.38, Stats., involving the property of a client, or s. 943.41, Stats., involving fraudulent use of a client's financial information card.

INJURY OF UNKNOWN SOURCE

An injury should be classified as an "injury of unknown source" when both of the following conditions are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and
- Subjunctive because of the extent of the location of the injury (e.g., the injury is area not generally vulnerable to trauma

INJURY OF UNKNOWN SOURCE

Refer to federal definition.



WISCONSIN DEPARTMENT OF HEALTH SERVICES

Alleged Nursing Home Resident Mistreatment Report

Page 1 of 1

Mandatory Reporting Requirements for Nursing Homes

Completion of this form is required to meet the requirements in Federal regulation 42 CFR 483.12(c)(2). Nursing homes must immediately report incidents of alleged mistreatment, abuse and neglect of residents (including injuries of unknown source), and misappropriation of resident property to the Division of Quality Assurance (DQA), the state survey and certification agency. The Centers for Medicaid and Medicare Services (CMS) defines "immediately" to be as soon as possible but not to exceed 24 hours after discovery of the incident. Failure to provide the following information to DQA within 24 hours of discovering an incident may result in the issuance of a statement of deficiency.

Because the federal definitions do not specify that an incident has to involve a caregiver, nursing homes are required to submit allegations of mistreatment by anyone, including residents.

Note that the federal definition of abuse indicates that the act needs to be "willful" and that it needs to have resulted in physical or psychosocial harm to the resident or would be expected to have caused harm to a "reasonable person" if the resident cannot provide a response.

For a definition of "willful," please refer to the interpretive guidelines at 42.23 where, under Resident-to-Resident Altercations, it notes, "An incident involving a resident who willfully inflicts injury upon other resident should be reviewed as abuse under the guidance for 42 CFR 483.13(c); at F223. 'Willful' means that the individual intended the action (or that he/she knew or should have known could cause physical harm, pain or mental anguish). Even though a resident may have a cognitive impairment, he/she could still commit a willful act."

1. Facility Name:

Prologium Terrace LLC

2. State License Number:

2397

3. Street Address:

2350 North Dewey Ave

4. City:

Menomonie

5. County:

Dodge

6. Zip Code:

08/5/19

7. Date Occurred

mm/dd/yyyy

8. Time Occurred (Include AM or PM)

.....

9. Date Discovered

mm/dd/yyyy

10. Allegation Type:

Enter ABUSE, NEGLECT, MISAPPROPRIATION, or INJURY

.....

11. Resident's Name:

12. Name of Accused:

Enter UNKNOWN if accused is not known or (IN)JURY if injury of unknown source.

13. Title of accused (nurse aide, nurse, caregiver, resident, family, stranger, etc.)

Enter UNKNOWN if accused is not known or (IN)JURY if injury of unknown source.

14. Summary of Incident:

15. Person Preparing Report:

16. Email Address:

bperlebrink@ramchealth.org ; ddechhammer@ramchealth.org

17. Phone Number:



603 - 7/28/2014

Questions about this completed form may be directed to the DQA Office of Caregiver Quality at
DHS.CaregiverIntake@dhs.wisconsin.gov or 608-261-8319.

Upon completion of the facility's investigation and within 5 days of the date discovered, the nursing home must
submit an Incident Report F-62447 with supporting documentation to the DQA Office of Caregiver Quality.

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Protecting and promoting the health and safety of the people of Wisconsin
The Official Internet site for the Wisconsin Department of Health Services

* indicates a required field

MISCONDUCT INCIDENT REPORT

GENERAL INSTRUCTIONS

Use this form to report incidents of alleged misconduct (client abuse or neglect or misappropriation of client property) and injuries of unknown source. The Department reviews this report to determine whether further investigation of the incident is warranted. So that the Department may make this determination, please complete the *Misconduct Incident Report* in its entirety. Use the following information as guidance when completing this form.

I. ENTITY INFORMATION (Page 3)

The entity or facility named is the entity responsible for the care of the affected person. The Department will send all responses regarding the report to the entity reporter and address listed in this section.

ENTITY TYPE CODES

Code	Entity Type	Code	Entity Type
34	Emergency Mental Health Service Programs	105	Personal Care Agency
40	Mental Health Day Treatment Services for Children	124	Hospitals
61	Outpatient Community Mental Health/Dev. Disabilities	127	Rural Medical Centers
63	Community Support Programs	131	Hospices
75	Community Substance Abuse Services (CSAS)	132	Nursing Homes
82	Certified Adult Family Homes	133	Home Health Agencies
83	Community Based Residential Facilities	134	Facilities for Persons with Developmental Disabilities
88	Licensed Adult Family Homes	000	Other (Specify.)
89	Resident Care Apartment Complexes		

II. SUMMARY OF INCIDENT (Pages 3 and 4)

- **Indicate when the incident occurred.** Include the month, day, year, and time of the incident (e.g., 08/25/2003, 10:30 AM). If you do not know the exact day, provide an approximate date (e.g., the week of March 1, the month of March, between March 1 and April 15). If you give approximate dates, explain how you determined the dates.
- **Briefly describe the incident.** Summarize the incident in the space provided, even if more details or documents are attached.
- **Describe the effect of the incident upon the affected person or the person's reaction to the incident.** If a person has been physically injured, describe the injury, the size of the bruise, etc. A photograph of the injury is very helpful. If photographs are taken, identify when the photos were taken, how many were taken and by whom. Describe any indication or expressions of pain, anger, frustration, humiliation, fear, etc. by the person during or after the incident.
- **Explain what the entity did, upon learning of the incident, to protect the person(s) from further potential misconduct.** Describe the steps that the entity took to protect the person(s) from subsequent potential episodes of misconduct while a determination on the matter is pending. Indicate the accused person's current employment status and date of any employment action after the alleged incident. **NOTE:** The entity is not required to terminate the employment of an accused person to meet protection requirements.
- **Check the specific location where the incident happened.** If the incident happened at a location other than the entity, indicate the specific address of that location.

III. AFFECTED PERSON INFORMATION (Page 4)

Include the affected person's name, date of birth, gender, address, and telephone number. If the affected person has been adjudicated incompetent, is under age 18, or has an authorized Power of Attorney for Health Care, include the name, address, and telephone number of the parent, guardian, or legal representative.

IV. ACCUSED PERSON INFORMATION (Page 4)

Include the accused person's name (if known), social security number, position or title at the time of the incident, date of birth, gender, current home address, and home telephone number. Entities must inform the accused person that a report regarding the incident is being filed with the appropriate authority. If the accused person is currently employed by an entity other than the reporting entity, include the name, address, and telephone number of the current employer. If the accused person is under age 18, provide the name, address, and telephone number of a parent or guardian. **If there is more than one accused person, complete this section for each person.**

V. LAW ENFORCEMENT INVOLVEMENT (Page 5)

Check if law enforcement was contacted or is involved. Indicate the officer's name, department, address, telephone number, and---if available---the case number. Attach a copy of the law enforcement incident report, if available.

VI. PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT (Page 5)

Include all persons with specific knowledge of the incident. Include the person's name, gender, address, and telephone number. Check whether the person is an entity employee. Include the person's position at the entity or relationship to the affected person. Attach additional pages, as necessary.

VII. DESCRIBE OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT (Page 6)

Provide all relevant information found during the entity's internal investigation, including the following:

<p style="text-align: center;">STAFF INFORMATION</p> <ul style="list-style-type: none"> • Accused individual's personnel records, including but not limited to training records, disciplinary records, time cards or sheets for the period during which or date(s) the incident occurred. • Witness time cards or sheets for the period or date(s) the incident occurred. • Staff schedule, roster, or assignment sheets for the time period or date(s) the incident occurred. • Statements from the accused individual and witnesses relating to the incident. • Sign-off sheets indicating completion of cares pertinent to the incident. 	<p style="text-align: center;">CLIENT INFORMATION</p> <ul style="list-style-type: none"> • Pertinent medical records, including but not limited to the person's plan of care or treatment plan at the time of the incident. • Ambulance run report, if applicable. • Any relevant hospital admission and discharge documents. • Photographs of visible injuries or affected property. • Financial account statements, including account numbers and balance information. • Statements about the incident.
<p style="text-align: center;">ENTITY INFORMATION</p> <ul style="list-style-type: none"> • Entity's policies and procedures related to the incident. • Photographs and diagram or illustration of the scene where the incident occurred with relevant information included, i.e., locations of witnesses, client, and pertinent objects at the time of the incident. 	<p style="text-align: center;">LAW ENFORCEMENT INFORMATION</p> <ul style="list-style-type: none"> • Law enforcement officer's narrative reports. • Photographs. <p style="text-align: center;">OTHER INFORMATION</p> <ul style="list-style-type: none"> • Any other records that may apply.

VIII. PERSON PREPARING THIS REPORT (Page 6)

Provide the name, position or title, and telephone number of the person preparing this report. The person preparing this report must sign and date this form in the space provided.

IX. WRITTEN STATEMENT (Page 7)

- Ask the affected client, the accused person, and all other persons with information about the incident to provide written statements.
- If the entity uses its own forms to obtain written statements about the incident, the entity may attach those forms to the Incident Report. If the entity attaches its own written statements to the report form, the facility should ensure that each person completing a written statement provides the identifying information requested on the report form and signs the statement.
- The entity is advised to follow up on written statements by asking probing questions to gather as much detail as possible, including what happened, how the incident happened, when it happened, where it happened, reactions at the time of the incident, and other witnesses who may have been present. It is suggested that the entity use the **FOLLOW UP QUESTIONS** (Page 8) following the written statement form as a guide when questioning the accused person.

MANDATORY REPORTING TIMELINES**FEDERALLY CERTIFIED NURSING HOMES AND FEDERALLY CERTIFIED INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

Upon the completion of the entity's internal investigation of the incident, send the completed form, any available documentation, and the results of your investigation **within 5 WORKING days** (Monday – Friday, excluding legal holidays) of the date the entity knew or should have known of the incident.

ALL OTHER ENTITIES

Upon the completion of the entity's internal investigation of the incident, send the completed form, any available documentation, and the results of your investigation **within 7 CALENDAR days** of the date the entity knew or should have known of the incident.

MAILING INSTRUCTIONS

NOTE: All complaints regarding **both credentialed staff** (e.g., RN, LPN, MD) **and non credentialed staff** (e.g., nurse aides, personal care workers, housekeepers) will be tracked by the Department of Health Services, Division of Quality Assurance (DQA). DQA will refer complaints that involve credentialed staff to the Department of Regulation and Licensing for investigation.

Send the completed form and any supporting documentation to:

**Department of Health Services
Division of Quality Assurance
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969**

You may also send forms via:

E-mail: DHSCaregiverIntake@dhs.wisconsin.gov

Fax: (608) 264-6340

DIRECT QUESTIONS REGARDING THIS FORM TO (608) 261-8319.

MISCONDUCT INCIDENT REPORT

Completion of this form is required by DHS 13.05(3)(a), Wis. Admin. Code. Failure to file a complete and accurate report of an incident of alleged misconduct, as required, may subject the entity to forfeiture or other sanctions specified by the Department under DHS 13.05(3)(e), Wis. Admin. Code, and may delay the investigation process. Personal information will be used to investigate the reported incident and the results of the investigation may be shared with other authorized investigative agencies.

This report form must be completed in its entirety. Additional information may be attached.

TYPE OR PRINT NEATLY IN BLACK INK.

I. ENTITY INFORMATION			
Name – Entity or Facility			Telephone Number
Street Address		County	Federal Provider or Certification No.
City	State	Zip Code	State License, Approval, or Registration No.
Name – Administrator			Entity Type Code (See instructions.)

II. SUMMARY OF INCIDENT			
INDICATE when the incident occurred. If the exact date and time are unknown, make a reasonable estimate and indicate that the date and time are estimated. Include the date the incident was discovered, if other than the date the incident occurred.	Date Occurred (mm/dd/ccyy)	Time Occurred	Date Discovered (mm/dd/ccyy)

BRIEFLY DESCRIBE THE INCIDENT in the space below. Summarize the incident here even if additional documentation is attached.

DESCRIBE THE EFFECT that the incident had on the affected person, the person's reaction to the incident, and the reaction of others who witnessed the incident.

EXPLAIN what steps the entity took upon learning of the incident to protect the affected person(s) and others from further potential misconduct.

CHECK the specific location where the incident happened.

At Your Entity During Transport Another Location – *Explain:* _____

III. AFFECTED PERSON INFORMATION If more than one, include additional pages.

Name – Affected Person		Date of Birth (mm/dd/ccyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Telephone Number	
City		State	Zip Code
If the affected person is adjudicated incompetent or under 18, or has an authorized Power of Attorney for Health Care, include the name, address, and telephone number of parent, guardian, or legal representative.			
Name - Parent, Guardian, or Power of Attorney		Telephone Number	
Address			
City		State	Zip Code

IV. ACCUSED PERSON INFORMATION If more than one, include additional pages.

Name - Accused Person (if known)		Social Security Number	
Position or Title or Relationship to Affected Person (<i>at the time of the incident</i>)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/ccyy)
<input type="checkbox"/> Non Credentialed Staff <input type="checkbox"/> Resident <input type="checkbox"/> Credentialed Staff <input type="checkbox"/> Other: _____		List any known credential held by the accused at time of the incident; e.g., RN, LPN, social worker, security guard, professional counselor.	
Home Street Address		Home Telephone Number	
City		State	Zip Code

NOTE: If employer is other than the reporting entity, provide information about accused person's current employer.

Name – Employer		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	
Street Address		City	State	Zip Code

NOTE: If accused person is under 18, provide parent(s) or guardian information.

Name(s) - Parent or Guardian		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	
Street Address		City	State	Zip Code

V. LAW ENFORCEMENT INVOLVEMENT

Was law enforcement contacted or involved?

No Yes If "yes," complete the following. Attach a copy of the law enforcement incident report, if available.

Name - Officer (if available)		Department	
Street Address			Case Number (if available)
City	State	Zip Code	Telephone Number

VI. PERSONS WITH SPECIFIC KNOWLEDGE OF THE INCIDENT If more space is necessary, attach additional pages.

Name - Person who REPORTED Incident to the Entity			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Telephone Number
City	State	Zip Code	Is this person an ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position in the Entity or Relationship to the Affected Person

Name - Person with Information About the Incident			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Telephone Number
City	State	Zip Code	Is this person an ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position in the Entity or Relationship to the Affected Person

Name - Person with Information About the Incident			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Telephone Number
City	State	Zip Code	Is this person an ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position in the Entity or Relationship to the Affected Person

Name - Person with Information About the Incident			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Telephone Number
City	State	Zip Code	Is this person an ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position in the Entity or Relationship to the Affected Person

Name - Person with Information About the Incident			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Telephone Number
City	State	Zip Code	Is this person an ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position in the Entity or Relationship to the Affected Person

VII. DESCRIBE BELOW OR ATTACH A COPY OF THE ENTITY'S INVESTIGATIVE RECORDS CONCERNING THE INCIDENT.

VIII. PERSON PREPARING THIS REPORT (TYPE or PRINT neatly in BLACK INK.)

Name - Person Preparing This Report		ENTITY EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position in the Entity or Relationship to the Affected Person		
Street Address			City	State	Zip Code	
E-mail Address				Telephone Number		
SIGNATURE - Person Preparing This Report				Date Signed (mm/dd/ccyy)		

IX. WRITTEN STATEMENT

Use this page to collect written statements from the accused person, affected person, and witnesses regarding incidents of alleged misconduct (abuse or neglect or misappropriation of property). Make additional copies of this page as necessary. Completion of this form is voluntary. It is suggested that entities ask the questions on the following page to obtain additional information and detail about reported incidents. Please record all responses given. Entities may use their own forms; however, any written statement must be attached and submitted with the *Misconduct Incident Report* (DQA form F-62447).

Section 1 - To be completed by Entity

Brief Description of Alleged Incident (e.g., "Marion R's broken arm," "the theft of Marion R's credit card," "Marion R's fall.")

Section 2 - To be completed by Accused Person, Affected Person, or Witness

Full Name (Last, First, Middle Initial)			Home Telephone Number
Street Address			Work Telephone Number
City	State	Zip Code	Position or Title or Relationship to the Affected Person

Section 3 - To be completed by Accused Person, Affected Person, or Witness

Provide as much information as you know about the incident described above. Tell what you know about the incident in detail. Use additional pages, as needed.

Check if additional pages are included.

SIGNATURE – Accused Person, Affected Person, or Witness	Date Signed
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FOLLOW UP QUESTIONS TO BE ASKED BY THE ENTITY

It is suggested that entities ask the following questions to obtain additional, detailed information about reported incidents. Please record all responses in the space provided. Attach additional pages, information, documentation, diagrams, photographs, or other evidence as appropriate.

- Check if additional pages are included.
- Check if items or documents are attached.
- Check if a photocopy of an item or document is attached.
- Check if an item or document is being retained by the entity; describe where and how it is being stored pending the outcome of this investigation.

- How do you know about the above incident? Did you do it? Did it happen to you? Did you see it? Did another person tell you of it? If so, who?
- Time and date of the incident. When did it happen? When did you first learn about it?
- Location. (Where did the incident occur? Where were you when it happened? If others were present, who and where were the others? Where were you when you learned about it or saw it? Describe the location. Attach a diagram.)
- Was anyone else present when it happened, you learned about it, or when you saw it? If so, who? Where was each person?
- Did you tell anyone about the incident? If so, what did you tell them, who did you tell and when did you tell them? What did the person say, if anything?
- Was anyone harmed in any way (physically or sexually, emotionally or mentally, or financially) or could someone have been harmed? If so, describe the harm or potential harm.
- Were others harmed in any way? If so, identify the person who was harmed and describe the harm.
- Describe the affected person's actions or reactions during the incident including statements made, changes in demeanor, or other indications of pain, fear, sadness, anger, humiliation, etc.
- Describe the actions or reactions of others who observed or were involved in the incident.
- **For Affected Persons:** Did you tell anyone about what happened to you? If so, who did you tell and when and where did you tell them?
- **For Other Witnesses:** Is or was the affected person able to report or talk about the incident?
- If so, did the affected person say anything to you? If so, what? Describe the way that the affected person acted when telling you about the incident.
- To your knowledge, did the affected person tell anyone else? If so, who and when?
- Are there others who know or may know about the incident? If so, who are they and why do you think they have information about the incident?
- Do you have or are you aware of any evidence, documentation or information that may be relevant to the incident? (Examples: photos, diagrams, maps, receipts, video tapes, audio tapes, medical records, care plans, financial transaction records, etc.) If so, what is it and where is it?

Additional Information

Name - Person Interviewed	Name - Person Conducting the Interview	Interview Date (mm/dd/ccyy)
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Content:

Caregiver Misconduct; abuse, neglect, and misappropriation can occur in many forms. Listing all forms of abuse/neglect is not feasible for this policy; therefore attention has been directed toward the most frequent caregiver behaviors which include verbal and non-verbal clues given by residents/tenants. Suspected caregiver misconduct criteria include, but may not be limited to:

- Behavior exhibited by an abusive or potentially abusive staff member include: physically abusive acts, (excessive use of restraints, pushing, grabbing, shoving, pinching, slapping, hitting, kicking, yelling, insulting, isolation, swearing, demeaning to damage emotionally).
- Non-verbal behaviors which employees are asked to report include: the comfort of residents/tenants with various staff members, recognizing the number of residents/tenants with bruising, observing resident/tenant behaviors, evidence of residents/tenants left in urine or feces without cleaning, and the presence of unhealing bed sores; failure to follow care plan, failure to toilet residents/tenants, failure to meet needs of residents/tenants; unbathed, poor oral hygiene, malnourished, frequent falls, obvious old and/or new bruising; pressure marks; display of quiet, withdrawn or frightened behavior. Various acts or omissions may create a criminal liability to the staff and/or facility.
- All employees are required to inform the Clinical Director, Resident Care Coordinator, Unit Manager, or administrator of any suspected or substantiated cases of caregiver misconduct, abuse, neglect or misappropriation **immediately**, within 24 hours.
- Staff understands that retaliating against employees or others who report caregiver misconduct, abuse, neglect or misappropriations is not permitted and will be immediately addressed by Clinical Director or administration.
- All employees who report caregiver misconduct, abuse, neglect, misappropriations "in good faith" will be protected from discharge of their position within RASLC.
- Special attention to potential resident-resident abuse; awareness of situations; preventative actions to minimize harm; prevention; notification strategies.

Procedure: A. Prevention of Caregiver misconduct through following deliberate steps:

1. Application process for employees includes: question "Have you been convicted of any violations other than traffic offenses within the past five years?" All applicants will be required to answer same. (Human Resources)
2. Employees will have criminal investigative reports checked with the Crime Investigators Bureau (Human Resources).
3. State Nurse Aide registry records status will be checked. (Human Resources) Includes conducting inquiries to out-of-state registries when indicated. Professional credentials/licensure will be checked.
4. Performs a comprehensive reference check review.
5. Prevention of resident/tenant abuse/neglect is performed through the following deliberate steps:

- a. Providing continued education for staff about dementia and other underlying causes of resident/tenant aggression, dealing with catastrophic events.
 - b. Providing staff with training in specific techniques for managing interpersonal conflict with residents/tenants. Management of violent residents/tenants (supporting co-workers) and a system to summon assistance.
 - c. Addressing job stress, burnout, and dissatisfaction among staff.
 - d. Providing stress management training and supportive assistance for staff. Identifying high-risk behaviors in co-workers (caregiver/resident/tenant conflict over resident/tenant unwillingness to eat, dress, and maintain personal hygiene).
 - e. Matching resident/tenant needs to the capabilities of the staff and facility.
 - f. Protecting residents/tenants from abuse by other residents/tenants. Preventative actions such as informing supervisors about potential aggressive incidents to minimize harm.
 - g. Ensuring that staff understands what constitutes caregiver misconduct, abuse, neglect, misappropriation of property.
 - h. Policies and procedures which establish expectations of our staff.
 - i. Ensuring staff awareness of RASLC written policy and procedure that address caregiver misconduct, abuse, neglect, misappropriation and employees suspected of elder abuse.
 - j. Maintenance of an internal reporting system in which staff feel free to contact the Clinical Director, Resident/tenant Care Coordinator, RCAC Unit Manager, Social Services or Administration.
 - k. Maintenance of a system in which the complaints of residents/tenants/family members are addressed.
 - l. Maintenance of a cooperative relationship with the Ombudsman assigned to our facilities.
6. All staff shall receive instruction on Resident/tenant Rights; Caregiver Misconduct, Abuse, Neglect, Misappropriations of Property; which includes, but is not limited to responsibilities to abstain from caregiver misconduct, abuse, neglect, misappropriations; to identify and report the same promptly. Mandatory Inservicing occurs upon orientation, annually and as deemed necessary.
 7. Residents/tenants will be identified prior to admission and during stay for personal histories that render them at risk for mistreating/abusing other residents/tenants. They will have an assessment of appropriate intervention strategies to prevent occurrences; ongoing monitoring of the resident/tenant for any changes that would trigger abusive behavior and reassessment of the strategies on a regular basis. (Social Worker, Clinical Director).

l. **All nursing homes** must report **all alleged violations** involving mistreatment, neglect, or abuse, including injuries of unknown sources, and misappropriation of resident property **immediately** (within 24 hours) to the Division of Quality Assurance (DQA) via the online reporting system at <https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=96M13m14>. In addition to federal and state reporting requirements, providers should notify local law enforcement authorities of any situation where there is a potential criminal offense.

II. In the event that caregiver misconduct, abuse, neglect or misappropriations of property or injuries of unknown origin are suspected, the following process is followed:

- a. First Priority is resident safety and the assessment and management of risk to resident/tenant. Residents/tenants must be protected from potential harm during the investigation. If necessary, staff will be sent home pending investigation.
 - (1) All nursing homes must report all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriations of resident property **immediately** (within 24 hours) to the Division of Quality Assurance (DQA) via the online reporting system at <https://daq.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=96MI3m14>. In addition to federal and state reporting requirements, providers should notify local law enforcement authorities of any situation where there is a potential criminal offense.
- b. A complete investigation will be started immediately and conducted within 5 days. All alleged incidents will be **reported immediately** to administration, DQA – not to exceed 24 hours. All alleged and investigated allegations of caregiver misconduct, abuse, neglect and misappropriations will be kept on file by Clinical Director.
- c. Notify charge nurse immediately, who then completes online reporting form. It will be the responsibility of the charge nurse to notify administration or designee. The Administrator or designee is to be notified **immediately** within 24 hours.
- d. Complaints about Administrator, Social Services, Clinical Director or Resident/tenant Care Coordinator should be made to Human Resources or Administration.
- e. Investigations begin promptly with the reporting of concern or problem.
- f. All nursing homes must also immediately begin a thorough investigation of all incidents and document the findings for each incident. A thorough investigation may include:
 - Collecting and preserving physical and documentary evidence;
 - Interviewing alleged victim(s) and witness(es);
 - Interviewing accused individual(s) (including staff visitors, resident's relatives, etc.) allegedly responsible for mistreatment, or suspected of causing an injury of unknown source;
 - Interviewing other residents to determine if they have been abused or mistreated;
 - Interviewing staff who worked the same shift as the accused to determine if they ever witnessed any mistreatment by the accused;
 - Interviewing staff who worked previous shifts to determine if they were aware of an injury;
 - Collecting other information that corroborates or disproves if they were aware of an injury;
 - Collecting other information that corroborates or disproves the reported incident; and
 - Involving other regulatory authorities, who may assist, e.g. local law enforcement, e.g. local law enforcement, elder abuse agency, Adult Protective Service agency.

Documentation of the situation is extremely important. An investigation file is to be immediately initiated and will contain all written statements and notes. The nature of the abuse allegation is documented along with how the suspicion came to be raised (observation, overheard, etc.).

- g. Documentation of the resident/tenant mental and physical status following the event is also added to the file.
 - h. Documentation of the resident/tenant response to the event will assist in measuring the duration of the effects from the occurrence and assists the investigation process.
 - i. Documentation that occurs immediately after an allegation must include how the reported information was acted upon and list the actions taken.
 - j. Other factors to be contained in the record include: time, date, actions involving the suspected employee, cooperation with outside agencies, internal investigations and a copy of all documents submitted to authorities.
 - k. Review and preserve relevant documentation (ie: date dressing that was not changed when record indicated changed).
 - l. Review staffing schedules to assist in identification of time frames and to determine staff involvement or knowledge of incident.
 - m. Information from resident/tenant/witnesses/family is obtained individually in the form or a signed statement.
 - n. During the investigation process, the employee is entitled to RASLC due process steps that are outlined in policy and is made aware of RASLC responsibility to report the allegations to the State of Wisconsin within 24 hours.
 - o. In the event an employee is found to have engaged in caregiver misconduct, abuse, neglect or misappropriation of property, termination of employee occurs.
- II. Follow these steps to report the results of an investigation to DQA:
1. Thoroughly complete the *Incident Report* form (F-62447), and attach relevant investigation documents.
 2. Insure the completed Incident Report is submitted within five (5) working days of the incident, or the date the entity became aware of the incident.
 3. For allegations involving all perpetrators (staff member, resident, family member, friend, visitor, stranger, etc.), submit to :

**Division of Quality Assurance
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969**

OCQ forwards all reports to the DQA Bureau of Nursing Home Resident Care (BNHRC). In addition, OCQ refers reports involving :

- Facility issues (resident to resident incidents, policy and procedure issues, etc.) to the appropriate DQA BNHRC Regional Office ;
- Non-caregiver accused (family member, friend, visitor, etc.) to the appropriate county adult at risk agency ; and
- Credentialed staff (Physician, RN, LPN, Social Worker, etc.) to the Department of Safety and Professional Services

Resources & Questions

See the following investigation resources :

- Conducting Internal Investigations of Caregiver Misconduct Training – Webcast Series
<http://dhs.wisconsin.gov/caregiver/training/intInvstTrng.htm>
- Conducting Internal Investigations Training – Materials
<http://dhs.wisconsin.gov/caregiver/training/conIntInvstTrg.htm>
- Investigation Protocol
- <http://dhs.wisconsin.gov/caregiver/training/pdfcaregvrng/conMiscdctInvst.pdf>

If you have questions about reporting or investigation requirements, or are unsure if a specific incident should be reported, please contact the Office of Caregiver Quality at DHSCaregiverIntake@wisconsin.gov or (608) 261-8319.

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