

MARKLUND
GENERAL POLICY AND PROCEDURE

POLICY NO.: 7.01

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SUBJECT: Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin

DEPARTMENTS AFFECTED: Social Services

APPROVED BY: G. Fonger

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PURPOSE: To clarify and outline steps when there is suspected abuse or neglect, death, financial exploitation, serious injuries of unknown origin that are not the expected outcome of the Client's condition or disease process, missing person, or criminal conduct. An occurrence report may be initiated by a Parent, Client, Staff or Volunteer. Sexual assault and physical assault are subsumed under abuse, while theft is part of criminal conduct.

POLICY: Any employee, family member, guardian or volunteer who suspects or witnesses or hears of the matters listed above must report it immediately to the administrator and/or staff member in charge of the facility at that time. The staff member in charge of the facility must then IMMEDIATELY report the matter to the Administrator or designee by making direct verbal contact. The witness must provide Marklund with a written statement signed and dated detailing the alleged event. The witness must do his/her best to answer all pertinent questions (i.e., who, when, where, why and how) in regard to any reported matter.

DEFINITIONS:

CMS (Center for Medicare/Medicaid Services):

ABUSE is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

- Physical abuse includes, but is not limited to, hitting, slapping, punching, biting, and kicking; or corporal punishment, which is physical punishment used as a means to correct or control behavior, includes, but not limited to pinching, spanking, slapping of hands, flicking, or hitting with an object.
- Sexual abuse refers to non-consensual sexual contact of any type with a resident.
 - Sexual abuse includes, but is not limited to: unwanted intimate touching of any kind especially of breasts or perineal area; all types of sexual assault or battery, such as rape, forced oral copulation, and sodomy; coerced nudity; forced observation of masturbation and/or pornography; and taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them (this would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.)
 - Generally, sexual contact is nonconsensual if the resident either: (a) appears to want the contact to occur but lacks the cognitive ability to consent; or (b) does not want the contact to occur.
- Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.
 - Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability.

- Examples of mental/verbal abuse include, but are not limited to, harassing a resident; mocking, insulting, ridiculing; yelling or hovering over a resident with the intent to intimidate; threatening residents, including but not limited to, depriving a resident of care or withholding a resident from contact with family or friends; and isolating a resident from social interaction or activities.

NEGLECT is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

IDPH (Illinois Department of Public Health):

Abuse – any physical injury, sexual abuse, or mental injury inflicted on a resident other than by accidental means.

Neglect – a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident’s physical or mental condition.

Serious Incident/Accident – any incident or accident that causes physical harm or injury to a resident.

Injuries of Unknown Source- an injury is one of “unknown source” when the following conditions are met:

- The injury is not the expected outcome of the Client’s condition or disease process; **and**
- “The source of the injury was not observed by any person **or** the source of the injury could not be explained by the resident;” **and**
- “The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., in an area not generally vulnerable to trauma) **or** the number of injuries observed at one particular point in time **or** the incidence of injuries over time.”

OIG (Office of Inspector General) definitions specific to Community Day Services sites—see addendum (pages 6-15)

GENERAL PROCEDURE

All employees will be inserviced on General Policy 7.01 Abuse and Neglect at minimum on an annual basis, and more often as deemed necessary (i.e., a substantive change in policy; need for retraining, etc.) Annual inservicing will include, at a minimum, a review of the full policy and procedure and a scored quiz and/or a documented interactive discussion to show understanding of the prevention, detection, and reporting of abuse and neglect. Failure to complete the annual training may result in developmental action, up to and including termination.

Failure of an employee to report the listed matters against our clients, or refusal to fully cooperate in an investigation may result in Developmental Action proceedings up to and including possible termination.

Risk Factors for Vulnerability to Abuse or Neglect

Persons with disabilities are particularly vulnerable to abuse and victimization due to their physical, intellectual, and emotional challenges and, in some cases, their dependence on others for basic needs. People with developmental disabilities are four to ten times more likely to be abused than their peers without disabilities. Success in identifying and intervening in situations that place persons with disabilities at risk requires an understanding of what makes them more vulnerable to becoming victims of crime, abuse, and neglect.

Common risk factors include, but are not limited to, the following:

- Dependence on others for personal care and/or lack of control over the nature of the care.
- Socialization to accept being touched by anyone, particularly someone labeled as ‘employee’ or ‘staff’.
- Difficulty differentiating between appropriate and inappropriate actions, leading to uncertainty as to what constitutes abuse/neglect.
- Difficulty in understanding the concept of ‘stranger’.
- Difficulty understanding/accepting someone they know would harm them.
- Lack of sex education or the inability to understand sex education.
- Communication skills deficits.
- Reliance on others for decision-making in their best interest.
- Required, in a living/work/educational/care environment, to be compliant.
- Disclosures of abuse being ignored because they may be seen as less credible when made by a person with a disability.
- Failure of others to recognize indicators of physical abuse, such as if unexplained bruises are associated with a person’s disability (e.g., history of self-harm or medication side-effects) instead of possible abuse indicators.
- Failure of others to recognize secondary indicators of abuse, such as if impaired social interactions are associated with a person’s disability (e.g., depression or behavioral changes) instead of possible abuse indicators.
- Failure to understand that persons with disabilities are harmed by abuse.

Any of the factors in the above checklist may indicate an increased vulnerability; multiple factors place an individual at a higher risk for increased vulnerability to abuse. Individuals with a higher risk of abuse require staff to have an increased level of awareness for any potential indicators of potential abuse.

Possible indicators of abuse may be overt or they may be subtle. It can be especially challenging to recognize indicators in an individual with developmental disabilities as they may be masked or muted due to an individual’s cognition and communication methods. Staff working with an individual should be familiar with how they communicate, and their normal moods, habits, and health status. Any exhibited behavioral indicators of potential abuse should be reported immediately to the Director of Nursing/Administrator. Any physical indicators of potential abuse or neglect or allegations of abuse or neglect should be reported immediately to the Administrator as outlined in this policy.

Below are some potential physical and behavioral indicators of physical and/or sexual abuse:

Physical indicators of possible abuse

- Non-accidental bruises or bruises of unknown origin, or bruises in suspicious areas and/or in suspicious shapes (e.g., bruises that are shaped like fingers)
- Head or facial injuries
- Burns
- Binding marks indicating choking or restraint
- Human bites
- Fractures
- Injury to internal organs
- Unusual weight loss or gain

Physical indicators of sexual abuse

- Pregnancy
- Significant weight gain or loss
- Recurrent urinary tract infections
- Difficulty walking or sitting
- Psychosomatic complaints
- Pain or discomfort in the genital area
- Sexually transmitted disease
- Genital bruising
- Changes in bowel or bladder habits
- Evidence of trauma or unexplained bleeding to genital or rectal area
- Unusual or offensive odors
- Torn or blood-stained clothing (bed linens)
- Missing undergarments

Behavioral Indicators of possible abuse

- Hostility/defiance
- Withdrawal from friends or usual activities
- Anger/hyperactivity
- Change in appetite
- Self-harm
- Developmental regression
- Reluctance to go to a particular place or be with a particular person
- Compulsive behavior (such as constant washing)
- Over-compliance/extreme docility
- Sleep disturbances
- Denial of problem with marked lack of expression
- Reluctance to go to school/day services or reluctance to come home

Behavioral indicators of sexual abuse

- Unusual interest in and/or knowledge of sexual acts
- Sexually inappropriate behaviors
- Excessive masturbation
- Attempts to touch people's genitals
- A negative view of their own body, especially the genital area
- Depression, severe anxiety, panic attacks, irritability, aggressiveness, feelings of shame and guilt, irrational fear, and/or self-destructive/self-harming behavior including suicide attempts.
- Substance abuse
- Psychosomatic symptoms such as stomachaches, headaches, seizures, and problems with sleep
- Inability to focus
- Crying spells
- New fear of specific people or places
- Changes in usual habits or mood, such as withdrawal from relationships/activities
- Unusual emotional attachment to a particular staff member or individual
- Refusal to communicate
- Reluctance to undress/change and/or resists physical exams
- Avoidance of bathrooms (if able to toilet)

Direct Witness of Abuse:

If an employee witnesses someone abusing (physical, sexual, and/or mental abuse) a client, they should immediately do the following:

1. Yell “STOP” and “CALL 911”
2. Facility staff should then call 911, hit the facility’s panic button, and/or pull the fire alarm if unable to do one of the first two actions.
3. The witness should evaluate if the situation is safe to for them to intervene directly (no weapons, perpetrator moves away or leaves and does not threaten to harm the client(s) or staff), or if the situation is dangerous for client(s), themselves, and other staff (perpetrator has a weapon, threatens to harm client(s) or staff, or attacks client(s) or staff.)
 - a. If situation appears **safe** to staff and clients make sure the perpetrator is physically separated from the client and:
 - i. the witnessing staff should secure the safety of the resident:
 1. Stop the bathing/changing/other activity that is occurring;
 2. Assess client for fractures or potential head/spinal injuries – do not move client in this case unless they are in immediate danger.
 3. Provide emergency medical care as needed.
 - ii. The senior staff member and/or staff nurse should initiate a facility lockdown procedure immediately by paging throughout the building to secure other clients and staff.
 - iii. Ensure the perpetrator is separated from all clients and supervised one-on-one at all times until the authorities arrive.
 1. Do not attempt to restrain the perpetrator if they try to leave the building/facility.
 - iv. The senior staff member and/or staff nurse should initiate a campus-wide lockdown procedure by paging to all campus sites.
 - v. Notify Administrator of event.
 - vi. Wait for police/emergency services to arrive and follow their instructions.
 - b. If the situation appears **dangerous** to staff and/or clients:
 - i. Senior staff/staff nurse should initiate facility lockdown or evacuation procedure, based upon the specific situation.
 - ii. Do not attempt to restrain the perpetrator if they attempt to leave the facility. In this case:
 1. Secure the safety of the resident:
 - a. Assess client for fractures and/or potential head/spinal injuries – do not move client in this case unless they are in immediate danger
 - b. Provide emergency medical care as needed.
 - iii. Senior staff/staff nurse should initiate campus-wide evacuation or lockdown procedure, based on the specific situation.
 - iv. Notify Administrator if safe to do so. If unable, notify Administrator once the facility is secure.
 - v. Wait for police/emergency services to arrive and follow their instructions.

Follow the below instructions on conducting an internal investigation, in conjunction with any investigations being conducted by police and/or a regulatory agency (IDPH, OIG, DHS, DCFS, etc.)

Verbal or Written Report of Abuse/Neglect:

1. If the abuse/neglect was not directly witnessed or there is an injury of unknown origin, the staff person receiving the report should immediately secure the safety of the client, and determine if they require medical care. The Nurse should either (a) provide medical care on-site, or (b) arrange transport to a hospital, either by calling 911 or transporting through other services, depending on the severity of the injury/potential injury.

2. The staff person in charge of the facility, upon receiving a verbal and/or written report, must IMMEDIATELY report this to the Administrator by making direct verbal contact. The facility Administrator or his/her designee will be responsible for immediately contacting the appropriate authorities (e.g., DCFS, if required; Public Health for MPC, MWC, and 16 bed homes within 24 hours; for CDS to OIG within 4 hours of initial discovery; Parent/Guardian promptly). An internal investigation will be initiated by the staff member in charge or trained OIG investigator immediately and completed within five working days. If a staff person is named in the complaint, he/she must be immediately suspended pending the outcome of the investigation or reassigned at the discretion of the Administrator or designee so that they have no access to clients until the investigation is resolved. If allegations are shown to be unfounded, the staff person will receive back pay for all scheduled hours not worked due to the suspension.

How to conduct an investigation:

- a. Ensure the alleged victim is safe and secure. Provide immediate medical care to the client if needed and able, or call 911 if unable to provide comprehensive care for any injuries. Suspend or reassign the alleged perpetrator.
- b. All parties should be identified including the alleged victim, perpetrator, witnesses and others with any knowledge of the allegation.
- c. Information should be taken using the attached Internal Investigation report and the Potential Witness Statement Sheet. The involved resident(s) should also be interviewed, and if unable to respond verbally or provide information through an alternate means (nodding, eye gazing, blinking, non-word verbalizations, etc., if applicable), such should be documented as part of the investigation.
- d. In the case of an unknown source, potential witnesses who had credible access to the alleged victim during the estimated time of the injury as well as anyone prior to and/or after the estimated time of the injury should be interviewed. The interviews will go back at a minimum 72 hours prior to the report, but the timeframe may be expanded as needed in order to complete a thorough investigation. At such time that the investigator identifies the source or has enough information to form a reasonable conclusion as to what the source is the interview process will be concluded.
- e. All interviews are highly confidential and are to be conducted as such.

The DON, nursing supervisor or appropriate personnel will submit a report to the Administrator and to regulatory bodies within prescribed guidelines. In the case of a CDS investigation, the same person completing the A/I report will not be the same person who performs the investigation.

3. The investigation's findings will determine whether any further action may be necessary.
4. All appropriate parties will receive a completed investigation report to be kept by the facility Administrator.
5. Any employee who is deemed through investigation to have abused or neglected a client, will be terminated and will not be eligible for rehire at Marklund.
6. General procedure for the CDS sites—see addendum pages 6-15.

SPECIFIC PROCEDURES:

A. Suspected Assault (physical or sexual)/Abuse/Neglect or Mistreatment

1. If the Client needs immediate medical help and/or it is a clear case of abuse, the Investigator and/or Administrator will call 911 to notify the local authorities and to obtain medical services for the resident. Follow the steps in the General Procedure. An investigator will take down the reporter's statement and utilize the Occurrence Internal Investigation form (see attached). Investigation includes questioning potential witnesses who had credible access to the alleged victim up to 72 hours prior or longer as necessary to the report should be interviewed. At such time that the investigator identifies the source or has enough information to form a reasonable conclusion as to what the source is the interview process will be concluded.
2. The incident will be handled in a confidential manner to maintain Client dignity.
3. Investigator to do a visual assessment of the Client, to verify any physical or behavioral signs of abuse.
 - a. If suspected abuse is sexual, the Doctor (either facility Medical Director, designee, or hospital physician) conducts the exam. An RN may conduct the initial exam if the MD is unavailable. The exam and its findings should be thoroughly documented. If any indication, physical or behavioral, of sexual abuse is found during the exam or interviews, the investigator or designee should 911 and transporting the resident to an ER for a forensic sexual assault exam.
4. If the Client asserts the abuse or neglect, the psychologist will be contacted and an assessment will be done in conjunction with the client's QIDP.
5. If allegations are founded, then long-range counseling and medical services will be offered to the Client, and the appropriate legal action will ensue.
 - a. If the Client chooses to return to the facility, the Administrator will offer the following options to the guardian/client if available:
 - i. Movement to another Marklund facility with an open bed; or
 - ii. Movement to another bedroom in the same facility if feasible.
6. If allegations are unfounded, a note will be kept on file for one year.

B. Death

1. In the event a Client passes away while in Marklund care, refer to General Policy No. 9.15.
2. If, upon investigation, it is determined that a resident death has occurred by other than either disease processes or a decline in medical condition, Marklund will notify local law enforcement authorities. In addition, Marklund will cooperate with appropriate authorities in any investigation.
3. Occurring at CDS—see addendum pages 6-15.

C. Missing Persons

In the unlikely event that a Marklund Client is discovered missing, the staff member in charge will initiate the process:

1. Keep remaining Clients engaged in an activity.

2. Conduct a thorough search of the building and surrounding property.
3. If not found, contact the guardian and the Police; continue with your search.
4. Internal investigation will be initiated and staff will cooperate with the police and/or supervisors in their investigation.
5. When Client is found, the Coordinator or the Administrator will develop a plan to prevent further occurrences.
6. Any appropriate developmental action will be taken.

D. Theft of Client Property

1. Staff to bring suspected theft to the staff member in charge.
2. Once theft has been discovered, a thorough search should be conducted.
3. Fill out Loss/Theft Report. The original of the Loss/Theft report will be given to the Administrator to be kept on file. A copy is sent to the finance department.
4. If theft is Client to Client, the Client will be counseled and this will be monitored for future occurrences. If theft is staff/visitor to Client, appropriate developmental action and/or prosecution will occur.
5. Issues are brought to the Safety Committee to discuss possible preventative techniques.

E. Criminal Conduct – is covered under this policy. Also see Background Checks Policy and Procedure

F. Notification Of Local Law Enforcement Authorities:

1. Contacting local law enforcement: Local law enforcement authorities shall be immediately (within two hours) contacted if, upon investigation:
 - a. It is suspected that physical abuse involving physical injury has been inflicted upon a resident by a staff member or visitor; or
 - b. It is suspected that sexual abuse has been inflicted upon a resident by a staff person, another resident or a visitor; or
 - c. It is suspected that a crime has been committed in the facility by a person other than a resident; or
 - d. It is suspected that a resident death has occurred other than by either disease processes or due to a decline in medical condition.

If this is an OIG investigation, you must notify OIG of the law enforcement agency's report/complaint number within one working day.

2. Preservation of crime scene: When, upon investigation, it is suspected that a crime has been committed in the facility by a person other than a resident, the person notifying the local law enforcement authorities shall seek advice concerning the preservation of the crime scene.
3. Resident safety: In situations requiring law enforcement notification, steps are taken as are necessary to ensure the safety of residents, including, the removal of the client(s) to safety and asking the suspected perpetrator to leave the premises. Facilities may be evacuated or placed on lockdown to help ensure resident and staff safety if the situation becomes dangerous. (Please see Emergency Operations Plan and Rapid Response Guides for evacuation/lockdown procedures.)

COMMUNITY DAY SERVICES ADDENDUM

It is the policy and the responsibility of Marklund to report all allegations of abuse/neglect and deaths to the Office of the Inspector General in the Illinois Department of Human Services within the required time frames in an appropriate and thorough manner. All employees (which includes owners/operators, contractors, subcontractors and volunteers) of Marklund shall adhere to the standards set forth in this policy directive. Nothing in this policy directive precludes the agency's responsibilities as outlined in Illinois Administrative Code, Chapter 1, Title 59, Part 50, herein referred to as "Rule 50."

Objective

To describe the procedures for reporting and responding to allegations of abuse, neglect, death, and other reportable incidents to the Office of the Inspector General (OIG).

Responsibilities

The Marklund Administrator or his/her designee shall ensure that all employees (which includes owners/operators, contractors, subcontractors and volunteers) are trained upon hire, and at least biennially thereafter, and are held responsible for carrying out the designated duties set forth in Rule 50 and this policy. The Rule 50 training should include, but not be limited to, the fact that identities of employees with substantiated physical abuse, sexual abuse, egregious neglect or financial exploitation shall be referred to the Department of Public Health's Health Care Worker Registry except when any appeal is pending or successful.

DEFINITIONS:

Abuse: See definitions for physical abuse, sexual abuse, mental abuse and financial exploitation.

Access: Admission to a community agency or facility for the purpose of conducting imminent risk assessments, conducting investigations, monitoring compliance with a written response, or completing any other statutorily assigned duty, such as annual unannounced site visits, including but not limited to conducting interviews and obtaining and reviewing any documents or records that OIG believes to be pertinent to an investigation.

Act: The Department of Human Services Act [20 ILCS 1305].

Administrative action: Measures taken by the community agency or the facility as a result of the findings or recommendations contained in the investigation that protect individuals from abuse, neglect, or financial exploitation, prevent recurrences, and eliminate problems.

Aggravating circumstance: A factor that is attendant to a finding and that tends to compound or increase the culpability of the accused.

Allegation: An assertion, complaint, suspicion or incident involving any of the following conduct by an employee, facility, or agency against an individual or individuals: mental abuse, physical abuse, sexual abuse, financial exploitation or neglect.

Authorized Representative: The administrative head or executive director of a community agency appointed by the community agency's governing body with overall responsibility for fiscal and programmatic management, or the facility director or hospital administrator of a Department facility. If

this person is implicated in an investigation, the governing body of the community agency or the Secretary of the Department shall be deemed the authorized representative for that investigation.

Bodily harm: Any injury, damage, or impairment to an individual's physical condition, or making physical contact of an insulting or provoking nature with an individual.

Community agency or agency: A community agency or program licensed, funded, or certified by the Department but not licensed or certified by any other human services agency of the State, to provide mental health service or developmental disabilities service.

Complainant: The person who reports a death or an allegation of abuse, to include financial exploitation, or neglect, directly to OIG and is not the required reporter.

Complaint: A report of a death or an allegation of abuse, to include financial exploitation or neglect reported directly to the OIG Hotline.

Credible evidence: Any evidence that relates to the allegation or incident and that is considered believable and reliable.

Day: Working day, unless otherwise specified.

Deflection: A situation in which an individual is presented for admission to a facility or agency and the facility staff or agency staff do not admit that individual. Deflection includes triage, redirection and denial of admission.

Department: The Department of Human Services.

Egregious neglect: A finding of neglect as determined by the Inspector General that represents a gross failure to adequately provide for, or a callous indifference to, the health, safety, or medical needs of an individual and results in an individual's death or other serious deterioration of an individual's physical condition or mental condition.

Employee: Any person who provides services at the facility or the community agency on or off site. The service relationship can be with the individual or the agency. Also "employee" includes any employee or contractual agent of the Department of Human Services or the community agency involved in providing or monitoring or administering mental health or developmental disability services. This includes but is not limited to: owners, operators, payroll personnel, contractors, subcontractors, and volunteers. Employee also includes someone who is no longer working for an agency or facility, but is the subject of an ongoing investigation for which OIG has jurisdiction.

Facility: A mental health facility or developmental disabilities center operated by the Department.

Final report: A completed investigative report approved by the Inspector General that summarizes the evidence and that indicates whether the allegation of abuse, financial exploitation or neglect is substantiated, unsubstantiated, or unfounded based on the evidence gathered from the investigation, when the reconsideration and response period has expired.

Financial exploitation: Taking unjust advantage of an individual's assets, property, or financial resources through deception, intimidation, or conversion for the employee's, facility's, or agency's own advantage or benefit.

Finding: The Office of the Inspector General's determination regarding whether an allegation is substantiated, unsubstantiated, or unfounded.

Health Care Worker Registry or Registry: The Health Care Worker Registry created by the Nursing Home Care Act (210 ILCS 45/).

Imminent Danger: A preliminary determination of immediate, threatened or impending risk of illness, mental injury, or physical injury or deterioration to an individual's health that requires immediate action.

Individual: Any person receiving mental health services developmental disabilities services or both from a facility or agency, while either on-site or off-site.

Insulting and provoking: Conduct that offends a reasonable sense of personal dignity.

Investigative report: A written report that summarizes the evidence in an investigation, addresses the elements of the allegation, and contains a recommendation as to whether the findings of the investigation indicate that the allegation should be substantiated, unsubstantiated, or unfounded.

Medical treatment: Any treatment, other than diagnostic procedures, that may only be ordered or rendered to an individual by a physician or dentist regarding an injury.

Mental abuse: The use of demeaning, intimidating, or threatening words, signs, gestures, or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.

Mitigating circumstance: A condition that is attendant to a finding, and does not excuse or justify the conduct in question, but may be considered in evaluating the severity of the conduct, the culpability of the accused, or both the severity of the conduct and the culpability of the accused.

Neglect: An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death.

Non-accidental: Occurring with volition, consciousness, not occurring by chance.

OIG: The Office of the Inspector General for the Illinois Department of Human Services.

Physical abuse: An employee's non-accidental and inappropriate contact with an individual that causes bodily harm. "Physical abuse" includes actions that cause bodily harm as a result of an employee directing an individual or person to physically abuse another individual.

Preponderance of the evidence: Proof sufficient to persuade the finder of fact that a fact sought to be proved is more likely true than not true.

Recommendation: An admonition, separate from a finding, that requires action by the facility, agency, or Department to correct a systemic issue, problem or deficiency identified during an investigation.

Required reporter: Any employee who suspects, witnesses, or is informed of an allegation of any one or more of the following: mental abuse, physical abuse, sexual abuse, financial exploitation or neglect.

Routine programmatic: Refers to services provided as part of the individual's habilitation plan, treatment plan, or as a regular or ongoing component of the community agency's or facility's general services or practices.

Sexual abuse: Any sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact, sexual behavior or intimate physical behavior. Sexual abuse also includes:

- An employee's actions that result in the sending or showing of sexually explicit images to an individual(s) via computer, cellular telephone, electronic mail, portable electronic device, or other media with or without contact with the individual; OR
- An employee's posting of sexually explicit images of an individual online or elsewhere whether or not there is contact with the individual.

Sexual abuse does not include allowing individuals to, of their own volition, view movies or images of a sexual nature, or read text containing sexual content unless the individual's guardian prohibits the viewing of such movies or images or reading of such material.

Sexual contact: Inappropriate sexual contact between an employee and an individual involving either an employee's genital area, anus, buttocks or breast(s) or an individual's genital area, anus, buttocks or breast(s). Sexual contact also includes sexual contact between individuals that is coerced or encouraged by an employee.

Sexually Explicit Images: Includes, but is not limited to, any material which depicts nudity, sexual conduct, or sadomasochistic abuse, or which contains explicit and detailed verbal description or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse.

Sexually Explicit Images do not include those images contained in sex education materials used by employees to educate individuals.

Substantiated: There is a preponderance of the evidence to support the allegation.

Unfounded: There is no credible evidence to support the allegation.

Unsubstantiated: There is credible evidence, but less than a preponderance of evidence, to support the allegation.

Procedure

A. Reporting

1. If an employee witnesses, is told of, or suspects an incident of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or a death has occurred, the employee or agency shall report the allegation to the OIG Hotline (1-800-368-1463). The employee or agency shall report the allegation immediately, but no later than the time frames specified herein.
2. Nothing precludes the employee from reporting the allegation to the agency according to its procedures. The employee must report any allegation of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or a death immediately to the Administrator and/or staff member in charge. The Administrator and/or staff member in charge must then report this immediately to a trained OIG investigator. The names and contact information for the trained OIG investigators will be posted in the building. A member of a collective bargaining unit may not conduct an interview for any case involving any employee(s) in the same collective bargaining unit.
3. The agency shall then ensure that allegations of abuse, neglect and deaths are reported to OIG no later than the time frames specified herein.

B. Reporting to OIG

1. All allegations of abuse/neglect and death shall be reported to the OIG within the following required time frames:
 - a. Four-hour reporting - Within four hours after the initial discovery of an incident of alleged abuse or neglect, all allegations shall be reported to OIG's Hotline number: 1-800-368-1463. Four-hour reporting includes the following:
 - i. Any allegation of abuse, including financial exploitation;
 - ii. Any allegation of neglect; and
 - iii. Any injury or death of an individual that occurs within the agency's programs when abuse or neglect is suspected.
 - b. At a minimum, the following details must be reported to the OIG Hotline concerning the allegation or death:
 - i. Information about the victim, including name, date of birth, sex, disability, and identification number and/or social security number (if known);
 - ii. Information about the incident, including what happened, when it happened, where it happened, how it happened and the identification of all witnesses;
 - iii. Information about the accused (if known), including name, contact information and the accused is presently working with or will be working with the victim, and

- iv. Information about the person initiating the complaint, including name, contact information, and relationship to the victim.
 - c. Deaths: The following reports of death shall be made to the OIG Hotline within 24 hours after initial discovery:
 - i. Any death occurring within 14 calendar days after discharge or transfer from a residential program;
 - ii. Any death occurring within 24 hours after deflection from a residential program; and
 - iii. Any other death of an individual occurring within a residential program or at any DHS funded site even though not alleged to be a result of abuse or neglect.
 - d. Screening, delaying or withholding reports of incidents or allegations of abuse or neglect from OIG is strictly prohibited. The Authorized Representative or his or her designee shall not delete, delay, withhold, limit or otherwise restrict any information contained in the report. Information may be added for clarification purposes only.
 - e. It is a violation of the Act to take retaliatory action against an employee who acts in good faith in conformance with his or her duties as a required reporter.
2. **OIG Hotline:** The OIG Hotline telephone number (1-800-368-1463) shall be communicated to individuals and guardians at the time of admission and the number shall be posted in plain sight at each community agency location where individuals receive services.

C. Process for Notification of Alleged Victim and Guardian

After OIG notifies the Marklund OIG Liaison that an allegation of abuse or neglect has been received, the Marklund Administrator or his/her designee shall notify the victim or his/her legal guardian, if applicable, of the allegation within 24 hours. If Marklund Administrator or his/her designee is unable to reach the guardian by phone, a letter of notification shall be sent within 24 hours.

D. Incident Management/Investigation

1. If an allegation would meet the definition of abuse or neglect in OIG Rule 50, the Marklund Administrator or his/her designee shall:
 - a. Ensure the immediate care and protection of the victim;
 - b. Obtain medical examinations, when applicable, and fully document the findings;
 - c. Remove accused employees from having contact with any individuals at the agency, when there is credible evidence supporting an allegation of abuse, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.
 - d. Report for emergency response when necessary:
 - i. When the Marklund Administrator or his/her designee determines that a medical

emergency exists, immediately contact 911 for assistance;

- ii. When the Marklund Administrator or his/her designee determines that law enforcement assistance is needed, immediately contact the appropriate local law enforcement authority, and notify OIG within one working day of the date and time the local law enforcement authority was notified and the name of the officer who took the report.
2. If there is an allegation or indication of a physical injury, sexual assault or any situation where a victim's health is in question, the agency shall immediately seek appropriate medical attention.
3. The Marklund OIG Liaison shall ensure that OIG is notified of any changes in the alleged victim's condition, the nature of the injury or allegation, the involvement of any law enforcement authority, or the work status of the accused.
4. Pursuant to statute, agencies are prohibited from conducting their own complete abuse/neglect investigations. However, the agency shall initiate the preliminary steps of the investigation by a designated employee who has been trained in the OIG-approved methods, delineated under Rule 50.30(f), to gather evidence and documents and for whom there is no conflict of interest, unless otherwise directed by OIG or a law enforcement authority.
5. Response and examination of scene of incident: Unless otherwise directed by OIG, ensure appropriate responses to the allegation, which may include the need to secure the scene of the incident and preserve evidence, when applicable:
 - e. Securing the scene entails cordoning off and preventing access to and removal of objects from the area where the incident occurred. When there may be physical or visual evidence, the scene should be photographed from several angles, and nothing in the scene will be altered (e.g., floors washed, furniture moved, clothing laundered) until directed to do so by the appropriate investigating entity.
 - f. Immediately securing and preserving all relevant physical evidence.
 - iii. After securing the scene and if either directed by law enforcement or OIG to secure evidence or if the agency has an approved investigative protocol for the current fiscal year, then diagram the location of, clearly photograph, and collect all evidence placing it in a separate and appropriate container (e.g., paper bag or envelope). Under no circumstance should any item of evidence be placed in a plastic bag.
 - iv. In an allegation of sexual abuse, ensure that the victim has a complete medical examination before the victim showers or bathes, unless the victim objects.
 - v. Identify and separate potential witnesses, when applicable.
 - vi. Copy and/or impound relevant documents as directed by the appropriate investigating entity.
 - vii. All evidence collected shall be maintained in a secure and locked space with access only by the person collecting the evidence, until transferred to the investigating entity.

The chain of custody must be maintained and documented for all evidence collected.

6. Photographs

- a. When injuries are alleged to be the result of abuse or neglect, the Marklund OIG investigator shall ensure that they are photographed immediately, even if the injury is not evident at the time.
 - viii. Each photograph taken with 35mm film will be annotated by a label on the reverse with identifiers including the victim's name, date and time of the photograph, location of the injury, name of the person taking the photograph, and OIG case number, when known.
 - ix. Each photograph taken with a digital camera must be identified with the information above and submitted both as a hard copy and in electronic file format such as JPG or PNG.
 - x. Take photographs both with and without an item of standard measurement, such as a ruler.
 - xi. Always include an identifying photo, one which shows both the alleged victim's face and injury site in the same photograph.
 - xii. List all photographs taken on a photographic log.
- b. The privacy of the individual must be considered in all photographs. No photograph(s) will be taken of a female's breast or of any person's genital area unless necessary. If such are taken, only that portion of the area in question should be photographed and every effort should be made to ensure that the photograph is taken by a person of the same gender as the alleged victim.

7. Initial written statements

- a. When accused persons and potential witnesses are separated pursuant to (VI)(E)(5)(a)(2)((3)) above, the Marklund OIG investigator may require written statements from each person, detailing what he or she knows about the alleged abuse/neglect or other incident. The statement must be written in a quiet and private location and be secured for delivery to OIG.
- b. The statement shall be obtained immediately upon the report of an allegation.
- c. The person providing the statement may also be required to draw a diagram of the location of the allegation, identifying all persons present.

8. Additional responsibilities

- a. If, at any point, OIG determines, and informs the agency that there is credible evidence of a possible criminal act, the agency shall notify the appropriate law enforcement authority immediately, but no later than 24 hours after such discovery, and shall notify OIG of that notification and any report/complaint number(s) within one working day.

b. Confidentiality of Information

- xiii. Any allegation(s) or investigations of reports of abuse and neglect shall remain confidential until a final report is completed and approved by OIG.
- xiv. Information concerning diagnosis and treatment for alcohol or drug abuse shall be disclosed to OIG in accordance with federal regulations. OIG investigations are exempted from restrictions under the federal Health Information Portability and Accountability Act (HIPAA).
- xv. Information concerning tests for human immunodeficiency virus (HIV) and diagnosis and treatment for acquired immune deficiency syndrome (AIDS) shall be disclosed to OIG only in accordance with the AIDS Confidentiality Act.
- xvi. All personal health-related information contained in investigative reports shall remain confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

F. **Processing Investigative Reports**

1. The Marklund OIG Liaison shall maintain a local investigative case file containing copies of all investigatory materials. This includes all evidence, such as photographs, surveillance video, written statements and records. The file shall also include documentation of all corrective actions taken as a result of the case.
2. Notifications, Final Report Findings: After receiving a final report if the alleged victim is an individual with a guardian, the Marklund Administrator or his/her designee shall inform the individual and the guardian, in an appropriate manner, whether the allegation was substantiated, unsubstantiated or unfounded.
3. Confidentiality of Final Reports
 - a. Final reports of substantiated investigations shall be released only in accordance with Section 1-17 of the DHS Act, Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act, federal confidentiality statutes, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Freedom of Information Act (OIG investigations are governed by this Act), and court orders.
 - b. Final reports of unsubstantiated or unfounded allegations shall remain confidential except that final reports shall be released pursuant to Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30/6), Section 1-17(m) of the Department of Human Services Act (20 ILCS 1305), or a valid court order.
 - c. The identity of any person as the complainant shall remain confidential in accordance with the Freedom of Information Act or unless authorized by the complainant.

**OIG HOTLINE:
(800) 368-1463**



I have read and understand Marklund's General Policy and Procedure No. 7.01 – Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin. I have also received a copy of Marklund's General Policy and Procedure No. 7.01 – Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin

SIGNATURE_____

DATE_____

PRINTED NAME_____

SUSPECTED ABUSE, NEGLECT OR MISTREATMENT OF A CLIENT AT COMMUNITY DAY SERVICES

If an employee witnesses, is told of, or has reason to believe an incident of abuse, neglect, financial exploitation, or a death has occurred, the employee must report this immediately to the Director in charge of the program or other designated individual.

Report immediately to:

Primary Contacts: Kayla Clifton, CDS Program Manager, MHC
630-953-5495
or
Thomas Straza, CDS Program Manager, MWC/MPC
224-523-7550
or
Kevin Gatto, CDS Program Manager, NEC
630-953-5234

If you cannot make direct verbal contact with Kayla, Thom or Kevin, then call:

Secondary Contact: Kimberly Kahl, Director of Community Day Services
630.953.5271

If you cannot reach any of the above, contact the site Administrator.

DO NOT LEAVE A MESSAGE

YOU MUST REPORT AN INCIDENT IMMEDIATELY BY MAKING DIRECT VERBAL CONTACT

Any allegation of abuse, any allegation of neglect, any allegation of financial exploitation, and any injury or death of an individual that occurs within a facility or community agency program when abuse or neglect is suspected must be reported by the designated contact to the OIG hotline within 4 hours.

OIG Hotline: (800) 368-1463

REPORT ABUSE AND NEGLECT

The Department of Human Services OIG investigates

NEGLECT,

PHYSICAL ABUSE,

MENTAL ABUSE,

SEXUAL ABUSE, and

FINANCIAL EXPLOITATION

If you or someone you know has been abused or neglected, call the OIG Hotline at

1-800-368-1463

Obstructing an OIG investigation is against the law and could result in being banned from working as a health care worker in Illinois.

(20 ILCS 1305/ 1-17(s))

INFORMAR ABUSO Y NEGLECTO

El Departamento de Servicios Humanos OIG investiga

NEGLECTO,

ABUSO FÍSICO,

ABUSO MENTAL,

ABUSO SEXUAL, y

EXPLORACIÓN FINANCIERA

Si usted o alguien que conoce ha sido abusado o descuidado, llame a la línea de la OIG al

1-800-368-1463

Obstruir una investigación de OIG es ilegal y podría resultar en ser prohibido de trabajar como trabajador de atención médica en Illinois.

(20 ILCS 1305/1-17(s))

Any employee, family member, guardian, or volunteer who suspects, witnesses or hears of abuse, neglect, financial exploitation, death, or an injury of unknown origin of a client must:

1. **IMMEDIATELY** report the incident to the Administrator and/or the staff member in charge at that time, by making **DIRECT VERBAL CONTACT.**
2. Provide Marklund with a written statement signed and dated detailing the alleged event.
3. Do his/her best to answer all pertinent questions (i.e., who, when, where, what, why and how) in regard to the alleged event.

The staff member in charge must **IMMEDIATELY:**

1. Notify the Administrator or designee by making **DIRECT VERBAL CONTACT.**
2. Initiate an internal investigation.

IF YOU WITNESS PHYSICAL, SEXUAL OR MENTAL ABUSE OF A CLIENT:

YELL LOUDLY:

“STOP!” AND **“CALL 911!”**

FACILITY STAFF:

CALL 911 * HIT PANIC BUTTON * PULL FIRE ALARM

IS IT **SAFE** TO INTERVENE?

1. SECURE CLIENT AND PHYSICALLY SEPARATE FROM PERPETRATOR
 - Stop bathing/changing/activity
 - Do not move client until assessed for fractures, head injury, etc., unless in immediate danger
 - Provide emergency medical care
 2. SENIOR STAFF INITIATE FACILITY LOCKDOWN PROCEDURE
 3. SEPARATE PERPETRATOR FROM ALL CLIENTS AND MONITOR 1-ON-1 UNTIL AUTHORITIES ARRIVE.
 - DO NOT ATTEMPT TO RESTRAIN IF THEY TRY TO LEAVE FACILITY.
 4. SENIOR STAFF INITIATE CAMPUS-WIDE LOCKDOWN PROCEDURE.
 5. NOTIFY ADMINISTRATOR.
 6. WAIT FOR POLICE TO ARRIVE AND FOLLOW THEIR INSTRUCTIONS.
- POLICE: INCIDENT COMMANDER**

ARE STAFF AND CLIENTS IN **DANGER**?

1. SENIOR STAFF INITIATE FACILITY LOCKDOWN OR EVACUATION PROCEDURE.
 2. IF ABLE, PHYSICALLY SEPARATE CLIENT FROM PERPETRATOR:
 - stop bathing/changing/activity
 - Do not move client until assessed for fracture, head injury, etc., unless in immediate danger
 - Provide emergency medical care
 3. DO NOT ATTEMPT TO RESTRAIN PERPETRATOR IF THEY LEAVE THE FACILITY.
 4. SENIOR STAFF INITIATE CAMPUS-WIDE LOCKDOWN PROCEDURE.
 5. NOTIFY ADMINISTRATOR IF ABLE TO DO SO SAFELY.
 6. WAIT FOR POLICE TO ARRIVE AND THEIR FOLLOW INSTRUCTIONS.
- POLICE: INCIDENT COMMANDER**

MARKLUND Loss/Theft Report

Date of Incident: _____ Time: _____ a.m./p.m.

Location: _____

Involved Party (ies): _____

Notified Supervisor: _____

Description of Incident:

Approximate Value of Missing Item(s): _____

Actions Taken:

Results:

Police Notified: _____ a.m./p.m. Date Called: _____

Police Officer's Name: _____

Reviewed at Safety Committee: _____



MARKLUND
RESIDENT OCCURRENCE INVESTIGATION REPORT
(For All Occurrences)

24-Hours Initial Report Sent to IDPH? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Submitted: ____/____/____	Via: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Resident	Occurrence Date	Injury Type <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Head Trauma <input type="checkbox"/> Laceration <input type="checkbox"/> R/O Fx <input type="checkbox"/> Swelling <input type="checkbox"/> Other <input type="checkbox"/> Potential for Injury <input type="checkbox"/> No Injury	Occurrence Type <input type="checkbox"/> Serious Injury <input type="checkbox"/> Non-Serious Injury <input type="checkbox"/> Injury of Unknown Source <input type="checkbox"/> Alleged Mistreatment (Abuse/Neglect/Theft) <input type="checkbox"/> Resident Death

What Happened? (Provide summary of occurrence description from initial report)

Follow-up Report (Provide summary of facility actions and an update on resident status since initial report)

When Was Resident Last Seen Without the Injury?
Date: ____/____/____ Time: _____ A.M./P.M. Location: _____
Comments:

Staff Who Had Contact with Resident within 72 Hours Prior to Injury:

Name	Date/Day of Contact	Shift

Excluding Staff, List Others Who Had Contact with Resident Within 72 Hours Prior to Injury:

Name	Relationship	Date/Day of Contact	Time of Contact

Did Resident Leave Facility Within 72 Hours Prior to Injury: No Yes If yes, describe:

Resident Status Prior to Injury: (Provide a detailed description of the resident's medical diagnosis, functional capacity, and behavioral issues)

Care Plan/Nursing Interventions at Time of Injury: (Provide pertinent details of residents nursing needs, assistive/safety devices and any special handling techniques outlined in care plan)

SUMMARY OF INTERVIEWS			
Name (Position or Relationship)	Date/Time Resident Last Seen	Injury Present at That Time?	Cause of Injury Known? Comments

SUMMARY OF FACTS
Investigation and interviews have uncovered the following facts:
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

CONCLUSIONS			
Policy/Systems Factors	Human Resource Factors	Environmental Factors	Resident Characteristics/Internal Risk Factors
<input type="checkbox"/> Written policy/procedure not in place	<input type="checkbox"/> Human Error	<input type="checkbox"/> Unsafe Equipment	<input type="checkbox"/> Resident behavior
<input type="checkbox"/> Policy/procedure not effectively communicated	<input type="checkbox"/> Staff did not follow care plan/policy/procedure	<input type="checkbox"/> Improper housekeeping or maintenance	<input type="checkbox"/> Resident abnormal movement patterns
<input type="checkbox"/> Policy/procedure not carried out as intended	<input type="checkbox"/> Physical or mental impairment	<input type="checkbox"/> Uncontrollable external factors	<input type="checkbox"/> Resident medical condition
<input type="checkbox"/> Plan of Care not in place	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Care plan not communicated	<input type="checkbox"/> Staffing levels not sufficient		
<input type="checkbox"/> Other:	<input type="checkbox"/> Lack of supervision		

Additional Conclusions:

1. Abuse/neglect was suspected: <input type="checkbox"/> YES <input type="checkbox"/> NO
2.
3.
4.
5.
6.
7.
8.
9.
10.

CORRECTIVE MEASURES TO REMEDY AND/OR PREVENT RECURRENCE			
Recommendation	Person Assigned	Deadline	Date Completed

Report Closed Date: ____/____/____ Signature/Title: _____



RESIDENT OCCURRENCE REPORT
WITNESS STATEMENT

Witness Name	Title/Position	How long employed here?
Resident Name Involved in Occurrence	Occurrence Date	Occurrence Time

Describe what the resident and/or caregiver was/were doing, (Include any equipment, supplies, orthotics, and/or personal items that were being used)

Describe what you saw and/or heard:

Describe who or what caused the accident (include any observation of an unsafe act, unsafe equipment, unsafe environment, etc.)

Describe the caregivers and/or resident's response immediately after the accident:

This statement was written by the person witness identified above This statement was recorded by facility staff interviewing the witness identified above

Signature/Date of Witness	Signature/Date of Interviewer
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