



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: MANDATORY INCIDENT REPORTING REQUIREMENTS POLICY 6.12
FOR RESIDENTIAL SERVICES PROVIDERS

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 26.44 RCW](#) *Abuse of Children*
[Chapter 74.34 RCW](#) *Abuse of Vulnerable Adults*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and
Supports*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*
[Chapter 388-826 WAC](#) *Voluntary Placement Services*
[Chapter 388-145 WAC](#) *Licensing Requirements for Group Care Facilities
and Services*

PURPOSE

This policy establishes uniform reporting requirements and procedures for community residential services providers regarding incidents that involve suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment and/or mistreatment, and neglect of clients of the Developmental Disabilities Administration (DDA), and other types of client incidents.

SCOPE

This policy applies to the following DDA community residential services providers, their contractors, and volunteers:

For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State Operated Living Alternatives (SOLA)

- Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
- Diversion Bed Programs

For children:

- Licensed Staffed Residential (LSR)
- State Operated Living Alternatives (SOLA)
- Community Crisis Stabilization Service (CCSS)

DEFINITIONS

See Attachment A for a complete list of definitions of terms used in this policy and also Attachment B for examples of abuse, neglect, financial exploitation, and self-neglect.

POLICY

- A. Persons supported by DDA must be treated with kindness, respect, care, and consideration at all times. Abuse and neglect of children and vulnerable adults is prohibited by law and will not be tolerated. Under Chapters [26.44 RCW](#) and [74.34 RCW](#), all service provider employees, contractors, and volunteers are mandatory reporters and **must** report every incident of observed, reported, or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment and/or mistreatment of clients. Injuries of unknown origin must also be reported as described in this policy.
1. Mandated reporters do **not** have to witness or have proof that an incident occurred. As long as there is reasonable cause to believe that a child or a vulnerable adult has been abused or neglected, a mandated reporter must make a report.
 2. Definitions of the types of abuse described in state law may be found in Attachment A. Examples for clarification purposes may be found in Attachment B of this policy.
- B. Service provider administrators, employees, contractors, and volunteers who have reasonable cause to believe there has been abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment and/or mistreatment of a client must follow the requirements of Chapters [26.44 RCW](#) and [74.34 RCW](#) and make a report to the Department of Social and Health Services (DSHS). If sexual assault or physical assault as outlined in A.2 of this policy is suspected, a report to law enforcement is also required.

- C. Client injuries of unknown origin must also be reported as described in the Procedures section of this policy.
- D. **Failure to report can result in disciplinary action.** Failure to report such incidents may result in termination of the service provider's contract. Furthermore, failure to report is a gross misdemeanor under Washington State law ([RCW 74.34.053](#)). Any service provider employee, contractor, or volunteer found to have knowingly failed to report in their capacity as a mandated reporter will be reported to the appropriate law enforcement service provider and may be prosecuted to the extent the law allows.
- E. If a service provider or an employee of a service provider is being investigated by Adult Protective Services (APS), Child Protective Services (CPS), Division of Licensed Resources (DLR), Residential Care Services (RCS), or law enforcement, the service provider must:
1. Take appropriate actions to ensure the health and safety of Administration clients; and
 2. Take appropriate administrative action upon receipt of the investigation findings.
- F. Agencies must have a designated person responsible for regional communication in each DSHS region in which they hold a contract. Agencies will cooperate with DDA staff regarding inquiries about incidents, incident follow up and closure.
- G. Residential services providers shall develop a system that provides for administrative review of reportable incidents to implement proper safeguards for all persons served by the service provider as well as employees of the service provider. Refer to Procedures Section C.3 for more details. See Attachment C, *Incident Reporting Timelines*, for a list of reportable incidents.

PROCEDURES

A. Client Incident Reporting

Incidents must be reported as follows. To report, it is not necessary to have witnessed an incident.

1. **Report to Adult Protective Services (APS), Child Protective Services (CPS) or the Complaint Resolution Unit (CRU):**
 - a. When there is reasonable cause to believe there has been abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment;

- b. When there is reason to suspect that any physical or sexual assault has occurred;
 - c. When there is reason to suspect physical or sexual abuse, neglect, or exploitation of a child as required under [Chapter 26.44 RCW](#);
 - d. When there is reasonable cause to believe that an act has caused fear of imminent harm;
 - e. The service provider's administrator, owner, employees, contractors, and volunteers are mandated to report to the appropriate Reporting Unit (APS, CPS, or CRU). See [Procedures Section F](#) for department reporting units.
2. **Report to Law Enforcement:** If there is reason to suspect that sexual or physical assault of a client has occurred, mandated reporters must also report immediately to the appropriate law enforcement agency any of the following:
- a. Sexual assault: Any alleged or suspected sexual assault.
 - b. Physical assault (non-client to client): Any alleged or suspected physical assault as well as any act that causes fear of imminent harm.
 - c. Physical assault (client to client): Any alleged or suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:
 - 1) Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;
 - 2) Fractures;
 - 3) Choking attempts;
 - 4) Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults;
 - 5) If there is reasonable cause to believe that an act has caused fear of imminent harm; and
 - 6) Any client to client assault, regardless of injury, if requested by the client, the client's legal representative, or family member.

3. **Report to DOH:** Incidents involving suspected abuse, neglect or exploitation, or related to their license or certification, an individual with a certification or registration through DOH, must also be reported to the State Department of Health (DOH).
4. **Report to DDA:** When there is reasonable cause to believe an incident has occurred, the provider must report the incident to the Case Resource Manager (CRM), Social Worker (SW), or Social Services Specialist (SSS), as applicable, or the DDA regional designee as follows:
 - a. **Phone call to the CRM/SW/SSS (or the DDA regional designee if the CRM is unavailable) within one (1) hour or as soon as client safety has been ensured.** After hours, use the DDA Emergency Contact. Complete a written incident report (IR) within one (1) business day for any of the following:
 - 1) Death of any client when suspicious or unusual. In addition, submit [DSHS 10-331](#), *DDA Mortality Review Provider Report* and a copy of their IISP within fourteen (14) calendar days of the client's death.
 - 2) Death of a client served by the SOLA program.
 - 3) Conditions threatening the operation of the program. This may include a natural disaster.
 - 4) **Client is missing:** A person who receives 24-hour supervision/support is considered missing when they are out of contact with staff for more than two (2) hours without prior arrangements, unless the client's support plan indicates an alternative time plan:
 - a) A person without good survival skills may be considered in "immediate jeopardy" based on their personal history regardless of hours served. Such a person may be considered missing if they are in immediate jeopardy when missing for any period of time.
 - b) Clients receiving Community Protection Program (CPP) services are considered missing when they cannot be located for any length of time.
 - c) A person who is receiving less than 24-hour supervision or support is considered missing when the provider becomes

aware the client missed their scheduled appointment and cannot be contacted for two (2) hours, unless the client's support plan indicates an alternative time plan.

- d) It is considered a reportable incident when law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time they were missing.
 - 5) Injuries resulting from abuse/neglect or of unknown origin requiring hospital admission.
 - 6) Any event involving known media interest or litigation.
 - 7) Alleged or suspected sexual abuse of a client.
 - 8) Client is arrested with charges or pending charges for a violent crime.
 - 9) Life-threatening medically emergent condition.
- b. **Written incident report sent to the CRM/SW/SSS or the DDA regional designee within one (1) business day:**
- 1). Death of any client not reported under section 4.a.1 above. In addition, the provider must submit [DSHS 10-331](#), *DDA Mortality Review Provider Report*, and a copy of their IISP within fourteen (14) calendar days of the client's death.
 - 2) Alleged or suspected abuse, neglect, exploitation, financial exploitation or abandonment of a client.
 - 3) Alleged or suspected criminal activity perpetrated against a client.
 - 4) Alleged or suspected criminal activity by a client resulting in a case number being assigned by law enforcement, being taken into custody by law enforcement or, for juveniles, detainment in a juvenile correctional facility.
 - 5) Injuries resulting from alleged or suspected client to client altercations requiring medical treatment beyond First Aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples, intravenous fluids, diagnostic testing such as x-rays).

- 6) Mental health crisis resulting in inpatient admission to a community or state operated psychiatric facility.
- 7) All injuries to a client resulting from the use of restrictive procedures or physical intervention techniques.
- 8) Serious injuries of known cause, not otherwise defined, that require medical treatment beyond First Aid.
- 9) Hospital or nursing facility admission not otherwise defined.
- 10) Patterns of client to client abuse as defined in [RCW 74.34.035](#):
 - a) There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
 - b) There is an attempt to choke a vulnerable adult.
- 11) Property damage for clients receiving SL services:
 - a) Non-accidental property damage by a client over \$100; and
 - b) For adults receiving community residential services, any type of property damage that may result in a residential allowance request.
- 12) Restrictive procedures implemented under emergency guidelines as described in [DDA Policy 5.15](#), *Use of Restrictive Procedures*, [DDA Policy 5.17](#), *Physical Intervention Techniques*, [DDA Policy 5.19](#), *Positive Behavior Support for Children and Youth*, and [DDA Policy 5.20](#), *Restrictive Procedures and Physical Interventions for Children and Youth*. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
- 13) Medication or other nurse delegation errors that have or may result in injury/harm as assessed by a nursing or medical professional or a pharmacist.
- 14) Serious treatment violations not otherwise defined, such as:
 - a) Court-ordered conditions of release; and

- b) CPP treatment violations.
- 15) Suicide gestures or attempts with the intentional and voluntary attempt to take one's own life by someone with the capacity to do so.
- 16) Injuries of unknown origin when the injury raises suspicions of possible abuse or neglect because of:
 - a) The extent of the injury;
 - b) The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma);
 - c) The number of injuries observed at one particular point in time;
 - d) Repeated incidents of unknown injuries over time; or
 - e) The client's condition.
- 17) Awareness that a client and/or the client's legal representative are contemplating permanent sterilization procedures. Note: CRMs must also document this information in CARE.

B. Documenting Initial Actions and Follow Up to the Incident

1. The residential services provider must document the initial and subsequent follow up actions taken and the plan to keep the client safe.
2. Documentation must include actions taken by the residential services provider, the client, the client's legal representative, and/or family to promote the safety of the client. Actions may include a proposal to reconfigure the household, request for additional staffing, implementation of a new supervision plan, referral to payee services, crisis diversion services, etc.
3. The residential services provider review of the incident must include the following steps, at a minimum:
 - a. Interview clients, staff, and other involved parties, as necessary;
 - b. Review all related documentation;

- c. Collaborate with outside agencies/entities, as needed;
 - d. Identify relevant regulations, procedures, and service provider practice;
 - e. Complete a written report of the incident review; and
 - f. Send the completed report to the CRM.
4. SOLA programs may use the DDA electronic Incident Reporting (IR) System for more detailed or longer term documentation at the discretion of SOLA Program Manager.

C. Requirements to Protect Clients Following an Allegation

- 1. DDA expects service providers to:
 - a. Support client safety at all times;
 - b. Take steps to ensure that the accused staff does not work unsupervised with clients until an investigation has been completed.
- 2. In some instances, DDA may require agencies to ensure the accused staff has **no** access to any client.
 - a. The DDA Resource Manager Administrator / Children's Residential Services (CRS) Program Manager will make this request in writing via email, fax, or regular mail, as appropriate to the circumstances. The service provider must respond in writing to DDA to verify that the accused staff will not have any access to clients under the service provider's contract. The regional Field Services offices must consult with the Central Office CRS Program Manager or the Adult Residential Services Program Manager to make this decision. If necessary, the program manager will consult with an Assistant Attorney General (AAG).
 - b. If the service provider has completed an internal investigation, a report of the findings from the internal investigation must be sent by the service provider to the DDA Regional Administrator (RA) or designee.
 - c. The prohibition on access to clients is in effect until DDA has reasonable cause to believe that the incident did not occur or the accused staff does not pose a risk to clients' health or safety.
 - d. If there is a substantiated finding by the Department against the accused staff, DDA will work with the DSHS Background Check Central Unit

(BCCU) to determine if the staff person is working with any other DDA clients. DDA will require other residential agencies where this staff may be working to disallow the staff from working with any DDA client.

- e. DDA will notify the provider in writing when there is resolution.

D. Service Provider Policies

- 1. The service provider must have written policies and procedures for:
 - a. Protecting clients in an emergency;
 - b. Addressing the agency's actions when a staff person is accused of abandonment, abuse, neglect, exploitation, financial exploitation or mistreatment of DDA clients. These procedures must adhere to current laws, rules, and polices pertaining to abuse/neglect reporting;
 - c. Include Attachment A of this policy in the service provider policy and procedures; and
 - d. Reporting incidents within defined reporting timelines as specified in this policy to:
 - 1) Appropriate persons within the provider's agency as designated by the provider;
 - 2) Authorities such as law enforcement, DDA, APS, CPS, CRU, Division of Licensed Resources (DLR), and the Department of Health (DOH); and
 - 3) The client's legal representative.
 - e. Notifying emergency services
 - f. Preserving evidence when necessary. The provider may contact the local sexual assault agency or law enforcement for guidance in preserving evidence in cases of sexual assault; and
 - g. Procedures for initiating an external review or investigation.

E. Mandatory Reporting Requirements Form

- 1. The agency must have each administrator, employee, contractor and volunteer read and sign [DSHS 10-403](#), *DDA Residential Services Providers: Mandatory*

Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult, upon hire and then annually thereafter.

2. The signed forms must be maintained in each individual's personnel file.
3. The agency administrator must review, sign and submit to the resource manager [DSHS 10-403](#), *DDA Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult*, with the initial contract and then annually thereafter.
4. The Resource Manager will maintain the administrator's signed form in the contract file.
5. The service provider's policy and procedures manual must also include a blank copy of the form.

F. Department Reporting Units

1. **Reporting to DDA:**

"Reporting to DDA" is defined as reporting to the DDA RA or designee unless otherwise specifically noted in this policy.

2. **Reports of abuse, neglect or maltreatment, involving children and youth receiving services in a Licensed Staffed Residential program:**

DSHS Child Protective Services statewide number: 1-866-363-4276 (1-866-ENDHARM).

3. **Reports involving adults 18 and over receiving DDA Supported Living (SL), Group Home, and Group Training Home services:**

CRU statewide number: 1-800-562-6078; TTY 1-800-737-7931.

4. **Reports involving adults living in Companion Homes, receiving Alternative Living Services or in their own homes without SL services:**

DSHS Adult Protective Services (APS) regional numbers:

Region 1:	1-800-459-0421	TTY: 1-509-568-3086
Region 2:	1-866-221-4909	TTY: 1-800-977-5456
Region 3:	1-877-734-6277	TTY: 1-800-672-7091

Or the statewide toll free number: 1-866-363-4276 (1-866-ENDHARM).

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Assistant Secretary.

SUPERSESION

DDA Policy 6.12
Issued July 16, 2013

Approved: /s/ Donald Clintsman Date: July 1, 2015
Deputy Assistant Secretary
Developmental Disabilities Administration

Attachment A - *Definitions*

Attachment B - *Clarifying Examples of Abuse, Neglect, and Financial Exploitation*

Attachment C – *Incident Reporting Timelines*

ATTACHMENT A

DEFINITIONS - GENERAL

ALTSA means the Aging and Long-Term Support Administration.

Adult Protective Services (APS) means the ALTSA Home and Community Services (HCS) Division office that conducts investigations of reported incidents and may offer protective services to the alleged adult victim.

CRM means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

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.

Client means a person eligible for DDA services.

Complaint Resolution Unit (CRU) means the Residential Care Services (RCS) Division unit that takes a report of abandonment, abuse, neglect, exploitation or financial exploitation when the alleged victim is in Supported Living (SL), Group Home, Group Training Home services or resides in a licensed facility.

Division of Licensed Resources (DLR) means the DSHS Children's Administration division that licenses out-of-home settings. DLR staff is also responsible to investigate reported licensing concerns when there has been a violation or allegation of violation of minimum licensing requirements. This includes group home providers, licensed staffed residential settings, and/or staff working at these facilities.

Good faith means a state of mind indicating honesty and lawfulness of purpose.

Injury of Unknown Origin means an injury that was not observed directly by the staff person and the injury is not reasonably determined to be 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 or 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; employees of domestic violence programs; Christian Science practitioner; or healthcare provider subject to [Chapter 18.130 RCW \[RCW 74.34.020\]](#). Refer to [RCW 26.44.030](#) for a list of individuals with a duty to report child abuse or neglect.

Reasonable cause to believe means that the reporter, in making the report of abuse/neglect, acts with good faith intent, judged in light of all the circumstances then present.

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Residential Care Services (RCS) means the AL TSA division responsible for the licensing and oversight of adult family homes, assisted living facilities, nursing facilities, residential habilitation centers, and certified residential programs. RCS conducts provider practice investigations of abandonment, abuse, neglect, exploitation, or financial exploitation.

DEFINITIONS – CHILDREN (RCW 26.44.020)

Child or Children means any person less than eighteen (18) years of age.

Abuse or neglect means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#); **or** the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child.

Sexual exploitation includes: allowing, permitting, or encouraging a child to engage in prostitution by any person; **or** allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

Negligent treatment or maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under [RCW 9A.42.100](#). When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment, or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in [RCW 26.50.010](#) that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself.

DEFINITIONS - VULNERABLE ADULTS (RCW 74.34.020)

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 vulnerable adult. In instances of abuse of a vulnerable adult who 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, personal exploitation of a vulnerable adult, and improper use of restraint which have the following meanings:

- **Sexual abuse** means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes

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any sexual conduct 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 vulnerable adult living in that facility or receiving service from a program authorized under [Chapter 71A.12 RCW](#), whether or not it is consensual.

- **Physical abuse** means the willful action of inflicting 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 prodding.
- **Mental abuse** means any willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, intimidating, yelling, or swearing.
- **Personal Exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- **Improper use of Restraint** means or the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

Chemical restraint means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

Facility means a residence licensed or required to be licensed under Chapter 18.20 RCW, assisted living facilities; Chapter 18.51 RCW, nursing homes; Chapter 70.128 RCW, adult family homes; Chapter 72.36 RCW, soldiers' homes; or Chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department.

Financial exploitation means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by another person or entity for any person's or entity's profit or advantage other than the vulnerable adult's profit or advantage. Financial exploitation includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

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- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

Mechanical restraint means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

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, including but not limited to conduct prohibited under [RCW 9A.42.100](#).

Physical restraint means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

Self-neglect means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

Vulnerable adult means a person eighteen (18) years of age or older who:

- (a) Is sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; **or**
- (b) Is found incapacitated under [Chapter 11.88 RCW](#); **or**
- (c) Has a developmental disability as defined under [RCW 71A.10.020](#); **or**
- (d) Is admitted to a licensed facility (i.e., boarding home, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS); **or**

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- (e) Is receiving services from home health, hospice or home care agencies licensed or required to be licensed under [Chapter 70.127 RCW](#); **or**
- (f) Is receiving services from an individual provider; **or**
- (g) Self-directs his or her own care and receives services from a personal aide under [Chapter 74.39 RCW](#).

ATTACHMENT B

CLARIFYING EXAMPLES OF ABUSE, NEGLECT, FINANCIAL EXPLOITATION, AND SELF-NEGLECT

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, exploitation, and self-neglect. **While many examples are straightforward, others may be less obvious and need to be considered in a larger context.**

A. **Physical Abuse (including improper restraint):**

- Biting
- Choking
- Kicking
- Pinching
- Pushing
- Shaking (especially a child under three years of age)
- Shoving
- Prodding
- Slapping
- Striking with or without an object
- Twisting limbs (joint torsion)
- Causing or willfully allowing the person to do bodily harm to themselves or
- Causing or willfully allowing another client to physically harm them
- Controlling a person through corporal punishment
- Not allowing the client to eat, drink, or care for physical needs such as elimination
- Retaliation following a physical attack, verbal abuse or other unwelcome action by a client
- Using excessive force when restraining an agitated client

B. **Sexual Abuse:**

- Any sexual contact between staff or volunteer of a facility and a client, whether or not it is consensual
- Inappropriate or unwanted sexual touching including but not limited to:
 - Fondling
 - Intercourse
 - Oral sex
 - Rape
 - Sodomy
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping
- Showing, selling, or otherwise distributing pornographic materials

C. **Mental Abuse:**

- Coercion
- Harassment

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- Inappropriately isolating a vulnerable adult from family, friends, or regular activity
- Making derogatory or disparaging remarks about a person and his/her family in front of the person or within hearing distance of any client
- Oral, written or gestural language threatening harm or intended to frighten clients
- Verbal assault such as ridicule, intimidation, yelling, or swearing

D. Neglect:

- 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
- An act or omission by a person or entity with a duty of care 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, which may include but not limited to:
 - Abandoning a client in situations where other persons, objects or the environment may injure the client
 - Allowing the physical environment to deteriorate to the point that a client is subject to hazardous situations, such as electrical, water, and structural hazards
 - Failure to promptly respond to medical emergencies or requests for medical treatment
 - Failure to follow prescribed treatments Failure to attend to clients in hostile or dangerous situations
 - Failure to supervise which results in a client wandering, missing or running away
 - Willful failure to protect the client from physical abuse by another client or staff
 - Willful failure to protect a child from sexual contact with another child

E. Exploitation (Including Personal and Financial):

- Using clients to perform work that should be done by paid employees
- Using client financial resources for personal gain or for activities not related to client care

F. Self-neglect:

Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as:

- Not eating enough food to the point of malnourishment
- Living in filthy, unsanitary, or hazardous conditions
- Refusing urgent medical care or a pattern of declining necessary medical care

ATTACHMENT C

DDA INCIDENT REPORTING TIMELINES

Please see policy text for complete definitions.

<p align="center">Phone call to Regional Office within One (1) Hour followed by written IR within One (1) Business Day (A)</p>	<p align="center">Written IR within One (1) Business Day (B)</p>
<ol style="list-style-type: none"> 1. Suspicious or unusual death of a client 2. Death of a client served by the SOLA program 3. Natural disaster or other conditions threatening the operations of the program or facility 4. Client is missing 5. Injuries resulting from abuse/neglect or unknown origin resulting in hospital admission 6. Known media interest or litigation must be reported to Regional Administrator within 1 hour. If issue also meets other incident reporting criteria, follow with written IR within 1 working day. 7. Alleged or suspected sexual abuse of a client 8. Client arrested with charges or pending charges for a violent crime 9. Life-threatening medically emergent condition life-threatening conditions that cannot be classified as injuries and that require treatment by emergency personnel or inpatient admission 	<ol style="list-style-type: none"> 1. Death of a client (<u>not</u> suspicious or unusual) 2. Alleged or suspected abuse, improper use of restraint, abandonment, neglect, personal or financial exploitation of a client 3. Alleged or suspected criminal activity perpetrated against a client 4. Alleged or suspected criminal activity by a client 5. Injuries resulting from alleged or suspected client to client abuse requiring medical treatment beyond First Aid 6. Inpatient admission to a state or community psychiatric hospital 7. Injuries to a client resulting from the use of restrictive procedures or physical intervention techniques 8. Injuries of known cause (other than abuse) that required medical treatment beyond First Aid 9. Hospital or nursing facility admission 10. Patterns of client to client abuse 11. Property damage by SL clients 12. Restrictive procedures implemented under emergency guidelines (see Policy 5.15 Definitions) 13. Medication or other nurse delegation errors which causes or is likely to cause injury/harm as assessed by a medical or nursing professional 14. Serious treatment violations 15. Suicide gestures or attempts 16. Suspicious injury of unknown origin (See Procedures, Section 4.b.16) 17. Awareness that a client and/or the client's legal representative are contemplating permanent sterilization procedures