4.J. Reporting of Abuse, Neglect or Misappropriation of Resident Property

4.J.1. The facility must ensure that all staff are knowledgeable of the Adult Protective Services Act and that all alleged violations involving mistreatment, neglect, and abuse, including injuries of unknown source and/or misappropriation of resident property, are reported immediately, through established procedures, to the administrator of the facility and to other officials in accordance with State law.

4.J.2. The facility must have evidence that all alleged violations are thoroughly investigated and in a timely manner. Policies must address administrative procedures to be implemented to prevent further potential abuse while the investigation is in progress.

4.J.3. The results of all investigations conducted in-house must be reported to the administrator or his/her designated representative and to other officials in accordance with State law. If the alleged violation is verified, appropriate corrective action must be taken. All reports must be made available to the Department upon request.

8.C.6. Reporting of Abuse (or Suspicion of)

a. The facility must ensure that all staff are knowledgeable of the State Mandatory Reporting Law and that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and/or misappropriation of resident property, are reported immediately through established procedures, to the administrator of the facility and to other officials in accordance with State law. If the alleged violation is verified, appropriate corrective action must be taken. All reports must be made available to the Department upon request.

b. The facility must have evidence that all alleged violations were thoroughly and immediately investigated. Policies must address administrative procedures to be implemented to prevent further potential abuse while the investigation is in progress.

c. The results of all investigations conducted in-house must be reported to the administrator or his designated representative and to other officials in accordance with State law as soon as completed. If the alleged violation is verified by the facility or the State Agency, appropriate corrective action must be taken. The reports shall be made available to the Department upon request.

Resident Rights—Chapter 10

...10.R. Physical or Chemical Restraints
The resident has the right to be free from any physical restraints imposed or psychoactive drug administered for purposes of punishment for certain behaviors or to accommodate the needs of the staff, and is not required to treat the resident's specific condition.

10.S. Freedom From Abuse, Punishment or Involuntary Seclusion
The resident has the right to be free from neglect, verbal, sexual, physical or mental abuse and involuntary seclusion.
11.A. Physical Restraints
The resident has the right to be free from any physical restraints imposed for purposes of
discipline or convenience, and not required to treat the resident’s medical symptoms.

“Physical Restraints” are defined as any manual method or physical or mechanical device,
material or equipment attached or adjacent to the resident’s body that the individual cannot
remove easily which restricts freedom of movement or normal access to one’s body.
“Discipline” is any action taken by the facility for the purpose of punishing or penalizing
residents.
“Convenience” is any action taken by the facility to control resident behavior or maintain
residents with a lesser amount of effort by the facility and not in the residents’ best interest.

11.A.1. All restraints must be ordered by a physician. PRN orders for restraints are
prohibited.

11.A.2. Documented evidence of less restrictive measures to promote greater functional
independence must be present in the medical record if restraints are used. The care plan
must address the medical reason for which the restraints are used. The care plan must also
contain a succession of approaches to be utilized before restraints are applied. Consultation
with appropriate health professionals regarding the use of less restrictive approaches must
be obtained when appropriate. Locked restraints are prohibited in any case.
a. Geriatric and other chairs from which the resident cannot arise without assistance and
which impede movement are considered a physical restraint.
b. Bedrails are considered restraints when they are a barrier to the resident for getting out
of bed.

11.A.3. If a trial of less restrictive measures is unsuccessful, and the facility decides that a
physical restraint would enable and promote greater functional independence, then the
restraining device may be used only for specific time-limited periods.

11.A.4. The continued use of restraints must be evaluated as needed, but at least quarterly.

11.A.5. There must be documented evidence that the resident, family, or legal guardian is
aware of and agrees with this treatment.

11.A.6. All resident care staff shall be trained in the proper application and use of restraints.

11.A.7. Restraints may not be used to permit staff to administer treatment to which the
resident has not consented.

11.A.8. No resident may be in a restraint without nursing staff on duty at all times in that
section of the facility;

11.A.9. Restraints are released for at least fifteen (15) minutes every two (2) hours and
exercise provided. A written record is kept of the times of restraint and release.

11.A.10. Every resident in restraint is offered toilet privileges at least every two (2) hours or
when request is made.

11.A.11. When the resident is in bed, the restraint must be properly applied to allow the
resident to turn in bed. It is not necessary to release a restraint during the resident’s normal
sleeping hours, but the restraint must be checked at least every two (2) hours. A written record must be maintained of restraint checks.

11.A.12. Leather cuff and any crotch restraints shall not be used. Four-point restraints are prohibited.

11.A.13. Residents shall not be confined in a locked room; dutch doors are permissible, provided the top section is opened.

11.B. Chemical Restraints
The resident has the right to be free from any chemical restraints imposed for the purpose of discipline or convenience and not required to treat the resident’s medical symptoms. These drugs are categorized as antipsychotics, antidepressants, anxioltics and hypnotics.

“Chemical Restraint” is a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.
“Discipline” is any action taken by the facility for the purpose of punishing or penalizing residents.
“Convenience” is any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the residents’ best interest.

11.B.1. There must be evidence of a physical examination to rule out physical cause.

11.B.2. Residents receiving antipsychotic medications must receive gradual dose reductions and behavioral monitoring in an effort to discontinue these drugs, unless clinically contraindicated.

11.B.3. There must be documented evidence of less restrictive measures, including interventions to modify the resident’s behavior or the environment, including staff approaches to care, treat or manage the resident’s behavioral symptoms.

11.B.4. There must be evidence that the resident, family or legal guardian is made aware of potential side effects and agrees with this treatment.

11.B.5. Psychoactive drugs may not be used:
a. In quantities that interfere with the resident’s level of alertness and ability to participate in rehabilitation programs; or
b. On an as needed basis exceeding five (5) times in a seven (7) day period;

11.B.6. The use of chemical restraints will be part of the care plan, which will address the medical reason for which the medication is used, with a succession of approaches and interventions to be utilized prior to the administration of chemical restraints.

11.B.7. Close monitoring at regular intervals, as determined by the physician and multidisciplinary team, of all residents receiving psychoactive drugs will be maintained.

19.G. Incident and Accident Records

19.G.1. A report on a separate form shall be made on any occurrence affecting the safety, health or wellbeing of a resident, staff or visitor which may result in an injury. Medication reactions and errors involving a resident shall also be recorded on the report.
19.G.2. Any resident who has sustained an injury or accident shall be examined by a physician, unless, after assessment by a Registered Professional Nurse, is determined not to require an examination by a physician. In either case, documentation of the incident or accident shall be recorded.

19.G.3. The extent of injury and treatment shall be recorded on the resident’s record, with notification made by the facility and/or the physician, to the nearest relative, guardian or conservator of the resident.

19.G.4. The administrator or the director of nurses shall initial all incident and accident reports within twenty-four (24) hours of occurrence.

19.G.5. All incident and accident reports shall be kept on the premises of each facility and shall be reviewed at each meeting of the Quality Assurance Committee. The minutes of these meetings shall be available for review by Department personnel.