

### Abuse Prohibition Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*The Abuse Prohibition task is completed only if the resident-level Care Area, Abuse, is investigated in Stage 2. If concerns regarding abuse are identified offsite (e.g., complaints) or are identified during any part of the survey, initiate both the Abuse Care Area for the resident(s) and Abuse Prohibition for the facility.*

| Interview/Review   | Notes |
|--|-------|
| <b>Policies and Procedures Review</b>  |       |
| <p><input type="checkbox"/> Obtain and review the facility's written policies to determine that they include the following key components:</p> <ul style="list-style-type: none"> <li>▪ Screening of potential new hires;</li> <li>▪ Training of employees (both new employees and ongoing training for all employees);</li> <li>▪ Prevention policies and procedures;</li> <li>▪ Identification of possible incidents or allegations which need investigation;</li> <li>▪ Investigation of incidents and allegations;</li> <li>▪ Protection of residents during investigations; and</li> <li>▪ Reporting of incidents, investigations, and facility response to the results of their investigations.</li> </ul> <p><input type="checkbox"/> Evaluate how each component of the policies and procedures is operationalized. If the answers to the following questions are not obvious from the policies, interview the individual responsible for coordinating the policies and procedures. If this person is interviewed, ask how do they:</p> <ul style="list-style-type: none"> <li>▪ Monitor staff providing and/or supervising the delivery of resident care and services to ensure that care/service is provided as needed to make certain that neglect of care does not occur.</li> <li>▪ Determine which injuries of unknown origin should be investigated as alleged occurrences of abuse.</li> <li>▪ Ensure that residents, families, and staff feel free to communicate concerns without fear of reprisal.</li> </ul> |       |

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| Interview/Review   | Notes |
|--|-------|
| <b>Facility Handling of Alleged Violations</b>   |       |
| <p><input type="checkbox"/> Review written evidence of the facility’s handling of a minimum of three alleged violations (if any exist) since the previous standard survey or the previous time this review was done by the State. Include all residents who triggered the Abuse Care Area in the review of the facility’s handling of alleged violations. (If less than three (3) residents triggered and the facility has additional allegation, select additional residents to fulfill the minimum of three residents.)</p> <p><input type="checkbox"/> Determine whether the facility implemented adequate procedures for:</p> <ul style="list-style-type: none"><li>▪ Reporting:<ul style="list-style-type: none"><li>– Reports any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</li><li>– Ensures that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident 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).</li><li>– Ensures that results of all investigations are reported to the administrator or his/her designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident.</li></ul></li><li>▪ Investigating: has evidence that all alleged violations are thoroughly investigated.</li><li>▪ Protection of the resident during the investigation: prevent further potential abuse while an investigation is in progress, and;</li><li>▪ Provision of corrective action: takes appropriate corrective action for verified violations.</li></ul> <p><input type="checkbox"/> Determine whether the facility re-evaluated and revised applicable procedures as necessary.</p> |       |

**Abuse Prohibition Review**

| Interview/Review  | Notes                             |                              |                          |                  |  |  |                          |                          |  |
|---|-----------------------------------|------------------------------|--------------------------|------------------|--|--|--------------------------|--------------------------|--|
| <b>Resident/Family Interviews</b>   |                                   |                              |                          |                  |  |  |                          |                          |  |
| Interview several residents and families regarding their awareness of to whom and how to report allegations, incidents, and/or complaints, unless this information has already been obtained.   |                                   |                              |                          |                  |  |  |                          |                          |  |
| <table border="0"> <tr> <td data-bbox="86 467 485 500"><u>Name of Person Interviewed</u></td> <td data-bbox="533 467 852 500"><u>Date/Time Interviewed</u></td> <td data-bbox="926 467 1024 500"><u>Aware</u></td> <td data-bbox="1058 467 1213 500"><u>Not Aware</u></td> </tr> <tr> <td></td> <td></td> <td data-bbox="963 516 1003 548"><input type="checkbox"/></td> <td data-bbox="1106 516 1146 548"><input type="checkbox"/></td> </tr> </table>             | <u>Name of Person Interviewed</u> | <u>Date/Time Interviewed</u> | <u>Aware</u>             | <u>Not Aware</u> |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <u>Name of Person Interviewed</u>   | <u>Date/Time Interviewed</u>      | <u>Aware</u>                 | <u>Not Aware</u>         |                  |  |  |                          |                          |  |
|   |                                   | <input type="checkbox"/>     | <input type="checkbox"/> |                  |  |  |                          |                          |  |
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|   |                                   | <input type="checkbox"/>     | <input type="checkbox"/> |                  |  |  |                          |                          |  |

### Abuse Prohibition Review

| Interview/Review  | Notes |
|---|-------|
| <b>Direct-care Staff Interviews</b>   |       |
| <p>Interview at least five (5) direct care staff, representing all three shifts, including activity staff and nursing assistants, to determine whether each staff member is:</p> <ul style="list-style-type: none"> <li>• Trained in, and knowledgeable about, how to appropriately intervene in situations involving residents who have aggressive or catastrophic reactions.</li> <li>• Knowledgeable regarding what, when, and to whom to report, according to the facility policies.</li> </ul> |       |
| <p>1. <u>Name of Staff Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>  |       |
| <p>2. <u>Name of Staff Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>  |       |
| <p>3. <u>Name of Staff Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>  |       |
| <p>4. <u>Name of Staff Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>  |       |
| <p>5. <u>Name of Staff Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>  |       |

### Abuse Prohibition Review

| Interview/Review  | Notes |
|---|-------|
| <b>Front-line Supervisor Interviews</b>   |       |
| <p>Interview at least three (3) front-line supervisors of staff who interact with residents (Nursing, Dietary, Housekeeping, Activities, Social Services). Determine how they monitor:</p> <ul style="list-style-type: none"> <li>● Provision of care/services;</li> <li>● Staff/resident interactions;</li> <li>● Deployment of staff to meet the residents' needs; and</li> <li>● Potential for staff burnout, which could lead to resident abuse.</li> </ul> |       |
| <p>1. <u>Name of Supervisor Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>   |       |
| <p>2. <u>Name of Supervisor Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>   |       |
| <p>3. <u>Name of Supervisor Interviewed</u>   <u>Date/Time Interviewed</u>   <u>Discipline</u>   <u>Shift</u></p>   |       |

**Abuse Prohibition Review**

| Interview/Review  | Notes |
|---|-------|
| <b>Pre-screening of New Employees</b>   |       |
| <p>Obtain a list of all employees hired within the previous four (4) months, and select five (5) employees from this list.</p> <p>Ask the facility to provide written evidence that the facility conducted pre-screening of the five (5) employees based on the regulatory requirements at 42 CFR 483.13(c).</p> <p>Determine whether the facility has NOT employed individuals meeting either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or</li> <li>• Who have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property.</li> </ul> |       |
| <p>1. <u>Name of New Employee</u>      <u>Hire Date</u>      <u>Written Evidence of Pre-screening</u></p> <p style="text-align: center;">Yes      No</p>  |       |
| <p>2. <u>Name of New Employee</u>      <u>Hire Date</u>      <u>Written Evidence of Pre-screening</u></p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |       |
| <p>3. <u>Name of New Employee</u>      <u>Hire Date</u>      <u>Written Evidence of Pre-screening</u></p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |       |
| <p>4. <u>Name of New Employee</u>      <u>Hire Date</u>      <u>Written Evidence of Pre-screening</u></p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |       |
| <p>5. <u>Name of New Employee</u>      <u>Hire Date</u>      <u>Written Evidence of Pre-screening</u></p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |       |

### Abuse Prohibition Review

| <b>Determination of Compliance</b>  |  |
|---|--|
| <p><b>1. Did the facility follow the requirements for:</b></p> <ul style="list-style-type: none"><li>• Employment of individuals</li><li>• Reporting, and</li><li>• Investigation of alleged violations?</li></ul> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F225</b></p> |  |
| <p><b>2. Did the facility develop and implement policies and procedures in the areas of screening, training, prevention, identification, investigation, protection, and reporting?</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F226</b></p>                         |  |