LONG TERM CARE
COMMUNITY COALITION

Advancing Quality, Dignity & Justice

FORM FOR INVESTIGATION OF RESIDENT INJURIES OR SUSPICION OF A CRIME AGAINST A RESIDENT

While strong protections exist to protect nursing home residents from abuse, neglect, and crime, these continue to be persistent problems. To address this, federal law now requires that everyone who works in a nursing home – referred to as "covered individuals" under the law and including all facility staff, owners, and contractors – report any reasonable suspicion of a crime to both the state health department and law enforcement. If the crime involves serious bodily injury to any resident, they are required to make the report to both entities immediately, but not later than two hours after forming the suspicion. In the absence of serious bodily injury, the report must be made within 24-hours. Failure to report can result in fines of up to $300,000 or more if it results in further harm to a resident.

The purpose of this form is to help assist in the investigation of a situation in which a resident has suffered an injury or is suspected to have been the victim of a crime (such as an assault). The form can be used by law enforcement, facility staff, or other stakeholders.

Note: This form is adapted from an excellent document published by the South Dakota Department of Health (SDDH), *Reporting of Injuries of Unknown Source and Reasonable Suspicion of a Crime*. As noted by the SDDH,

> *When an injury of unknown source or an allegation of a reasonable suspicion of a crime has been reported or discovered by staff or another individual, a reasonable suspicion does not have to be firsthand knowledge. Attorneys define reasonable suspicion as: a legal standard of proof that is more than a hunch but less than probable cause. A reasonable suspicion would include observation, previous experience, and reports by residents and family members.*

- -

WHO: Identify resident(s) involved (please use names not initials or numbers), staff observers or staff who may be involved or implicated, family or other visitors. If possible, review staff schedules to ascertain that all possible individuals that may have knowledge of the event are interviewed.

_____

_____

_____

_____

WHAT: Describe the event. Use all senses and be objective.

- **See/Sight** – pallor, sweating, deformities, bruises, edema, redness, body fluid color, pupil reaction.
- **Feel** – dampness, localized heat, localized coldness, pulses.
- **Hear** – complaints of pain, moaning, breathing pattern, heart sounds, blood pressure.
- **Smell** – fruity odors, fecal or urine odors, foul smelling drainage, alcohol breath.

WHEN: Document the time and date. Accuracy is critical.

WHERE: Document the location, be as specific as possible.

HOW: Describe how the event may have occurred based on observation and acquired information.

WHY: Other particulars such as care plan not followed, staff not available, lack of training, etc....

CONCLUSION: Was the allegation or suspicion of abuse/neglect substantiated? Is more information/investigation needed?