



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 21, 2021

Ms. Lynne Stratton, Manager
Brookdale At Fillmore Pond
300 Village Lane
Bennington, VT 05201-9041

Dear Ms. Stratton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 7, 2021**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/07/2021
NAME OF PROVIDER OR SUPPLIER BROOKDALE AT FILLMORE POND		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VILLAGE LANE BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/7/2021. The was a regulatory violation identified as a result of this investigation.	R100	Plan of Correction is attached. Also attached is our policy for Behavioral Problem Solving Process and Procedure; our Change of Condition policy; our Documentation policy; and a copy of Vermont Resident Rights and Reporting policy used for re-training of appropriate staff members.	
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview that facility failed to ensure that one of three residents in the sample (Resident #1) was treated with consideration, respect, and dignity by staff. Findings include: Per record review Resident #1 was admitted to the facility on 7/9/2021 with multiple diagnoses including Alzheimer's Disease. Nursing progress notes reflect that the resident started to become aggressive and resistive/combatative with care after admission. A nurse's progress note written on 8/23/2021 at 10:49 PM states that Resident #1 was "Very difficult to redirect, some combativeness with care". On 8/21/2021 at 10:34 PM a nurses progress note was written that states "This evening Resident bit a staff member in the hand during care. When the staff member tried positioning [her/his] brief the resident became combative and bit the staff member in the hand". A nurse's progress note written on 8/16/2021 at 10:30 PM states "non-compliant with	R213		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

R01C11

If continuation sheet 1 of 3

R213 POC accepted 10/21/21 S Freeman R/BMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/07/2021
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R213	<p>Continued From page 1</p> <p>evening care, stopped let resident alone reapproached later compliant with toileting, and bottom care only, during pm care tried hitting, and yelling at staff".</p> <p>Per interview with a Resident Care Attendant (RCA) #1 on 9/7/2021 at 3:17 PM, Resident #1 refuses care often on the evening shift. One evening at the direction of a Licensed Practical Nurse (LPN) s/he and another RCA (RCA #2) had assisted the LPN in bringing Resident #1 to the bathroom. "The nurse wanted us to three tag- team [the resident] and bring [her/him] to the bathroom 'because [s/he] was refusing care'." The RCAs then "got [her/him] into bed and the nurse insisted that [the resident] be 1:1. We had to lay [her/him] back down when [s/he] would try to get up, against [her/ his] right to have to stay in bed if [s/he] didn't want to". The RCA then stated that about "two weeks later the same nurse (LPN) and [RCA #2] took [the resident] to the bathroom. I kept hearing [RCA #2] telling [the resident] to knock it off three times. I don't know what [the resident] was doing, but I could hear [RCA #2]. [The resident] was 'drenched in urine, but I knew in my heart it was not the right thing to do'."</p> <p>Per interview with RCA #2 on 9/7/2021 at 3:59 PM s/he stated that Resident #1 would become "aggressive when we had to do care on [her/him]. "We can't just leave [her/him] like that. [S/he] would get upset but we couldn't leave [her/him] that like that being an LNA (Licensed Nursing Assistant). [S/he] would get a little aggressive hitting punching and kicking when we would try to take [her/his] cloths off. We would tug on pants and be like pull these down. We would reapproach [her/him] and keep [her/him] in [her/his] room when [s/he] was wet". The RCA #2 also stated that "[Resident #1] was challenging</p>	R213		

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R213	<p>Continued From page 2</p> <p>and time consuming, [s/he] could do things on [her/his] own. [S/he] was going to do it on [her/his] time, you just needed to be patient. [S/he] bit me one night during care. I was handing [her/him] a washcloth, and another aide was in the room [the resident] was trying to get up. The next time I worked [s/he] was on different meds (medications), had become more aggressive, and needed two aides. One aide to keep [her/his] hands occupied holding hands so [s/he] could not hit and swing at us. We wouldn't do it unless [s/he] was very soiled. I would say I'm sorry buddy you need to change your pants. [S/he] took a lot and I would say I can't leave you like this. We had to get the nurse the day [s/he] bit me. [S/he] was hitting and punching. [S/he] had poop all up [her/his] back and down [her/his] legs". RCA #2 also stated "It seemed like [s/he] was embarrassed. [S/he] wasn't combative when you took off [her/his] shirt but when you got to the soiled part [s/he] got frustrated like [s/he] was embarrassed because [s/he] only got aggressive when you went to wash [her/him] up. Yeah, [s/he] was combative, I would be too".</p> <p>Per phone interview on 9/7/2021 at 4:50 PM with the facility administrator, she/he had not been aware of any concerns regarding staff forcing Resident #1 to allow personal care. S/he stated, "we have zero tolerance for things like this and the staff know better."</p>	R213		

9/7/2021 Brookdale Fillmore Pond – Plan of Correction

R213 Residents Rights

1. What action you will take to correct the deficiency:

All Appropriate Staff have been retrained by the Executive Director on the Vermont Bill of Residents Rights, Change of Condition Policy and Documentation policies, which includes evaluation of emergency and non- emergency situations, notifying the primary care provider and proper documentation as of October 20, 2021.

2. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

All memory care staff will be retrained on the Clare Bridge “7 Steps to Problem Solving” and “Behavioral Problem Solving and Procedure : Accessing Regional and Divisional Support” by the memory care program manager by October 20, 2021.

How the corrective actions will be monitored so the deficient practice does not recur:

The Health and Wellness Director or designee will monitor for continued residents rights compliance through daily shift reports and the community's bi-weekly Collaborative Care Review process.

The Executive Director will be responsible for completion of the corrective action plan and ongoing compliance as of **10/18/2021**.


Lynne Stratton, Executive Director 10/18/21

**Subject:**

Behavioral Problem-Solving Process and Procedure:
Accessing Regional and Divisional Supports – 5

Guideline:

1. Once a behavioral expression has been identified, the community team should meet to explore and clarify the symptoms that are associated with the resident's distress (Refer to the 7 Step Problem Solving Process).
2. Complete the Behavioral Review with Divisional Dementia Care Manager, by looking into the social history information, Daily Path forms and accessing information from family. In addition, look in the medical record to gather information on medical conditions, past illnesses, and medications. Consult with direct Care Associates. All information gathered is entered into the Behavioral Review with Divisional Dementia Care Manager.
3. Complete the Survey of Discomfort in Dementia form. Gather information from associates on all shifts and the medical record and social history information.
4. Complete the 7 Step Problem Solving Process per protocol.
5. If the team struggles to come up with ideas or feels they need further support, contact your **District/Regional Director of Clinical Services** and request a Conference Call for a Behavioral Review. Your District/Regional Director of Clinical Services will then coordinate a conference call with the Dementia Care Support Team and the community team.
6. The Behavioral Review and the Survey of Discomfort forms will need to be sent in advance of the call to the attendees of the call, including the DCS and the District/Regional Director of Clinical Services.
7. The conference call will be scheduled, the case reviewed, interventions suggested and a plan for follow up/feedback after utilizing the interventions.
8. In the event a resident's behavioral expression poses immediate danger to the resident or others, please ensure the safety of the residents first and eliminate the immediate danger. Once residents and others are safe, begin the process identified above to access the District/Regional Director of Clinical Services and Dementia Care Support Team.

Policy Name: Change of Condition - CS-20-1	Effective Date: 8/1997
Category/Sub-Function: Clinical Services, Operations	Last Revised: 7/2010; 6/2013, 1/2015; 6/2020; 2/2021
Applies to: Assisted Living, Alzheimer's and Dementia Care	Policy Owner: SVP Clinical Services

Policy Overview

A change of condition should be evaluated and documented for residents who exhibit significant deviation in physical or mental status such as:

- Change in medical condition.
- Change in behavior.
- Change in cognitive ability.

Policy Detail

Emergent:

1. Residents with unstable or potentially life threatening medical or mental health conditions should be evaluated by a physician/healthcare provider (HCP) or sent to the emergency department, as warranted by their condition. If the resident is under the care of Hospice, contact the Hospice provider for further information. In case of head injury, follow the Head Injury policy.
2. 911 should be called immediately for residents experiencing life-threatening emergencies. Associates should administer basic First Aid to the resident until emergency medical personnel arrive. Associates will follow the instructions of the 911 operator.
3. The physician/HCP and legally responsible party should be notified of the resident's change in condition and the resident should be transported to the hospital.
4. Update the Resident Record and Service Plan as needed.

Non-Emergent:

1. The Physician/HCP and legally responsible party should be notified of resident's change of condition.
2. All necessary medical care and treatment measures should be initiated and provided at the direction of the physician/HCP.
3. Update the Resident Record and Service Plan as needed.

Related Documents/ Other Manuals

Head Injury PP
 Transitions of Care Transfer Information PP
 Call 911 How-to
 Evaluation Process PP
 Service Plan Process PP
 Falls Management Policy
 Alert Charting Clinical Guideline - 3

Forms/Links

Resident Log Form
When to Call 911 Flowchart - Hospice Residents
When to Call 911 Flowchart - Non-Hospice Residents

Policy Name: Documentation Policy - DOC-1	Effective Date: 5/2000
Category/Sub-Function: Operations/Clinical Services	Last Revised: 8/2010, 3/2017, 1/2019, 12/2020
Applies to: Assisted Living, Alzheimer's and Dementia Care	Policy Owner: SVP Clinical Services

Policy Overview

Care and services including those prescribed by the physician/Healthcare provider, and outlined on the resident's personal service plan (PSP) are provided as scheduled. Documentation is completed on a documentation by exception basis. Documentation of exceptions in care and services provided may include events such as resident refusal, resident change in condition, unexpected clinical outcomes, physician/healthcare provider and responsible party notification, or other conditions outlined in the Alert Charting Clinical Guideline/quick reference guides (QRG's), and may be documented in detail in the Resident Log/PointClickCare (PCC) Progress Notes.

Policy Detail

1. Care and services not provided according to the PSP and assignment sheets, including because of resident declination, reason for, or other circumstances should be documented in the resident's record.
2. Health and Wellness Director (HWD), nurse or designee should document in the resident record those events and changes of condition that require physician/healthcare provider notification, additional monitoring, or specific interventions. See the Alert Charting Clinical Guideline.
3. Documentation should include exceptions to care-specific details with the resident's response to care provided, which may include care provided by third party providers.
4. Each entry, either paper-based or electronic form, should include the date and time, the information being documented and the signature and title of the associate who is recording the information.
5. Information documented in the Resident Record is confidential and may only be released in accordance with Federal / state laws and company policy.
6. Falsification of a medical record is prohibited.

Related Documents/ Other Manuals

ADL Documentation PP
 Shift Report Policy
 Brookdale Associate Handbook
 Authorization to Use or Disclose PHI
 State-specific Documentation Policies

Forms/Links

[Resident Log Form](#)
[Shift Report Form](#)
[Alert Charting Clinical Guideline - 3](#)
[Interdisciplinary Notes Form](#)
[Skills Practice Guide- Progress Notes - PointClickCare \(AL-ALZ\)](#)
[COVID-19+/Presumed+ Q Shift PCC Alert Charting Documentation SL QRG](#)
[COVID-19+/Presumed+ Q Shift Alert Charting Documentation Form](#)



1. You shall be treated with consideration, respect and full recognition of your dignity, individuality, and privacy. A home may not ask you to waive your rights.
2. We shall establish and adhere to a written policy regarding the rights and responsibilities of our residents, which shall be explained to you at the time of admission.
3. You may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others or would create a fire or safety hazard.
4. You shall not be required to perform work for us. If you choose to perform specific tasks for us you shall receive reasonable compensation which shall be specified in a written agreement with you.
5. You shall be allowed to associate, communicate and meet privately with persons of your own choice. We shall allow visiting hours from at least 8 a.m. to 8 p.m., or longer. Visiting hours shall be posted in a public place.
6. You may send and receive personal mail unopened.
7. You have the right to reasonable access to a telephone for private conversations. You shall have reasonable access to the home's telephone except when restricted because of excessive unpaid toll charges or misuse. Restrictions as to telephone use shall be in writing. You may, at your own expense, maintain a personal telephone in your own room.
8. You may complain or voice a grievance without interference, coercion or reprisal. We shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to our grievance mechanism.
9. You may manage your own personal finances. We shall not manage your finances unless requested in writing by you and then in accordance with your wishes. We shall keep a record of all transactions and make the record available, upon request, to you or your legal representative, and shall provide you with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.
10. Your right to privacy extends to all records and personal information. Personal information about you shall not be discussed with anyone not directly involved in your care. Release of any record, excerpts from or information contained in such records shall be subject to your written approval, except as requested by our representatives to carry out our responsibilities or as otherwise provided by law.
11. You have the right to review the resident's medical or financial records upon request.
12. You shall be free from mental, verbal or physical abuse, neglect, and exploitation. You shall also be free from restraints.
13. When a resident is adjudicated mentally disabled, such powers as have been delegated by the Probate or Family Court to the resident's guardian shall devolve to the guardian pursuant to applicable law.

2) RESIDENTS' RIGHTS

RESIDENTIAL CARE HOME

Explanation: Each resident shall have rights which include, but not limited to the following:

1. You shall be treated with consideration, respect and full recognition of your dignity, individuality and privacy. A home may not ask you to waive your rights.
2. We shall establish and adhere to a written policy regarding the rights and responsibilities of our residents, which shall be explain to you at the time of admission.
3. You may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others or would create a fire or safety hazard.
4. You shall not be required to perform work for us. If you choose to perform specific tasks for us you shall receive reasonable compensation which shall be specified in a written agreement with you.
5. You shall be allowed to associate, communicate and meet privately with persons of your own choice. We shall allow visiting hours from at least 8 a.m. to 8 p.m., or longer. Visiting hours shall be posted in a public place.
6. You may send and receive personal mail unopened.
7. You have the right to reasonable access to a telephone from private conversations. You shall have reasonable access to the home's telephone except when restricted because of excessive unpaid toll charges or misuse. Restrictions as to telephone use shall be in writing. You may, at your own expense, maintain a personal telephone in your own room.
8. You may complain or voice grievance without interference, coercion or reprisal. We shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to our grievance mechanism.
9. You may manage your own personal finances. We shall not manage your finances unless in writing by you and then in accordance with your wishes. We shall keep a record of all transactions and make a record available, upon request, to you or your legal representative, and shall provide you with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home.

10. Your rights to privacy extend to all records and personal information. Personal information about you shall not be discussed with anyone not directly involved in your care. Release of any records, excerpts from or information contained in such records shall be subject to your written approval, except as requested by our representatives to carry out our responsibilities or as otherwise provided by law.
11. You have the right to review the resident's medical or financial records upon request.
12. You shall be free from mental, verbal or physical abuse, neglect and exploitation. You shall also be free from restraints.
13. When a resident is adjudicated mentally disabled such powers as have been delegated by the probate or Family Court to the resident's guardian shall devolve to the guardian pursuant to applicable law.
14. Residents subject to transfer or discharge from the home shall:
 - a. Be allowed to participate in the decision-making process of the home concerning the selection of an alternative placement:
 - b. Receive adequate notice of a pending transfer: and
 - a. Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. 3091.
15. You have the right to refuse care to the extent allowed by law. This includes the right to discharge yourself from the Community. We must fully inform you the consequences of refusing care. If you make a fully informed decision to refuse care, we must respect that decision and is absolved of further responsibility. If the refusal of care will result in your needs increasing beyond what we are licensed to provide, or will result in the Community be in violation of the regulations, we may issue you a thirty (30) day notice of discharge.
16. You have the right to formulate advance directives as provided by the state law and to have us follow your wishes.
17. ACCS residents have the right to be away from the home for voluntary leaves of more than 24 hours, unless a legally appointed guardian directs the home otherwise. ACCS residents have the right to make decisions about such voluntary leaves without influence from the home.
18. The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A summary of the obligations of the residential care home to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the home. Such notice shall also summarize the home's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc.

ABUSE PREVENTION, IDENTIFICATION & REPORTING

Policy: To protect residents from physical, mental, fiduciary (financial), sexual and verbal abuse or neglect.

Definitions

- **ABANDONMENT** is the leaving of a resident without the means or ability to obtain necessary food, clothing, shelter, or healthcare, either by action or inaction of a person or entity.
- **ABUSE** is the willful action or inaction that inflicts injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish.
- **SEXUAL ABUSE** is any form of non-consensual contact including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing and sexual harassment. This includes any sexual contact between a staff person and a resident, whether or not it is consensual.
- **MENTAL ABUSE** is the willful action or inaction of mental or verbal abuse. This includes but is not limited to, coercion, harassment, inappropriately isolating a resident from family, friends or regular activity, and verbal assault that includes ridiculing, intimidating, yelling or swearing.
- **PHYSICAL ABUSE** is the willful act of inflicting bodily injury or physical mistreatment. This includes, but is not limited to, striking, with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints.
- **EXPLOITATION** is the act of forcing, compelling, or exerting undue influence over a resident causing them to act in a way that is inconsistent with relevant past behavior, or causing the resident to perform services for the benefit of another. This includes, but is not limited to **FIDUCIARY ABUSE** which is the improper use of the property, income, resources or trust funds of the resident by any person for their personal profit or advantage.
- **NEGLECT** is a pattern of conduct or inaction of a care provider that fails to provide goods or services that maintain physical or mental health or that fails to avoid or prevent physical or mental harm or pain, or an act of omission that constitutes a clear and present danger to health, welfare, or safety of a resident.

Abuse Prevention

- The community staff will strive to safeguard residents from abuse, neglect and exploitation.
- Provide orientation and training consistent with state guidelines, and after an alleged event.

Response

Immediate Actions

- Remove resident(s) from immediate danger
- Obtain medical care if necessary
- Follow appropriate steps below.

Mandatory Reporting

- Community employees are mandated reporters so may report any known or suspected resident abuse, neglect, or exploitation without fear of reprisal, retaliation, disciplinary action, or termination.
- Alleged or suspected abuse, neglect or exploitation should be immediately reported to the required state agencies, regardless of the length of time since the alleged occurrence took place.
- Reports should be made immediately to the Executive Director, Resident Care Director or other appropriate supervisory personnel.
- Executive Director should notify RDO and RDQS.
- Executive Director or designee investigates all reports of alleged/suspected abuse or neglect.
- Physical assault and/or sexual assault are considered crimes and must be reported to the local law enforcement agency along with notification to the state agency responsible for investigation when required by state regulations. Follow law enforcement guidelines for evidence preservation and collection.
- The phone numbers of these agencies will be posted in a public area that can be seen by residents, families, employees and visitors.
- Refer to State-specific section below for telephone numbers and additional requirements.

Alleged Resident to Resident Abuse

- Staff are encouraged to report signs or symptoms of resident aggressive behavior either verbal or physical. Behaviors will be communicated to the physician and responsible party for necessary evaluation and or appropriate treatment.
- Immediately separate involved residents. Safeguard all involved residents.
- Obtain medical care as necessary.
- Notify physician(s) and follow through with orders given.
- Begin investigation process as outlined below.
- Update involved resident's Service Plans as necessary.

Alleged Sexual Abuse

- Safeguard residents and provide emotional support.
- Do not bathe, shower or change clothing of allegedly involved residents.
- Do not disturb the residents' room(s) or location where alleged abuse occurred; do not change linens.
- Notify Physician, Responsible Party and Police.
- Transport involved resident(s) to Emergency Room or Rape Crisis Center for Evaluation and treatment as indicated by medical professionals.
- If an employee is alleged to be involved in the sexual abuse, suspend immediately pending investigation.
- Complete required reports according to state regulations.
- Follow up to obtain psychosocial/support/counseling per physician or medical professional.

INVESTIGATION

The Investigation into allegations of abuse, neglect or exploitation will be conducted in privacy and documented by the Executive Director or designee using the Event Investigation form. The Executive Director may delegate all or part of this investigation, but he/she remains accountable for this process.

- If an allegation or suspected abuse, neglect or exploitation is been reported, complete an Event Report.
- The Executive Director or designee completes an investigation and documents the findings.
- If gathering written statements from involved parties is warranted, consult the RDO and RDQS and use the Human Resources Department as a resource.
- Notify appropriate agencies and authorities.
- Executive Director or designee shall notify the RDO and the RDQS of the investigation findings.

During the investigative process:

- If the individual(s) involved is an employee, place the employee on administrative leave until the investigation has been completed.
- If the individual(s) involved is not employed by the community, suspend visitation to the community or supervise with community personal until the investigation has been completed.
- Complete investigation within the state specified time frame.
- In the event that the findings of the investigation validate the occurrence, the proceed with appropriate corrective actions.

Important

- Complete a separate Event Management Report for EACH resident involved in any alleged or suspected occurrence.