TITLE: RESIDENTIAL REPORTING REQUIREMENTS INCLUDING ABUSE/NEGLECT REPORTING

PURPOSE

This policy establishes uniform reporting requirements and procedures for certified and contracted residential service providers and state operated community residential programs.

SCOPE

This policy applies to DDD contracted residential service providers, State Operated Living Alternatives (SOLA), and their volunteers, interns, and work-study students.

CONTACT NUMBERS FOR REPORTING

The telephone number to call to report abuse, neglect, exploitation and/or mistreatment of an adult DDD client is 1-800-562-6078 (TTY 1-800-737-7931).

DEFINITIONS

Abandonment means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

Abuse means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a client. When a client is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or
mental anguish. **Abuse includes physical abuse, sexual abuse, mental abuse, and exploitation.**

**ADSA** means the Aging and Disability Services Administration.

**Adult Protective Services (APS)** means the DSHS Home and Community Services Division (HCS) unit, which takes a report of abuse, neglect, abandonment or exploitation when the alleged victim is a vulnerable adult who lives at home or in a facility licensed by the Residential Care Services Division (RCS) or who receives DDD Supported Living Services, and the alleged perpetrator is not a Supported Living staff, volunteer or client or a facility licensee, staff, volunteer or resident. APS also conducts investigations of reported incidents and may offer protective services to the alleged victim.

**Agency** means the certified residential service provider.

**Child Protective Services (CPS)** means the DSHS Children’s Administration unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services if the alleged victim is under eighteen (18) years of age.

**Complaint Resolution Unit (CRU)** means the DSHS Residential Care Services Division (RCS) unit, which takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services when the alleged victim is in a Supported Living Program or resides in a licensed facility or a DDD Residential Habilitation Center (RHC) and the alleged perpetrator is an owner, operator, employee, volunteer, client or resident of the Supported Living Program or the facility.

**Earned Income** means salaries, commissions, bonuses, severance pay, and other cash or in-kind payments received from employment, net earnings from self-employment, and earned income tax credits (see 20 CFR 416.1110 for further details).

**Exploitation** means an act of forcing, compelling, or exerting undue influence over a client, causing the client to act in a way that is inconsistent with relevant past behavior, or causing the client to perform services for the benefit of another.

**Financial Exploitation** means the illegal or improper use of the property, income, resources, or trust funds of a client by another person for any person’s profit or advantage.

**Injury of Unknown Origin** means an injury that was not observed directly by the staff person and the injury is determined to not be reasonably related to the client’s condition, diagnosis, known and predictable interaction with surroundings, or related to a known sequence of prior events.
Mandated Reporter means an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.

Mental Abuse means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a client from family, friends, or regular activity, and verbal assault, that includes ridiculing, intimidating, yelling, or swearing.

Neglect means: (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a client, or that fails to avoid or prevent physical or mental harm or pain to a client; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the client’s health, welfare, or safety.

Physical Abuse means willful action that inflicts bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding or the use of chemical restraints or physical restraints, unless the restraints are consistent with licensing requirements and Division policy. This includes restraints that are being used inappropriately.

Resource means cash and other liquid assets, or real or personal property that an individual or spouse owns and could convert to cash. See 20 CFR 416, Subpart L, for definition of resources and exclusions.

Serious and Emergent Incidents means grave situations, events, or actions resulting in serious physical or emotional harm, or potential harm. These incidents may harm clients, staff, visitors, or other persons, or may result in major property damage. These incidents may violate local, state, and federal laws or regulations.

Sexual Abuse means any form of nonconsensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person who is not also a resident or client of a facility, or a staff person of a program authorized under Chapter 71A.12 RCW, and a client living in that facility or receiving service from a program authorized under Chapter 71A.12 RCW, whether or not it is consensual.

Unearned Income means annuities, pensions, and other periodic payments such as Social Security (SSI) benefits, disability benefits, veterans benefits, and unemployment insurance benefits, alimony and support payments; dividends, interest, and royalties; rents; proceeds of life
insurance policy; prizes and awards; gifts and inheritances; and support and maintenance in-kind (see 20 CFR 416.1121 for further details).

**POLICY**

A. Persons supported by DDD must be treated with kindness, respect, care and consideration at all times. Abandonment, abuse, exploitation, financial exploitation, and neglect are not permitted under any circumstances. Agency employees and volunteers who abandon, abuse, exploit, financially exploit, or neglect a client are subject to prosecution under Washington state law.

B. Agency administrators, employees, and volunteers who have reasonable cause to believe there has been abuse, abandonment, exploitation, financial exploitation or neglect of a client shall make a report according to law. If there is suspicion of physical or sexual assault, a report shall be made to law enforcement. Client injuries of unknown origin must also be reported as described in the Procedures section of this policy. Failure to report such incidents may result in termination of the agency’s certification and/or contract.

C. Each agency that maintains an office in more than one Region shall have a designated person responsible for regional communication in each Region.

**PROCEDURES**

A. **Client Incident Reporting**

Incidents must be reported as follows. It is not necessary to have witnessed an incident.

1. **Report to APS, CPS or CRU:**

   a. When there is reasonable cause to believe there has been abandonment, abuse, exploitation, financial exploitation, neglect, or injuries of unknown origin of a vulnerable adult.

   b. When there is reason to suspect that physical or sexual assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm.

   c. The agency’s administrator, owner, employees, and volunteers are mandated to report to the appropriate Reporting Unit (APS, CPS, or CRU). See Section B for department reporting units.
2. **Report to Law Enforcement**: If there is reason to suspect that sexual or physical assault has occurred, mandated reporters shall also immediately report to the appropriate law enforcement agency the following:

   a. Sexual Assault: Any alleged or suspected sexual assault.

   b. Physical Assault (non-client to client): Any suspected physical assault as well as any act that causes fear of imminent harm.

   c. Physical Assault (client to client): Any suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:

      i. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;

      ii. Fractures;

      iii. Choking attempts;

      iv. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults;

      v. If there is reasonable cause to believe that an act has caused fear of imminent harm; and

      vi. Any client to client assault, regardless of injury, if requested by the client, his/her legal representative, or family member.

3. **Report to DDD**: The agency must submit to DDD written incident reports of all "serious and emergent incidents" related to clients within one (1) working day of knowledge of the incident. When there is reasonable cause to believe an incident has occurred, it must be reported to the DDD Case Resource Manager (CRM). These include, but are not limited to:

   a. Death (see Section F for special reporting requirements);

   b. Alleged or suspected abuse, neglect or mistreatment of a client or other vulnerable person;

   c. Alleged or suspected physical or sexual assault of a client or other vulnerable person;
d. Physical assault requiring emergency medical care or hospitalization;

e. Injuries requiring emergency medical treatment or hospitalization, including injuries that are associated with suspected abuse or neglect, and major injuries of unknown origin (see Definitions).

f. Alleged or suspected criminal activity involving a client as either the victim or the alleged perpetrator.

g. Conditions that present a substantial threat to the operations of DDD facilities, contracted agencies, or client safety. These conditions include, but are not limited to, fire, flood, bomb threat, and environmental hazards;

h. Missing clients must be reported no more than two (2) hours after determining that the client is missing. The agency administrator or designee may use his/her discretion in making this determination, taking into consideration factors such as the client's past behavior, physical limitations, and vulnerability. Immediate reporting is required for missing clients who are designated as Community Protection clients; and

i. Any other unusual event or situation of special concern to DDD or the department, particularly if it may elicit a request for information from the news media, families, legal representatives/guardians, or interested citizens.

j. The certified residential provider will contact the client’s Case Resource Manager (CRM) whenever she/he becomes aware that the client or his/her legal representative is contemplating permanent sterilization procedures.

B. Reporting Units

1. **Reporting To DDD:**
   “Reporting to DDD” is defined as reporting to the DDD Regional Administrator (RA) or designee, unless otherwise specifically noted in this policy.

2. **Reports Involving Children (under 18 years)**
   DSHS Child Protective Services statewide number: 1-800-562-5624

3. **Reports Involving 18-21 Year Olds in Certified State-Operated Facilities Providing 24 Hour Care for Children**
   DSHS Children’s Administration Central Intake: 1-800-562-5624
4. **Reports Involving Adults Receiving Supported Living Services OR Living In Long-Term Care Facilities**
   Complaint Resolution Unit statewide number: 1-800-562-6078, TTY: 1-800-737-7931

5. **Reports Involving Adults Living In Companion Homes or Their Own Homes**
   DSHS Adult Protective Services Regional Numbers:
   - Region 1: 1-800-459-0421 TTY: 1-800-300-1273
   - Region 2: 1-877-389-3013 TTY: 1-800-973-5456
   - Region 3: 1-800-487-0416 TTY: 1-800-843-8058
   - Region 4: 1-866-221-4909 TTY: 1-800-977-5456
   - Region 5:
     - Kitsap: 1-888-833-4925 TTY: 1-800-688-1169
     - Pierce: 1-800-442-5129 TTY: 1-800-688-1165
   - Region 6: 1-877-734-6277 TTY: 1-800-672-7091

6. **Reports Involving Adult Patients at Eastern and Western State Hospitals**
   - Eastern State Hospital: 509-299-3121
   - Western State Hospital: 253-756-7599

C. **Written Agency Policies and Procedures**

   The agency must have written policies and procedures for:

1. Reporting incidents, as defined in this policy, within twenty-four (24) hours to:
   a. Appropriate persons within the provider’s agency as designated by the provider; and
   b. Authorities such as law enforcement, DDD, CPS, APS, CRU and the Department of Health - Health Professions Quality Assurance Division;

2. Protecting clients in an emergency;

3. Preserving evidence when necessary. The service provider may contact the local sexual assault center for guidance in preserving evidence;

4. Initiating an outside review or investigation when a report of known or suspected abuse or neglect involves the acts or omissions of the agency administrator and/or supervisor(s); and

5. Ensuring that each employee and volunteer sign a DDD approved form related to mandatory reporting procedures. This form must be signed by each agency
employee and volunteer upon hire, or whenever the form is revised, and be maintained in each individual’s personnel file. The form must also be in the agency’s policy and procedures manual. See Attachment A for sample form.

D. Medical And Social Absences

Agencies must report medical and social absences of clients in writing to DDD prior to the absence, except in cases of emergency. Documentation is required as follows:

1. Group Homes: A payment request for approved social or medical absence when the absence is expected to exceed twenty (20) days.

2. Supported Living: Use DSHS 06-124, Cost of Care Adjustment Request when the medical absence is expected to be overnight or longer.

3. Supported Living: Social absences must be reported within three (3) working days if the absence is expected to exceed thirty (30) days.

E. Income Reporting For Clients In Group Homes

Group Home providers must submit to DDD each client's income and resource status, using DSHS 14-238, DDD Client Monthly Income Report as follows:

1. At 12-month intervals for clients who are SSI recipients;

2. At 6-month intervals for clients who are non-SSI recipients receiving unearned income when there is no change in the income amount;

3. Each month for non-SSI recipients who are receiving earned income;

4. Each month for SSI and non-SSI recipients when nonrecurring income is received;

5. Each month for clients having resources within $300.00 of the maximum resource exemption allowed; and

6. For clients receiving SSP funds, when they stop receiving SSI.

F. Client Deaths

When a client supported by a certified residential agency dies, the agency must:

1. Submit an incident report immediately to the DDD regional office; and

G. **Substantiated Abuse**

When a certified residential agency receives an ADSA Outcome Report substantiating abuse against staff or agency (i.e., entity), the following actions shall occur:

1. The DDD Field Services Regional Office will send DSHS 10-333, *Corrective Plan of Action (CAP) for Substantiated ADSA Finding* to the provider to complete and return the form to DDD within 10 working days.

2. DDD will send a response to the provider about the sufficiency of the corrective action plan within 10 working days.

**EXCEPTIONS**

None.

**SUPERSESSION**

DDD Policy 6.12
Issued September 1, 2005

DDD Policy 6.12
Issued November 1, 2003

DDD Policy 6.12
Issued January 1, 2002

DDD Policy 6.12
Issued April 13, 2000

DDD Policy 6.12
Issued August 5, 1998

DDD Policy 6.12
Issued December 4, 1995

Policy Directive 533
Issued September 18, 1985
All administrators, employees, and volunteers of any existing or proposed Division of Developmental Disabilities (DDD) contracted community residential services agency or State Operated Living Alternative (SOLA) will read, sign, and abide by the following policy prohibiting abuse, neglect, financial exploitation, and abandonment of residential program clients, also referred to as vulnerable adults.

A. Clients must be treated with kindness, respect, care and consideration at all times. Abandonment, abuse, exploitation, financial exploitation, and neglect are not permitted under any circumstances.

B. Abuse means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a client. When a client is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation.

1. Physical abuse means willful action that inflicts bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or the use of chemical restraints or physical restraints, unless the restraints are consistent with licensing requirements and/or division policy, and includes restraints that are otherwise being used inappropriately.

2. Sexual abuse means any form of nonconsensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person and a client receiving service from a facility or program authorized under Chapter 71A.12 RCW, whether or not it is consensual.

3. Mental abuse means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a client from family, friends, or regular activity, and verbal assault, that includes ridiculing, intimidating, yelling, or swearing.

4. Exploitation means an act of forcing, compelling, or exerting undue influence over a client causing the client to act in a way that is inconsistent with relevant past behavior, or causing the client to perform services for the benefit of another.
C. **Abandonment** means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

D. **Financial exploitation** means the illegal or improper use of the property, income, resources or trust funds of the client by another person for any person’s profit or advantage.

E. **Neglect** means: (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult’s health, welfare, or safety.

F. An employee of a community residential agency assaulted by an adult client, so that his or her life or limb is in jeopardy, may protect herself/himself. However, the employee should summon assistance so that the client can be more easily controlled and the element of personal struggle removed from the situation.

G. Employees who abandon, abuse, exploit, financially exploit, or neglect a client are subject to immediate dismissal and prosecution under Washington state law.

H. It is the mandated responsibility of each community residential program administrator, employee and volunteer to report any incident where they have reason to believe or suspect, abandonment, abuse, exploitation, financial exploitation, or neglect of clients. Report must be made to the DDD Regional Administrator or designee, and to Adult Protective Services (APS) or the Complaint Resolution Unit (CRU) at 1-800-562-6078, TTY 1-800-737-7931 if the client is over 18 years, or to Child Protective Services (CPS) if the client is under 18 years, and to law enforcement as follows:

1. **Sexual Assault**: Report any suspected sexual assault to the appropriate law enforcement agency and to DDD and to CPS/APS/CRU (as applicable).

2. **Physical Assault (non-client to client)**: Report any suspected physical assault or incident where there is reasonable cause to believe that an act has caused fear of imminent harm, to the appropriate law enforcement agency and to DDD and to CPS/APS/CRU (as applicable).

3. **Physical Assault (client to client)**: Report any suspected physical assault that occurs between clients to DDD and to CPS/APS/CRU (as applicable). Note: If requested by the injured client, his/her legal representative or family member, the agency must also notify law enforcement.
Also report to law enforcement any client to client incidents that caused minor bodily injury, requiring more than first aid, or in the event of:

a. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;

b. Fractures;

c. Choking attempts; and

d. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults.

I. Failure to report such incidents can result in a charge of a gross misdemeanor for the mandated reporter. Failure to report may also result in termination of the agency’s certification and/or contract.

______________________________          ____________________
Signature                  Date