



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
*Aging and Long-Term Support Administration*  
*PO Box 45600, Olympia, Washington 98504-5600*

February 1, 2019

**AL TSA: NH #2019-001**  
**CLARIFYING INFORMATION REGARDING COMPLIANCE WITH F600**  
**FREE FROM ABUSE AND NEGLECT**

Dear Nursing Facility/Home Administrator:

The purpose of this letter is to provide you with clarifying information about compliance with F600-Free from Abuse and Neglect. The letter will specifically address the abuse portion of the regulation.

When the Center for Medicare and Medicaid Services (CMS) released their new nursing home regulations in November 2017, the regulations included expanded guidance for prevention of abuse. Since the inception of the new regulations, we have received numerous questions from providers and surveyors about how compliance with F600 is determined. We have conferred with CMS to confirm their interpretation of some aspects of the regulation.

To cite deficient practice at F600, the surveyor's investigation must generally show that the facility failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish. Abuse is defined in Appendix PP at F600 (Code of Federal Regulations 42 §483.5) as:

- "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology."

It is not automatic that an injury to a resident or a resident-to-resident altercation is evidence of abuse. The surveyor's investigation must confirm that willful action and harm (or likelihood of harm) has occurred.

- "Willful," as defined at §483.5 and as used in the definition of abuse, "means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm." Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. An example of an accidental action that does not constitute abuse is a resident with a neurological disorder that causes involuntary movements. Those movements may impact another resident, but are not deliberate or intentional.
- Harm, pain or mental anguish. The harm from abuse can be physical, mental or psychosocial. Physical abuse could manifest itself with evidence of physical injury but physical marks on the body are not required evidence. Mental anguish could be evidenced by psychological, behavioral or psychosocial outcomes, including (but not limited to) fearfulness, disturbed sleep, behavior changes, withdrawal, tearfulness or depression.

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While a facility may identify to the surveyor they are in compliance with F600 because they could not foresee that abuse could occur and because they believe they have done everything possible to prevent abuse, the surveyor must follow the guidance in F600. This guidance states: *“this interpretation [that the facility is in compliance] would not be consistent with the regulation, which states that “the resident has the right to be free from verbal, sexual, physical, and mental abuse...”* **Therefore, if the survey team has investigated and collected evidence that abuse has occurred, it is appropriate for the survey team to cite the current or past noncompliance at F600-Free from Abuse and Neglect.** Given this guidance, if an incident in a facility is determined to be abuse, the surveyor will be required to cite F600.

Additional information regarding this regulation is found in **Appendix PP** of the State Operations Manual.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact your RCS Field Manager or [Lisa Herke](#), Nursing Home Policy Program Manager, at (509) 225-2819.

Sincerely,



Candace Goehring, Director  
Residential Care Services

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