



Abuse and Neglect Implementation Checklist (F609)

On June 29, 2022, the Centers for Medicare & Medicaid Services (CMS) updated Appendix PP of the State Operations Manual. New and revised guidance covers significant sections of the Requirements of Participation and must be implemented by October 24, 2022.

LeadingAge has developed implementation checklists to assist members as they work toward compliance. The checklists and other resources are not exhaustive and LeadingAge strongly encourages members to review the CMS guidance to ensure compliance with all required elements.

Excerpts from the guidance and suggested action items are organized according to the headings provided by CMS in the State Operations Manual, Appendix PP. Excerpts are italicized, with new/revised guidance noted in red text.

483.12 Freedom from Abuse, Neglect, and Exploitation

F609 Reporting of Alleged Violations

New Guidance (in red): (p. 144)

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.

(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.

(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.

(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily

injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

INTENT

The intent is for the facility to develop and implement policies and procedures that:

- *Provide annual notification to each covered individual of their obligation to comply with the reporting requirements under section 1150B(b) of the Act;*
- *Ensure reporting reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with Section 1150B of the Act; and*
- *Ensure that all covered individuals, i.e., the owner, operator, employee, manager, agent or contractor, report reasonable suspicion of crimes, as required by Section 1150B of the Act.*

The facility should provide oversight and monitoring to ensure that implement the required policies and procedures, per 42 CFR §483.12(b).

In addition, the facility must report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the proper authorities within prescribed timeframes.

Action Items:

- ☐ Develop policies and procedures to annually notify covered individuals of responsibility to report reasonable suspicions of crime against residents to State Agency and law enforcement entities.
- ☐ Develop policies and procedures to ensure reporting of reasonable suspicions of crime against residents within requirement timeframes:
 - Within 2 hours if the events that cause suspicion result in serious bodily injury, or
 - Within 24 hours if the events that cause the suspicion do not result in serious bodily injury.
- ☐ Develop oversight and monitoring processes to ensure implementation of required policies and procedures.
- ☐ Train staff on policies and procedures including who is a covered individual, responsibilities for reporting, timeframes for reporting, and processes for oversight and monitoring.

DEFINITIONS

New Guidance (in red): (p. 146)

*“Alleged violation” is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, **another health care provider**, or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.*

“Covered individual” is anyone who is an owner, operator, employee, manager, agent or contractor of the facility (see section 1150B(a)(3) of the Act).

“Crime”: Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when all of the following criteria are met:

- The source of the injury was not observed by any person; and*
- The source of the injury could not be explained by the resident; and*
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.*

“Law enforcement,” as defined in section 2011(13) of the Act, is the full range of potential responders to elder abuse, neglect, and exploitation including: police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners.

“Serious bodily injury” is defined in section 2011(19) of the Act and means an injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation (see section 2011(19)(A) of the Act). Serious bodily injury is considered to have occurred when an injury results from criminal sexual abuse (see section 2011(19)(B) of the Act).

“Criminal sexual abuse”: In the case of “criminal sexual abuse” which is defined in section 2011(19)(B) of the Act, serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

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

Action Items:

- ☐ Review Abuse Prevention policies and applicable policies related to abuse investigations, abuse reporting, etc. to ensure appropriate definition of key terms.
- ☐ Train staff on definitions of key terms.

GUIDANCE

REPORTING (p. 147)

New Guidance:

NOTE: Once an individual suspects that a crime has been committed, facility staff should exercise caution when handling materials that may be used for evidence or for a criminal investigation. Facilities should reference applicable State and local laws regarding preserving evidence. It has been reported that some investigations were impeded due to washing linens or clothing, destroying documentation, bathing or cleaning the resident before the resident has been examined, or failure to transfer a resident to the emergency room for examination including obtaining a rape kit, if appropriate.

Action Items:

- ☐ Review state and local laws regarding preserving evidence in criminal investigations.
- ☐ Review policies related to responding to allegations of abuse to ensure proper resident care following an allegation that does not interfere with applicable state and local laws regarding preserving evidence.
- ☐ Train staff on proper resident care and preservation of evidence according to policies and applicable state / local laws.

New Guidance: (p. 148)

The following table describes the different reporting requirements that are addressed under 42 CFR 483.12:

	<i>42 CFR 483.12(b)(5) and Section 1150B of the Act</i>	<i>42 CFR 483.12(c)</i>
<i>What is to be reported</i>	<i>Any reasonable suspicion of a crime against a resident or an individual receiving care from the facility</i>	<i>1) All alleged violations of abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property</i>

		2) The results of all investigations of alleged violations
Who is required to report	Any covered individual which means the owner, operator, employee, manager, agent, or contractor of the facility	The facility
To whom	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., the full range of potential responders to elder abuse, neglect, and exploitation, including police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, and coroners)	The facility administrator and to other officials in accordance with state law, including the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
When	<p>Serious bodily injury – immediately but not later than 2 hours* after forming the suspicion</p> <p>No serious bodily injury – not later than 24 hours*</p>	<p>All alleged violations –</p> <p>1) Immediately but not later than 2 hours* if the alleged violation involves abuse or results in serious bodily injury</p> <p>2) Not later than 24 hours* if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property and does not result in serious bodily injury</p> <p>Results of all investigations of alleged violations – within 5 working days of the incident</p>

* - Reporting requirements under this regulation are based on real (clock) time, not business hours

Action Items:

- ☐ Review policies and procedures to ensure consistency with both 42 CFR 483.12 and Section 1150B of the Social Security Act.
- ☐ Train staff on responsibilities for reporting according to both.

New Guidance: (p. 149)

ENSURING THE REPORTING OF A REASONABLE SUSPICION OF A CRIME

A facility's policies and procedures for reporting under 42 CFR 483.12(b)(5) should specify the following components, which include, but are not limited to:

- Identification of who in the facility is considered a covered individual;*
- Identification of crimes that must be reported;*

NOTE: Each State and local jurisdiction may vary in what is considered to be a crime and may have different definitions for each type of crime. Facilities should consult with local law enforcement to determine what is considered a crime.

- Identification of what constitutes "serious bodily injury;"*
- The timeframe for which the reports must be made; and*
- Which entities must be contacted, for example, the State Survey Agency and local law enforcement.*

There are instances where an alleged violation of abuse, neglect, misappropriation of resident property and exploitation would be considered to be reasonable suspicion of a crime. In these cases, the facility is obligated to report to the administrator, to the state survey agency, and to other officials in accordance with State law (see F609). Regardless, covered individuals still have the obligation to report the reasonable suspicion of a crime to the State Survey Agency and local law enforcement.

Some facilities may have policies and procedures where the administrator could coordinate timely reporting to the State Survey Agency and law enforcement on behalf of covered individuals who choose to report to the administrator. Risks to the covered individual for reporting to the administrator could be mitigated if an individual has clear assurance that the administrator is reporting it and submitting a collective report would not cause delays in reporting according to specified timeframes. Reports should be documented and the administrator should keep a record of the documentation. It remains the responsibility of each covered individual to ensure that his/her individual reporting responsibility is fulfilled, so it is advisable for any multiple-person report to include identification of all individuals making the report. In addition, a facility cannot prohibit or circumscribe a covered individual from reporting directly to law enforcement even if it has a coordinated internal system.

Surveyors must review whether the facility has included in its policies and procedures examples of crimes that would be reported. Examples of situations that would likely be considered crimes in all subdivisions would include but are not limited to:

- *Murder;*
- *Manslaughter;*
- *Rape;*
- *Assault and battery;*
- *Sexual abuse;*
- *Theft/Robbery;*
- *Drug diversion for personal use or gain;*
- *Identity theft; and*
- *Fraud and forgery.*

There are political subdivisions that have other examples for which instances of elder mistreatment are considered to be crimes. Because all reasonable suspicions of crimes must be reported, regardless of whether it is perpetrated by facility staff, residents, or visitors, it would be especially beneficial for the facility to work with local law enforcement in determining what would not be reported (e.g., all cases of resident to resident conflict may not rise to the level of abuse and may not be appropriate to report to local law enforcement).

Even in the presence of a policy and procedure, failure to report a reasonable suspicion of a crime may be indicative of failure to implement the facility's policies and procedures. Surveyors should investigate further and document the failure to develop and/or implement policies and procedures for reporting suspected crimes (e.g., how the facility may not have provided notification to its employees, how covered individuals are fearful of reporting or do not want to get others in trouble, etc). Facilities must ensure the reporting of a reasonable suspicion of a crime by implementing proper policies and procedures addressing the following actions, which should include, but are not limited to:

- *Orienting new and temporary/agency/contractor staff to the reporting requirements;*
- *Assuring that covered individuals are annually notified of their responsibilities in a language that they understand;*
- *Identifying barriers to reporting such as fear of retaliation or causing trouble for someone, and implementing interventions to remove barriers and promote a culture of transparency and reporting;*
- *Identifying which cases of abuse, neglect, and exploitation may rise to the level of a reasonable suspicion of crime and recognizing the physical and psychosocial indicators of abuse/neglect/exploitation;*
- *Working with law enforcement annually to determine which crimes are reported;*
- *Assuring that covered individuals can identify what is reportable as a reasonable suspicion of a crime, with competency testing or knowledge checks;*

- *Providing in-service training when covered individuals indicate that they do not understand their reporting responsibilities; and*
- *Providing periodic drills across all levels of staff across all shifts to assure that covered individuals understand the reporting requirements.*

Action Items:

- ☐ Review policies and procedures on reporting reasonable suspicion of a crime to ensure required components:
 - Identification of who in nursing home is a covered individual and therefore required to report;
 - Identification of crimes that must be reported;
 - Identification of what constitutes “serious bodily injury”;
 - Timeframes for reporting; and
 - Which entities must be contacted (e.g. State Survey Agency and local law enforcement).
- ☐ Review policies related to timely coordinated/collective reporting on behalf of covered individuals. Collective reporting does not alleviate staff’s responsibility for ensuring reporting within specified timeframes.
- ☐ Review processes for documenting reporting and maintaining documentation of reporting.
- ☐ Review strategies for ensuring implementation of policies:
 - Annually notifying covered individuals of reporting responsibilities in a language that they can understand;
 - Training staff, including orienting new or temporary/agency/contract staff, on how, when, what, and to whom to report;
 - Working annually with law enforcement to help identify what crimes are reported;
 - Identifying and training staff on psychosocial indicators of abuse/neglect/exploitation;
 - Identifying and removing barriers to reporting, including strategies for preventing retaliation against staff for reporting suspicions of crime;
 - Providing competency tests or knowledge checks, periodic drills, and in-servicing as necessary to ensure all staff are competent and capable of complying with requirements.

New Guidance: (p. 150)

Annual Notification of Reporting Obligations to Covered Individuals

The facility must develop and implement written procedures that include, but are not limited to, notifying covered individuals annually of their obligations to report reasonable suspicion of

crimes in the facility [See §483.12(b)(5)(i)]. Policies and procedures should include, but are not limited to, the following:

- *Identification of who are the covered individuals in the facility;*
- *How covered individuals are notified of the reporting requirements. Notification must include the following:*
 - *Each covered individual's independent obligation to report the suspicion of a crime against a resident or individual receiving care and services from the facility directly to local law enforcement and the State Survey Agency;*
 - *The timeframe requirements for reporting reasonable suspicion of crimes:*
 - *If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual must report the suspicion immediately, but not later than 2 hours after forming the suspicion;*
 - *If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion not later than 24 hours after forming the suspicion.*
- *Penalties associated with failure to report:*
 - *If a covered individual fails to report within mandated timeframes, the covered individual will be subject to a civil money penalty of not more than \$200,000, as adjusted annually under 45 CFR part 102; and the covered individual may be excluded from participation in any Federal health care program (as defined in section 1128B(f) of the Act).*
 - *If a covered individual fails to report within mandated timeframes and the violation exacerbates the harm to the victim of the crime or results in harm to another individual, the covered individual will be subject to a civil money penalty of not more than \$300,000, as adjusted annually under 45 CFR part 102; and the Secretary may make a determination in the same proceeding to exclude the covered individual from participation in any Federal health care program (as defined in section 1128B(f) of the Act).*
- *The mechanism for documenting that all covered individuals have been notified annually of their reporting obligations. Documentation may include a copy of a notice or letter sent to covered individuals with confirmation that it was received or a completed training/orientation attendance sheet documenting the individual completed training on reporting obligations.*

Action Items:

- ☐ Review policies related to annual notification of covered individuals of responsibility to report suspicions of crime against nursing home residents. Ensure policies include:
 - Who is a covered individual;
 - How covered individuals are notified of their reporting responsibilities including timeframes for reporting and to whom to report;

- Penalties for failure to report; and
 - Mechanisms for documenting annual notification.
- ☐ Ensure notification includes new, temporary, agency, and contract staff.

New Guidance: (p. 152)

The facility must submit reports that are accurate, to the best of its knowledge at the time of submission of the report. It is important that facilities not make reports that are misleading, such as reports that deliberately omit facts, or reports that are designed to make the incident appear less serious than it was, or reports that misrepresent the facility's response. Deliberate misrepresentations or omissions could result in a deficiency at F609 or may give rise to other deficiencies.

Initial Report- For alleged violations of abuse or if there is resulting serious bodily injury, the facility must report the allegation immediately, but no later than 2 hours after the allegation is made. For alleged violations of neglect, exploitation, misappropriation of resident property, or mistreatment that do not result in serious bodily injury, the facility must report the allegation no later than 24 hours. The facility must provide in its report sufficient information to describe the alleged violation and indicate how residents are being protected [see §483.12(c)(3)]. It is important that the facility provide as much information as possible, to the best of its knowledge at the time of submission of the report, so that State agencies can initiate action necessary to oversee the protection of nursing home residents. Please see Exhibit 358 for a sample form for initial reporting, with examples of information.

Follow-up Investigation Report- Within 5 working days of the incident, the facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken, if the allegation was verified. It is important that the facility provide as much information as possible, to the best of its knowledge at the time of submission of the report, so that State agencies can initiate action necessary to oversee the protection of nursing home residents [see §483.12(c)(4)]. The facility should include any updates to information provided in the initial report. Please see Exhibit 359 for a sample form for investigation report, with examples of information.

In the absence of a shorter State time frame requirement, all alleged violations involving abuse or resulting in serious bodily injury are reported immediately, but not later than 2 hours after the allegation is made. If the alleged allegation involves neglect, misappropriation of resident property, or exploitation and does not result in serious bodily injury, the facility must report not later than 24 hours after the allegation is made. The facility is not prohibited from fulfilling its reporting obligations earlier than the timeframes provided in the regulations, so that immediate actions can be taken to protect the resident(s).

Action Items:

- ❑ Review policies and protocols related to reporting allegations and suspicions of crimes against residents. Specify in policies and train staff on timelines for submitting initial reports within 2 hours or 24 hours depending on the occurrence of serious bodily injury and submitting follow-up investigation reports within 5 working days.
- ❑ Develop procedures and internal resources for ensuring all information is reported in initial reports. Develop protocols for providing clarifications, corrections, and additional information in follow-up investigation reports.

New Guidance: (p. 153)

If the surveyor discovers a reasonable suspicion of a crime committed against a resident of or an individual receiving services from the facility and it has not been reported by a covered individual, the surveyor reminds the facility of the covered individuals' obligation to report suspected crimes pursuant to section 1150B of the Act within the required timeframes. "Covered individual" is anyone who is an owner, operator, employee, manager, agent or contractor of the facility as defined in section 1150B(a)(3) of the Act. If a covered individual reports the suspected crime to local law enforcement, the surveyor must verify that the report was made (e.g., obtain time/date of report, name of person who received report, case number, etc.). If the covered individual refuses to report, or the surveyor cannot verify that a report was done, the surveyor must consult with his/her supervisor immediately, and the State Agency must report the potential criminal incident to law enforcement immediately. (See F609)

Action Items:

- ❑ Develop processes and protocols for documenting and tracking allegations and reports including time/date of report, name of person receiving the report, case number, etc. to ensure:
 - All covered individuals comply with reporting responsibilities, either through individual reporting or collective reporting.
 - Initial reports and follow-up investigation reports are submitted according to timeframes.
 - Reports are made to all appropriate entities including the Administrator, State Survey Agency, and local law enforcement.
 - Documentation of reports and any necessary follow-up can be provided to the surveyor for verification of reporting.

New Guidance: (p. 154)

Section I. Staff to Resident Abuse

All allegations/occurrences of all types of staff-to-resident abuse must be reported to the administrator and to other officials, including the State Survey Agency and adult protective services, where state law provides for jurisdiction in nursing homes [see § 483.12(c)]. This includes, but is not limited to:

- ☐ *All allegations/occurrences of physical, sexual, mental, and verbal abuse, including deprivation of goods and services by staff, and involuntary seclusion perpetrated by staff (See F600 and F603 for examples of types of abuse);*
- ☐ *Staff taking or distributing demeaning or humiliating photographs or recordings of residents through social media or multimedia messaging; and*
- ☐ *All reports from residents of abuse perpetrated by staff; allegations must not be dismissed on the basis of a resident's cognitive impairment(s).*

Action Items:

- ☐ Review abuse prevention program policies including policies related to reporting allegations of abuse to ensure that staff-to-resident abuse is reported to the administrator, state survey agency, and adult protective services as applicable.
- ☐ Train staff on to whom to report staff-to-resident abuse, including reporting to adult protective services, according to nursing home policy.

New Guidance: (p. 154)

Section II. Resident to Resident Altercations

Resident-to-resident altercations that must be reported in accordance with the regulations include any willful action that results in physical injury, mental anguish, or pain, as defined at §483.5. The tables below includes examples of resident to resident altercations and whether they are required to be reported.

Action Items:

- ☐ Review abuse prevention program policies to ensure inclusion of definition of “willful”.
- ☐ Review Appendix PP examples of Mental/Verbal Conflict, Sexual Contact, and Physical Altercations.
- ☐ Train staff on definition of “willful”, how to identify willful acts, and when and to whom to report resident-to-resident altercations.

New Guidance: (p. 158)

Section III. Reporting Suspicious Injuries of Unknown Source

“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when ALL of the following criteria are met:

- *The source of the injury was not observed by any person; and*
- *The source of the injury could not be explained by the resident; and*
- *The injury is suspicious because of:*
 - a) *The extent of the injury, or*
 - b) *The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), or*

- c) The number of injuries observed at one particular point in time, or*
- d) The incidence of injuries over time.*

Action Items:

- ☐ Review abuse prevention program policies to ensure inclusion of definition of “injuries of unknown source”.
- ☐ Review Appendix PP examples of Injuries of Unknown Source.
- ☐ Train staff on definition of “injuries of unknown source”, how to identify suspicious injuries of unknown source, and when and to whom to report injuries of unknown source.

New Guidance: (p. 160)

Section IV. Reportable Events Related to Potential Neglect

“Neglect,” means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.” (See §483.5) In other words, neglect occurs when the facility is aware, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in physical harm, pain, mental anguish or emotional distress. Alleged violations of neglect include cases where the facility demonstrates indifference or disregard for resident care, comfort or safety, resulting in physical harm, pain, mental anguish or emotional distress. There may be some situations in which the psychosocial outcome to the resident may be difficult to determine or incongruent with what would be expected. In these situations it is appropriate to consider how a reasonable person in the resident’s position would be impacted by the incident.

Action Items:

- ☐ Review abuse prevention program policies to ensure inclusion of definition of “neglect”.
- ☐ Review Appendix PP examples of Neglect.
- ☐ Train staff on definition of “neglect”, how to identify neglect, and when and to whom to report neglect.

New Guidance: (p. 161)

Section V. Reportable Allegations of Misappropriation of Resident Property and Exploitation

The facility must exercise reasonable care for the protection of the resident's property from loss or theft. See tag F584, 42 CFR §483.10(i)(1)(ii). The facility is expected to be responsive to a resident’s concerns about lost items.

“Exploitation,” as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

“Misappropriation of resident property,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

Action Items:

- ☐ Review abuse prevention program policies to ensure inclusion of definitions of “exploitation” and “misappropriation of resident property”.
- ☐ Review Appendix PP examples of Exploitation and Misappropriation of Resident Property.
- ☐ Train staff on definitions of “exploitation” and “misappropriation of resident property”, how to identify each, and when and to whom to report exploitation or misappropriation of resident property.

New Guidance: (p. 161)

Section VI. Reportable Allegations of Mistreatment

“Mistreatment,” as defined at §483.5, is “inappropriate treatment or exploitation of a resident.” Allegations of mistreatment should be reported only if they meet the criteria for reporting alleged violations of abuse and/or exploitation, which are described under the Sections above.

Action Items:

- ☐ Review abuse prevention program policies to ensure inclusion of definition of “mistreatment”.
- ☐ Train staff on definition of “mistreatment”, how to identify mistreatment, and when and to whom to report allegations of mistreatment.

INVESTIGATIVE PROTOCOL FOR POLICIES AND PROCEDURES RELATED TO REPORTING OF REASONABLE SUSPICION OF A CRIME (p. 162)

New Guidance:

PROCEDURES

If the surveyor discovers a reasonable suspicion of a crime being committed against a resident of or an individual receiving services from the facility and it has not been reported by a covered individual, the surveyor reminds the facility of the covered individuals’ obligation to report suspected crimes pursuant to section 1150B of the Act within the required timeframes.

“Covered individual” is anyone who is an owner, operator, employee, manager, agent or contractor of the facility as defined in section 1150B(a)(3) of the Act. If a covered individual reports the suspected crime to local law enforcement, the surveyor must verify that the report was made (e.g., obtain time/date of report, name of person who received report, case number, etc.). If the covered individual refuses to report, or the surveyor cannot verify that a report was

done, the surveyor must consult with his/her supervisor immediately, and the State Agency must report the potential criminal incident to law enforcement immediately.

Facility Policies and Procedures

Obtain and review the facility's policies and procedures to determine whether the facility is:

- Notifying covered individuals of their reporting responsibilities, and*
- Ensuring the reporting of reasonable suspicions of crimes.*

Interview Staff

Interview staff who may have knowledge of the alleged incident to determine how did staff follow facility policies and procedures, such as:

- What is his/her responsibility in reporting a reasonable suspicion of a crime,*
- What is the facility's policies and procedures for reporting,*
- What actions were taken when there was a suspected crime,*
- When he/she may have last received orientation, training, in-service, and/or notification regarding the reporting of suspected crimes, and*
- Whether there are any barriers to reporting. Additional interviews with other staff across all levels and different shifts may also be conducted.*

Interview – Administrator

Interview the Administrator to determine how the Administrator oversees the implementation of policies and procedures for reporting of suspected crimes.

Review of In-service Training/Orientation Records

Obtain and review documentation of training to determine whether covered individuals were notified annually of their responsibility in a language that the individual would understand to report allegations of suspected crimes against residents and individuals receiving care from the facility.

Action Items:

- ☐ Review abuse prevention program policies and procedures to ensure covered individuals are notified of responsibilities related to reported reasonable suspicions of crimes against residents.
- ☐ Train staff on process and procedures for reporting reasonable suspicions of crime. Include strategies employed by the nursing home to prevent retaliation against staff for reporting reasonable suspicions of crime.
- ☐ Develop processes and protocols for documenting and tracking allegations and reports including time/date of report, name of person receiving the report, case number, etc. to ensure documentation of reports and any necessary follow-up can be provided to the

surveyor for verification of reporting. Be sure processes include notifying appropriate staff of actions taken.

- ☐ Develop processes for providing annual notification and documenting provision of annual notification to covered individuals of reporting responsibilities. Include protocols for notifying new staff, temporary staff, and agency/contract staff of reporting responsibilities. Ensure processes for maintaining documentation that annual notification was provided.