2018

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Taybrook at Haddam
1586 Taybrooks Rd Rt 154
Haddam CT 06438
M:

FLIS Staff

Melissa J. Sapienza RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
Bassinet Capacity: ___

Census:
AL 50
Memory Care 24
(74) 7pm

Date(s) of onsite inspection: 05/23/18, 05/24/18

Date(s) additional information obtained: ___

Personnel contacted: Jeff Williams ED, Diane Carigliano RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [✓] *Renewal* [ ] *Other (e.g.strikes)*: ___

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # 23404

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated June 4, 2018

[ ] Desk Audit ___ [ ] Amended Letter: ___ Original Ltr. ___

[ ] Citation # ___ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # ___ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to ___

REPORT SUBMITTED BY: Melissa J. Sapienza RN **DATE OF REPORT:** 5/24/18

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 6-4-18
Supervisor/Title

5 Cannot 5/25/18

LICENSING INSPECTION NARRATIVE REPORT:

DPH
Connecticut Department of Public Health

ASSITED LIVING . ICES AGENCY
PROFESSIONAL PERSONNEL RECORD REVIEW

MANAGED RESIDENTIAL COMMUNITY: TOWN:

AGENCY: Staybrook at Haddam TOWN: Haddam DATE: 5/31/16

NAME	POSITION	EMPLOYED	(f)(2)(A) ED. PREP. & WORK EXP.	(f)(2)(C) LIC. EXP. DATE	(f)(1)(E) PRE-EMPLOY & ANNUAL	(f)(1)(E) TBC	(f)(2)(F) ORIEN	(f)(2)(D) EVALUATION 12 MOS.	ABCMS	COMMENTS
Denise Roberts	LPN	1/20/15	LPN	11/17			ø			no doc of abuse ed
	SD			✓						
	signed			4/30/19	ø pending					
	6/19/17									

Rev. 01/18/2018

Over 1 of 1

DPH
Connecticut Department of Public Health

ASSISTED LIVING ... ICES AGENCY
AIDE PERSONNEL REVIEW

*Please Note:
1. Orientation should include emergency medical procedure 19-13-D105(e)(ii)
2. Bimonthly means every other month

AGENCY: Saybrook at Haddam TOWN: Haddam

MANAGED RESIDENTIAL COMMUNITY: TOWN: DATE: 5/23/16

		(i)(2)		(f)(2)(B)		(f)(1)(E)		(f)(1)(C)	(f)(1)(B)(i)	(i)(2)		
NAME (Agency Aide Personnel) If contracted personnel, identify as such	DATE EMPLOYED	ORIENT 10*	BASIC H-HHA	NURSES AIDE	STUDENT NURSE	PRE-EMPLOY & ANNUAL	TBC	EVAL. ANNUAL	INSERVICE ATTENDANCE BI-MONTHLY	COMPETENCY TEST DATE	ABCMS	COMMENTS
(1) Martha Valencia FT	9/09/13	Ø		NA 802035	X 3/31/17	9/13/14	9/13 Neg	9/13/14 Ø	Ø	Ø		background ✓
Haddam annual				2/2019				Ok				
					from orig 10/30/13							
					from							
SDSA (checked last since Nov 17)	10/31/16				9/13							
					10/17							
(2) Delores Pino FT	11/27/17	✓		NA 912-94145	X 9/18						✓	✓
(3) Jenna Vartuli PT	9/7/14	Ø		NA 998-94642	X 4/5/16							
(4) Ernesta Sodjen	2/9/18	Ø		NA 912-97430	X 4/16						✓	

☐ Where are evals for 2015, 2016, 2017, 2018?
☐ Orientation — SDSA doesn't know
☐ Annual physicals — no
☒ need handbook

(1) ☐ Abuse ed? Didn't know needed to do per SDSA

Rev. 01/18/2018

Telephone interview ☐ Participant # 5 on 5/23/18

Violet Diaz

Jordan Howard

no HR follow ups

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

June 5, 2018

Diane Carigliano, Supervisor of Assisted Living Services Agency
The Saybrook At Haddam
1556 Saybrook Road, Route 154
Haddam, CT 06438

Dear Ms. Carigliano:

Unannounced visits were made to Saybrook At Haddam on May 24, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through June 1, 2018.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by June 19, 2018 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice. The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction to Loan.Nguyen@ct.gov may be subject to disciplinary action.

DATE(S) OF VISIT: May 23 and 24, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 23404

DATE(S) OF VISIT: May 23 and 24, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3) (C) and/or (D) and/or (j) Assisted living staffing requirements (7) and/or (k) Client service record (H) (i) and/or (ii) and/or (I) and/or (K).

1. Based on review of the clinical record and interview with agency personnel, for one of one client (Client #1) with a significant change in condition the agency failed to coordinate care and/or update the service plan. The findings include:

Client #1 was admitted to the ALSA memory care unit on 07/28/15 with diagnoses of memory impairment, vascular dementia without behavioral disturbances, depression, anxiety and a history of carcinoma of the breast, carcinoma of the bladder and urinary tract infections.

The client service plan dated 04/09/18 identified the need for assistance from the ALSA aides with bathing, dressing, grooming, toileting and mediation reminders.

a. Interview and review of the service plan dated 04/09/18 with the Executive Director on 5/23/18 failed to identify signature of the client and/or the client's representative on the pre-printed signature line of the Client Service Plan;

b. Interview with the Supervisor of Assisted Living Service Agency (SALSA) on 05/24/18 and review of the aide shift reports dated 05/12/18 and 05/13/18 and signed by Licensed Practical Nurse (LPN) #1 and the Director of Memory Care, identified documentation by the aide of Client # 1's "possible vaginal bleeding" on 05/12/18 and the presence of "light blood on brief" on 05/13/18, but failed to indicate that LPN # 1 notified the ALSA registered nurse/RN of the change in the client's condition;

c. The pre-printed aide shift report required the signature of the RN designee on each shift, however interview and review of the forms dated 05/12/18 and 05/13/18 with the SALSA on 05/24/18 failed to identify the RN designee's signature;

d. Interview and review of the aide shift reports dated 05/12/18 and 05/13/18 with LPN #1 on 05/30/18 indicated that LPN # 1 reviewed the aide reports the following day, signed off on the aide reports but did not report the aide's notification of Client # 1's possible vaginal bleeding to the ALSA RN because LPN # 1 "did not actually observe it."

Review of the job description signed by LPN #1 on 06/10/17 identified the requirement for the LPN to report changes in the client's condition to the SALSA immediately;

e. Interview and review of the nursing documentation with the SALSA on 05/24/18 indicated that Client # 1's possible vaginal bleeding was not a concern to the SALSA and/or the ALSA nursing staff, in the setting of a known diagnosis of bladder cancer, but failed to identify documentation of previous episodes of bleeding and/or an appropriate

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

nursing response from the SALSA to each episode of bleeding.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3) (C) and/or (D) and/or (m) Client's bill of rights and responsibilities (5) and/or the Connecticut General Statutes Chapter 319dd Section17b-451.

2. Based on review of the clinical record and interview with agency personnel for one client of one client (Client #1) mentioned in an allegation of abuse, the agency registered nurse failed to assess the client and/or notify the client's family of the allegation until completion of the agency investigation and/or failed to notify the State elderly protective services in a timely manner. The findings include:

   Client #1 was admitted to the ALSA memory unit care on 07/28/15 with diagnoses that included memory impairment, vascular dementia without behavioral disturbances, depression, anxiety and a history of carcinoma of the breast, carcinoma of the bladder and urinary tract infections.

The client's service plan dated 04/09/18 identified the need for assistance from the ALSA aide with bathing, grooming, toileting, dressing and medications reminders.

The agency's investigation identified a report on 4/28/18 from ALSA Aide #2 of an observation dated 4/27/18 at 11:30 p.m. of ALSA Aide #1 kissing Client # 1 with the clients arms around ALSA Aide #1's neck, in the common lounge.

a. Interview and review of the agency documentation with the ED on 05/23/18 indicated that ALSA Aide # 1 was suspended from work during the ALSA investigation of the allegation, but failed to identify notification to Client # 1's family until the conclusion of the ALSA investigation;

b. Interview and review of the nursing documentation with the Supervisor of Assisted Living Service Agency (SALSA) on 05/23/18 failed to identify assessment by the ALSA registered nurse of the client's mental, emotional and/or psychological status following The allegation of abuse;

c. Interview with the Supervisor of Assisted Living Service Agency (SALSA) on 05/23/18 and with the elderly protective services agency at the Connecticut Department of Social Services on 5/3/18, five days after receiving the allegation, and failed to identify timely reporting to the Connecticut Department of Social Services within seventy-two hours;

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

d. Interview with ALSA Aide #1 on 05/24/18 indicated that Client #1 hugged ALSA Aide # 1 on 04/27/18 at 11:30 p.m. in the lounge as ALSA Aide # 1 returned to work on the night shift after a month long vacation as the client was happy to see the aide. ALSA Aide # 1 denied having kissed the client on the lips on 04/27/18 at 11:30 p.m. in the lounge. However, further interview indicated that a few months ago Client # 1 placed a hand on ALSA Aide # 1's cheek and kissed ALSA Aide # 1 on the lips, but failed to identify reporting by ALSA Aide # 1 of the client's behavior to the aide's supervisor. The ALSA employee handbook directed the employee to speak with their immediate supervisor when situation arose leading to misunderstanding or a problem.

Interview and review of the agency investigation on 05/24/18 with the ED and SALSA indicated that ALSA Aide # 1 returned to work on 05/03/18 at the conclusion of the ALSA investigation.

Section 19-13-D105 (f) Personnel policies for an assisted living services agency (g) Supervisor of assisted living services (2) (C) and/or (E)

3. Based on review of personnel files and interview with agency personnel for five of five files reviewed, the agency failed to ensure the staff received the required orientation and /or education. The findings include:

   A. ALSA Aide #1 had a hire date of 09/10/13. Interview and review of the personnel file with the SALSA on 05/24/18 failed to identify documentation of employee orientation and/or education on abuse prevention.

   The agency policy on Abuse prevention directed the provision of in-service training upon hire on elder abuse prevention including incidence, signs and symptoms of abuse and reporting requirements.

   B. ALSA Aide #2 had a hire date of 01/27/17. Interview and review of the personnel file with the SALSA on 05/24/18 failed to identify documentation of education on abuse Prevention.

   C. ALSA Aide #3 had a hire date of 09/07/16. Interview and review of the personnel file with the SALSA on 05/24/18 failed to identify documentation of employee orientation and/or education on abuse prevention.

   D. ALSA Aide #4 had a hire date of 02/09/18. Interview and review of the personnel file with the SALSA on 05/24/18 failed to identify documentation of education on abuse prevention.

   E. LPN #1 had a hire date of 01/20/15. Interview and review of the personnel file with the ED on 05/31/18 failed to identify documentation of employee orientation and education on abuse prevention.

chris

POC Approved 7/24/18
Melissa J SanSouci RN

SanSouci, Melissa

From: Jeffrey Williams <jeffreyfwilliams@outlook.com>
Sent: Friday, July 20, 2018 1:42 PM
To: SanSouci, Melissa; dcarigliano@thesaybrookathaddam.com
Subject: Amended Plan of Correction
Attachments: The Saybrook at Haddam Corrective Action June 2018 amended 072018.pdf

Melissa,
I believe that these changes address the items you discussed with Diane and me this morning.
Thanks,
Jeff

Jeffrey Williams
Executive Director
The Saybrook at Haddam
1556 Saybrook Road
Haddam, CT 06438
P: 860.345.3779
C: 860.329.5567
F: 860.345.2573
E: jwilliams@thesaybrookathaddam.com

www.thesaybrookathaddam.com

POC Approved 7/24/18 Melissa Gilbert Senior AA

suspected abuse to Connecticut Department of Social Services; and d.) the role and responsibility of all employees as mandated reporters.

MONITORING

The institution will conduct monthly reviews of the documentation for each action. This review will be conducted jointly by the Executive Director and the Supervisor of Assisted Living Services. This review process will commence no later than June 30, 2018 and will continue through December 31, 2018 or achievement of 100% compliance, whichever is later.

EFFECTIVE 6/20/2018

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105(f)

Personnel policies for an assisted living services agency (g) Supervisor of assisted living services (2) (C) and/or (E)

Corrective Action

The agency will amend the ALSA new employee orientation to include completion of Abuse and Neglect Training. Additionally, this training will be presented annually for all ALSA employees as a refresher. ALSA staff Abuse and Neglect training was conducted on 6/27/18 and documentation of training is maintained in the individual ALSA staff personnel file.

MONITORING

The institution will conduct monthly reviews of the documentation for each action. This review will be conducted jointly by the Executive Director and the Supervisor of Assisted Living Services. This review process will commence no later than June 30, 2018 and will continue through December 31, 2018 or achievement of 100% compliance, whichever is later.

EFFECTIVE 6/20/18

RESPONSIBLE PERSON

The Supervisor of Assisted Living Services will be responsible for ensuring the institution's compliance with this Plan of Correction.

POC
Approved
7/24/18
Meeting Survey

Plan of Correction – The Saybrook at Haddam

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105(q)

Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3)(C) and/or (D) and/or (j) Assisted living staffing requirements (7) and/or (k) Client service record (H)(i) and/or (ii) and/or (I) and/or (K).

Corrective Action

a. The institution will have each Client Service Plan signed by the client or client representative where required. In the event the client or client representative is unavailable for signature, efforts to obtain signature (verbal, electronic, or physical) will be documented within the client file. A verbal review and acceptance of Plan of Care (by the client or client representative) will be documented in Client Service Plan.
b. The SALSA or RN Designee will review and sign aide daily shift report as indicated.
c. The nursing staff will note, within Charting Notes of the resident's electronic record system, all episodes that may be symptomatic of an existing diagnosis, regardless if the episode is considered a change of condition or not. The nursing staff will note if a change of condition is identified and appropriate nursing response will be taken and documented. Individual charting education with nursing staff was completed by the SALSA between June 15 and 30, 2018.

MONITORING

The institution will conduct monthly reviews of the documentation for each action. This review will be conducted jointly by the Executive Director and the Supervisor of Assisted Living Services. This review process will commence no later than June 30, 2018 and will continue through December 31, 2018 or achievement of 100% compliance, whichever is later.

EFFECTIVE 6/20/2018

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105(d)

Governing authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing services provided by as assisted living services agency (3)(C) and/or (D) and /or (m) Client's bill of rights and responsibilities (5) and/or the Connecticut General Statutes Chapter 319DD Section 17b-451

Corrective Action

The agency will follow the agency's Clinical Policy and Procedure Manual (Policy GP 11) which outlines policy and procedure for a.) notification of family immediately upon the report of an abuse allegation; b.) the completion of an assessment by an agency registered nurse to assess the resident's mental, emotional and/or psychological status; c.) timely reporting (within 72 hours) of an allegation of

Abuse and Neglect

Learner's Guide

Everyone has the right to respectful treatment. Abuse is any mistreatment or neglect, either physical or emotional, of a vulnerable person or someone in your care. Abusing the client is like the bullying of a smaller, younger child on the playground. The older person who cannot stand up for himself verbally or physically is an easy target. The client, like the young child, may not know how to stop the abuse and therefore suffers.

Client abuse has reached epidemic proportions in the United States. Older people may be more susceptible to abuse because of social isolation and mental impairment. Federal programs help prevent and resolve abuse of the client. States have penalties for client abuse.

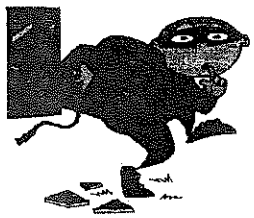
There is no acceptable excuse for abuse or neglect of any client. However, a caregiver may feel unable to cope with the demands of caring for a client. Recognizing and preventing the problem of caregiver stress may help prevent some client abuse.

Types of *Abuse*

Healthcare abuse or fraud is abuse or neglect of clients in a care setting, such as:

- Not providing healthcare but charging for it
- Double charging
- Any kind of abuse when Medicaid funds the care.

Those who carry out healthcare abuse can be doctors, caregivers, medical professionals, and nonprofessional healthcare providers.



Exploitation is stealing or mismanaging the money, property, or belongings of a client. Stealing goods or money while caring for a client is a crime. Deceiving a client into giving you money or goods is exploitation, and is a crime.

Emotional abuse is causing emotional or psychological pain (including isolation, verbal abuse, threats, and humiliation). Emotional neglect is a lack of basic emotional support, respect, and love, such as:

- Ignoring moans, calls for help, or call bells.
- Inattention to the client's need for affection.
- Lack of assistance in doing interesting activities such as watching preferred TV programs or going out for activities.

The Saybrook at Haddam

Assisted Living Services Agency

Orientation Checklist

Staff name:_____

1st day of work:_____

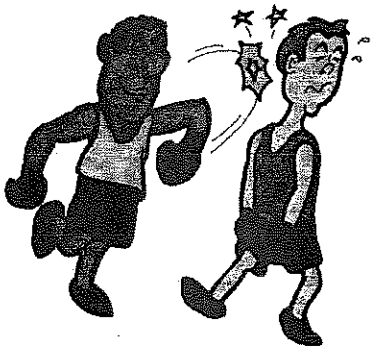
	date	staff initials	trainer initials
Tour of facility / intro to staff			
Payroll, benefits, and other office procedures			
OSHA - blood borne pathogens, universal precautions, hand washing			
Abuse and neglect training			
How to clean a blood spill			
Resident bill of rights			
Review of job description, dress code, ID badges, employee hand book			
Organizational structure of the agency			
Employee hand book			
Medication Cueing / PRN policy			
Body Mechanics back care			
Catheter Care			
Gait Belt training			
Confidentiality			
Emergency response system: walkie talkies, beepers			
Security , fire procedures			
evacuation procedure			
Dementia training - 8 hours			
Completion of orientation - 10 hours			

/

Staff signature date Resident Care Director Signature Date

Sexual abuse is forcing sexual contact without the client's consent, including touching or sexual talk.

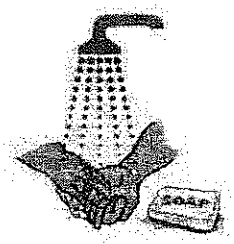
Physical abuse is physical force that results in injury, impairment, or physical pain. The *threat* of physical force is also abuse. Physical violence against a client in the home is a form of domestic violence. Injury from physical abuse may be from physical punishment of any kind such as:



- Beating, hitting with or without an object, slapping or punching.
- Pushing, shoving, shaking, choking, or throwing.
- Kicking, pinching, biting, or scratching.
- Spitting, force-feeding, hair-pulling, or burning.
- Inappropriate use of drugs and physical restraints.
- Rough handling during caregiving or when repositioning the client.

What is Client *Neglect*?

Neglect may be physical or emotional. Some overlap exists between the definitions of abuse and neglect. Both emotional and physical neglect are also client abuse. The caregiver who physically neglects a client does not provide for basic physical needs. Some examples include:



- Lack of monitoring
- Inappropriate housing or shelter
- Inadequate provision of food or water
- Lack of assistance with eating or drinking
- Denial or delay of medical care
- Physical restraint
- Inadequate help with hygiene or bathing
- Inadequate hand washing on the part of the caregiver, which leads to infections
- Incorrect body positioning, which can lead to limb and skin damage
- Lack of access to the toilet or inadequate changing of diapers or disposable briefs that can lead to incontinence, agitation, falling when trying to get to the bathroom unassisted, skin damage from sitting in urine and feces, and indignity
- Lack of help in moving around
- Failure to provide something necessary for health, comfort, and safety, such as personal care, food, shelter, or medicine.
- Confining someone against his will, or strictly controlling the client's behavior.
- Improper use of restraints and medications to control difficult behaviors.
- Overmedicating
- Denying aids such as walkers, eyeglasses, or dentures
- Dirty living conditions
- Inadequate heating and air conditioning

Victims and Abusers

Who Are the Victims?

- 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?

- Most abusers are relatives who take care of the client.
- Many times abusers need as much help as the victim.
- In care facilities the abusers may be employees, visitors, family, other clients, or intruders. Anyone associated with a client might abuse them.

Characteristics of Caregiver Abusers:

In a care facility, a client can experience abuse from three sources:

- Staff-to-client abuse
- Client-to-client abuse
- Visitor-to-client abuse

Caregiver stress can be a problem for anyone caring for the client, and this can lead to abuse. Caregivers who are feeling too much stress are more likely to be abusive or neglectful of the people in their care.

Some problems with caregiver abusers:

- Caregiver stress
- Emotional or mental illness
- Alcohol or drug use
- Some caregivers are not suited to the job
- Some allow themselves to vent their impatience, frustration, and anger on the client they are supposed to be protecting and nurturing

Some staff may be prone to client abuse because of:

- Insufficient staffing
- Lack of training
- Stressful working conditions
- Burnout or depression

Recognizing Abuse and Neglect

Everyone who provides care for clients must be alert to these signs of abuse or neglect:

Personality and behavior changes:

- Becoming withdrawn, unusually quiet, depressed, or shy
- Becoming anxious, worried, or easily upset
- Refusing care from caregivers
- Not wanting to be around people, not wanting to see visitors

Physical signs:

- Bruises or burns
- In a woman, vaginal bleeding or bruising of the genitals or thighs
- Fractures
- Unreasonable or inconsistent explanations for injuries
- Frequent emergency room visits

Signs of possible neglect:

- Weight loss, malnutrition, or dehydration
- Insufficient clothing, shoes, or basic hygiene items
- Medications not filled or taken
- Doctor visits not scheduled or kept
- Unclean appearance or smell
- Skin ulcers or sores
- Declining health

Too often clients lose the most basic rights when they live in a care setting: privacy when they bathe, dress, and sleep, choice of what they eat or wear, control of their money, the right to choose their own doctor or make decisions about medical treatment. The Resident/Patient/Elder Bill of Rights helps people keep their privacy and dignity. It protects rights as basic as whether or not staff knocks on the door before entering a client's room. These rights apply to all clients who live in licensed care facilities. You should become familiar with any statements of rights that your state has issued to protect the clients—ask your supervisor for a copy.

While most of these things do not usually happen in a care facility, 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 a client experiencing abuse or neglect is obligated to notify the proper authorities. Reporting procedures vary by state. In a care facility, anyone who suspects abuse of a client by either a family member or another professional caregiver should first report it to his or her supervisor.

Every state has an office or department that deals with abuse and neglect of the client. Write the name and number of your state agency here:

CT Dept. of Social Services

1-888-385-4225 After Hours 2-1-1

Preventing Client Abuse and Neglect

- Educate seniors, professionals, caregivers, and others about client abuse
- Enforce state and federal penalties
- Intervene. Report suspected abuse and neglect to the proper authorities.

Criminal Penalties an Abuser Faces

Many states have or are establishing registries to help monitor and identify caregivers and medical personnel convicted of client abuse. This will help employers conduct background checks on employees applying for a position related to care of the client.

Crimes against the client have led the nation's legislative bodies to develop and implement policies and laws to prevent this abuse. Physical, sexual, and financial abuses are crimes in all states. Certain other abuses are subject to criminal prosecution. Many states mandate that medical professionals, healthcare providers, and others report evidence that makes them *reasonably believe* that a client is the victim of abuse or neglect.

These statutes include penalties for those who fail to report suspicious or questionable cases. Many statutes provide immunity from prosecution to individuals who make the reports in *good faith*, even if the report eventually proves to be false. As a measure to decrease abuse, provisions protect employees who report abuse they see at their workplace. These provisions protect *whistle blowers* from retaliation of abusive coworkers.

Congress is considering legislation that would establish federal criminal penalties for abuse and neglect in care facilities. If convicted, it could result in prison terms for individuals, in addition to corporate fines of up to $3 million. Criminal penalties vary from state to state, depending on the specific charges and circumstances. Sentences may include:

- Probation
- Court supervision
- Restitution
- Community service
- Counseling
- Jail or prison term

Some Examples of Abuse Cases:

- An owner of a care facility pleaded guilty to 15 counts of abuse and neglect. She received 15 years' probation and 500 hours of community service.

- A care facility worker was convicted of manslaughter after a client died of septic shock because bedsore infections had continued to go untreated.

- A medical director and nursing director were charged and convicted with involuntary manslaughter in the heat-related death of a client. Prosecutors alleged the facility lacked air conditioning and fans and the windows would not open.

Relief for Caregiver Stress

To be a good caregiver, you must care for yourself as well as others. To prevent abuse and neglect of those in our care, it is vitally important for caregivers to learn how to manage stress.

Stress occurs when we feel that the demands on us exceed our ability to meet the demands, and we fear harm or loss as a result.

How to Deal with Stress

Research shows that people who can handle difficult situations without suffering from stress tend to have certain attitudes. These attitudes are:

1. They feel that they are in control of their lives.
2. They accept the challenges before them.
3. They feel commitment to their work and to other people.

To improve our ability to deal with stress, we must develop the right attitudes toward the demands on us. To do this, we can:

1. Build and use support from co-workers and family.
2. Increase our sense of personal control.
3. Take care of our physical, mental, and emotional selves by getting enough sleep, healthy food, water, exercise, and time alone and with friends in breaks from caregiving.

To increase a sense of personal control, we must learn to accept the reality of the situation. ***Acceptance*** means that when you understand that a situation cannot be changed, you give up your expectations for how you think things ought to be, and you let go of the guilt or anger. ***You can improve the things that are in your control and accept the things that are not.*** Apply coping strategies and stress reduction methods to gain control and improve the things you can.

Coping Strategies

Coping Strategies include:
1. Find ***comfort*** in healthy ways (see *Stress Relief Methods*).
2. Take ***action*** to solve the problems you can.

A caregiver can't usually solve the problem of having constant responsibility for someone else—but we can solve pieces of the problem by sharing the load with others and using the resources available for help. Groups like the Alzheimer's Association offer volunteer caregivers who will provide caregiver relief. Support groups offer educational resources and ideas for coping.

Stress Relief Methods

Caregivers need to find comfort in healthy ways. Many research studies have shown the importance of (1) regular exercise and (2) social interaction with friends to relieve feelings of stress. Exercise and being with friends take time, so caregivers must schedule these into daily routines, just like making time for eating and hygiene. There are other healthy ways to relieve stress and stay strong, including:

Meditation or prayer
Sports or exercise
Taking a class in something interesting
Talking to friends
Attending church
Reading, watching movies, or gaming
Napping (just 20 minutes can relieve stress)
Enjoying a hobby

It is important not to try relieving stress in unhealthy ways, such as eating junk food, drinking alcohol, smoking, using drugs, or spending money on things you don't need. These are harmful coping methods, and will only create more stress by causing sickness and stealing strength.