

Abuse, Neglect, and Exploitation (ANE) Module



Table of Contents

About this Module/Overview/Objectives.....	Page 3
Pre-test.....	Pages 4-5
Chapter 1.....	Pages 6-8
Overview	
Definitions	
Categories of Abuse	
State Reporting and Investigation Requirements/Safe Harbor and ANE	
Chapter 2.....	Pages 9-11
Signs and Symptoms	
Risk Factors	
Factors in Nursing Homes	
Assessment/Screening/Identification of ANE	
Chapter 3.....	Pages 12-13
Personal-Accountability	
Prevention of ANE	
Chapter 4.....	Pages 14-16
Federal Regulation	
Chapter 5.....	Pages 17-21
Resources	
Videos	
Examples	
Case Scenario Activities	
Scavenger Hunt	
ANE In-service Presentation	
CMS Hand-in-Hand Modules 2 & 5	
Post-test.....	Pages 22-23

About this Module:

Nurses must be able to recognize the clinical indicators of elder abuse, neglect, and exploitation (ANE) and need to know what actions to take if ANE is suspected. However, many nurses are not aware that ANE even exists, and few are adequately trained to screen and assess for ANE. Understanding cultural competency is essential to any ANE training. Different cultures perceive aging and care-giving differently and this has important implications for the way ANE is viewed, assessed and treated. Elder ANE are universal problems, and are highly prevalent in institutional type settings such as nursing homes. Raising awareness and prevention of elder ANE requires the involvement of the nurse providing care to these individuals. To assist in raising awareness, the ANE Module of this toolkit was developed.

Overview:

Every year, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect. Those statistics may not tell the whole story. For every case of elder abuse and neglect reported to authorities, experts estimate as many as 23 million cases go undetected. The quality of life of older individuals who experience abuse is severely jeopardized; they often experience worsened functional and financial status, as well as progressive dependency, poor self-rated health, feelings of helplessness and loneliness and increased psychological distress. Research also suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening disease. Like other forms of abuse, elder abuse is a complex problem, and it is easy for people to have misconceptions about it.

Effective interventions can prevent or stop elder abuse. Improving the ANE training of nurses who provide care to older adults in nursing facilities can help break patterns of abuse or neglect, and both the person experiencing the abuse and the abuser can receive needed help.

Objectives:

The objectives for this module are:

- a. Identify the signs and symptoms of ANE
- b. Describe factors contributing to institutional ANE of elders
- c. Discuss the available resources for reporting elder ANE and obtaining assistance
- d. Describe the nurse's role in identification and prevention of elder ANE
- e. Discuss Federal and State Regulations

Pretest:

1. Physical abuse is the most common form of abuse that is inflicted on elder individuals.

True False

2. Sexual abuse is only diagnosed when the resident describes rape.

True False

3. Neglect is a lesser form of mistreatment against elders.

True False

4. Elder mistreatment is a public health problem.

True False

5. The number of new cases of elder mistreatment reported in the United States each year is almost 500,000 and represent a major public health problem.

True False

6. Bruises over the chest and face are indicators of physical abuse.

True False

7. Malnutrition is always an indicator of neglect.

True False

8. Hip fractures are not indicators of elder abuse in residents older than 75 years because these residents usually have osteoporosis and a history of frequent falls.

True False

9. A red-purple bruise is more severe and older than a yellow-green one.

True False

10. Skin lacerations are cuts with raised, inflamed edges.

True False

11. Decubiti are normal lesions of the skin in residents who cannot move without help.

True False

12. Residents who are unable to perform 4 activities of daily living (ADLs) are at less risk of ANE than residents who are isolated.

True False

13. Dehydration is a common presenting sign of neglect and can be complicated by confusion.

- True False

14. Those that are isolated are more vulnerable to an instance of ANE.

- True False

15. Burns are common injuries in elders who live in nursing homes.

- True False

16. Elders are never victims of sexual abuse.

- True False

17. Only social workers are responsible for the assessment of elder mistreatment.

- True False

18. Excessive or insufficient medication of an older patient is an indicator of ANE.

- True False

19. An incidence of ANE that is reported by a resident with dementia should be investigated by the care provider.

- True False

20. Alcoholism is a risk factor of ANE only if the care provider is a heavy drinker.

- True False

Answers:			
1. F	2. F	3. F	4. T
5. T	6. T	7. F	8. F
9. F	10. T	11. F	12. F
13. T	14. T	15. F	16. F
17. F	18. T	19. T	20. T

Chapter 1:

Overview:

Abuse, neglect and exploitation are some of the worst experiences an older adult might go through in their life. It is estimated that 1 in 4 vulnerable elders are at risk for abuse¹, with estimated occurrences of abuse in 1 out of every 3 nursing homes². Since April of 2012, the instances of verified ANE complaints in Texas NFs have been increasing, from 645 cases between April 1, 2012 and March 31, 2013 to 1023 cases from April 1, 2014 through March 31, 2015. According to the National Center on Elder Abuse, the number of older adults who are mistreated each year is close to 5 million and is rising³. The instance of ANE to a NF resident can impact his or her physical, mental, and emotional well-being, and can lead to death.

As adults grow older they may become more physically frail, may not see or hear as well as they used to, and may develop cognitive problems such as dementia. As a result, they become increasingly vulnerable to abuse and neglect. Elder abuse laws have been enacted in each individual state, and the Centers for Medicare & Medicaid Services has issued regulations for nursing facilities as well. As caregivers it is your responsibility to know both your state and federal regulations.

We know the mistreatment of older adults takes many forms, including physical, verbal, emotional and sexual abuse, financial exploitation, and neglect. This is the case even though incidents of abuse often go unreported. Why aren't they reported? Victims of elder abuse and neglect may feel ashamed of their abusive experiences. Those who consider reporting abuse often choose not to because, in the majority of cases, they are abused by a family member, loved one, or trusted caregiver.

Definitions:

- a. *Abuse*: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR §488.301)⁴. Abuse can be mental, physical, sexual, or verbal. According to Federal Regulations Tag 223, the resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion caretaker, family member, or other individual who has an ongoing relationship with the person⁵.
- b. *Neglect*: The refusal or failure to provide good or services, including medical services that are necessary to avoid physical or emotional harm, pain, or mental illness⁴. Neglect typically

¹ Oxford Journals. The prevalence of elder abuse and neglect: a systematic review.

<http://ageing.oxfordjournals.org/content/37/2/151.long>

² ABC News. Elderly Abused at 1 in 3 Nursing Homes: Report. <http://abcnews.go.com/US/story?id=92689>

³ HealthinAging.org. Resources: Preventing Elder Abuse and Neglect in Older Adults.

<http://www.healthinaging.org/resources/resource:preventing-elder-abuse-and-neglect-in-older-adults/>

⁴ Code of Federal Regulations (2016). Retrieved from <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

⁵ Texas Administrative Code, Title 40, Part 1, Chapter 19, Subchapter B, Rule §19.101 Definitions.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=101](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=101)

means the refusal or failure of those responsible to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials.

- c. Exploitation: the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney⁶.

Categories of Abuse:

- a. Physical Abuse: The use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force feeding, and physical punishment of any kind are examples of physical abuse⁵.
- b. Emotional or Psychological Abuse: The infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older adult like an infant, isolating the individual, giving the individual the “silent treatment”, and enforced social isolation are examples of emotional/psychological abuse⁵.
- c. Sexual Abuse: Non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing⁵.

State Reporting and Investigation Requirements/Safe Harbor and ANE:

Reporting an instance of ANE in a Nursing Facility is required by both the Texas nursing facility licensing regulations and the Texas Board of Nursing Rules and Regulations. Texas Administrative Code (TAC) Title 40, Part 1, Chapter 19, Subchapters G and T, Rule §19.602 and Rule 19.1923 detail that nursing facility owners or employees must report any suspected incidents of ANE to the Texas Department of Aging and Disability Services (DADS) at 1-800-458-9858 or by mail at DADS Consumer Rights and Services, P.O. Box 14930, Austin, Texas 78714-9030 and Law Enforcement Agencies as necessary. The requirement is that *the report must first be made by phone immediately on learning of any instance of abuse, with the written report sent within five days after the telephone report.* Upon reporting the instance, the facility is

⁶ National Center of Elder Abuse Administration on Aging. Types of Abuse. http://www.ncea.aoa.gov/FAQ/Type_Abuse/index.aspx#sexual

required to also conduct an investigation of the reported instance no later than the fifth working day after the verbal report of the incident⁷⁸.

Texas Administrative Code (TAC) Title 22, Part 11, Chapter 217, Rule §217.11 as well as Section 301.402 of the Nursing Practice Act⁹ detail a nurse's required compliance with the mandatory reporting requirements of the Nursing Practice Act in Texas Occupations Code Chapter 301, Subchapter I. This rule requires that a nurse must report any nurse whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries¹⁰.

If you become suspicious of, witness, or are told of an instance of ANE being perpetrated against a resident, you are responsible for ensuring the safety of the individual until the proper authorities investigate. It is a requirement of state law, as previously mentioned that the healthcare entity performs an investigation of the any report of ANE. The LVN may not be directly responsible for interviewing the individual; however, he/she may be called upon during the investigation to provide any information related to the case.

The federal regulations also require nursing facilities to report alleged violations that involve abuse, neglect, exploitation or mistreatment including injuries of unknown sources and misappropriation of resident's property. These violations must be reported immediately or within 2 hours after the allegation is made.

⁷ TAC Title 40, Part 1, Chapter 19, Subchapter G, Rule §19.602.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=602](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=602)

⁸ TAC Title 40, Part 1, Chapter 19, Subchapter T, Rule §19.1923.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=1923](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=1923)

⁹ Nursing Practice Act, Nursing Peer Review, & Nurse Licensure Compact Texas Occupations Code and Statutes Regulating the Practice of Nursing. http://www.bon.texas.gov/laws_and_rules_nursing_practice_act_2013.asp#Sec.301.402

¹⁰ TAC Title 22, Part 11, Chapter 217, Rule §217.11.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11)

Chapter 2:

Signs and Symptoms:

Perhaps the most difficult aspect of recognizing the signs and symptoms of ANE is that some of these are the same as those of normal aging process. Therefore, it is very important to recognize changes in behavior or health as potential indicators of ANE. In recognizing the signs and symptoms, it is important to differentiate ANE from normal signs of aging.

Signs and symptoms of ANE include but are not limited to (all of these could be normal signs of aging as well and should be further investigated):

1. Physical abuse:
 - a. Bruises, black eyes, welts, lacerations, and rope marks;
 - b. Bone fractures, broken bones, and skull fractures;
 - c. Open wounds, cuts, punctures, untreated injuries in various stages of healing;
 - d. Sprains, dislocations, and internal injuries/bleeding;
 - e. Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained;
 - f. Laboratory findings of medication overdose or underutilization of prescribed drugs;
 - g. An individual's report of being hit, slapped, kicked, or mistreated;
 - h. An individual's sudden change in behavior;
 - i. The caregiver's refusal to allow visitors to see an individual alone; or
 - j. Burns.

2. Emotional/Psychological Abuse:
 - a. Being emotionally upset or agitated;
 - b. Being extremely withdrawn and non-communicative or non-responsive;
 - c. Unusual behavior usually attributed to dementia; or
 - d. An individual's report of being verbally or emotionally mistreated

3. Sexual Abuse:
 - a. Bruises around the breasts or genital area;
 - b. Unexplained venereal disease or genital infection;
 - c. Unexplained vaginal or anal bleeding;
 - d. Torn, stained, or bloody underclothing; and
 - e. An individual's report of being sexually assaulted or raped.

4. Neglect:
 - a. Dehydration, malnutrition, untreated bed sores, and poor personal hygiene;
 - b. Unattended or untreated health problems;
 - c. Unsanitary conditions (dirty, lice on the person, soiled bedding, fecal/urine smell); and

- d. An individual's report of being neglected.
5. Exploitation:
- a. Abrupt changes in a will or other financial documents;
 - b. Unexplained disappearance of funds or valuable possessions;
 - c. Discovery of an individual's signature being forged for financial transactions or for the titles of his/her possessions; and
 - d. An individual's report of financial exploitation⁵.

Risk Factors of Perpetrating ANE:

A combination of individual, relational, community and societal factors contribute to the risk of someone becoming a perpetrator of elder ANE. The responsibilities and demands of elder caregiving, which escalate as the elder's condition deteriorates, can be extremely stressful. The stress of elder care can lead to mental and physical health problems that cause nursing staff to become burned out, impatient, and unable to keep from lashing out against their elderly residents. Nursing home staff may be prone to abusing their elderly residents if they:

- a. Lack training;
- b. Have too many responsibilities;
- c. Are unsuited to caregiving;
- d. Are unable to cope with stress (lack of resilience);
- e. Are depressed;
- f. Have a history of/currently abuse substances; or
- g. Work under poor conditions.

In many cases, elder ANE, though real, is unintentional. Nursing staff who are pushed beyond their capabilities or psychological resources may not mean to yell at, strike, or ignore the needs of their residents.

Risk Factors for Becoming a Victim of ANE¹¹:

Several factors concerning the residents themselves can influence whether or not they are at greater risk for abuse. These risk factors include (but are not limited to):

- a. *Gender*: women are more likely than men to be victims of ANE
- b. *Age*: older adults are at higher risk, with the average age being older than 78
- c. *Functional capacity*: those individuals who are immobile or have significant decline in their physical functioning are often at a higher risk of being victims because of their dependency on others.

¹¹ World Health Organization (WHO). Chapter 5: Abuse of the elderly.
http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap5.pdf

- d. *Mental capacity*: older adults who have a diagnosis of dementia or any other condition that inhibits one's mental capacity are also at higher risk of being victims.

Potential Risk Factors in Nursing Homes

The nursing home system lends itself to being at higher risk for instances of ANE due to many specific factors such as:

- a. Inadequately trained staff
- b. High staff turnover
- c. Low staffing levels
- d. High resident population with diseases such as Alzheimer's or other dementia related conditions
- e. High resident population with an increased dependence on the staff for their needs to be met
- f. The view of certain instances of abuse and neglect as normal behavior
- g. The health conditions of the residents (acute or chronic); and
- h. The physical environment
 1. Facilities with a "strong institutional flavor" or an outdated building design create risks for residents. Poor physical elements include long or narrow corridors, inadequate lighting, many floors and stair wells, long distances between dining and residents' rooms. The location of a facility on a busy street or high crime area may also add risks¹².

Assessment/Screening/Identification of ANE:

The screening and assessment of an instance of ANE is designed to determine whether or not an individual is a victim of ANE by someone within the facility who is caring for them. Many times the victims may be cognitively impaired and unable to accurately recount the incident(s). If the nurse suspects ANE, he/she is obligated to perform a thorough assessment of the individual. There are several different screening tools that can be used to assess for ANE in the elderly, however when screening for ANE in residents residing in nursing homes, there is one particular assessment tool:

Elder Assessment Instrument (EAI)¹³: a 42-item instrument designed as a comprehensive screen for suspected ANE in clinical settings. This instrument is based on a 4-point scale ranging from no evidence to definitive evidence, with the nurse responding to items in the following five categories: general assessment; possible abuse indicators; possible neglect indicators; possible exploitation indicators; and possible abandonment indicators. These categories take into consideration the signs and symptoms that would be seen in ANE. In the event that there is not sufficient information available, the nurse would indicate "unable to assess" for those items. There is not a total score of the items, however a referral should occur if the assessment reveals any of the following: positive evidence of ANE without

¹² National Center on Elder Abuse (NCEA). Nursing Home Abuse Risk Prevention Profile and Checklist.

<https://ncea.acl.gov/resources/docs/archive/Nursing-Home-Abuse-Risk-2005.pdf>

¹³ University of California at Berkeley, School of Social Welfare. Instruments for Assessing Elder Mistreatment: Implications for Adult Protective Services. http://cssr.berkeley.edu/research_units/bassc/documents/C61602_9_web.pdf

sufficient clinical explanation; a subjective complaint of ANE by the resident; and high risk of probable ANE. An example of this tool is in Appendix A.

Chapter 3:

Personal Accountability:

Personal Accountability, by definition, is the willingness to answer for the outcomes that are a result of the choices you make, behaviors you display, and actions you take¹⁴. The Licensed Vocational Nurse (LVN) is held to a higher standard of personal accountability, as detailed in the National Association of Practical Nurse Education and Services Standards of Practice for Licensed Practical/Vocational Nurses. The LVN is held to a code of ethics that details the nurse accepting personal responsibility (for his/her actions)¹⁵. Nurses are also expected to be responsible for their professional practice by developing and maintaining current knowledge, skills, and abilities. Prior to any instances of ANE, the nurse is charged with ensuring that the residents within his/her care are not at risk (in any way) of becoming victims of ANE. Any time that there is a situation involving ANE, the nurse must be able to draw on their knowledge, skills, and abilities in order to effectively investigate, report, and work to prevent future situations from taking place.

Prevention of ANE:

Elder abuse occurs for a variety of reasons, and there are no definitive factors that explain all elder mistreatment. If you can identify risk factors, you'll be more likely to spot and prevent abuse. Nursing staff should be constantly working to prevent instances of ANE before they happen. ANE is however sometimes difficult to prevent, as the victim may not easily report or acknowledge the incidence of ANE. In order to prevent ANE, nursing staff need to:

- a. ***Recognize:*** Nurses must be able to recognize the signs and symptoms of abuse and believe that they can report allegations to management without suffering negative consequences.
- b. ***Educate:*** Nurses must receive education specific to caring for their residents that will improve competence, knowledge, and self-esteem. The education will prepare the nurse to respond appropriately to difficult situations, effectively resolve conflicts, and increase their empathy. By providing them education, stress and burnout in turn may decrease. Education should also be provided to the individuals being cared for, as an educated individual is less likely to be a victim.
- c. ***Work with staff to decrease stress/burnout:*** Ensuring adequate staffing in all areas of care is one of the best ways to decrease staff stress and burnout.
- d. ***Assist with staffing ratios:*** providing consistent staffing and adequate supervision are key to preventing ANE.

¹⁴ Mind Tools. Developing Personal Accountability. <http://www.mindtools.com/pages/article/developing-personal-accountability.htm>

¹⁵ National Association of Practical Nurse Education and Services (NAPNES), Inc. NAPNES Standards of Practice for Licensed Practical/Vocational Nurses. http://www.napnes.org/Archives_NoAccess/standards.pdf

The first and most important step toward preventing elder abuse is to recognize that no one, no matter their age should be subjected to violent, abusive, humiliating or neglectful behavior. There are other ways to interact with your residents that you can use to help prevent ANE. Texas understands how hard it is to care for the diverse population in our nursing facilities so they created Texas OASIS: Dementia Training Academy. This academy will help you understand your residents and help in developing their Person-Centered Care Plans.

This type of plan will help direct the care provided to your residents, letting them set the pace of their care, not the facility. For example, your resident may not like taking baths in the morning when the facility has it scheduled. He/she may prefer to bathe later. By knowing your residents' preferences you are making their care more Person-Centered and in doing so you are decreasing the stress and frustration on staff and assisting in preventing ANE.

Chapter 4:

It is the responsibility of all nurses to ensure the safety of facility residents and your residents expect to be safe in their home. The lack of knowledge around Abuse, Neglect and Exploitation (ANE) can lead it to being under reported and it is for this reason you need to understand both your state and federal regulation. As nurses we are mandated by law to report situations that may be abuse or neglect.

Federal Regulations:

Federal Regulations Regarding ANE

1. F223: The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

Residents must not be subjected to abuse by anyone, including, but not limited to:

- Facility staff
- Other residents
- Consultants
- Volunteers
- Staff or other agencies serving the resident
- Family members
- Legal guardians
- Friends
- Other individuals

2. F224: Resident Rights.

Each resident has the right to be free from mistreatment, neglect and misappropriation of property. This includes the facility's identification of residents, whose personal histories render them at risk for abusing other residents, and development of intervention strategies to prevent occurrences, monitoring for changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis.

3. F225: Employment.

The facility must not employ individuals who have been

- Found guilty of abusing, neglecting, or mistreating residents by a court of law
- Have had a finding entered into the State Nurse Aide Registry (NAR) concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and
- Must report if an employee suspected alleged violations involving mistreatment, neglect or abuse, including suspicious injuries of unknown sources and misappropriation of resident property.

The facility must

- Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State NAR or licensing authorities.
 - Ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property be reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State Survey and certification agency).
 - Have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.
 - Report the results of all investigations to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.
4. F226: Facility policies and procedures.
- The facility must develop and operationalize policies and procedures for screening and the education of employees, protection of residents and for the prevention, identification, investigation, and reporting abuse, neglect, mistreatment, and misappropriation of property. All staff members must be trained regarding the organization's policies and procedures on ANE. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences of ANE.

State Regulations

Texas Administrative Code (TAC)

Reporting an instance of abuse, neglect, or exploitation is required by the state nursing facility licensing regulations. Texas Administrative Code (TAC) Title 40, Part 1, Chapter 19, Subchapters G and T, Rule §19.602 and Rule §19.1923 requires nursing facility owners or employees to report any suspected incidents of abuse, neglect, and exploitation to DADS at 1-800-458-9858 or by mail at DADS Consumer rights and Services, P.O. Box 14930, Austin, Texas 78714-9030 and to Law Enforcement Agencies as necessary. The requirement is that the report must first be made by phone immediately (as soon as possible after discovery of instance of abuse but no longer than 24 hours) and a written report of the investigation of the alleged abuse must be completed and submitted within five (5) working days after the telephone report¹⁶.

¹⁶ TAC Title 40, Part 1, Chapter 19, Subchapter G, Rules§19.602;
[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&rl=602](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&rl=602)

If you become suspicious of, witness, or are told of an instance of ANE being perpetrated against a resident, you are responsible for ensuring the safety of the individual until the proper authorities investigate. It is a requirement of state law, as previously mentioned, that the healthcare entity performs an investigation of any report of ANE. Direct care staff may not be directly responsible for interviewing the individual involved; however, he/she may be called upon during the investigation to provide any information related to the case.

A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person who suspects abuse and does not report it can be held liable for a Class-A misdemeanor. The reporting of ANE cannot be delegated to another staff member: it must be made by the person who witnessed or was told about it.

Once the report is made, it is the facility director's responsibility to report to the State NAR or to the respective licensing board (such as the TX BON, Pharmacy board, etc.) any staff member who was involved in the incident.

Chapter 5:

Resources:

A. **Videos:** The following are links to video resources that can be shown to the students to explain ANE and detail the consequences.

- ✓ Raising Awareness of Elderly Abuse:
<https://www.youtube.com/watch?v=faiFJ0osW3Y>
- ✓ Break the Silence: Elder Abuse in America:
https://www.youtube.com/watch?v=LoY7EI_qPQk
- ✓ An Age for Justice: Confronting Elder Abuse in America -
<https://www.youtube.com/watch?v=-eaJXBj87to>
- ✓ NCPC Elder Abuse PSA:
<https://www.youtube.com/watch?v=dHI5KjfXfiM>
- ✓ Abuse and Neglect in Nursing Homes Can Harm Your Elderly Relatives:
<https://www.youtube.com/watch?v=6L33Q7iXbJQ>
- ✓ Elder Abuse Training Video:
<https://www.youtube.com/watch?v=mHKuA6iBQaY>
- ✓ Elder Abuse:
<https://www.youtube.com/watch?v=QIYxb2EiFN8>
- ✓ Elder Abuse:
<https://www.youtube.com/watch?v=Q0eNeNNXUuw>
- ✓ Elder abuse by Ray Wyant:
<https://www.youtube.com/watch?v=rDY9tk9D478>
- ✓ Abuse & Neglect of Elderly / Long Term Nursing Home Care:
<https://www.youtube.com/watch?v=h2ybFrmNYIw>
- ✓ BBC Panorama – Care Home Abuse:
<https://www.youtube.com/watch?v=RIJhulQ1LAE>
- ✓ The Statistics Behind Elder Abuse in Nursing Homes:
<https://www.youtube.com/watch?v=40nQ0QnXH8I>
- ✓ Grandma nursing home abuse:
https://www.youtube.com/watch?v=1R3ehdW_OF4

B. **Examples of ANE:** The following are real-life examples of instances of ANE that have been perpetrated against elderly residents residing in nursing homes around the country. Review these examples to understand the ways that each situation can be considered abuse, neglect, or exploitation. The following incidents of ANE can be cited under F223.

- b. Abuse:
 - a. “A male nurse grabbed me, slung me on the floor, and threw me into the bed. He was in a bad mood because we were short-staffed, and he had to work two floors”.
 - b. A resident spits at a CNA as she feeds the resident breakfast. In retaliation, the CNA spits at the resident’s face and yells, “Don’t you ever spit at me again!”

- c. A resident refuses to get out of bed when encouraged with a gentle approach by a nurse to attend an activity session. The nurse then forcefully pulls the resident from a reclining to an upright position in his bed, pushes him out of his room, as the resident screams and cries to be left alone.
 - d. After soiling her clothes and bedding, a resident is taken into the shower by a CNA. The resident suffers from dementia and struggles with the CNA. The CNA sprays ice cold water directly into the face of the resident.
 - e. “The DON called me and said my mother had woken up with a bump, a red bump, on her forehead. When I got to the facility that morning, I found her horribly bruised on her face and [the backs of her] forearms. She looked as if someone had gone seven rounds with her, except she has advanced Parkinson’s. The only movement she can make is to raise her arms like this [indicating she could raise them defensively in front of her face]. The facility said she must have gotten them [the bruises and contusions] falling against her bedrails, but she can’t move independently in bed. . . . So then they said they didn’t know how it happened”.
 - f. The nurse is assisting Mr. Jones with his lunch when he tells her that he is done eating (even though he only took 2 bites of his food). She tell Mr. Jones that he needs to eat more food, to which he replies loudly “I told you I was done”. She gets frustrated with Mr. Jones because she has other residents to assist. She raises her voice, shakes her finger at him and says “Do not yell at me Mr. Jones, now you are going to eat some more of your lunch”.
 - g. Two employees are arguing and yelling in the hallway outside of a resident’s room. The argument is not about the resident that is in the room; however, the resident in the room becomes distressed by all of the shouting. When the resident’s son comes in later that day, the resident describes the situation. The son complains, stating that his mom has suffered emotional abuse due to the two employees arguing.
- c. Neglect: This can be cited at F223.
- a. Performing a two-person transfer with only one person, knowing that two people are required to be present.
 - b. “I have seen my roommate left lying in the bed for more than one hour with her behind exposed. I feel sorry for my roommate. They treat her so bad. She can’t talk or walk”.
 - c. You observe a CNA knowingly postponing a resident’s incontinent care to take a break.
 - d. A wheelchair bound resident is taken to the bathroom and told by the CNA to call when she is ready to return to her room. The resident rings the call bell and no one answers. Frustrated, the resident tries to get into her wheelchair by herself and falls and fractures her hip.
 - e. A resident repeatedly uses a call bell attempting to get attention. After several trips to the resident’s room, the CNA unplugs the call bell so the resident can no longer use it

- f. You know that a resident has bleeding gums, loose teeth and has had difficulty eating. The resident's dentures were stolen and the resident has not been taken to a dentist.
 - g. A resident tells the CNA that she needs to go to the bathroom as he walks past her. He is on his way to help another resident, so he tells her to hold on. When he walks past her again, she says she needs to go to the bathroom. He is still busy and tells her to hold on and he will help her when he is done. When he finally comes back, she has already urinated in her brief. The call bell rings and instead of helping her (because she no longer needs to go to the bathroom) the CNA tells her to hold on while he assists the other resident. She is now sitting in her wheelchair in a soiled brief.
 - h. The nurse changes the brief and clothes of a resident who has had an incontinent episode; however, she leaves the draw sheet and bedding in place, even though it is also soiled.
- d. Exploitation: This can be cited at F224.
- a. Mrs. Smith has been at the nursing home for 5 years and has several of her belongings from home in her room. The nurse who has been caring for her notices that she never watches the TV and since her TV at home is broken, she figures Mrs. Smith will not mind if she borrows her television until she can get a new one. She takes Mrs. Smith's TV home at the end of her shift and returns it 3 weeks later after obtaining a new one.
 - b. Mr. Jones was admitted to the nursing home 2 months ago. His family is diligent about ensuring that he has money in order to be able to purchase snacks from the vending machine. The CNA caring for him is aware that he always has at least \$20.00 in his wallet and offers to assist him with his snack purchases. Because Mr. Jones has Alzheimer's disease, the CNA starts to take a few dollars of what is left every day since Mr. Jones never actually counts his change.

C. Case Scenario Activities: Read each scenario and discuss the following questions with the students:

Questions:

- Does this scenario indicate abuse, neglect, or exploitation?
- What are the signs/symptoms in the scenario that indicates the abuse, neglect, or exploitation?
- What questions should the nurse ask the resident, to determine if there has been abuse, neglect, or exploitation?
- Describe the next steps that the nurse should take in each situation where there is an indication of abuse, neglect, or exploitation?
- Discuss what Federal Regulations could be cited for each of these if ANE accrued.
- Discuss the facility reporting responsibilities
- Discuss ways Person Centered Care could have been used in each of these situations, that could have helped avoid the abuse of the resident

Scenarios:

1. The CNA is assigned to give one of the residents, Mrs. Wilson, a shower. When the CNA goes into the room to tell Mrs. Wilson that she is taking her to the shower room, Mrs. Wilson clearly does not want a shower, and she begins to cry and yell “no,” and resist the aide. The aide forces her into the shower room to take a shower, against her will. After the shower, the nurse assesses Mrs. Wilson with the assistance of the CNA, and notices bruising around on her right wrist. When the nurse asks Mrs. Wilson what happened, she states that she doesn’t remember.
2. Mrs. H, a 90 year-old woman suffered from advanced Alzheimer’s disease and has been residing in a skilled nursing facility for the past two years. Monthly weights revealed a loss from 125lbs to 120lbs in one month. She was evaluated both by the facility and her physician. Her family agreed to the use of an appetite stimulant. Weekly weights were ordered. She began to improve; however, three weeks later the physician was notified that she was sleeping constantly and had not eaten well for three days. The nurse said that she had been “acting strangely” for two days; however, she did not contact her physician regarding the change. Tests were ordered and it was determined that she was dehydrated with a serum sodium level of 160 and had a urinary tract infection.
3. Ms. A, a 93-year old bed-bound woman on B has been crying out for the past two nights that the nurse has cared for her. The nurse goes in to assess her and notices that she is guarding her abdominal area and grimacing in pain. Upon completion of a head to toe assessment of Ms. A, the nurse notices that there is bruising on her inner thigh. Ms. A is unable to communicate or tell the nurse what happened.
4. Mr. P is a 65 year-old male who was recently admitted into a nursing home. He was diagnosed with early onset Alzheimer’s disease six years ago. He was living at home until a few months ago when he was found wandering around town while his wife was frantically searching for him. Mrs. P made the decision to admit him into the nursing home in order to keep him safe. One weekend after Mrs. P leaves from visiting Mr. P, the CNA notices that Mr. P is very quiet and withdrawn and doesn’t seem like himself. The CNA alerts the nurse to the changes and the nurse goes to assess him. When interviewing Mr. P, he reveals that Mrs. P told him that if he didn’t sign a new will that she would discontinue payment for the nursing home and that he would be homeless.
5. Mr. R has been in the memory care unit of the nursing home for 3 years, as symptoms of his Alzheimer’s disease have been getting worse. Mr. R can be confrontational sometimes when being assisted with ADLs. The charge nurse is making rounds when she hears shouting coming from Mr. R’s room. As she approaches his room, the nurse hears the CNA yelling at Mr. R, while shaking her finger in his face and telling him that if he doesn’t do what she says then she will leave him dirty all day and no one will help him.

D. Scavenger Hunt: At the beginning of each clinical rotation, have each student do a scavenger hunt to find information related to ANE in the facility. Have the students find and indicate where they found the following:

- i. Facility's Policies and Procedures for reporting and investigating instances of abuse, neglect, or exploitation against any of the residents.
- ii. The required State reporting number posted in the facility.
- iii. Where a resident's money is kept, if not with them.
- iv. One environmental risk factor in the facility that may lead to abuse, neglect, or exploitation.
- v. ANE in-service trainings offered to staff
- vi. Programs in place to prevent ANE
- vii. Facility's staffing ratios
- viii. Skin breakdown prevention program
- ix. Policies and procedure related to background checks as part of the hiring process
- x. Information regarding a Resident or Family council.

Once the students have identified and found all of the above, discuss what they have found and if they are adequate in preventing ANE from being perpetrated against their residents.

E. ANE In-service Presentation: Additional document

F. CMS Hand in Hand Modules 2 & 5: CMS Hand in Hand in a training series for nursing homes that offers modules with many different topics, with modules 2 & 5 discussing ANE. To download these modules, one simply needs to go to the following website: <https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx> and register with the information requested. The download is free of charge, with the modules being made available for download immediately after you register. You may download all of the training series, or just modules 2 & 5.

Post Test:

1. Texas requires nurses to report suspected abuse, neglect or exploitation on the job.
 True False
2. Nurse should report suspected abuse, neglect, or exploitation, whether the state requires it or not.
 True False
3. Over 1,000,000 elderly adults are abused and exploited annually.
 True False
4. Nursing staff who abuse the residents in their care cannot change the way they behave.
 True False
5. There is no point in reporting suspicions of abuse or neglect, because it costs too much and it doesn't do any good.
 True False
6. Screaming and yelling are kinds of abuse.
 True False
7. Nursing staff who are under a lot of stress are less likely to abuse or neglect the residents in their care.
 True False
8. My facility must first report an incidence of ANE to the Department of Aging and Disability Services in writing.
 True False
9. Neglect is defined as the willful and unjustified infliction of pain, injury, or mental anguish on a resident.
 True False
10. Secluding a resident in their room until they cooperate with care is a form of abuse.
 True False
11. Telling sexually oriented jokes is not a form of sexual abuse if the resident tells them as well.
 True False
12. Using a resident's belongings without their consent is exploitation even if you return them.

True False

13. Clients who are confused or mentally disabled are at higher risk for ANE.

True False

14. Increased confusion, loss of eye contact, and vacant stares may be signs of abuse.

True False

15. Not putting a call light in the residents reach is an example of abuse.

True False

16. People who are very ill or disabled are at lower risk for ANE than others.

True False

17. Residents who live in nursing facilities are less likely to be victims of ANE than those living at home.

True False

18. Teamwork among coworkers can reduce stress and decrease the risk of ANE.

True False

19. Stress and burnout are among the risk factors of being a perpetrator of ANE.

True False

20. Failing to carry out a treatment for a resident that was ordered by the doctor is not considered an instance of ANE.

True False

Answers:			
1. T	2. T	3. T	4. F
5. F	6. T	7. F	8. F
9. F	10. T	11. F	12. T
13. T	14. T	15. T	16. F
17. F	18. T	19. T	20. F