



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

PROTECTING HEALTH AND  
KEEPING PEOPLE SAFE

## **F600**

# **Free from Abuse and Neglect:**

Peeling back the Regulatory Layers for  
Investigating and Reporting Abuse

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## Objectives

- Review the regulatory guidance at F600
- Discuss the different types of abuse
- Clarify the requirements for reporting of abuse
- Discuss the required components of an investigation

## §483.12 Freedom from Abuse, Neglect, and Exploitation

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

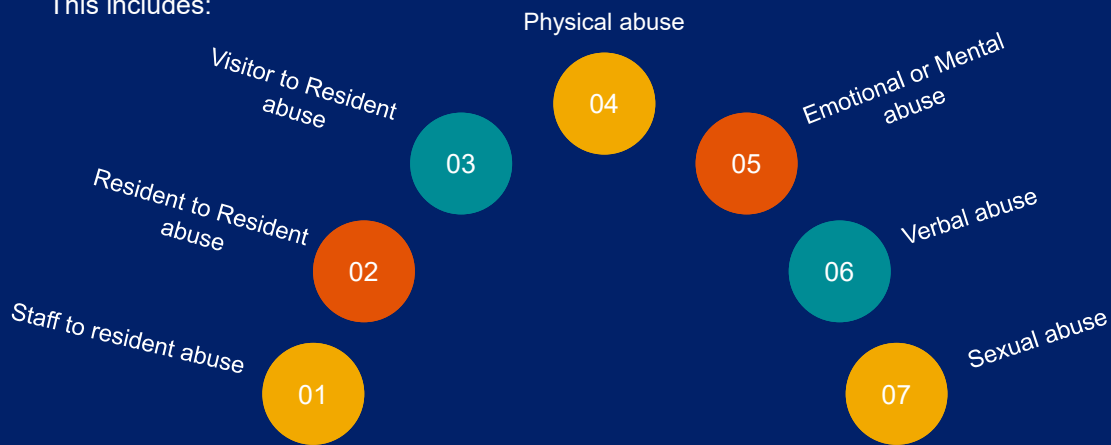
§483.12(a) The facility must—

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

## F600 Freedom From Abuse, Neglect, and Exploitation

The facility must provide a safe resident environment and protect residents from abuse.

This includes:



### Staff to Resident Abuse of any type

A facility can not disown the acts of their staff. Examples may include:

- Striking a combative resident
- Staff claiming their reaction was “reflexive” or “knee-jerk” and not intended to cause harm
- Retaliation of any kind

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## Staff to Resident Abuse of any type

The facility is responsible to ensure staff are trained and knowledgeable on how to react and respond to resident behavior including how to care for residents with dementia, difficult or disruptive behaviors, and other difficult situations.

Abuse and neglect training for facility staff should include:

- Abuse prevention
- How to identify potential or actual abuse
- What staff are expected to do if abuse is identified or suspected
- Reporting requirements including who to report to and how to make a report

## Resident to Resident Abuse of any type

The facility should review resident to resident altercations as potential abuse

Any willful or deliberate action on the part of one resident to another resident must be reported and investigated as abuse

The word “willful” means that the individual’s action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm

***Note: A resident with cognitive impairment or a mental illness can still act deliberately***

## Resident to Resident Abuse of any type

The facility should complete and evaluate the effectiveness of resident assessments and care planning interventions to address the resident's distressed behaviors including sexual, physical, or verbal aggression.

Behaviors that may provoke a reaction by residents or others, should be monitored by staff. This may include but is not limited to:

- Verbally aggressive behavior
- Physically aggressive behavior
- Sexually aggressive behavior
- Taking, touching, or rummaging through others' property
- Wandering into others' rooms/space

## Visitor to Resident Abuse

The facility may identify or suspect that a family member or friend is responsible for resident abuse. For visitor to resident abuse:

- Interventions must be implemented to ensure the resident remains free from abuse during the investigation.
- If determined limited and supervised visitation or no visitation with that suspected person is appropriate until the investigation is complete, this must be discussed with the resident or their representative first.
- The resident may also decline visitation with this person.

## Physical Abuse

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

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Corporal punishment, which is physical punishment, is used as a means to correct or control behavior.

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Possible indicators of physical abuse include:

- An injury that is suspicious,
- The extent or location of the injury is unusual, and
- The number of injuries either at a single point in time or over time

## Emotional and Mental Abuse

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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.

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## Emotional and Mental Abuse

Reportable examples, may include, but are not limited to:

- Intimidation
- Bullying
- Communication that is motivated by an actual or perceived characteristic
- Threats of violence
- Inappropriate sexual comments
- Taking and/or distributing demeaning or humiliating photographs or recordings of residents through social media or multimedia messaging

## Verbal 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.

Examples of verbal abuse include, but are not limited to:

- Harassing a resident
- Mocking, insulting, ridiculing
- Yelling or hovering over a resident, with the intent to intimidate
- Threatening residents

## Sexual Abuse

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Sexual abuse is defined as non-consensual sexual contact of any kind.

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Nonconsensual sexual contact may include, but is not limited to:

- Appearing to want the contact to occur, but lacks the cognitive ability to consent
- Does not want the contact to occur
- Situations where a resident is sedated, is temporarily unconscious, or is in a coma

*\*See F609 for more information related to a resident's capacity to consent related to possible abuse.*

## Sexual Abuse

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Sexual abuse includes, but is not limited to:

- Unwanted intimate touching of any kind especially of breasts or perineal area
- All types of sexual assault or battery, such as rape, sodomy, and coerced nudity
- Forced observation of masturbation and/or pornography
- Taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing

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## Sexual Abuse

For any alleged violation of sexual abuse, the facility must:

- Immediately implement safeguards to prevent further potential abuse;
- Immediately report the allegation to appropriate authorities;
- Conduct a thorough investigation of the allegation, without tampering with any evidence; and
- Thoroughly document and report the result of the investigation of the allegation.

*\*See Tags F609 [See §§ 483.12(b)(5), 483.12(c)(1) and (c)(4)], and F610 [See §§ 483.12(c)(2), (c)(3), and (c)(4)].*



**Requirements of  
Reporting Abuse**

## Identified or Alleged Abuse

When abuse is identified or alleged, the facility must take the following steps:

- Implement immediate measures to prevent additional abuse
- Report the alleged violation and the investigation within the required timeframes
- Conduct a thorough investigation of the allegation
- Revise the resident's care plan if the resident's medical or psychosocial needs and/or preferences change as a result of the actual or alleged abuse

## Reporting Requirements

The facility must report all allegations of abuse, neglect, exploitation or mistreatment immediately, but:

- ***Not later than 2 hours after the allegation is made if the allegations 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

Reporting of allegations are to be made 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.

## Reporting Requirements

The facility must provide annual notification to all staff to ensure all covered individuals understand their obligation to report any allegation of resident abuse and/or any reasonable suspicion of crimes against a resident within the required timelines and to all appropriate entities.

Education and information related to resident abuse and neglect should be part of the facility's ongoing training program for all staff, including contracted staff and volunteers.

## Reporting Requirements

Points to Remember:

- The reporter or victim does not have to use the specific word "abuse" for a situation to be considered an abuse allegation.
- If facility staff could reasonably conclude the allegation or situation could be abuse, neglect, exploitation, misappropriation, or mistreatment they should report it and the facility should take action.
- Allegations must not be dismissed because the resident is cognitively impaired or has a history of making false allegations.
- Allegations must be reported and investigated even if there is very little chance the event occurred.
- The investigation must be completed and documented.

## Reporting Requirements

### Ways to make a report

- Online reporting at <https://health.mo.gov/safety/abuse/> 24/7
- Elder Abuse and Neglect Hotline at 1-800-392-0210 daily from 7:00 A.M. to 10:00 P.M.
- Phone call to the facility's regional office during regular office hours
- Email submission to the facility's regional office during regular office hours
  - SLCR Facility Reported Incidents Form also available – located on the LTC blog <https://ltc.health.mo.gov/archives/16004>

## Reporting Requirements

### Initial Report

The facility must provide in its report sufficient information to describe the alleged violation and indicate how residents are being protected.

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.

Link to CMS resources, including Appendix PP of the State Operations Manual

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

## Reporting Requirements

The initial report must include:

- Sufficient information to describe the alleged violation,
- Names of residents and other alleged persons involved,
- How residents are being protected, and
- Immediate measures put into place to stop the current abuse, prevent recurrence of abuse, and monitor for future risk of abuse.



## Components of the Investigation

## Investigation Components

Thorough investigation should include observations of the following but not limited to:

- Alleged victim including identification of any injuries,
- Location where the alleged incident occurred, and
- Interactions between staff and the alleged victim and other residents, interactions between the alleged victim and other residents, and interactions between residents not involved in the alleged incident

## Investigation Components

Thorough investigation should include interviews with but not limited to:

- Alleged victim and/or their representative
- Alleged perpetrator
- Other residents, such as roommates, tablemates, and those who interact with the alleged perpetrator often
- All known and possible witnesses, whether staff, family, or other
- Staff responsible for the care of the alleged victim at the time of the alleged incident
- Practitioner responsible for the resident's overall care
- Any applicable outside staff or entities – law enforcement, EMS personnel

## Investigation Components

Thorough investigation should include review of but not limited to:

- Internal medical records such as nurse's notes, incident reports, staff statements
- External medical records such as hospital records, EMS reports, Xray reports
- Other external records such as law enforcement reports, financial records, or photographs

## Investigation Components

As the facility conducts its investigation, the facility must not tamper with evidence. Tampering with evidence would impede completion of a thorough investigation by the facility and other investigating authorities.

Examples of tampering include, but are not limited to:

- Washing linens or clothing
- Destroying documentation
- Bathing or cleaning the resident before the resident has been examined (including a rape kit, if appropriate)
- Otherwise impeding a law enforcement investigation

## Investigation Components

- The investigation should be documented and available for surveyors to review.
- The investigation should be updated to include any new information or findings.
- Facilities are required to submit their follow up investigation report to their SLCR Regional Office within 5 days of the alleged incident.
  - SLCR Facility Reported Incidents Follow-Up Investigation Form is located on the LTC blog <https://ltc.health.mo.gov/archives/16004>.

**Important Reminder!! Please do not send the follow-up investigation to the Adult Abuse and Neglect Hotline.**



**Available  
Resources**



## Resources

For information related to determining consent:


- Refer to “Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists - © American Bar Association Commission on Law and Aging - American Psychological Association, located at <http://www.apa.org/pi/aging/programs/assessment/capacity-psychologist-handbook.pdf>.
- \*This resource includes a discussion on determining issues related to determining consent.


Link to CMS page with helpful documents such as the State Operations Manual


- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>



# QUESTIONS?

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THANK YOU!