

Facility Abuse Investigation & Reporting Checklist

<i>Abuse Investigation & Reporting</i>		
1	Facility Responsibilities	<input type="checkbox"/> Ensure Resident Safety <ul style="list-style-type: none"> <input type="checkbox"/> Assess victim for injury / harm <ul style="list-style-type: none"> <input type="checkbox"/> Bruises / Skin Discolorations <input type="checkbox"/> Wounds <input type="checkbox"/> Discharges <input type="checkbox"/> Pain / Discomfort <input type="checkbox"/> Fractures / X-rays <input type="checkbox"/> Behavior Change <input type="checkbox"/> Other: _____ <input type="checkbox"/> Initiate & Thoroughly Investigate <input type="checkbox"/> Notify Appropriate Parties <ul style="list-style-type: none"> <input type="checkbox"/> Pennsylvania Department of Health (Chapter 51) <input type="checkbox"/> Area Agency on Aging (Act 13) <input type="checkbox"/> Pennsylvania Department of Aging (Act 13) <input type="checkbox"/> Local Authorities (Act 13 and/or 28) <input type="checkbox"/> Prevent Recurrence <ul style="list-style-type: none"> <input type="checkbox"/> Policy & Procedure <input type="checkbox"/> Resident Assessment, Care Plan Update, etc. <input type="checkbox"/> Education & Training <input type="checkbox"/> Staffing <input type="checkbox"/> Adequate Resources <input type="checkbox"/> Document & Submit Report <ul style="list-style-type: none"> <input type="checkbox"/> ERS Report (w/i 24 hours) <input type="checkbox"/> PB-22 (w/i 5 days of ERS submission) <input type="checkbox"/> AAA; <input type="checkbox"/> Local Authorities (w/i 48 hours of oral)
2	Protection of Residents – Options	<input type="checkbox"/> Re-assignment (location, resident assignment or job duties) <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Immediate Suspension <input type="checkbox"/> Termination
3	Critical Considerations	<input type="checkbox"/> Allegation meets the federal definition of abuse, neglect and / or misappropriation of resident property. <input type="checkbox"/> Resident suffered harm: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Harm intentionally inflicted by another <input type="checkbox"/> Care or services required for sustained health and welfare denied (regardless of resultant harm): _____ <input type="checkbox"/> Intentional denial of property for personal gain or satisfaction: _____ <input type="checkbox"/> Perpetrator identified: _____

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4	Evidence	<p>Injury: <input type="checkbox"/> Location & dimensions of injury <input type="checkbox"/> Texture & color changes <input type="checkbox"/> Variations in length / width (i.e. limbs) <input type="checkbox"/> Discharge consistency / color <input type="checkbox"/> Odors <input type="checkbox"/> Pain / Discomfort <input type="checkbox"/> Behavioral changes <input type="checkbox"/> Other Observations: _____</p> <p>Witness Statements: <input type="checkbox"/> Victim <input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Other Residents <input type="checkbox"/> Facility Employees <input type="checkbox"/> Family <input type="checkbox"/> Visitors <input type="checkbox"/> Others: Physician, ER / Ambulance Staff, Police, etc.</p> <p>Facility Documentation / Resident Care: <input type="checkbox"/> MDS Assessments <input type="checkbox"/> Care Plans / Care Cards <input type="checkbox"/> Nursing Notes <input type="checkbox"/> Physician Notes / Orders <input type="checkbox"/> Occupational / Physical Therapy Notes <input type="checkbox"/> Hospital / ER Reports <input type="checkbox"/> Incident Reports <input type="checkbox"/> Facility Policy <input type="checkbox"/> Room Assignments <input type="checkbox"/> Victim Allegation History</p> <p>Facility Documentation / Personnel: <input type="checkbox"/> Employment History <input type="checkbox"/> Performance Evaluations <input type="checkbox"/> Disciplinary Actions <input type="checkbox"/> Background Check / Criminal History <input type="checkbox"/> Staffing Records <input type="checkbox"/> Assignments Sheets <input type="checkbox"/> Payroll Reports <input type="checkbox"/> Facility Policy <input type="checkbox"/> Training Records <input type="checkbox"/> Orientation</p> <p>Miscellaneous Documentation: <input type="checkbox"/> Property Sheets <input type="checkbox"/> Account Records <input type="checkbox"/> Sales Receipts <input type="checkbox"/> Appraisals <input type="checkbox"/> Police Reports</p>
5	Actions	Document all actions taken on the PB-22.

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