

# 12

## Elder Abuse and Neglect: Prevent, Recognize and Report



### TEACHING PLAN

To use this lesson for self-study, the learner should read the material, do the activity and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson.

The topic of this lesson is required by many state regulatory agencies on an annual basis for staff that care for the elderly. It covers the prevention, recognition and reporting of elder abuse and neglect.



### LEARNING OBJECTIVES

Participants will be able to:

- Define different kinds of abuse and neglect.
- Identify symptoms of caregiver stress that could lead to abuse or neglect.
- List ways to prevent abuse and neglect.
- Recognize signs of abuse and neglect.
- Know how to report elder abuse and neglect.



### LESSON ACTIVITIES

Introduce the lesson to your learners by asking them to do the “Ways Elders Are Abused” matching activity in the learning guide, either individually or as a group.

Answers to “Ways Elders Are Abused” matching activity.

1. d
2. c
3. b
4. e
5. a
6. f

Ask if anyone can add anything to the list of other ways elders are abused.

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

### ***Who are the victims?***

State that the typical abuse victim lives with and depends on a family member for daily care, but abuse is also a problem in institutional settings. Most victims are female, age 75 or over, with a mental or physical illness. Most are completely dependent on the abuser.

### ***Who are the abusers?***

State that most abusers are relatives who take care of the elderly person. The abusers may have problems such as alcohol or drug dependence, emotional or mental illness, or stress. Many times, the abusers need as much help as the victim.

### ***Caregiver stress***

Explain that caregiver stress can be a problem for anyone caring for the elderly, and that this can lead to abuse in an institutional setting. Instruct the learners to fill out the questionnaire "Are You an Overly Stressed Caregiver?" Ask for discussion. Point out that this questionnaire could be used for family caregivers as well.

### ***Preventing abuse and neglect***

Point out the ideas for preventing abuse at the bottom of the learning guide's first page. State:

1. Professional caregivers have valuable skills in caring for the elderly. Work is less stressful when we know how to do it well. We can also teach these skills to family members.
2. We can help each other by listening while we vent frustrations and by working together to solve problems. We can help family members by listening to their frustrations.
3. We must observe the elderly person's rights at all times and teach them to others.

### ***Recognizing abuse and neglect***

Review the signs of abuse and neglect, and point out that some of these could happen even at an agency that cares for the elderly. Everyone should be alert to the signs.

### ***Reporting abuse and neglect***

Explain your agency's and your state's reporting procedures, giving the appropriate regulatory agency's name and number to the learners.

Give learners a copy of the statement of patient or elder rights for your state.



## THE LESSON

Review the material in the lesson with participants. Allow for discussion.

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT



### CONCLUSION

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.



### TEST ANSWERS

1. c
2. d
3. b
4. c
5. c
6. d
7. d
8. (#)
9. b
10. respect

---

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

---

**Elder abuse:** Any mistreatment or neglect of an elderly person. Everyone has the right to be treated with respect.

There is no acceptable excuse for abuse and neglect of the elderly, but recognizing and preventing the problem of caregiver stress may help prevent some elder abuse.

### Ways Elders Are Abused

---

Match the definition to the term:

1. \_\_\_\_\_ Psychological abuse
2. \_\_\_\_\_ Neglect
3. \_\_\_\_\_ Physical abuse
4. \_\_\_\_\_ Rights violations
5. \_\_\_\_\_ Financial abuse
6. \_\_\_\_\_ Sexual abuse
  - a. Stealing or mismanaging the money, property or belongings of an older person. Also called exploitation.
  - b. Using physical force to cause physical pain or injury.
  - c. Failing to provide something necessary for health and safety, such as personal care, food, shelter or medicine.
  - d. Causing emotional or psychological pain. Includes isolation, verbal abuse, threats and humiliation.
  - e. Confining someone against his or her will or strictly controlling the elder's behavior. Includes improper use of restraints and medications to control difficult behaviors.
  - f. Forcing sexual contact without the elder person's consent, including touching or sexual talk.

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

Other ways elders are abused:

- Overmedicating
- Denying aids such as walkers, eyeglasses or dentures
- Dirty living conditions
- Inadequate heating and air conditioning

### Are You an Overly Stressed Caregiver?

Do you agree with the following statements? Write “yes” or “no.”

1. I am frequently unable to sleep because I have so much on my mind. \_\_\_\_\_
2. Most of the time I don't feel very good. \_\_\_\_\_
3. I have difficulty concentrating and often forget to do routine tasks. \_\_\_\_\_
4. I feel depressed or sad much of the time. \_\_\_\_\_
5. I feel worried and anxious almost all the time. \_\_\_\_\_
6. I lose my temper easily and become angry at other people. \_\_\_\_\_
7. I don't think there's anything wrong with me; I just wish everyone else would stop doing things that upset me. \_\_\_\_\_
8. Most days I feel irritable and moody, often snapping at others. \_\_\_\_\_
9. I feel tired almost all the time, and just drag myself through my days. \_\_\_\_\_
10. I'm too busy to do anything fun or to go out with my friends. \_\_\_\_\_

Any “yes” answers could be a sign of excessive stress. More than three “yes” answers should prompt you to talk to your supervisor or physician about the way you are feeling.

### Signs of Elder Abuse and Neglect

As our population ages, the elderly start becoming frail and may suffer hearing and vision loss and become unable to think as clearly as they once could. This leaves them open for unscrupulous people to take advantage of them.

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

Types of elder abuse include:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect and abandonment by a caregiver
- Financial exploitation
- Health care fraud and abuse

Be concerned if you see an elderly person showing the following new behaviors or signs:

- **General signs of abuse:**
  - Becoming withdrawn, unusually quiet, depressed or shy
  - Becoming anxious, worried or easily upset
  - Refusing care from caregivers
  - Not wanting to be around people and not wanting to see visitors
- **Physical abuse signs:**
  - Unexplained burns, cuts, bruises and bleeding
  - In a woman, vaginal bleeding or bruising of the genitals or thighs
  - Sprains or fractures
  - Unreasonable or inconsistent explanations for injuries
  - Frequent emergency room visits
  - Caregiver refusal to allow the nurse to see the patient alone
  - Patient refusing to be seen by a doctor for wounds
- **Emotional abuse signs:**
  - Belittling, threatening or controlling behavior by the caregiver in your presence
  - Behavior from the patient that mimics dementia; i.e., rocking or mumbling
  - Patient becomes withdrawn or frightened
  - Patient is depressed, confused or lose interest in things previously enjoyed
  - Patient has difficulty sleeping
- **Sexual abuse signs:**
  - Torn or bloody clothes, especially undergarments
  - Sexually-transmitted diseases

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

- Bruises, especially around the breast and genital region
- Bleeding from the vagina or anus
- Financial abuse signs:
  - Items or cash are reported missing from the home
  - Withdrawals from bank accounts that patient cannot explain
  - A new friend who is helping with shopping or finances
  - Missing financial papers
  - Unpaid bills, utilities that are being shut off or debt collector calls
  - Unnecessary goods, services or numerous subscriptions
- Health care fraud signs:
  - The patient complains about duplicate billing for the same service provided
  - Evidence of the patient being over- or under-medicated
- Signs of possible neglect:
  - Weight loss, malnutrition or dehydration
  - Insufficient clothing, shoes or basic hygiene items
  - Missing or broken dentures, eyeglasses, walkers, etc.
  - Medications not filled or taken
  - Doctor visits not scheduled or kept
  - Unclean appearance or smell
  - Skin ulcers or sores
  - Missing medication
  - Unexplained declining health
  - Unsafe living conditions (e.g., no running water)

While most of these things are controlled in an institution, it is possible for any of them to occur anywhere. Abusive or neglectful caregivers can be professionals as well as family members. It is important for everyone to be alert to the signs.

### Reporting Abuse and Neglect

Anyone who knows of an elderly person being abused or neglected is obligated to notify the proper authorities. Reporting procedures vary by state. Home health staff who suspect abuse of a patient by either a family

## ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

member or another professional caregiver should first report it to their supervisors. You should become familiar with any statements of rights that your state has issued to protect home health patients. Ask your supervisor for a copy.

Every state has an office or department that deals with abuse and neglect of the elderly. There are different names for these offices: Human Services, Adult Protective Services, Health and Welfare, Department of Aging, etc. Write the name and number of your state agency here:

---

This is the place to call when you know of, or suspect, elder abuse or neglect.

### **What else do the CoPs say about neglect, abuse?**

Agencies “should address any allegations or evidence of patient abuse to determine if immediate care is needed, a change in the plan of care is indicated, or if a referral to an appropriate agency is warranted,” the final interpretive guidelines for the revised Home Health Conditions of Participation (CoPs) note.

In addition, agencies should intervene immediately to remove staff from patient care if there are allegations of misconduct related to abuse or misappropriation of property.

Agencies should have systems in place to record, track and investigate all complaints, the interpretive guidelines state. “Written policies and procedures on the acceptance, processing, review and resolution of patient complaints should be developed and communicated to staff. These policies should include intake procedures, timeframes for investigations, documentation and outcomes and actions that the [agency] may take to resolve patient complaints. Complaint investigations should be incorporated into the agency’s Quality Assurance Performance Improvement program. ... The [agency] should be able to produce documentation for each complaint received that confirms that an investigation was conducted and records the investigation findings as well as the ultimate resolution of the complaint. The documentation should also describe any actions taken by the [agency] to remove any risks to the patient while the complaint was being investigated.”

### **Prevention**

Do the following to help prevent abuse and neglect:

- Listen to patients and caregivers.
- Intervene when abuse or neglect is suspected.
- Educate patient and caregivers on how to recognize abuse and neglect.



ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

**TEST**

**Elder Abuse and Neglect**

Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

**Directions:** Circle the right answers (Seven correct answers required.)

1. If you know of or suspect abuse or neglect of an elderly person, you should *first* \_\_\_\_\_.
  - a. Confront the staff member or family member that you suspect of doing the abuse
  - b. Call the state agency that accepts abuse reports
  - c. Report it to your supervisor
  
2. Some causes of abuse and neglect are \_\_\_\_\_.
  - a. Caregiver stress
  - b. Emotional or mental illness
  - c. Alcohol or drug use
  - d. All of the above
  
3. Threatening an elderly person with punishment for not obeying a request is \_\_\_\_\_.
  - a. Acceptable if done with a soft tone of voice
  - b. Verbal abuse, and never acceptable
  - c. Useful in disciplining an older person
  
4. Exploitation is a form of abuse that involves \_\_\_\_\_.
  - a. Physical harm
  - b. Emotional harm
  - c. Misuse or theft of money, property or other financial assets
  
5. Some good ways to help prevent abuse are \_\_\_\_\_.
  - a. Education, counseling and support groups
  - b. Listening, teaching caregiving skills and communicating
  - c. Both a and b

**TEST**

**Elder Abuse and Neglect (cont.)**

6. Symptoms of possible abuse include the following:
  - a. Dementia.
  - b. Becoming unusually quiet or withdrawn.
  - c. Bruises or burns.
  - d. Both b and c.
  
7. Symptoms of possible neglect include the following:
  - a. Necessary medical visits not scheduled or kept.
  - b. Too many outside activities.
  - c. Lack of basic hygiene items and adequate clothing.
  - d. Both a and c.
  
8. Write the phone number of your state agency that accepts abuse and neglect reports:  
\_\_\_\_\_
  
9. Improper use of bedrails or other restraints is considered \_\_\_\_\_.
  - a. Physical abuse
  - b. Rights violation
  - c. Emotional abuse
  
10. Abuse and neglect will not occur if we remember that everyone has the right to be treated with \_\_\_\_\_.

# 35

## Patient Rights



### TEACHING PLAN

To use this lesson for self-study, the learner should read the material, do the activity and take the test.

For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.



### LEARNING OBJECTIVES

After this lesson, participants should be able to:

- Identify home health patient rights.
- Identify requirements for informing patients of their rights.
- Identify when an agency can transfer or discharge a patient.



### LESSON ACTIVITIES

Have the group discuss recent news stories describing violations of rights. Items may include discrimination due to sex, age, religion or race; policies that are not followed; employer failure to pay overtime; segregation of children due to disabilities or race; and denying of medical benefits due to preexisting conditions. Discuss with group members how they would feel if one of these things happened to them.

Provide a copy of your agency's patient rights policy and discuss how the policy protects both the patient and the agency.

## PATIENT RIGHTS



### CONCLUSION

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.



### TEST ANSWERS

1. a
2. b
3. d
4. a
5. a
6. c
7. a
8. a
9. a
10. a

---

## PATIENT RIGHTS

---

Home health agencies provide services to the most vulnerable citizens within the community. It is the responsibility of these agencies to ensure that patient rights are protected. The Home Health Conditions of Participation (CoPs) were revised in 2018 to further define the rights of patients who are receiving services. The CoPs divided the rights into six standards:

- Notice of Rights
- Transfer and Discharge
- Exercise of Rights
- Investigation of Complaints
- Rights of the Patient
- Accessibility

All home health personnel should be familiar with patient rights and should be prepared to identify and report any potential or actual violation of rights based on the agency's policy and procedures.

### Notice of Rights

- At the time of the initial visit and prior to providing care, the agency must provide the patient and the patient's legal representative (if any) verbal notice of the patient rights.
  - The verbal notice must be in the primary or preferred language of the patient or representative and in a manner that the person can understand.
  - If a competent interpreter is necessary, this must be provided free of charge and be completed by the second skilled home health visit.
  - The legal representative is defined as the guardian, court-appointed representative or power of attorney who makes the health care decision on the patient's behalf.
- The agency must provide the patient and/or patient legal representative with written notice of patient's rights within four business days of initial evaluation visit.
  - The written notice must be provided free of charge and must be understandable to people with limited English proficiency and accessible to individuals with disabilities.
  - The agency must provide these rights in hard copy unless requested by the patient to receive in electronic format.
  - The patient or legal representative signature must be obtained — confirming receipt of a copy of the patient rights.

## PATIENT RIGHTS

### Exercise of Rights

- If a patient has been adjudged (determined) to lack legal capacity to make health care decisions as established by state law, the rights of the patient may be exercised by the court-appointed person.
- If, however, a patient has legal capacity to make health care decisions, the patient-selected representative may exercise the patient rights. A patient-selected representative is someone who the patient identified as assisting in making health care decisions related to the patient's care or well-being. This can include — but is not limited to — family members, friends, neighbors, spiritual care providers or any advocate for
- Patients can make health care decisions as long as a court doesn't decide they lack legal capacity to make decisions on their own.

### Patient Rights

Patient rights have been divided into nine categories: dignity and respect, complaints, decision-making, consent and services provided, privacy and access to medical records, financial information, advocacy resources, language services, and auxiliary aides and discharge/transfer policy.

#### *Dignity and Respect*

The patient has a right to:

- Have their property and person treated with respect. Respect of property includes ensuring that the patient's property — both inside and outside the home — is not stolen, damaged or misplaced by agency staff during the home visit. Respect for person includes being considerate of and accommodating any patient requests within the parameters of the assessment and plan of care. The agency should make all reasonable attempts to respect the preferences of the patient regarding service delivery. For example, visits schedules should be made at the patient's convenience rather than the convenience of the agency staff. The agency must keep the patient informed of the visit schedule and timely notification of services and schedule changes.
- Be free from verbal, mental, sexual and physical abuse, including injuries of unknown sources, neglect and misappropriation of property.
  - Verbal abuse refers to abuse through use of insulting, demeaning, disrespectful, oral, written or gestured language directed toward the patient.
  - Mental abuse includes but is not limited to humiliation, harassment, threats of punishment or deprivation, sexual coercion and intimidation (living in fear).

## PATIENT RIGHTS

- Sexual abuse includes incidents where beneficiaries are coerced, manipulated or forced to participate “in any form of sexual activity for which they did not give affirmative permission (or gave affirmative permission without the understanding required to give permission) or sexual assault against a beneficiary who is unable to defend him/herself,” according to the final interpretive guidelines.
- Physical abuse includes actions intended to cause physical harm or pain, trauma or bodily harm including but not limited to hitting, slapping, punching, kicking, pinching, etc. It includes the use of corporal punishment (physical punishment intended to cause pain) and use of any restrictive, intrusive (unwelcome) procedure used to control inappropriate behaviors as a form of punishment.
- Injury of unknown source is any injury that was not witnessed and the patient can’t explain the source of the injury.
- Misappropriation of property is theft or stealing of items from a patient.
- Neglect is failure to provide goods and services necessary for the patient to avoid physical harm, mental anguish or mental illness.

### **Complaints**

Patients have the right to file complaints with the home health agency regarding the agency treatment or care that is provided; treatment and/or care that agency fails to provide; and the lack of respect for property and/or person by anyone furnishing services on the agency’s behalf. Patients also must be free from any discrimination or reprisal for exercising his or her rights to voicing grievance (complaints).

### **Decision-making, Consent and Services Provided**

Patients have the right to:

- Participate in and be informed about and consent or refuse care in advance of or during the treatment with respect to:
  - Completion of all assessments
  - Care to be furnished based on the comprehensive assessment
  - Establishing and revising the plan of care
  - Disciplines that will provide the care
  - Frequency of visits
  - Expected outcomes of care, including patients’ identified goals and anticipated risks and benefits
  - Any factors that could impact treatment effectiveness
  - Any changes in the care to be provided
- Receive all services outlined in the plan of care

## PATIENT RIGHTS

### ***Privacy and Access to Medical Records***

Patients have the right to:

- Have a confidential clinical record
- Have the right to access to or release of patient information and clinical records
  - This is permitted in accordance with 45 CFR 160 and 164 — Standards for Privacy of Individually Identifiable Health Information

### ***Financial Information***

Patients will be advised of:

- The extent to which payment for services may be expected from Medicare, Medicaid or any other federally funded or federal aid program
- Charges for services that may not be covered by Medicare, Medicaid or other federally funded or federal aid program known by the agency
- Charges the individual may have to pay before care is initiated
- Changes in the information or payment of services when they occur

If an agency believes services may be non-covered care, in advance of the agency reducing or terminating ongoing care the patient must receive proper written notice. This includes provision of an Advance Beneficiary Notice (ABN), Notice of Medicare Non-Coverage (NOMNC) or Home Health Change of Care Notice (HHCCN).

### ***Advocacy Resources***

Patients will be advised of:

- The state toll-free home health telephone hotline, contact information, hours of operation and purpose of receiving complaints or questions about the local home health agency
- The names, addresses and telephone numbers of the following federally funded and state funded entities serving the area where the patient resides:
  - Agency on Aging
  - Quality Improvement Organization
  - Aging and Disability Resource center
  - Protection and Advocacy Agency
  - Center for Independent Living



## PATIENT RIGHTS

### ***Language and Auxiliary Aides***

Patients have the right to be informed of the right to access auxiliary aids and language services and how to access these services.

### ***Discharge and Transfer Policy***

The patient has a right to be informed and receive a copy of the home health agency's policy for transfer and discharge.

## **Transfer and Discharge**

---

As indicated under patient rights, the patient has the right to be informed of the agency's policy for transfer and discharge. The CoPs include the following requirements related to transfer and discharge from a home health agency:

- The patient can be transferred/discharged if the agency can no longer meet patient needs based on the patient's acuity.
  - This must be in agreement by the home health certifying physician.
  - The agency must provide safe and appropriate transfer to other care entities.
- The patient can be transferred/discharged if the patient or payer will no longer pay for services provided by the agency.
- The patient can be transferred/discharged if the patient has met all the measurable outcomes and goals set forth in the plan of care and the patient no longer requires agency services. The home health certifying physician must agree that the patient has met the outcomes and goals.
- The patient can be transferred/discharged if the patient refuses services or elects to be transferred to another agency or be discharged.
- The patient can be discharged if a discharge for cause is necessary due to disruptive, abusive or uncooperative home behavior (from the patient or others in the patient's home). That behavior must occur to the extent that delivery of care to the patient or the ability of the agency to provide care is seriously impaired, according to agency policy.

## **Investigation of Complaints**

Any agency employee (whether employed or under arrangement) who identifies, notices or recognizes incidences of or circumstances of mistreatment, neglect, verbal, mental, sexual and/or physical abuse, including injuries of unknown source or misappropriation of patient property, must report these findings immediately to the agency and other appropriate authorities according to state law.

## PATIENT RIGHTS

The home health agency must investigate complaints made by a patient, patient representative, caregiver or family regarding, but not limited to, the following topics:

- Treatment or care that is provided, provided inconsistently or provided inappropriately
- Mistreatment, neglect or verbal, mental, sexual and physical abuse, injuries from unknown sources, and/or misappropriation of patient property by anyone furnishing services on behalf of the agency

The agency must:

- Document both the existence of the complaint and resolution of the complaint.
- Take action to prevent further potential violations, including retaliation while the complaint is being investigated.

### Accessibility

Information must be provided to the patient in plain language and in manner that is accessible and timely to people with disabilities including:

- Web services
- Auxiliary aides and services, free of charge, including services and devices such as:
  - Qualified Interpreter Services
  - Telephone handset amplifiers
  - Note takers
  - Assistive listening devices
  - Real time computer-aided transcript services
  - Video-based telecommunications products and systems such as closed caption
  - Written materials
  - Large print materials
  - Exchange of notes
  - Braille materials and displays

## PATIENT RIGHTS

**TEST**

### Patient Rights

Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

**Directions:** Circle the best answer. (Seven correct answers required.)

1. On the first visit, the home health agency must provide the patient with a verbal review of patient rights.
  - a. True
  - b. False
2. A written copy of the patient rights must be provided within seven days of admission.
  - a. True
  - b. False
3. A patient has the right to file a complaint with the home health agency for:
  - a. Treatment that was not provided.
  - b. Treatment that was provided that caused undue pain.
  - c. An agency employee who used offensive language.
  - d. All of the above.
4. The patient has the right to know the date and time of visits.
  - a. True
  - b. False
5. During a home health aide visit, the aide identifies a bruise on the patient's abdomen. The patient cannot explain where the bruise came from. The aide notifies the supervising nurse. What must the nurse do next?:
  - a. Immediately assess the patient including asking the patient how the bruise occurred.
  - b. Immediately notify adult protective services.
  - c. Immediately notify law enforcement.
  - d. Ignore the report since the patient is always falling around.
6. All of the following are types of abuse except:
  - a. Verbal
  - b. Mental
  - c. Environmental
  - d. Physical
7. An agency must provide the patient with an interpretive service free of charge.
  - a. True
  - b. False

**TEST**

**Patient Rights (cont.)**

8. The aide assigned to Mr. James arrives at his home. She reviews the assigned aide care plan. The plan includes assisting with shower, oral care, dressing and making the patient's bed. Mr. James has Parkinson's disease, which requires him to move slowly. The aide realizes she is going to be late for her next visit, so she tells the patient if he doesn't start moving faster, she will have to tell the authorities that he is not safe to live alone. Is this a form of abuse?
- a. Yes, this is form of mental abuse.
  - b. Yes, this is a form of physical abuse.
  - c. No this is just being rude.
  - d. No this is the aide looking out for patient safety.
9. The patient complains to the nurse that she was told on admission that she would receive a social worker. She has never heard from the social worker. The nurse informs the patient that the admission nurse was wrong and the patient really doesn't need a social worker. Does the patient have the right to call the agency and complain that she has not been provided a social worker?
- a. Yes
  - b. No
10. The patient requests to be transferred to another agency but will not give a reason. The agency does not feel it should have to transfer the patient because she can't give a good reason to be transferred. The agency continues to provide services. Have the patient's rights been violated?
- a. Yes
  - b. No