



# Student Resource Guide

## 3. Risk Management and Incident Reporting





# Student Resource Guide: SESSION 3

## Risk Management and Incident Reporting

### O U T C O M E S

When you finish this session you will be able to:

- List the principles of risk management.
- Identify common risks to health and safety.
- Identify ways to prevent or mitigate risks.
- Use risk assessment tools.
- Define “mandated reporter.”
- Identify incidents that the DSP is required to report.
- Describe procedures for reporting abuse and neglect.
- Complete a special incident report.
- Define "zero tolerance."

### K E Y W O R D S

Key Word	Meaning	In My Own Words
<b>Incident Reporting</b>	By law and regulation, the DSP is required to report certain events to regional centers, Community Care Licensing, and/or protective services agencies.	
<b>Mandated Reporter</b>	Any person, paid or unpaid, who has assumed full- or part-time responsibility for the care or custody of a child, an elder, or dependent adult. DSPs are mandated reporters. A mandated reporter must report any abuse, abandonment, abduction, isolation, or neglect they have seen, been told about, or suspect to the police and/or the protective services agency.	
<b>Mitigate</b>	To lessen the effects of risks.	
<b>Risk Management</b>	The process of looking for, thinking about and lessening the chance of harm to individuals.	
<b>Zero Tolerance</b>	Requires all regional center vendors to have a policy for reporting ALL instances of abuse and neglect.	

## A C T I V I T Y

### What Do You Want to Know?

**Directions:** *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about managing risks and reporting unusual events, or incidents, that involve a person that you support?

What do you **want to know** about managing risks and reporting incidents?

To be answered at the end of the session, during review:  
What **have you learned** about managing risks and reporting incidents?

## Opening Scenario

Maddy is a 24-year-old woman. When she was 8 years old her mother died of breast cancer. Maddy does not see her father often since he lives in another state. She does not speak but uses gestures and shakes her head for “no” and “yes.” Maddy is artistic and loves to dance. She is very aware of her appearance and takes time to look her best. Maddy is a friendly young woman and likes to meet new people. While this is a positive trait, it also has caused some problems; for example, at times she has given her money to strangers.

Maddy had a serious accident when she was younger and is usually very cautious in everything she does. She has a history of seizures, especially when she gets hot. She loves to walk in her neighborhood and rides public transit, but occasionally needs support to remember routes.

Kim has supported Maddy for two years. Kim believes strongly in facilitating Maddy’s independence and supporting her personal choices, but also worries that Maddy might be at risk while out in the community.

## Risk Management—Prevention Is the #1 Priority

**R**isk management is something you do every day. For example, when you get in a car, you put on your safety belt because you know that this will reduce your risk of injury or death in case of an accident. The role of the DSP in risk management is to look for possible risks to individuals you support and think of ways to prevent or reduce the risk. The following principles are basic to your practice of risk management.

### 1. Prevention of serious incidents is the number one priority.

The best risk management strategy is to be aware of potential risks and do something to keep them from happening. As a DSP, your first priority is to prevent injury or harm to individuals you support and to protect them from abuse, neglect, and exploitation.

### 2. Creation and maintenance of safe environments is everyone's responsibility.

We are all responsible for looking out for risks and making environments safer. If you see a rake left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.

### 3. Open communication is key to prevention.

Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone*, the individual, family, and all members of the planning team, including the DSP, may have important information about risks and how to address them.

### 4. Everyone who works with individuals with intellectual/developmental disabilities, including DSPs, is required to report and document incidents, in a timely and accurate manner.

DSPs are mandated reporters and must report incidents accurately and in a timely manner. There is a zero tolerance for abuse and neglect and it is the DSP's responsibility to take immediate action. In this session, you will learn what to report, how to report it, to whom, and by when it must be reported.

### 5. Ongoing identification, assessment, and planning for both risks and actual occurrences are essential to the development of sound, person-centered strategies to prevent or mitigate serious incidents.

Risk management is a never-ending process of identification, assessment, planning, implementation and evaluation of results.

### 6. Safety starts with those who work most closely with individuals receiving support and services.

In your role as a DSP, you work day-to-day, hour-to-hour, minute-to-minute with individuals with developmental disabilities. You see things first and are in a position to identify risks early, before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety. **Remember:**

## Identifying Risk

**R**isk is a normal part of our lives. Risk is a thing, place, or activity that may cause harm, loss or injury to an individual. Many situations involve a certain amount of risk; for example, deciding whether or not to bring an umbrella in the morning because if it rains, you might get wet. You can't do anything about the weather, but you can anticipate it and protect yourself. In deciding, you could watch the TV weather report, read the paper, or go on the Internet to find out weather predictions for the day. Based on this information, you could decide whether or not you need to carry an umbrella. The fact is, we already practice risk management in our own lives.

Let's talk about the types of risks the individuals we support face every day.

### Health Risks

If you were told you had diabetes, you would want to learn about the condition and its treatment and do the things necessary to lessen the effects or risks of the disease. You would follow your doctor's orders, which might include checking your blood sugar regularly, and watching what you eat.

In this example, you learned about a health risk and then took actions to mitigate that risk. To "**mitigate**" risk means to lessen its effects. You may not be able to totally prevent a risk, but you can lessen its effects and improve an individual's quality of life. The individual's planning team is a good resource for planning ways to prevent or mitigate health-related risks.

### Daily Living

An individual may be at more risk if they have limited daily living skills. For example, an individual may be at more risk because they have a hard time swallowing, moving around, getting in or out of a wheelchair, or doing common activities. Once again, the individual's planning team is a good resource for planning risk prevention and mitigation strategies to protect the individual.

### Behavior Challenges

An individual might be at more risk because of aggressive behavior where he or she might hurt themselves or others.

### Environmental Risks

Places where individuals live and work—their environments—may have unsafe areas, objects, or activities. For example, if your home has unsafe electrical wiring and the circuit breakers are turning off daily, it should be repaired immediately. If the smoke detector has been disconnected because it sounds every time you cook, it must be reconnected or relocated immediately. Icy walks, broken seat belts, lack of handrails, and other environmental risks may be prevented or mitigated with risk management.

### Risks Resulting from Lifestyle Choices

The way that an individual chooses to live—their lifestyle—may increase or decrease their risk. Practicing unsafe sex carries a high health risk. Alcohol and drug abuse are other examples of lifestyle choices that increase an individual's risk. Once again, risks associated with these activities may be either prevented or mitigated through risk management.

## Supporting Individuals in the Exercise and Rights of Responsibility

As a DSP you may sometimes have to balance competing priorities. You have just learned that “**Prevention is the Number 1 Priority!**”



**is the Number 1 Priority!”**

You have also learned that individuals have a right to make choices about their lives.

So what do you do when an individual wants to do something that you think is risky? As a DSP, you must find a way to support independence and choices while mitigating risk and providing for individual safety. This is a challenging task, and one that you should not do alone. When an individual’s lifestyle choices may create risks in his or her life, the planning team for that individual should meet and develop a plan for you to follow.

Smoking is a good example of a lifestyle choice that creates a risk for the individual. An individual you support wants to start smoking. You know that smoking causes lung cancer and many other illnesses, but you also know that part of your job is to support individual choice. In this situation, you can assist the individual by giving him or her information about the risks of smoking. You should also ask the planning team for the individual to meet and assist in making his or her decision. Situations such as this are best resolved with the help of others’ sharing their thoughts and ideas.

A decision to smoke creates environmental risks as well. Second-hand smoke creates a health risk for others and smoking can increase the risk of fire. Part of your role will be to help the individual understand the responsibilities that come with his or her choice; for example, keeping the smoke away from those who do not wish to breathe it and smoking in a way that reduces the risk of fire.

Remember, the role of the DSP in risk management is to actively promote practices that will keep individuals safe. Whenever possible, you want to anticipate risks and prevent them from happening. In the above situation, if the individual chooses to smoke, you will not be able to prevent the risk, but you can work with the individual and his or her planning team to mitigate, or lessen, risk to the individual (and others). In this way you have respected both priorities—you have supported an individual’s choice while reducing the risk of harm.

### Risk Assessment and Planning



Once you have identified a risk, the next step is to get more information about the risk and make a plan to mitigate the risk.



This is called **risk assessment and planning**.



Risk identification, assessment, and planning are all components of risk management that, as we said previously, you do every day. When something happens and you ask yourself, “What happened?” “Why did it happen?” “Has it happened before?” “How often?” “Who was involved?” “What did others observe or do?” You are doing risk assessment.

When you start to think about the future and how to prevent something from happening again, you are doing risk management planning. You might ask, “What can I do to prevent it from happening again?” or if it has happened before, “What did I do last time and did it work?” “Who else do I need to get help from?” “Is this something that the planning team needs to help with?” This last question is important, especially for those individuals who are at risk because of health problems or who have behaviors that put themselves or others at risk. And lastly, “What is my next step?”

The process of risk assessment includes the following activities:

- Think about and list potential risks.
- Decide who else needs to be involved in helping to assess the risks—often the planning team.
- Get more information about risks.
- Plan interventions to mitigate the risks.

An intervention is an action taken to improve something. Interventions should be discussed with everyone involved in supporting the individual and they should also be written down or documented. Interventions may involve one or more steps, be immediate, or be implemented over time.

When assessing the risk, DSPs should consider such things as:

- Noticeable changes in the general health or behavior of the individual.
- Health conditions.
- Behaviors that have resulted in injury or pose a threat of injury.
- Change in weight or eating habits.
- Changes in the environment.

### Example of Risk Identification, Assessment, and Planning

John loves to go on outings to places like the Farmer’s Market or local festivals. However, he may get lost if he is in large crowds such as those at fairgrounds or arenas. Staff reports that when John feels stressed, he often bangs his forehead hard enough to hurt himself. They feel that getting lost would be very stressful for him. At his last physician visit, the doctor said that if John bangs his forehead many more times, he could risk serious injury or harm to his general health.

### Identification of Risks

- John may get lost in large crowds. This would cause stress for John.
- John bangs his forehead when he is stressed.
- John may seriously hurt himself if he bangs his forehead many more times.

The planning team, including John, the staff from his home, and other people important to John developed the following **risk mitigation plan**:

1. Over the next four weeks, staff will teach John to use a cell phone to call for help.
2. Staff will make sure he takes a cell phone on outings.
3. One staff person will be with John at all times at crowded events.
4. Staff will make sure that he wears his lime green florescent jacket with an information card in his pocket that lists who to call if he is lost.

## Using a Risk Assessment Tool

Identifying, assessing, and planning to prevent or mitigate risk often takes a team effort. DSPs, working individually or in teams, may want to use an assessment tool such as this sample Risk Assessment Worksheet.

On this worksheet, the DSP simply lists the risks and ideas or plans for reducing or avoiding the risk. DSPs can

use this worksheet as a guide for thinking through the risk management process. It will help you to record your observations and ideas to share with others, including the planning team.

This is an example of the Risk Assessment Worksheet. A blank worksheet is in Appendix 3-A.

**Risk Assessment Worksheet**

Description of Risk*	Plans to Manage Risk

\*Remember to think about the individual’s health, behavior, daily living skills, environment, and lifestyle choices.

- The worksheet can be used to:
- List and describe possible risks.
  - Provide information important for the planning team.
  - Plan intervention to prevent or mitigate risk.
  - Identify the need for an evaluation by a specialist.
  - Identify the need for special equipment or changes to the environment.
  - Identify additional services and supports that may be needed.
  - Document the plan.
  - Monitor the results.

**A C T I V I T Y**

**Identifying Risks and Planning to Prevent or Mitigate Risk**

**Directions:** *Using the following scenario, consider what risks need to be addressed by the DSP. As you listen, consider ways to mitigate those risks.*

Diego is in his mid-30s. He has a great smile and enjoys watching people. He communicates that he likes something by smiling and laughing. When he does not like something, he cries and screams. He eats without assistance, but needs assistance with his toileting needs. He enjoys walking with staff; but the way he walks is unsteady when he is tired, and he sometimes trips. Diego also enjoys car rides, especially if a trip includes a stop at the Dairy Queen. He goes to an activity center, but is usually bored and spends a lot of time just sitting. His favorite activity at the center is music therapy. He loves to hit his hand on a table in time to the music and can listen for quite a long time, especially if the music is loud. Through his communication board, Diego has asked you to help him plan an outing on the weekend.

You think that he might enjoy a music festival at a local park. The festivals are usually crowded, the music is loud, and there is usually a lot to eat there.

What problems can we anticipate are potential risks for Diego?

**Risk Assessment Worksheet**

Description of Risk*	Plans to Manage Risk
1. No accessible toilets	1. Check with festival organizers about accessibility of toilets

\*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

## DSP Incident Reporting Requirements

### General Reporting Requirements

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident.

The tables on the following pages summarize reporting requirements for each of these groups. You are required to meet all reporting requirements. For example, upon reviewing these tables, you will see that there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, Ombudsman, and law enforcement. You must meet all reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another. You are a mandated reporter and there is a zero tolerance policy that you must follow for any suspected abuse or neglect.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/Injury Report." (Appendix 3-C) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when

reporting to the regional center. Some regional centers accept the Community Care Licensing form, but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.
- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

## DSP Incident Reporting Requirements (cont.)

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.

## Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as follows:

**Table 1. Special Incident Reporting for Regional Center Vendors and Staff**  
California Code of Regulations (CCR), Title 17, Section 54327

### What Do I Report?

**Missing individual.** An individual is considered missing if he/she leaves their community care home unexpectedly or without the needed supervision. All cases of suspected abuse and exploitation must be reported.

**Suspected abuse/exploitation** including physical, sexual, fiduciary (financial), emotional/mental, or physical and/or chemical restraint. This includes cases in which an under-age girl becomes pregnant. All cases of suspected abuse must be reported.

**Suspected neglect** including failure to provide medical care, care for physical and mental health needs; proper nutrition; protection from health and safety hazards; assistance with personal hygiene; food, clothing, or shelter; or the kind of care any reasonable person would provide. Neglect may include an individual’s self-neglect or behavior that threatens their own health or safety. All cases of suspected neglect must be reported.

**A serious injury/accident** requiring medical treatment beyond first aid including cuts requiring stitches, staples, or skin glue; wounds by pointed objects; fractures; dislocations; bites that break the skin; internal bleeding (including bruises); medication errors; medication reactions; or burns.

**Any hospitalization** due to breathing-related illness; seizures; heart problems; internal infections; diabetes; wound/skin care; nutritional problems; or involuntary admission to a mental health facility.

**Death of individual.**

**Individual is a crime victim** including credible evidence of robbery, physical assault, theft, burglary, or rape. Credible evidence means that there is believable proof. This includes records of a 911 call, an incident report number and date, and a report from a law enforcement official.

### Who Do I Report To?

The regional center with case management responsibility for the individual and the vendoring regional center, if different.

### When Do I Report?

Call or fax immediately, but no more than one work day after learning of the occurrence and submit a written report within two work days of the incident, even if you are not sure if the incident is reportable. Corrections can be made as more information becomes available.

## Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

**Table 2. Unusual Incident Reporting for Licensed Community Care Facilities**  
California Code of Regulations (CCR), Title 22, Sections 80061, 84061, 85061, and 87561

### What Do I Report?

Death of an individual from any cause.

Any injury to any individual that requires medical treatment.

Any unusual incident or absence that threatens the physical or emotional health or safety of any individual.\*

Any suspected physical or psychological abuse.\*

Epidemic outbreaks.

Poisonings.

Catastrophes.

Fires or explosions that occur in or on the premises.

In an adult CCF, the use of an Automated External Defibrillator (RCFE\*\*).

Major accidents that threaten the welfare, safety, or health of residents (RCFE).

### Who Do I Report To?

Report to the local Community Care Licensing agency.

### When Do I Report?

Call within the agency's next working day during its normal business hours.

A written report shall be submitted within seven days following the occurrence of the event.

\* In serious bodily injury when these two incidents occur, a DSP must report to the Ombudsman **AND** local law enforcement immediately or within two hours. If there is no serious bodily injury, a report must still be filed, but within 24 hours.

\*\*Residential Care Facilities for the Elderly

## Reports of Abuse or Neglect Concerning the Elder and Dependent Adults and Children

As a DSP, you are a **mandated reporter**. By law, you must report all incidents of abuse or neglect involving dependent adults and elders or children that you have observed or reasonably suspect. Adults with intellectual/developmental disabilities are by definition dependent adults. You must follow the zero tolerance policy and report any incidents of abuse or neglect. Failure to report incidents involving an elder or dependent adult is a misdemeanor, punishable by not more than six months in jail, by a fine of not more than \$1,000, or both. A mandated reporter who willfully fails to report abuse or neglect of an elder or dependent adult is subject to one year imprisonment and/or a \$5,000 fine. There are similar penalties for failure to report abuse or neglect of children.

### Table 3. Elder and Dependent Adult Abuse Reporting Requirements for Mandated Reporters

*Welfare and Institutions Code (WIC) beginning with 15600*

#### What Do I Report?

**Physical abuse, such as:**

Unusual or recurring scratches; bruises; skin tears; welts; bruises on opposite sides of the body; “wrap-around” bruises. Injuries caused by biting, cutting, pinching, or twisting of limbs; burns; fractures or sprains. Any untreated medical condition. Injuries that don't match the explanation.

**Psychological abuse/isolation.**

**Financial (fiduciary) abuse.**

**Neglect.**

#### Who Do I Report To?

The local Ombudsman if the abuse or neglect occurred in a licensed facility  
or  
Adult Protective Services  
**AND**  
Local Law Enforcement agency

#### When Do I Report?

Call immediately or as soon as practicably possible (but no later than 2 hours in cases of serious bodily injury).

**AND**

Mandated reporters must submit a written report of a known or suspected instance of abuse within two (2) working days of making the telephone report to the responsible agency. (For required form and instructions, see Appendix 3-D.)

**Table 4. Child Abuse Reporting Requirements for Mandated Reporters**  
California Penal Code Sections 11164–11174.4

**W h a t D o I R e p o r t ?**

**A physical injury that is inflicted by anyone other than accidental means on a child by another individual.**

**Sexual abuse, including both sexual assault and sexual exploitation, such as:**

Child reports sexual activities to a trusted person; detailed understanding of sexual behavior that is unexpected for child's age; child wears torn, stained, or bloody underclothing; child is a victim of other forms of abuse.

**Willful cruelty or unjustifiable punishment.**

**Cruel or inhuman physical punishment or injury.**

**Neglect, including both severe and general neglect, such as:**

Child lacking proper medical or dental care; child always sleepy or hungry; child always dirty or not properly dressed for the weather; evidence of poor supervision; conditions in home are extremely or persistently unsafe, unclean, or unhealthy.

**Abuse (all of the above) in and out of home care.**

**W h o D o I R e p o r t T o ?**

Child Protective Services

**AND**

Local Law Enforcement

**W h e n D o I R e p o r t ?**

Call immediately or as soon as practicably possible.

**AND**

Follow-up with a written report within two working days.

## Identifying an Incident Requiring a Mandated Report

Abusive or neglectful behavior toward a child, elder or dependent adult can take many forms. The DSP can help protect individuals from abuse through:



**1. Observation:** Pay attention to individuals in your care. Many individuals cannot tell you when something is wrong.



**2. Communication:** Talk with individuals and other DSPs daily. Talk with staff from day programs, employment programs, and others.



**3. Documentation:** Write down what you see and hear.



**4. Review:** Think about what you have observed, review what you have written and look for patterns.



**5. Report:** If abuse is observed or suspected, take immediate action necessary to protect the individual and then make the required reports.

DSPs play a critical role in ensuring a safe and dignified life for individuals with disabilities. Therefore, it is your responsibility to be aware of the zero tolerance policy regarding abuse and neglect and report any suspected incidents to the local authorities.

### Types of Abuse



Remember your DSP Tool Box skills from Session 1. Your observation skills will be important when looking for signs of suspected abuse. Observation means that you will use all of your senses to identify any changes in or injuries to an individual that may be signs of abuse.

There are several different types of abuse that may occur, including:

1. Physical Abuse
2. Neglect
3. Abandonment
4. Financial Abuse
5. Isolation
6. Sexual Abuse

Information on the following pages will help you to identify where abuse might be occurring.

### What if You Report Something that Really Didn't Happen?

There is no doubt that reporting can be stressful. You may not want to get anyone in trouble or you may have a difficult time believing that a person could do something bad to one of the individuals you support. You may fear payback or the loss of a relationship with someone who has been reported. However, stopping or preventing abuse is what is most important. It is better to report and be wrong than to have abuse go unchecked.

By law, you are required to report incidents that you have observed, suspected, or had reported to you, even if you are not 100% sure that it is reportable. Reporting is your legal duty and your ethical responsibility as a professional.

# Signs of Abuse

## 1. Physical Abuse

Signs of physical abuse may be evident in bruising, swelling, broken bones or skin, blistering, or open wounds. Physical abuse may also be hidden. DSPs may become aware of changes in an individual's behavior or affect that can signal a problem of abuse.

Indicators of physical abuse may include:

1. Unusual or recurring scratches, bruises, skin tears, or welts.
2. Bilateral bruising (bruising on both sides of the body).
3. "Wrap around" bruises due to binding or too firm a grip around a wrist or neck.
4. Bruises around the breasts or genital area.
5. Infections around the genital area.
6. Injuries caused by biting, cutting, pinching, or twisting of limbs.
7. Burns.
8. Fractures or sprains.
9. Torn, stained, or bloody underclothing.
10. Any untreated medical condition.
11. Signs of excessive use of medication.
12. Injuries that do not match the explanation given.
13. Intense fearful reactions to people in general or to certain individuals in particular.
14. A noticeable change in the way an individual reacts to someone.

Welfare and Institutions Code Section 15610.63(f) adds the following reportable situation:

"...use of physical or chemical restraint or psychotropic medication under any of the following conditions:

- For punishment.
- For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to (an) elder or dependent adult at the time instructions are given.
- For any purpose not authorized by the physician or surgeon."

These indicators or descriptions may not necessarily mean that abuse is suspected, but they may be clues that a problem exists or that a trend is developing.

## 2. Neglect

Neglect can be more difficult to recognize. It might be helpful to consider the "reasonable person" standard in identifying neglect: How would a reasonable person in the same situation act?

Neglect is defined in the following way: the negligent failure of any person having the care or custody of a child, an elder, or a dependent adult to exercise that degree of care that a reasonable person in a like situation would exercise. In other words, neglect is not providing the kind of care any reasonable person would provide.

Some examples of neglect are failure to provide:

1. Assistance with personal hygiene.
2. Assistance with food, clothing, or shelter.
3. Medical care for physical and mental health needs.
4. Protection from health and safety hazards.
5. Proper nutrition and hydration (fluids).
6. Proper care of one's self.

## Signs of Abuse (cont.)

### Example:

Arthur has a chronic ear infection. He complains that his ear hurts and there is obvious drainage from the ear. Staff at his work program have contacted his home to ask that he see a physician. There is no response from his care provider and two weeks later, Arthur is still complaining about his ear. The failure of his care provider to get medical treatment for Arthur may be a case of neglect and should be reported.

### 3. Abandonment

We sometimes hear about abandonment in the news when an infant or a child is found apparently left by his or her parents. In some cases, this might involve a newborn baby whose mother cannot care for her baby, or it might involve parents who believe they can no longer care for their child. Children left alone for long periods of time while their parents go away are also examples of abandonment. The critical point is that individuals in dependent situations are left without the care they require. In the same way the reasonable person standard was used in discussing neglect, Welfare and Institutions Code Section 15610.05 defines abandonment **“as the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.”**

Examples of abandonment may include:

- Returning home from an outing to find an individual has wandered away and is not present.
- Locking an individual out of a facility as punishment.

- Refusing to allow an individual to return to a facility without having followed required legal procedures for removal or relocating an individual.

### Example:

Roxanne, 29 years old, has been leaving her home late at night after staff go to bed. She is visiting her boyfriend and knows that staff do not want her to go. She typically returns after an hour or so. Marie, one of the DSPs, decides that the next time she finds Roxanne gone, she is going to lock the door and let her stay out all night to teach her a lesson. This is an example of abandonment and a care provider legally cannot do this. Roxanne’s behavior can be addressed in other, more effective and positive ways.

### 4. Financial Abuse

Dependent adults may also be the victims of financial abuse. As individuals become less able to be responsible for using money independently, they are at risk of being taken advantage of. We often hear about criminals that prey on elders, gaining their trust, and then taking their money. Individuals with disabilities also depend on others to help them manage their money and are vulnerable to financial abuse.

Financial abuse includes any of the following:

- Taking, using, or keeping real or personal property of an elder or dependent adult for a wrongful use or meaning to cheat or rob.
- Assisting someone to take, hide, use, or keep real or personal property of an elder or dependent adult for a wrongful use, or meaning to cheat or rob.

## Signs of Abuse (cont.)

Some signs that may indicate an individual has been a victim of financial abuse include:

- Disappearance of papers, checkbooks, or legal documents.
- Staff assisting individuals with credit card purchases or ATM withdrawals.
- Lack of personal items: appropriate clothing, grooming items, and so forth.
- Unpaid bills, even though the individual has money to cover personal costs.
- Unnecessary or unrequested services.
- Unusual activity in bank accounts, such as withdrawals from automated teller machines when the individual cannot get to the bank.
- Denial of necessary and/or needed services by the person controlling the elder or dependent adult's money.
- Questionable use of "representative payee."
- Unnecessary use of power of attorney or conservatorship.

### Example:

Tom is a DSP supporting David at his home. Tom and David have become very close and Tom assists David with his bill paying, shopping, and banking. Tom is a little short this month and because he knows that David has some extra money in his account, Tom asks David if he can borrow his ATM card so he can get cash to pay for some of his own things. Because David likes Tom and wants to please him, he gives Tom the card. Tom is using his friendship and position of power for his own financial gain and is financially abusing David. David is being exploited financially and this is an incident that must be reported.

### 5. Isolation

One of the critical roles for DSPs is to encourage and support friendships and social interactions among individuals and with other community members. Individuals with disabilities may have difficulty meeting new people and maintaining relationships because of limited opportunities to move about in the community or limited skills in communication and social interaction. It is also critical to support individuals in maintaining family ties.

One of the difficulties DSPs report is their discomfort in some of the relationships individuals choose to make and maintain. As a DSP, we might not approve of some of the people the individuals we support choose to spend time with, but we cannot prevent social relationships. As a support provider, a DSP cannot make decisions about others an adult will see.

There have also been occasions when support providers, as part of a plan to address a problem behavior, have used opportunities to be with others as a reward or punishment. This is not allowable. Individuals with disabilities have the right to have friendships, companionship, and the relationships they want; this right does not depend on the individual's behavior. More effective positive behavioral support strategies are discussed in Session 11.

Isolation means any of the following:

- Preventing an elder or dependent adult from receiving his or her mail or telephone calls.
- Telling a caller or visitor that an elder or dependent adult is not present, does not wish to talk with the caller, or does not wish to meet with the visitor when the statement is false and goes against the wishes of the elder or

## Signs of Abuse (cont.)

dependent adult, whether he or she is competent or not, and is made in order to prevent the elder or dependent adult from having contact with family, friends, or concerned persons.

- Falsely imprisoning someone; false imprisonment is the unlawful violation of the personal liberty of another.
- Physically restraining an elder or dependent adult to prevent the elder or dependent adult from meeting with visitors.

There is an exception, however: if the above acts are the instructions of a licensed physician or surgeon as part of the individual's medical care, or if they are performed in response to a reasonably perceived threat of danger to property or physical safety (Welfare and Institutions Code Section 15610.43).

Restraint and seclusion or isolation are prohibited in community care facilities. Restraint is an emergency management strategy, used as a last resort by DSPs trained in such techniques when health and safety are in immediate danger.

### Example:

Veronica has been having a very bad week. She is very angry about something and has been hitting staff and her roommates. Veronica normally goes to her parents' home every other weekend and looks forward to these visits, as do her parents. Ted, a DSP at Veronica's home, has decided that Veronica is demonstrating that she is not ready to go home and has taken this right away. Veronica is to stay in her room over the weekend and if she can show better behavior, she can go to visit her parents in two weeks.

Veronica's visit to her parents' home is not a privilege, it's a right. Ted is isolating Veronica in an attempt to change her behavior.

## 6. Sexual Abuse

Sexual abuse includes a wide range of sexual activities that are forced upon someone. Individuals with developmental disabilities are at an increased risk because they may be thought to be weak and unprotected. They may have limited communication skills that make it difficult to tell others about what is happening to them. They may unknowingly put themselves in harmful situations or associate with people who are harmful. In addition, if individuals with disabilities have small social circles, the isolation they feel may make them more likely to associate with people who pay attention to them. Finally, individuals with disabilities often live with roommates and in dependent situations. This makes them vulnerable to people who they think are more powerful.

When abuse is occurring, individuals are often unable to stop it due to a lack of understanding of what is happening, the extreme pressure to go along out of fear, a need for acceptance from the abuser, having a dependent relationship with the abuser, and the inability or unwillingness to question others they think to be in authority.

The research on sexual abuse is startling.

- More than 90% of individuals with intellectual/developmental disabilities will experience sexual abuse at some point in their lives (Schwartz, 1991).
- Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey, 1994).
- 49% of individuals with disabilities will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1991).

## Signs of Abuse (cont.)

- Each year in the United States, 15,000 to 19,000 individuals with intellectual/developmental disabilities are raped (Sobsey & Doe, 1991).

There are a number of ways that sexual abuse occurs. What may seem harmless may be abusive, especially if it is unwanted and makes an individual uncomfortable. Sexual abuse may consist of inappropriate and non-consensual actions such as:

- Exposure to sexual materials such as pornography.
- The use of inappropriate sexual remarks and language.
- Not respecting the privacy of a child or other individual.
- Exhibitionism (exposure of genitals to strangers) or explicit acts such as:
  - Fondling
  - Oral sex
  - Forced sexual intercourse

How would we know that sexual abuse is occurring?

There are obvious indications of sexual abuse, including unexplained pregnancy and sexually transmitted diseases (STDs). Unfortunately, these conditions are sometimes the first sign of abuse that is noticed. Obviously, there are other signs that can indicate sexual abuse and can move families and staff to intervene. Bruising around the genital area is an obvious signal, as is bruising of breasts or buttocks. Genital discomfort can be a sign of abuse and should be given medical attention. Torn or missing clothing may also indicate sexual abuse.

More often, DSPs may see other, more subtle signs that something serious is going on. Sometimes an individual who is being sexually abused may show physiological symptoms such as:

- Sleep disturbances
- Eating disorders
- Headaches
- Seizure activity

At times, or in addition to physiological symptoms, an individual may show psychological symptoms such as:

- Substance abuse
- Withdrawal
- Unusual attachment to a person or object
- Avoidance of certain places
- Avoidance of certain people
- Excessive crying spells
- Regression; returning to an earlier stage of life
- Poor self-esteem
- Non-compliance or unusually uncooperative behavior
- Self-destructive behavior
- Inability to focus or concentrate
- Resistance to physical examination
- Sexually inappropriate behavior

Adapted from *Violence and Abuse in the Lives of People with Disabilities* (1994). Sobsey, D.

**A C T I V I T Y**

**Identifying Types of Abuse**

**Directions:** *Read the scenarios and decide:*

- **Does the situation describe a type of abuse?**
- **What type of abuse does it show?**
- **What should be done?**

1. Annette, who is 27, returns from her day program with her blouse ripped. She informs you that someone on the bus was trying to touch her and she didn't like it.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

2. Ron, 33 years old, has been talking about getting married to someone he met at the movies. He wants to call her up frequently and invite her over to stay with him in his room. Some of the staff members know this woman and do not want him to see her and they refuse to let him call her from home.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

3. Yolanda, who is 19, lives at Mary's Care Home. She regularly has sex with her boyfriend at his home. Roxanne, the DSP at Mary's Care Home, is not sure what to do.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

**A C T I V I T Y****Identifying Types of Abuse (cont.)**

4. Henry became angry and struck one of the DSPs and the care home owner. He ran out of the house and still hadn't returned by 10:00 p.m. He has done this on several different occasions, only to return in the early hours of the morning and wake up everyone in the home. The staff decided to lock the door and teach Henry a lesson this time.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

5. Dean enjoys going to the mall. Since he requires supervision and needs some support, a DSP always goes with him and sometimes brings one or two other individuals. Dean leaves the group and goes to a movie. When the others are ready to leave, Dean is not with them, so they go home, figuring that he'll call when he finds them gone.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

6. Rachel, 12 years old, occasionally wets herself. When she does this, she laughs as she wets. Staff know that she can go to the bathroom by herself and believe she does this to be funny. Tim, one of the DSPs, has had enough and swats her on the backside, tells her "No," then sends her to her room.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

**A C T I V I T Y**

**Identifying Types of Abuse (cont.)**

7. Robert has asked Cathy, a DSP, to buy him a pack of cigarettes when she is at the store. He gives her five dollars. Cathy gets the cigarettes and also uses the change to get herself an ice cream cone for her trouble.

Does the situation describe a type of abuse? Yes  No

What type of abuse?

What should be done?

## ACTIVITY

### Reporting Incidents

**Directions:** Read the following scenarios and answer the questions:

- **Do I need to make a report?**
- **To whom should I report?**

1. Joey, age 9, just ran outside and threw his shoes onto the neighbor's roof for the third time this week. Mr. Smith, the neighbor, came running out and yelled, "I am going to call the cops if you people can't control those kids and I'm keeping these shoes!"

*Do I need to make a report?*

Yes  No

*Who should I report to?*

2. You are walking with an individual along a sidewalk. Just as you notice that his shoe is untied, he steps on the lace and falls to the concrete hitting his head. He gets up quickly, saying he is fine. Even though there is no cut or blood, there is redness and you are concerned that he may have a head injury, so you take the individual home and have him apply a cold compress where he hit his head. You contact the individual's doctor's office and speak to the advice nurse, explaining the situation: that first aid was administered, the redness has gone away, and there is no bruising or other sign of injury. You ask what further action is necessary and are told that no action is needed.

*Do I need to make a report?*

Yes  No

*Who should I report to?*

3. A resident of a group home, Mr. Johnson, has been in the hospital for a week due to a long illness. He dies while there. He was 78 years old.

*Do I need to make a report?*

Yes  No

*Who should I report to?*

4. While assisting Frank with his bath, you discover that he has head lice. You immediately purchase a bottle of Qwell and treat him.

*Do I need to make a report?*

Yes  No

*Who should I report to?*

**A C T I V I T Y**

**Reporting Incidents (cont.)**

5. After a fight with her roommate, Mary runs out of the house into the street. She is screaming that she is going to kill herself. Drivers manage to miss her and you succeed in taking her back into the house after five minutes. She has made similar statements in the past.

*Do I need to make a report?*  Yes  No

*Who should I report to?*

6. You walk into Sam’s apartment just in time to hear another staff say, “I told you that if your room was not clean, you couldn’t visit your sister this weekend.” This is not part of any behavior plan.

*Do I need to make a report?*  Yes  No

*Who should I report to?*

7. While on a ski trip with his parents, Mike breaks his arm and requires surgery to repair it.

*Do I need to make a report?*  Yes  No

*Who should I report to?*

8. Bob, a very independent fellow, has spent the day at the mall. He left with \$20 and now has no money and nothing to show for it. When asked where his money went, he says, “I gave it to a guy who didn’t have any.”

*Do I need to make a report?*  Yes  No

*Who should I report to?*

**A C T I V I T Y****Completing a Special Incident Report**

**Directions:** *Read the following scenario and write down why a Special Incident Report should be filed. Then, complete the report using the form provided.*

On April 5, 2015 at 3:00 p.m., Jose, an individual who is Maddy's friend, runs to you and says, "Maddy is not the same. Something's wrong!" Jose does not say more, but is very upset. You go with him to Maddy's room. The door is open, but you knock and ask if you can come in. Maddy is sitting on her bed, but does not respond. She appears to have been crying. You ask if she is all right, and she angrily shakes her head "no." You ask Jose to let you and Maddy have some privacy. He goes to his room still very worried about his friend.

Knowing that Maddy has limited communication skills, you begin to gently ask questions: "Are you in pain?" "Are you hurt?" "Did something happen to you?" "Did you go out?" "Show me what is wrong." Using this method, you learn that Maddy went for a walk after lunch and that a person in the neighborhood grabbed her by the wrist, which has wrap-around bruising, and tried to push her into a house. She screamed and the person let her go and went into the house. Maddy ran home and has been crying in her room ever since. She is upset, shaking, and very nervous. You are unable to calm her down.

You tell Maddy that you will bring the administrator to speak with her and that she is safe now. You report to the administrator who is very worried and goes to see Maddy. The administrator looks to see if there are other obvious bruises or other injuries and again questions Maddy about the incident.

**Why should you file a Special Incident Report?**

# UNUSUAL INCIDENT/INJURY REPORT

**INSTRUCTIONS :** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER (    )
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

**TYPE OF INCIDENT**

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Unauthorized Absence            | <input type="checkbox"/> Alleged Client Abuse | <input type="checkbox"/> Rape            | <input type="checkbox"/> Injury-Accident              | <input type="checkbox"/> Medical Emergency        |
| <input type="checkbox"/> Aggressive Act/Self             | <input type="checkbox"/> Sexual               | <input type="checkbox"/> Pregnancy       | <input type="checkbox"/> Injury-Unknown Origin        | <input type="checkbox"/> Other Sexual Incident    |
| <input type="checkbox"/> Aggressive Act/Another Client   | <input type="checkbox"/> Physical             | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Injury-From another Client   | <input type="checkbox"/> Theft                    |
| <input type="checkbox"/> Aggressive Act/Staff            | <input type="checkbox"/> Psychological        | <input type="checkbox"/> Other           | <input type="checkbox"/> Injury-From behavior episode | <input type="checkbox"/> Fire                     |
| <input type="checkbox"/> Aggressive Act/Family, Visitors | <input type="checkbox"/> Financial            |  | <input type="checkbox"/> Epidemic Outbreak            | <input type="checkbox"/> Property Damage          |
| <input type="checkbox"/> Alleged Violation of Rights     | <input type="checkbox"/> Neglect              |  | <input type="checkbox"/> Hospitalization              | <input type="checkbox"/> Other ( <i>explain</i> ) |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

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PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

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EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

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**P R A C T I C E   A N D   S H A R E**

**To Whom Do I Report Special and Unusual Incidents?**

The DSP is required to report certain incidents when they happen. Some of the agencies that you may report to are listed below. Using the list of State Agencies with oversight of Incident Reporting (Appendix 3-B), your community care home administrator, and the Internet as resources, find and record the contact information for your community’s agencies.

**Regional Center**

Agency Name	Phone
Website	Fax

**Community Care Licensing**

Agency Name	Phone
Website	Fax

**Adult Protective Services**

Agency Name	Phone
Website	Fax

**Child Protective Services**

Agency Name	Phone
Website	Fax

**Ombudsman**

Agency Name	Phone
Website	Fax

**Local Law Enforcement**

Agency Name	Phone
Website	Fax

### Risk Management and Incident Reporting

- The most important principle of “Risk Management” is:**
  - Offer first aid immediately
  - Prevention is the number one priority
  - Keep the floor clean
  - Stop all high-risk activities
- The DSP’s role in risk management is:**
  - To actively promote practices that will keep individuals safe
  - To help people enjoy their lives more
  - To hold person-centered planning meetings
  - To remove all danger from individuals’ lives
- An environmental risk is:**
  - An object or activity that may cause harm where an individual lives or works
  - Found only in nature and wooded areas
  - A health condition that may cause harm to an individual or their friends
  - A behavior that is aggressive or harmful
- The first step in risk assessment and planning is to:**
  - Remove the risk
  - Get more information about the risk
  - Identify the risk
  - Get help from the planning team
- A mandated reporter must report abuse or neglect of an adult by telephone immediately, and:**
  - Submit a written report within two working days
  - Wait for a response before doing anything else
  - Offer first aid immediately
  - Keep details of the abuse or neglect private
- A “Special Incident Report” must be filed with the regional center whenever:**
  - An individual has a minor injury
  - An individual is missing
  - A meal is missed
  - The DSP is unable to come to work
- After reporting a “special incident” by telephone the DSP must also:**
  - Send a written report to the regional center within the next two days (48 hours)
  - Ask for a written acknowledgment of the report
  - Send a written report to the local police within the next three days (72 hours)
  - Write down the name of the person they spoke to at the regional center
- A report shall be made to the licensing agency whenever there is:**
  - A special event involving more than 20 participants
  - The death of an individual, regardless of the cause
  - Damage to an appliance that requires immediate repair
  - An exchange of bodily fluids between individuals
- Which of the following must be reported by a “mandated reporter”?**
  - An individual’s expensive clothing is ruined by a defective washing machine
  - An individual shows signs of having been physically abused.
  - An individual refuses to eat food that they do not think is seasoned well
  - An individual is unhappy because they are too sick to go bowling
- A mandated reporter must report incidents of abuse of an adult living in a licensed facility to:**
  - Local radio or TV station
  - CCL and regional center
  - Facility administrator and 911
  - Doctor or hospital

## Appendices



**RISK ASSESSMENT WORKSHEET**

<b>Description of Risk*</b>	<b>Plans to Manage Risk</b>

\*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

## Appendix 3-B

### State Agencies with Oversight of Incident Reporting

All of the local agencies with responsibility for ensuring the safety and well-being of the individuals that you support follow regulations developed and monitored by specific State agencies. Each agency has a zero tolerance policy and all DSPs should know the policy for the agency they work for, as well as the Welfare and Institutions Code Section 15630 regarding abuse and neglect of a dependent adult under their care. These State agencies also serve as resources for information that may be useful to the DSP.

#### State Agency with Oversight of Regional Center

Department of Developmental Services  
 Website: [www.dds.ca.gov/RC/Home.cfm](http://www.dds.ca.gov/RC/Home.cfm)  
 General information phone number: (916) 654-1690  
 TTY: (916) 654-2054

#### State Agency with Oversight of CCL

Department of Social Services  
 Community Care Licensing Division  
 Website: [www.ccl.d.ca.gov](http://www.ccl.d.ca.gov)  
 General information phone number: (916) 657-2346  
 Fax: (916) 657-3783

To report a complaint or concern regarding any licensed care facility, contact the Hotline at:  
 1-844-LET-US-NO  
 (1-844-538-8766)

#### State Agency with Oversight of APS

Department of Social Services  
 Long-Term Care and Aging Services Division  
 Website: [www.cdss.ca.gov/agedblinddisabled/pg1298.htm](http://www.cdss.ca.gov/agedblinddisabled/pg1298.htm)  
 General information phone number: (916) 419-7540

#### State Agency with Oversight of CPS

Children and Family Services Division  
 Child Protection and Family Support Branch  
 Website: [www.dss.cahwnet.gov/cfsweb/](http://www.dss.cahwnet.gov/cfsweb/)  
 General information phone number: (916) 651-6600  
 Fax: (916) 651-6239

#### State Agency with Oversight of Ombudsman

California Department of Aging  
 Long-Term Care Ombudsman Program  
 Website: [www.aging.ca.gov/Programs/LTCOP/](http://www.aging.ca.gov/Programs/LTCOP/)  
 CRISIS line: (800) 231-4024  
 General information phone number: (916) 419-7500  
 TDD: (800) 735-2929  
 Fax: (916) 928-2268-6239

# Appendix 3-C

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

## UNUSUAL INCIDENT/INJURY REPORT

**INSTRUCTIONS :** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER (    )
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

**TYPE OF INCIDENT**

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Unauthorized Absence            | <input type="checkbox"/> Alleged Client Abuse | <input type="checkbox"/> Rape            | <input type="checkbox"/> Injury-Accident              | <input type="checkbox"/> Medical Emergency        |
| <input type="checkbox"/> Aggressive Act/Self             | <input type="checkbox"/> Sexual               | <input type="checkbox"/> Pregnancy       | <input type="checkbox"/> Injury-Unknown Origin        | <input type="checkbox"/> Other Sexual Incident    |
| <input type="checkbox"/> Aggressive Act/Another Client   | <input type="checkbox"/> Physical             | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Injury-From another Client   | <input type="checkbox"/> Theft                    |
| <input type="checkbox"/> Aggressive Act/Staff            | <input type="checkbox"/> Psychological        | <input type="checkbox"/> Other           | <input type="checkbox"/> Injury-From behavior episode | <input type="checkbox"/> Fire                     |
| <input type="checkbox"/> Aggressive Act/Family, Visitors | <input type="checkbox"/> Financial            |  | <input type="checkbox"/> Epidemic Outbreak            | <input type="checkbox"/> Property Damage          |
| <input type="checkbox"/> Alleged Violation of Rights     | <input type="checkbox"/> Neglect              |  | <input type="checkbox"/> Hospitalization              | <input type="checkbox"/> Other ( <i>explain</i> ) |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

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PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

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EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

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# Appendix 3-D

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

DATE COMPLETED: \_\_\_\_\_

### REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

*TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.*

#### A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

*NAME (LAST NAME FIRST)	*AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)				*CITY	*ZIP CODE	*TELEPHONE ( )
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)				*CITY	*ZIP CODE	*TELEPHONE ( )
<input type="checkbox"/> ELDERLY (65+)	<input type="checkbox"/> DEVELOPMENTALLY DISABLED	<input type="checkbox"/> MENTALLY ILL/DISABLED	<input type="checkbox"/> PHYSICALLY DISABLED	<input type="checkbox"/> UNKNOWN/OTHER	<input type="checkbox"/> LIVES ALONE	<input type="checkbox"/> LIVES WITH OTHERS

#### B. SUSPECTED ABUSER Check if Self-Neglect

NAME OF SUSPECTED ABUSER		<input type="checkbox"/> CARE CUSTODIAN (type) _____		<input type="checkbox"/> PARENT		<input type="checkbox"/> SON/DAUGHTER		<input type="checkbox"/> OTHER _____		
		<input type="checkbox"/> HEALTH PRACTITIONER (type) _____		<input type="checkbox"/> SPOUSE		<input type="checkbox"/> OTHER RELATION _____				
ADDRESS	*ZIP CODE	TELEPHONE ( )	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT	EYES	HAIR

#### C. REPORTING PARTY: Check appropriate box if reporting party waives confidentiality to: All All but victim All but perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)	(ZIP CODE)
		(E-MAIL ADDRESS)	TELEPHONE ( )

#### D. INCIDENT INFORMATION - Address where incident occurred:

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify)
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#### E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

<b>1. PERPETRATED BY OTHERS (WIC 15610.07 &amp; 15610.63)</b> a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> FINANCIAL d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> ISOLATION f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated: e.g., deprivation of goods and services; psychological/mental)	<b>2. SELF-NEGLECT (WIC 15610.57(b)(5))</b> a. <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated e.g., financial)
ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) <input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> MENTAL SUFFERING <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN	

#### F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.). CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

#### G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS):	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

#### H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO. ( )	RELATIONSHIP
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#### I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

*NAME	IF CONTACT PERSON ONLY <input checked="" type="checkbox"/> CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*CITY	*TELEPHONE ( )

#### J. TELEPHONE REPORT MADE TO: Local APS Local Law Enforcement Local Ombudsman Calif. Dept. of Mental Health Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ( )	DATE/TIME
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#### K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed <input type="checkbox"/> Date Faxed:
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#### L. RECEIVING AGENCY USE ONLY Telephone Report Written Report

1. Report Received by:	Date/Time:
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day Response <input type="checkbox"/> No Initial Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	Approved by: _____ Assigned to (optional): _____
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify)	Date of Cross-Report: _____
4. APS/Ombudsman/Law Enforcement Case File Number: _____	

## Appendix 3-D (cont.)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

### REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

#### PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "Dependent Adult," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

#### COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (\*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

#### REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

#### WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

#### REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

## GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

### MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

### IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

### FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

## Appendix 3-D (cont.)

### GENERAL INSTRUCTIONS (Continued)

#### EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

#### DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.