Residential Care Services (RCS)
Operational Principles and Procedures for
Assisted Living Facilities (ALFs)
FULL INSPECTION

ABUSE PREVENTION REVIEW

I. Purpose
To determine if licensee practices are in compliance with the regulations and statutes regarding mandated reporting and prevention of abuse in the assisted living facility (ALF). For the purpose of this OPP, the use of the term “Abuse” also includes neglect, involuntary seclusion, restraints and financial exploitation.

II. Authority
RCW 18.20.110
RCW 18.20.180
RCW 18.20.280
RCW 74.34
RCW 70.129.130

III. Operational Principles
A. The primary focus of the abuse prevention task is on ensuring the quality of life, dignity, welfare and safety for all residents.

B. Identification of possible abuse or neglect during the inspection requires a call to the Complaint Resolution Unit (CRU) and the Field Manager.

C. Resident dignity, choice, quality of life and right to privacy should be respected at all times.

IV. Procedures
The Licensor will:

A. Identify issues regarding abuse prior to the on-site visit in the pre-inspection preparation.

B. Identify the various forms of restraints that are used that are not readily identifiable as being restraints; such as beds pushed up against the wall, recliners, merry walkers, etc.

C. Gather information regarding abuse prevention throughout the full Inspection.

D. Include residents in the sample selection that are identified as potentially vulnerable for abuse, such as residents with dementia and/or behavior issues.

E. Make observations of:
   1. Staff to resident interactions for respect of resident rights and dignity.
   2. Resident response to staff for unusual behaviors such as fear, seclusion, or intimidation.
   3. Potential abuse issues including the presence and use of restraints.
   4. Residents throughout the inspection for behaviors or psychosocial issues exhibited by residents that would be an indicator to explore whether abuse, restraint or neglect is occurring.
5. Mandated reporting postings including the department toll-free complaint number contacts.

F. Conduct interviews with:
   1. Residents to follow up for any possible identification of abuse revealed during the resident group meeting, resident interviews or from observational data. Use open-ended questions. If the resident is unable to be interviewed, contact the resident’s representative.
   2. Staff regarding abuse:
      a. What constitutes physical, mental and emotional abuse?
      b. Steps to take in the event of suspected abuse, neglect, use of restraints, involuntary seclusion and/or financial exploitation.
      c. Notification and reporting requirements.

G. Document any observations, interviews and/or record review information of possible abuse and review to ensure data is complete. If possible, document interviews with residents, using quotation marks when quoting what the resident says they feel, e.g. “I feel”, or “It makes me feel”. It is difficult to quote everything the resident says but quotations can have a major impact in the SOD.

V. Information and Assistance
   A. For definitions of abuse, refer to chapter 74.34 RCW.
   B. Data collection for abuse prevention comes from the following sources:
      1. Observations;
      2. Interviews with:
         a. Resident, or resident representative if the resident is unable to be interviewed;
         b. Licensee/Administrator or designee and staff;
         c. Outside contact, if necessary to support failed practice; and
   C. When making observations:
      1. Observe for examples of abuse, neglect issues including presence of locks on the inside or outside of resident doors preventing exit, restraints, fear, uncommon or numerous skin tears, or bruising with no known cause.
      2. Observe staff to resident interactions for staff’s demeanor towards residents noting any intimidation, ignoring resident responses or needs, yelling, physical aggression and/or verbal abuse.
      3. Observe resident response to staff such as a display of fear toward staff, flinching, refusing or afraid to talk, watching/looking to see if staff are watching or listening, pulling back when approached, etc.
   D. When to review the accident/incident documentation:
      1. This should be reviewed only if there is an identified concern regarding probable or actual negative outcome to a resident that requires further data collection.
2. If informed of an incident/injury/accident since the last inspection to determine if the processes for reporting and recording of information were followed.

E. What to do if you identify possible abuse and/or neglect:

1. Call a formal complaint in to the CRU (The hotline is our tracking system and even if the complaint investigation is done at the time of the inspection, the issue needs to be called in to the CRU).
2. Conduct the investigation while you are there.
3. Contact the Field Manager before doing the investigation for guidance to discuss options, if any of the following situations occur:
   a. When possible resident abuse/neglect is occurring during the visit;
   b. If the investigation will extend the timeframe of the licensing visit;
   c. If you are not sure of how to proceed;
   d. If immediate enforcement may be needed;
   e. If a nurse is needed, and a nurse is not on the team;
   f. If local law enforcement and RCCP should be notified for purpose of conducting a joint investigation.

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Date