



**Knowledge
=
Power**

Identifying and Addressing Nursing Home Abuse & Neglect

Presented by

Richard Mollot & Eric Goldwein

Long Term Care Community Coalition

www.nursinghome411.org

This program is made possible by the generous support of the NY State Health Foundation

+ What is the Long Term Care Community Coalition?

- **LTCCC**: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC). Home to two local LTC Ombudsman Programs in NY.
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
 - Policy analysis and systems advocacy in NYS & nationally;
 - Education of consumers and families, LTC Ombudsmen and other stakeholders.
- **Eric Goldwein**: Joined LTCCC in 2019. Policy & Communications Director since May.
- **Richard Mollot**: Joined LTCCC in 2002. Executive Director since 2005.
- **Website**: www.nursinghome411.org.



+ What Will We Be Talking About TODAY?

- Update on COVID-19 in LTC.
- Brief Background: **How the Nursing Home System Works**
- Focus: **Requirements for Ensuring that Residents are Protected from Abuse & Neglect**





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COVID-19 Update

+ Giving Residents a Voice World Elder Abuse Awareness Day (WEAAD) – June 15

- Elder Abuse affects residents and families nationwide
 - Each year, **5 million** older Americans experience **abuse, neglect, or exploitation**
- Silenced and ignored
 - 84% of potential abuse and neglect incidents not reported to state survey agencies (OIG 2019)
 - During COVID-19 pandemic, countless reports of neglect, isolation, physical abuse, sexual abuse, financial exploitation, emotional/psychological abuse
- On WEAAD, LTCCC is calling for **stronger enforcement** of federal standards **protecting residents from abuse, neglect, and exploitation**. Join us by:
 - Reporting suspected cases to appropriate agencies (see LTCCC's Abuse, Neglect, & Crime Reporting Center)
 - Writing to legislators about the urgent need to improve nursing home care via LTCCC's Action Center
 - Advocating for restoration of residents' visitation rights

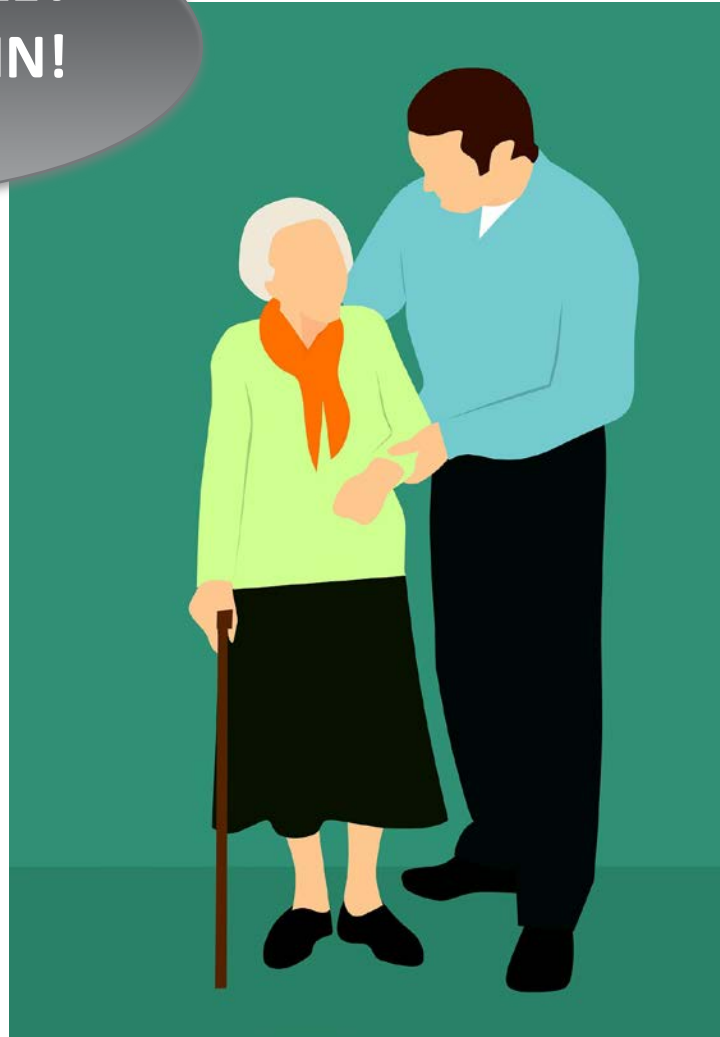


LTCCC's WEAAD statement is available at <https://nursinghome411.org/weaad-2020-nursing-home/>

+ LTCCC'S Blueprint for Restoring Visitation Rights



IT'S TIME TO LET
OUR PEOPLE IN!
(Safely)





LTCCC's Blueprint for Restoring Visitation Rights

Background

- Visitation benefits:
 - Health and well-being
 - Social connection and support
 - Monitoring and care
- COVID-19: Suffering in Silence
 - Visitation restrictions
 - Limited government oversight and lack of accountability
 - Gross neglect, substandard care, loneliness, and “broken hearts”

The Blueprint

- Support Visitor in Person (SVIP)
 - Every resident has the right to designate a SVIP
- Policies and practices (facility or government-based) provide for **safety** and **reasonable accommodations**
 - A reasonable number of visitation hours
 - Scheduling transparency
 - Infection control precautions
 - Indoor and outdoor

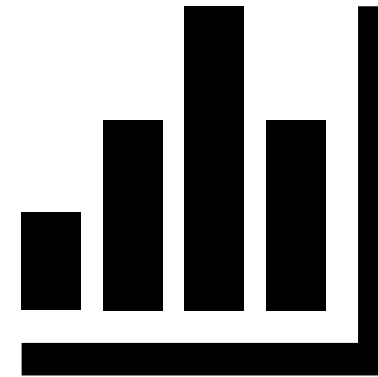
<https://nursinghome411.org/nursing-home-covid-visitation/>

Note: Blueprint based on California Advocates for Nursing Home Reform's “Support Person Visitor Policy.”

+ New Federal Data – Released June 4

- **Preliminary** data
 - Submitted 05/31
 - Facility and state level
 - 88% of nation's 15,000 facilities reporting
 - Updated expected mid-June

- Data includes:
 - Confirmed/suspected COVID among residents & staff
 - Fatalities (COVID & total)
 - Staffing shortages (as identified by provider)
 - PPE (N95 masks, gloves, hand sanitizer, etc.)



Review: Reporting Requirements (Effective May 8)

Nursing homes must:

- Report COVID-related data to CDC
- Inform residents, representatives, and families of COVID-19 infection(s) or new-onset of respiratory symptoms with residents or staff

PROBLEMATIC

- Fluctuations as facilities are given the opportunity to submit and correct data
- Submission errors
- “Insanely wrong” (*MedPage Today*)
 - 753 reported fatalities at a 90-bed NJ facility
 - 1,105 confirmed cases at a 100-bed Chicago facility
 - CMS fatality total for New York (3,000) is half NY DOH total (6,000)
- Summary data
 - CMS (June 4): **60,439 resident cases** and **25,923 resident COVID deaths**
 - Kaiser Family Foundation (June 11): **230,776 cases** and **45,833 deaths** (residents and staff).





New Federal Data – Released June 4

Provider Name	Provider Address	Provider City	State	Zip Code	Submitted Data	Passed Quality Assurance Check	Residents Weekly Admissions COVID-19	Residents Total Admissions COVID-19	Residents Weekly Confirmed COVID-19	Residents Total Confirmed COVID-19	Residents Weekly Suspected COVID-19	Residents Total Suspected COVID-19
ARBOR WOODS HEALTH	515 2ND AVENUE N	REFORM	AL	35481	N							
GREENE COUNTY NURS	509 WILSON AVE	EUTAW	AL	35462	N							
PROVIDENCE SEWARD	2203 OAK STREET (I	SEWARD	AK	99664	Y	Y	0	0	0	0	2	2
ANDALUSIA MANOR	670 MOORE RD	ANDALUSIA	AL	36420	N							
LA CANADA CARE CENT	7970 NORTH LA CA	TUCSON	AZ	85704	N		0	0	0	0	0	0
MOUNTAIN VIEW CARE	1313 WEST MAGEE	TUCSON	AZ	85704	N		0	1	0	3	0	1
WINSLOW CAMPUS OF	826 WEST DESMON	WINSLOW	AZ	86047	N		0	0	0	0	0	0
NEURORESTORATIVE	5301 EAST THOMAS	PHOENIX	AZ	85018	N							
SOMERSET SENIOR LIV	1401 PARK AVENUE	HOT SPRINGS	AR	71901	N							
CRESTPARK HELENA, LI	116 NOVEMBER DR	HELENA	AR	72342	N							
SOUTH PENINSULA HO	4300 BARTLETT ST	HOMER	AK	99603	Y	Y	0	0	0	0	0	0
DEWITT NURSING HON	1605 SOUTH MADIS	DE WITT	AR	72042	N							
SEACREST CONVALESC	1416 WEST 6TH ST	SAN PEDRO	CA	90732	N							
BERKLEY WEST CONV H	1623 ARIZONA AVE	SANTA MONICA	CA	90404	N							
SEAPORT 17TH CARE C	1330 17TH STREET	SANTA MONICA	CA	90404	N							
COUNTRY VILLA PLAZA	1209 HEMLOCK WA	SANTA ANA	CA	92707	N							
KEARNY MESA CONVAL	7675 FAMILY CIRCL	SAN DIEGO	CA	92111	N							
MARIN POST ACUTE	234 N. SAN PEDRO	SAN RAFAEL	CA	94903	N							
ALDERSON CONVALESC	124 WALNUT STREI	WOODLAND	CA	95695	N							
SANTA MARIA CARE CE	820 W COOK ST	SANTA MARIA	CA	93458	N							
JURUPA HILLS POST AC	6401 33RD STREET.	RIVERSIDE	CA	92509	N							
BRENTWOOD HEALTH	1321 FRANKLIN ST	SANTA MONICA	CA	90404	N							
FOUR SEASONS HEALTH	5335 LAUREL CANY	NORTH HOLLYWOOD	CA	91607	N		0	20	0	6	0	6
GLADSTONE CARE AND	435 E. GLADSTONE	GLENDORA	CA	91740	N							

+ Coronavirus Resource Center

NURSINGHOME411.ORG/CORONAVIRUS/

Select tabs to access different materials

COVID-19 Resources

Data

News & Reports

Federal Guidance/Requirements

Federal

FACILITY LEVEL COVID DATA (06/04/2020)

NURSING HOME STAFFING (Q4 2019)

STATE LEVEL COVID DATA (06/01/20)

NURSING HOME PROVIDER INFO (APRIL 2020)

INFECTION CONTROL & PREVENTION CITATIONS

Other

NEW YORK STATE LTC COVID FATALITIES (06/08/20)

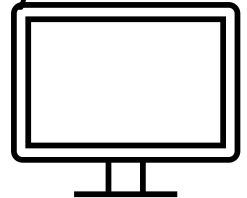
KFF: STATE DATA AND POLICY ACTIONS TO ADDRESS CORONAVIRUS

JOHNS HOPKINS UNIVERSITY CORONAVIRUS RESOURCE CENTER

+ Coronavirus Resource Center

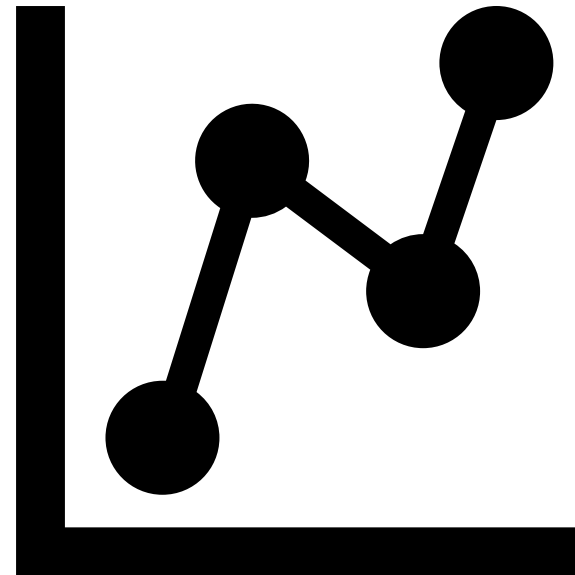
RESOURCES

- Fact Sheets
 - Infection Control
 - Stimulus Checks (Center for Elder Law & Justice)
- LTCCC's Nursing Home 411 Podcast
 - Perils of Privatization with Dr. Charlene Harrington
 - Hidden Costs of COVID-19 with Richard Mollot
 - Why Ombudsmen are the 'Best Kept Secret' with Gloria Murray
- Webinars
 - Understanding & Advocating for Residents With Dementia
 - Promising Practices & Recommendations for Evaluating Nursing Home Owners



DATA

- COVID-19 Cases & Fatalities
 - Facility Level
 - State Level
 - New York
- Staffing
- Provider Info
- Infection Control & Citations





NEWS & REPORTS

- LTCCC’s Blueprint for Restoring Visitation Rights
- LTCCC’S Emergency Action Plan for NY State
- LTCCC’s New York Times Op-Ed
- Infection Control Issue Alert

Opinion

Nursing Homes Were a Disaster Waiting to Happen

Long before Covid-19, poor care and lax standards were widespread and well known.

By Richard Mollot
Mr. Mollot is the executive director of the Long Term Care Community Coalition.

April 28, 2020



Coronavirus Resource Center

FEDERAL GUIDANCE & REQUIREMENTS

- CMS Reopening recommendations
 - Case status in community & facility
 - Staffing
 - Testing
 - PPE
 - Local hospital capacity
- Survey & Enforcement Memo
 - Corrective action plan for facilities without infection control surveys
 - On-site surveys for select facilities
- CMS Toolkit
 - State actions for COVID-19 management
 - Telehealth
 - Organizations assisting nursing homes
- CDC Fact Sheets and resources





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The Nursing Home System

Brief Background

+ The Nursing Home System in a Nutshell

- Virtually all nursing homes participate in Medicaid and/or Medicare.
- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal **Nursing Home Reform Law**.
- States may have *additional* protections, but no state can have less protections.
- **Federal protections are for all residents** in a facility, whether their care is paid for by Medicare, Medicaid or private pay.
- The federal agency, CMS, contracts with the state DOH to ensure that residents are protected and receive the services they need and deserve.



+ The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional & social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, **the law lays out specific resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity & autonomy.
- The law passed in 1987. Regulatory standards came out in 1991.





+ Federal Requirements for Protecting Residents from...

Abuse,
Neglect, &
Exploitation

+ Why Are We Talking About These Requirements?

FOX NEWS:
“Florida nursing home deaths a criminal investigation”

NBC NEWS: “Elder Abuse Going Unreported Because of Coronavirus Pandemic”

CNN: “Sick, dying and raped in America's nursing homes”

PBS NEWSHOUR:
“Health care watchdog sends urgent alert on potential nursing home abuse”

A resident’s right to be free from abuse & neglect has not changed as a result of the pandemic.

+ Freedom from Abuse, Neglect, & Exploitation

FEDERAL REQUIREMENT: 42 CFR 483.12 [F600]

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.... This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

INTENT of FEDERAL REQUIREMENT:

Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.

+ Freedom from Abuse, Neglect, & Exploitation

KEY ELEMENTS OF NONCOMPLIANCE FOR ABUSE AND NEGLECT

The facility...

- *Failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or*
- *Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.*

+ Freedom from Abuse, Neglect, & Exploitation

Abuse: *the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.*

Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

Neglect: *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.*

Sexual abuse: *non-consensual sexual contact of any type with a resident.*

Willful: *means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.*

Important
Definitions

+ Freedom from Abuse, Neglect, & Exploitation

Selected Excerpts from the Federal Guidelines...

What is the Facility Responsible For? *The facility must provide a safe resident environment and protect residents from abuse.*

Facility Characteristics Associated With Increased Risk of Abuse.

Identified facility characteristics, that could increase the risk for abuse include, but are not limited to:

- *Unsympathetic or negative attitudes toward residents;*
- *Chronic staffing problems;*
- *Lack of administrative oversight, staff burnout, and stressful working conditions;*
- *Poor or inadequate preparation or training for care giving responsibilities;*
- *Deficiencies of the physical environment; and*
- *Facility policies operate in the interests of the institution rather than the residents.*

What should
surveyors be
looking for?
What should
WE be looking
for?

+ Freedom from Abuse, Neglect, & Exploitation

Staff to Resident Abuse of Any Type

*Nursing homes have diverse populations including, among others, residents with dementia, mental disorders, intellectual disabilities, ethnic/cultural differences, speech/language challenges, and generational differences. **When a nursing home accepts a resident for admission, the facility assumes the responsibility of ensuring the safety and well-being of the resident.***

*It is the facility's responsibility to ensure that all staff are trained and are **knowledgeable** in how to react and respond appropriately to resident behavior. All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population.*

A facility cannot disown the acts of staff....

CMS does not consider striking a combative resident an appropriate response in any situation. ***It is also not acceptable for an employee to claim his/her action was "reflexive" or a "knee-jerk reaction" and was not intended to cause harm.*** Retaliation by staff is abuse, ***regardless of whether harm was intended, and must be cited.***

+ Freedom from Abuse, Neglect, & Exploitation

Resident to Resident Abuse of Any Type

*A resident to resident altercation should be reviewed as a potential situation of abuse. When investigating an allegation of abuse between residents, the surveyor should not automatically assume that abuse did not occur, especially in cases where either or both residents have a cognitive impairment or mental disorder. **Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.***

Federal guidance states that *it is important to remember that abuse includes the term “willful.” The word “willful” means that the individual’s action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm. An example of a deliberate (“willful”) action would be a cognitively impaired resident who strikes out at a resident within his/her reach, as opposed to a resident with a neurological disease who has involuntary movements (e.g., muscle spasms, twitching, jerking...) and his/her body movements impact a resident who is nearby.*

Nursing homes are responsible for protecting residents from all forms of abuse, including resident to resident abuse and including when one or both resident has dementia.

+ Freedom from Abuse, Neglect, & Exploitation

Resident to Resident Abuse of Any Type (continued)

*If it is determined that the action was not willful (a deliberate action), the surveyor must investigate whether the facility is in compliance with the **requirement to maintain an environment as free of accident hazards as possible, and that each resident receives adequate supervision.***

*The facility may provide evidence that it completed a resident assessment and provided care planning interventions to address a resident's distressed behaviors such as physical, sexual or verbal aggression. However, **based on the presence of resident to resident altercations, if the facility did not evaluate the effectiveness of the interventions and staff did not provide immediate interventions to assure the safety of residents, then the facility did not provide sufficient protection to prevent resident to resident abuse.***



Expectations
of
Facilities

+ Cracking Down on Crimes Against Nursing Home Residents

For too many nursing home residents, the rights we all have as residents of the United States go out the door the moment they enter the door of a nursing home.

The Affordable Care Act includes important provisions to change this:

- **Duty:** Must report any "reasonable suspicion" that a crime has been committed against a resident of the facility.
- **For Whom?:** Any and all of a nursing home's employees, owners, operators, managers, agents and contract workers.
- **When?** Immediately! Must be within 2-hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24-hours.
- **To Whom?:** Local law enforcement and the state agency (Dept. of Health).
- **Penalty:** Failure to report carries a fine of up to \$221,048; if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to \$331,752.



+ Requirements for Reporting Abuse, Neglect & Suspicion of a Crime Against a Resident

Regulation	42 CFR 483.12(b)(5) [And §1150B of the Act]	42 CFR 483.12(c)
F-tag	F608	F609
What	Any reasonable suspicion of a crime against a resident	1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2) The results of all investigations of alleged violations
Who is required to report?	Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility	The facility
To whom	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners)	The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
When	Serious bodily injury- Immediately but not later than 2 hours after forming the suspicion. No serious bodily injury- not later than 24 hours. [Note: "Reporting requirements under this regulation are based on real (clock) time, not business hours"]	All alleged violations-Immediately but not later than (1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury or (2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.

Summary: Resources @ www.nursinghome411.org

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

FACT SHEET: REQUIREMENTS FOR NURSING HOMES TO PROTECT RESIDENTS FROM ABUSE, NEGLECT & EXPLOITATION

Following are several standards and guidelines that we have identified as important when it comes to protecting residents from abuse, neglect and exploitation. The descriptions are taken directly from the federal regulations and guidelines (as indicated by text in *italics*). The excerpts are formatted into bulleted lists to make it easier to identify the points that we believe are most relevant. For more detailed information, see the webinar program & other resources on our website, www.nursinghome411.org.

[Notes: (1) The brackets below provide the citation to the federal regulation. (42 CFR 483.xx) and the F-tag used when a facility is cited for failing to meet the requirement. (2) All emphases added.]

I. Freedom From Abuse, Neglect & Exploitation [42 CFR 483.30(A) F-710]

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.... This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

II. Key Elements Of Noncompliance With This Standard

The facility...

- Failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or
- Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.

III. Key Definitions

- Abuse:** the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. **Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.**

Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

- Neglect:** *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.*
- Sexual abuse:** *non-consensual sexual contact of any type with a resident.*
- Willful:** *means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.*

IV. Federal Guidelines - Facility Characteristics Associated With Increased Risk of Abuse.

Identified facility characteristics, that could increase the risk for abuse include, but are not limited to:

- Unsympathetic or negative attitudes toward residents;*
- Chronic staffing problems;*
- Lack of administrative oversight, staff burnout, and stressful working conditions;*
- Poor or inadequate preparation or training for care giving responsibilities;*
- Deficiencies of the physical environment; and*
- Facility policies operate in the interests of the institution rather than the residents.*

V. Reporting Requirements for Abuse, Neglect & Suspicion of a Crime Against a Nursing Home Resident

There are both state and federal requirements for reporting abuse or neglect. Nevertheless, far too much resident abuse, neglect, theft of personal property, etc... goes unreported. To help address this problem, **the Affordable Care Act established important requirements for reporting any reasonable suspicion of a crime against a nursing home resident.**

Requirements for reporting all alleged abuse, neglect, exploitation or mistreatment:

- Duty:** Must report *all alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property.*
- For Whom?:** The nursing home.
- When?** *All alleged violations-Immediately but not later than (1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury (2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.*
- To Whom?:** *The facility administrator and to other officials in accordance with State law, including to the SA [survey agency, i.e., Department of Health] and the adult protective services where state law provides for jurisdiction in long-term care facilities.*

Requirements for reporting suspicion of a crime against a nursing home resident include:

- Duty:** Must report any "reasonable suspicion" that a crime has been committed against a resident of the facility.
- For Whom?:** Any and all of a nursing home's employees, owners, operators, managers, agents and contract workers.
- When?** Immediately! Must be within 2-hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24-hours.
- To Whom?:** Local law enforcement and the state survey agency (Dept. of Health).
- Penalty:** Failure to report carries a fine of up to \$221,048; if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to \$331,752.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care and a variety of resources on specific issues, such as dementia care, resident assessment and care planning, dignity and quality of life.

+ Resources @ www.nursinghome411.org

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

- Who We Are
- Learning Center >
- Nursing Home Info & Data >
- News & Reports >
- LTCCC Ombudsman Programs >
- LTC in NY State >
- Get Involved >

Learning Center
Home / Learning Center

Welcome to LTCCC's Learning Center. Below are our latest updates and materials. Click on the purple buttons to find fact sheets, webinars and other resources to support good care and resident-centered advocacy.

American Bar Association: Abuse Provisions in State Laws (April 2020)

Addressing Abuse & Neglect [Read More >](#)

Webinar: Rights of Residents in LTC Facilities in NY

About LTCCC, LTCCC Webinars [Read More >](#)

LTCCC Webinar: Understanding & Advocating for Residents With Dementia

Learning Center, LTCCC Webinars [Read More >](#)

- SIGN-UP FOR LTC NEWS & UPDATES
- FACT SHEETS
- HANDOUTS
- WEBINARS
- FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY
- DEMENTIA CARE ADVOCACY TOOLKIT
- VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER
- ABUSE, NEGLECT, AND CRIME REPORTING CENTER
- PODCASTS

Abuse, Neglect, and Crime Reporting Center

Home / Learning Center / Abuse, Neglect, and Crime Reporting Center

Residents in nursing homes are typically frail. The majority are senior citizens, and many have dementia. By definition, they all need 24-hour a day skilled nursing services. Nevertheless, though they live in an institutional setting, it is crucial to keep in mind that residents retain all of the rights of people who live outside of a facility. This includes the right to live free of physical, emotional, verbal, and sexual abuse and the right to be treated with dignity. It also includes the right to have the same access to criminal justice as anyone living in the outside community.

Unfortunately, too often, when individuals go into a nursing home, society views them as having entered a separate world, where different rules apply. This is not true. To strengthen realization of vital protections for seniors in nursing homes, LTCCC undertook a study to identify promising practices that have been employed in different communities to address elder abuse, neglect, and crime in residential settings. The report, as well as a selection of resources, are available on this page. They are free to use, share, and adapt.



- Who We Are
- Learning Center >
- Nursing Home Info & Data >
- News & Reports >
- LTCCC Ombudsman >

MARCH 18, 2019

ADDRESSING ABUSE, NEGLECT, AND SUSPICION OF CRIME AGAINST NURSING HOME RESIDENTS

POLICY CONSIDERATIONS & PROMISING PRACTICES

[LINK TO STATE AGENCY CONTACTS & COMPLAINT FORMS](#)

[LINK TO STATE MEDICAID FRAUD CONTROL UNITS](#)

[DEFINITIONS OF NURSING HOME ABUSE, NEGLECT, & CRIME](#)

[FORM FOR INVESTIGATING RESIDENT INJURIES OR SUSPICION OF CRIME](#)

[FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY](#)

[MEMO FOR LAW ENFORCEMENT ON NURSING HOME ABUSE & NEGLECT](#)

[UNDERSTANDING BODILY INJURY WHEN REPORTING SUSPICION OF A CRIME AGAINST A NURSING HOME RESIDENT](#)

[REPORTING NURSING HOME ABUSE, NEGLECT, AND SUSPICION OF A CRIME: FEDERAL REQUIREMENTS & NY STATE RESOURCES](#)

[ABA ABUSE DEFINITIONS IN STATE LAWS \(2020\)](#)



Thank You For Joining Us Today!

Email info@ltccc.org or call **212-385-0355** if you would like to...

Receive alerts for future programs or sign up for our newsletters.

Next Program: July 21th at 1pm.

Topic: Focus on COVID-19: From facility visitation to sufficient staffing, and beyond

You can also...

- Join us on **Facebook** at www.facebook.com/ltccc
- Follow us on **Twitter** at www.twitter.com/LTCconsumer
- Visit us on the **Web** at www.nursinghome411.org.

For LTC Ombudsmen in NY State

If you would like us to let your supervisor know that you attended this training program, please take the quick survey at:

<https://www.surveymonkey.com/r/ltccc-ltccop1>

For Family Members in NY State

connect with the Alliance of NY Family Councils at

www.anyfc.org (or email info@anyfc.org).



Questions?

Comments?