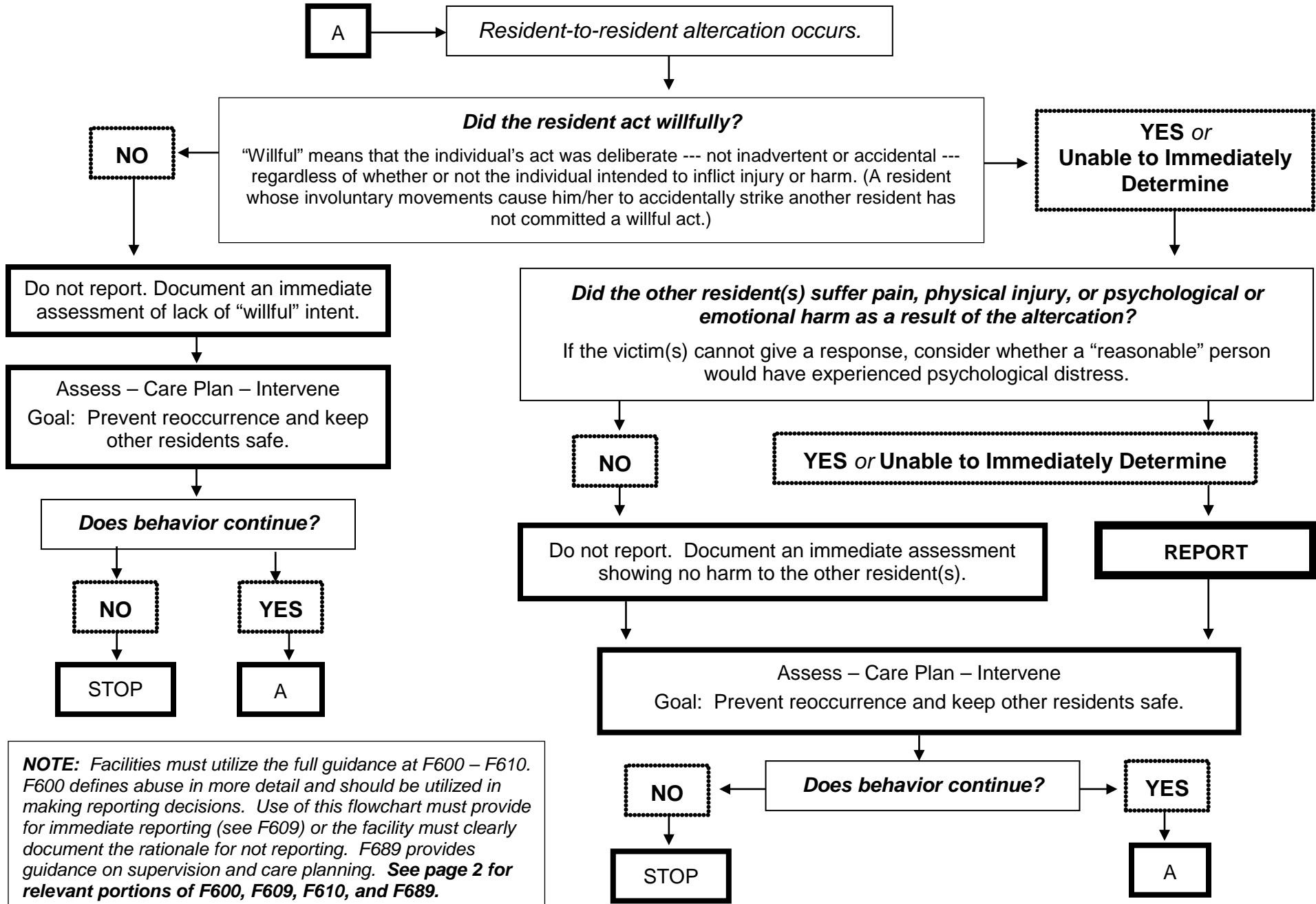




RESIDENT-TO-RESIDENT ALTERCATION FLOWCHART (Nursing Home Use Only)

Department of Health Services / Division of Quality Assurance
P-00361 (06/2018)



NOTE: Facilities must utilize the full guidance at F600 – F610. F600 defines abuse in more detail and should be utilized in making reporting decisions. Use of this flowchart must provide for immediate reporting (see F609) or the facility must clearly document the rationale for not reporting. F689 provides guidance on supervision and care planning. See page 2 for relevant portions of F600, F609, F610, and F689.

F600

42 CFR § 483.12(a) The facility must:

42 CFR § 483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

INTENT

Each resident has the right to be free from abuse, neglect, and corporal punishment of any type by anyone.

“**Abuse**” is defined at § 483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse 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. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through the use of technology.”

“**Sexual abuse**” is defined at § 483.5 as “non-consensual sexual contact of any type with a resident.”

“**Willful**,” as defined at § 483.5 and as used in the definition of ‘abuse,’ means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

“**Physical abuse**” includes --- but is not limited to --- hitting, slapping, punching, biting, and kicking.

“**Mental abuse**” is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.

Verbal abuse may be considered to be a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds to residents within hearing distance, regardless of age, ability to comprehend, or disability.

F609

42 CFR § 483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

42 CFR § 483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, **to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.**

42 CFR § 483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency within five working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

F610

42 CFR § 483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

42 CFR § 483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.

42 CFR § 483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

F689

42 CFR § 483.25(d) Accidents

A resident to resident altercation should be reviewed as a potential situation of abuse which should be investigated under the guidance for 42 CFR § 483.12 (F600). Even though a resident may have a cognitive impairment, he/she could still commit a willful act.

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., pain, specific triggers in the environment, etc.) that increase the risks associated with individual residents, including those that could trigger an altercation. The interdisciplinary team reviews the assessment, along with the resident and/or his/her representative, in order to address the underlying reasons for the behavioral manifestations and to identify interventions to try to prevent altercations.