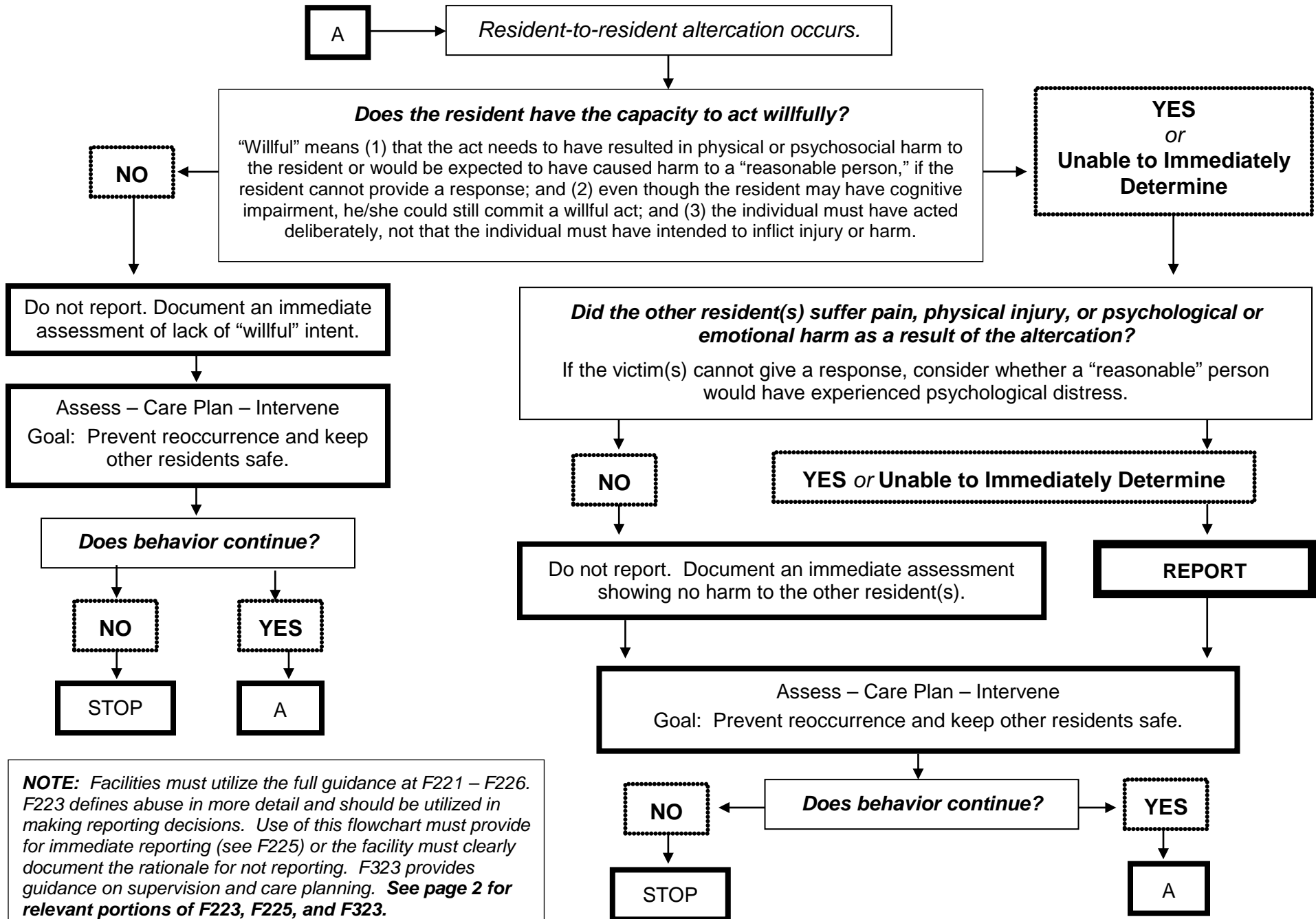




RESIDENT-TO-RESIDENT ALTERCATION FLOWCHART (Nursing Home Use Only)

Department of Health Services / Division of Quality Assurance
P-00361 (05/2018)



NOTE: Facilities must utilize the full guidance at F221 – F226. F223 defines abuse in more detail and should be utilized in making reporting decisions. Use of this flowchart must provide for immediate reporting (see F225) or the facility must clearly document the rationale for not reporting. F323 provides guidance on supervision and care planning. See page 2 for relevant portions of F223, F225, and F323.

F223

42 CFR § 483.13(b) Abuse

The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

Intent 42 CFR § 483.13(b)

Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

Interpretive Guidelines 42 CFR § 483.13(b) and (c)

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.” (42 CFR § 488.301) This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.

“Verbal abuse” is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.

“Sexual abuse” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

“Physical abuse” includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

“Mental abuse” includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.

“Involuntary seclusion” is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident’s will, or the will of the resident’s legal representative...

F225

42 CFR § 483.13(c)(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

42 CFR § 483.13(c)(3) The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

42 CFR § 483.13(c)(4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken...

F323

42 CFR § 483.25(h) Accidents

...an incident involving a resident who willfully inflicts injury upon another resident should be reviewed as abuse under the guidance for 42 CFR § 483.13(b) at F223. “Willful” means that the individual intended the action itself that he/she knew or should have known could cause physical harm, pain, or mental anguish. Even though a resident may have a cognitive impairment, he/she could still commit a willful act. However, there are instances when a resident’s willful intent cannot be determined. In those cases, a resident-to-resident altercation should be reviewed under tag F323. It is important that a facility take reasonable precautions, including providing adequate supervision, when the risk of resident-to-resident altercation is identified or should have been identified... The facility is responsible for identifying residents who have a history of disruptive or intrusive interactions, or who exhibit other behaviors that make them more likely to be involved in an altercation. The facility should identify the factors (e.g., illness, environment, etc.) that increase the risks associated with individual residents, including those (e.g., disease, environment) that could trigger an altercation. The care planning team reviews the assessment along with the resident and/or his/her representative, in order to identify interventions to try to prevent altercations...