

ATTACHMENT 2

<p>CATEGORY</p>	<p>PROMPTS (Elements to consider when choosing the correct category)</p>
<p>Complaint of Resident Abuse, Confirmed or Not</p> <p>*NOTE: Definitions of Abuse</p> <p>42 CFR 483.13(b), “Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301);</p> <p>28 PA Code 201.3 Definitions, The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or 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. The term includes the following:</p> <p>(i) <i>Verbal abuse</i>—Any 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:</p> <p>(A) Threats of harm.</p> <p>(B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.</p> <p>(ii) <i>Sexual abuse</i>—Includes sexual harassment, sexual coercion or sexual assault.</p> <p>(iii) <i>Physical abuse</i>—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.</p> <p>(iv) <i>Mental abuse</i>—Includes humiliation, harassment, threats of punishment or deprivation.</p> <p>(v) <i>Involuntary seclusion</i>—Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident’s will, or the will of the resident’s legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion</p>	<p>Does the description meet the definition of Abuse?</p> <p>Abuse – <i>Definition – See Category Column</i></p> <p>Staff to Resident</p> <ul style="list-style-type: none"> • Resident to Resident abuse – with injury to one or both residents, or intent; including non- consensual sexual or unwanted sexual advances. <i>If there is no injury or intent, do not report – this only applies to Resident to Resident abuse</i> <p><u>Examples of Resident to Resident Abuse:</u></p> <ul style="list-style-type: none"> ○ Resident 1 pushed Resident 2 causing Resident 2 to fall and suffer a subdural hematoma • Resident Abuse by Family Members • Visitor Abusive • Abuse allegations against any individual other than a facility employee or other resident. <p>**All reports under this category require a PB22 and should be reported thru ERS to DOH, your local AAA (verbal notification and follow up with written report - you may use the PB22), and PDA in accordance with Act 13.</p> <p><u>Act 13</u> Immediately verbally notify AAA of the following allegations, and then complete a PB22 within 48 hours: (There may still be incidents that are reportable to PDA but maybe not DOH so no PB22 would be completed thus the facilities would need to use the PDA Act 13 Mandatory Abuse Reporting Form.)</p> <ul style="list-style-type: none"> • Abuse - the occurrence of one or more of the following acts: <ol style="list-style-type: none"> 1. The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; 2. The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; 3. Sexual harassment; and/or 4. Sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual

<p>and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.</p> <p>(vi) <i>Neglect</i>—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p> <p>Title 35 P.S. §10225.701/ 15 PA Code§15.151 (Act 13) The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.</p> <p>These definitions are all taken into consideration. When multiple definitions are available to providers, we defer to the most stringent definition which does not require intent for an act to meet the definition of abuse.</p>	<p>assault, aggravated indecent assault or incest.</p> <ul style="list-style-type: none"> • Serious bodily injury – (Also notify PDA/law enforcement) <u>An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.</u> • Serious physical injury – (also notify PDA/ law enforcement) <u>An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.</u> • Sexual harassment • Sexual abuse – (also notify PDA/ law enforcement) • Rape • Statutory Sexual assault • Involuntary deviate sexual intercourse • Sexual assault • Aggravated indecent assault • Indecent assault • Incest <p><u>PDA/ law enforcement must also receive immediate verbal report for:</u></p> <p>Sexual abuse Serious physical injury Serious bodily injury Death is suspicious</p> <p><u>Examples of what NOT to report to PDA or DOH</u> Isolated incidents of the following: Staff to resident:</p> <ul style="list-style-type: none"> • Verbal abuse (yelled at resident, no outcome) <p>Resident to resident incidents, if unwanted could be sexual harassment thus reportable:</p> <ul style="list-style-type: none"> • Someone kissed someone else • Someone had hand on outside of another resident's clothing • Someone hits another and no injury at all
<p>Death Due to a Medication Error or Adverse Reaction to Medication</p>	<p>Did death or a serious injury occur due to a medication error (such as severe allergic reaction to a medication that resulted in death)?</p>
<p>Death Due to Injury, Suicide, or Unusual Circumstances While a Resident</p>	<p>Did death occur due to an injury (such as blunt force trauma), suicide, or unusual circumstances (such as electrical shock resulting in death from sticking finger in electrical outlet) while a resident?</p> <p>Death (Resident found on floor) – the unusual circumstance would be unknown reason for death.</p>
<p>Death Due to Malnutrition, Dehydration or Sepsis</p>	<p>Did death occur due to malnutrition, dehydration, or sepsis?</p>

	<p>As a primary cause of death, to report the reason for its occurrence and the steps the facility should have taken to prevent, or will prevent for other residents. (51.3 (f)(g) –(g refers to f)</p>
<p>Elopement Inpatient</p>	<p>Does it meet the definition of elopement?</p> <p>Elopement – <i>Resident leaves the facility without the facility staff being aware that the resident has done so (Unauthorized absence). Note: the above definition of Elopement is from 28 Pa Code 201.3)</i></p> <p>If resident alarm sounds and staff responds immediately, not considered an elopement.</p>
<p>Reportable Diseases</p>	<p>Per 28 Pa Code 211.1, and Chapter 27 of Administrative Code</p> <p style="text-align: center;"><u>211.1 (b)&(c)</u></p> <p>Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.</p> <p>Significant nosocomial outbreaks, as determined by the facility’s medical director, Methicillin Resistant Stapylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Stapylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.</p> <p style="text-align: center;"><u>Chapter 27 Administrative Code/ 211.1 (a)</u></p> <p>(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:</p> <ul style="list-style-type: none"> Animal bite. Anthrax. Arboviruses (viruses transmitted by arthropod insects, usually tick or mosquito) Botulism. Cholera. Diphtheria. Enterohemorrhagic E. coli. Food poisoning outbreak. Haemophilus influenzae invasive disease. Hantavirus pulmonary syndrome. Hemorrhagic fever. Lead poisoning. Legionellosis. Measles (rubeola). Meningococcal invasive disease.

	<p>Plague. Poliomyelitis. Rabies. Smallpox. Typhoid fever</p> <p>(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:</p> <p>AIDS. Amebiasis. Brucellosis. CD4 T-lymphocyte test result with a count of less than 200 cells/μL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002). Campylobacteriosis. Cancer. Chancroid. Chickenpox (varicella) (effective January 26, 2005). Chlamydia trachomatis infections. Congenital adrenal hyperplasia (CAH) in children under 5 years of age. Creutzfeldt-Jakob Disease. Cryptosporidiosis. Encephalitis. Galactosemia in children under 5 years of age. Giardiasis. Gonococcal infections. Granuloma inguinale. Guillain-Barre syndrome. HIV (Human Immunodeficiency Virus) (effective October 18, 2002). Hepatitis, viral, acute and chronic cases. Histoplasmosis. Influenza. Leprosy (Hansen's disease). Leptospirosis. Listeriosis. Lyme disease. Lymphogranuloma venereum. Malaria. Maple syrup urine disease (MSUD) in children under 5 years of age. Meningitis (All types not caused by invasive</p>
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	<p>Haemophilus influenza or Neisseria meningitis).</p> <p>Mumps.</p> <p>Perinatal exposure of a newborn to HIV (effective October 18, 2002).</p> <p>Pertussis (whooping cough).</p> <p>Phenylketonuria (PKU) in children under 5 years of age.</p> <p>Primary congenital hypothyroidism in children under 5 years of age.</p> <p>Psittacosis (ornithosis).</p> <p>Rickettsial diseases.</p> <p>Rubella (German measles) and congenital rubella syndrome.</p> <p>Salmonellosis.</p> <p>Shigellosis.</p> <p>Sickle cell disease in children under 5 years of age.</p> <p>Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.</p> <p>Streptococcal invasive disease (group A).</p> <p>Streptococcus pneumoniae, drug-resistant invasive disease.</p> <p>Syphilis (all stages).</p> <p>Tetanus.</p> <p>Toxic shock syndrome.</p> <p>Toxoplasmosis.</p> <p>Trichinosis.</p> <p>Tuberculosis, suspected or confirmed active disease (all sites).</p> <p>Tularemia.</p>
Hemolytic Transfusion Reaction	Self explanatory
Misappropriation of Resident Property	<p>Does it meet the definition of Misappropriation of Resident Property?</p> <p>Misappropriation of Resident Property – <i>The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident’s belongings or funds without the resident’s consent.</i></p> <ul style="list-style-type: none"> • Missing/Lost Medicine – if it belongs to the resident. • Missing Resident Money/Personal Items • Power of Attorney (POA) Misappropriating Resident Funds • Staff member used Resident Funds <p>**Reports under this category require a PB22 if a perpetrator is identified, and should be reported thru ERS to DOH and your local</p>

	<p>AAA (verbal notification and follow up with written report - you may use the PB22 for an identified perpetrator).</p>
<p>Notification of Interruption/Termination of Any Service Vital to the Continued Safe Operation of the Facility or the Health and Safety of its Personnel, Including But Not limited to Anticipated or Actual Termination of Utilities</p>	<p>Was there an interruption in services such as electricity, water, or heat for an extended period of time, which affected or could affect resident services? (Please note that any actual fire event or emergency should be reported)</p> <p><i>Fire (emergency) alarm activation-</i> any time a Fire Department is alerted. <i>Any Fire Alarm or Sprinkler System out of service</i> for four hours or more hours in a 24 hour period. <i>Electrical outages</i> –any; if the power is blinking due to a storm, etc. not reportable, however, if it goes off and stays off, then report. <i>Water</i> – if going to be greater than 4 hours <i>Gas Leak</i> <i>Leak in High Pressure Water Supply</i> <i>Call Bell System malfunction</i> <i>Telephone outage</i></p>
<p>Other</p>	<p>Any event <i>that could seriously compromise quality assurance or resident safety</i> and does not fit under any other category use this one. Below are some examples of situations that have been submitted under this category. They are only examples and do not necessarily mean that the incident in your facility meets the criteria “could seriously compromise quality assurance or resident safety”. The facility must evaluate the situation and decide if it meets the definition.</p> <ul style="list-style-type: none"> • <u>LOA misadventures</u> – unplanned occurrences while on leave of absence from facility <u>Examples:</u> <ul style="list-style-type: none"> ○ Family member attempts to take resident on LOA without proper authorization. A resident is not capable and a family member who is not identified as having permission from the POA to take the resident on LOA attempts to take resident out of the facility. ○ Resident signed out by spouse did not return as expected and spouse not answering telephone ○ Resident in auto accident while on LOA ○ Vehicle accident with transport van (facility or public), ambulance, or family vehicle. ○ Resident misplaced after an appointment ○ A resident goes out of the facility under an approved leave of absence and the resident does not return – it is unsafe for that resident to not have meds or other treatments. ○ Resident left against medical advice without post discharge services • <u>Unsafe practices by outside individuals</u> – someone, family, visitor, or other, comes into facility and makes threats or carries out threats or distributes something offensive to residents. Or something comes into facility that

	<p>may be a threat.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> ○ Suspicious powder in mail/bag in room ○ Terroristic threat from family member ○ Outsider distributing disturbing literature ○ Weapon found in facility <p>• <u>Unsafe practices by the resident</u> – resident does something that is considered to be dangerous to their health.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> ○ Attempted suicide ○ Illegal drug use ○ Resident consuming creams, lotions, etc.
<p>Resident Neglect</p> <p>Definitions of neglect:</p> <p>483.13(c) failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CRF 488.301).</p> <p>28 Pa Code 201.3 Definitions – the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p> <p>Act 13 of 1997 the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p>	<p>Does it meet the definition of Neglect?</p> <p>The facility must do a thorough investigation to determine if the incident meets the definition of neglect or if there is a work performance issue.</p> <p><i>There is no list that can be created to encompass all of the situations that may fall into this category. Therefore, the facility must be prepared with a process in place to investigate and determine neglect. The facility should be prepared to explain their determination of neglect or not.</i></p> <p>Injury/harm is circumstantial and should be determined on a case by case basis. For example, if a resident is bruised because they bumped into a handrail when the nurse aide wheeled them down the hall that may not be considered an injury. However, if the nurse aide ran the resident into the wall and they received a bruise, this could be considered an injury.</p> <p>Additional Example to consider: There was one staff present during a transfer of a resident when the care plan stated two staff were required for transfer, and the resident fell and sustained an injury. The facility must do a thorough investigation to determine if this meets the definition of neglect or if it was a work performance issue.</p> <p>**All reports under this category require a PB22 and should be reported thru ERS to DOH, and your local AAA (verbal notification and follow up with written report - you may use the PB22). Reportable to PDA/Law enforcement if serious physical or bodily harm.</p>
<p>Rape</p>	<p>All Resident Sexual Abuse including Rape, should be reported as a Complaint of Resident Abuse, Confirmed or Not. This event type should be used for any other reporting of rape i.e. staff, visitor, volunteers reported that they were raped in the facility.</p>

Receipt of a Strike Notice	Self Explanatory
Significant Disruption of Service Due to Disaster such as Fire, Storm, Flood or Other Occurrence	Fire, storm, flood, earthquake, other natural disaster.
Transfer/Admission to Hospital Because of Injury/Accident	<p>Was the resident transferred/admitted to the hospital due to an injury/accident? Guidance (these events are reportable, unless otherwise indicated)</p> <p>Transfer – go to hospital, not admitted to hospital – is reportable. (Please note - for hospital based NH's, if going to radiology for x-ray – does not constitute transfer.)</p> <p>Admission – order from physician admitting resident to hospital, includes observation stays</p> <p>Injury – clinically complex, requiring additional services outside your facility's capabilities</p> <p>Accident – unplanned event that causes an injury</p> <p>Could include serious medication errors that required transfer to hospital</p> <p>Resident burned himself while smoking – if serious enough to require transfer to hospital.</p> <p>Unknown/unexplained injury – if serious enough to require transfer to hospital. Example: The resident fell and suffered an injury. She was then transferred to the hospital and admitted with a subdural hematoma or fracture. This event type should be chosen since the admission to the hospital was the most significant result of all of the information contained in the event report.</p>
Unlicensed practice of regulated profession	<p>Practicing without a license or an expired license Treatment completed on a resident without an order This could include a nurse aide working with expired registry.</p>