2023

Your Legal Duty…
Reporting Elder and Dependent Adult Abuse

DEPARTMENT OF JUSTICE
DIVISION OF MEDI-CAL FRAUD AND ELDER ABUSE

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REPORTING ELDER AND DEPENDENT ADULT ABUSE

Under California law, every employee at a long-term care facility has a legal duty to report known or suspected incidents of elder or dependent adult abuse. Failure to do so is a crime. To ensure that the staff members of these facilities are trained in recognizing and reporting elder and dependent adult abuse, California law requires long-term care facilities, community care facilities, and residential care facilities for the elderly to provide training and continuing education in recognizing and reporting abuse.

The "Your Legal Duty... Reporting Elder and Dependent Adult Abuse" curriculum and video are designed to meet the minimum core training requirements for recognizing and reporting elder and dependent adult abuse and neglect.

The materials are to be used by staff development coordinators to orient new employees and for the continuing education of all facility employees.

OVERVIEW: ASIDE FROM LEGAL DUTIES, A MORAL IMPERATIVE

The impact of providing sub-standard care is far reaching and, some argue, reflects the values and culture of our society at large. Care for elderly and dependent adults is provided by the few, yet affects so many, including the patients, their families, and friends.

"Elder" means any person residing in this state, 65 years of age or older. (See Welf. & Inst. Code, § 15610.27.) A "dependent adult" is any person between the ages of 18 and 64, who has physical and mental restrictions in the ability to carry out normal activities or to protect his or her rights. (See Welf. & Inst. Code, § 15610.23(a).) Additionally, a "dependent adult" is anyone between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health care facility. (Welf. & Inst. Code § 15610.23(b).) What this means, is every person admitted to a skilled nursing facility, an acute care hospital, an acute psychiatric hospital, an intermediate care facility, chemical dependency recovery hospital, or a hospice facility is a dependent adult regardless of age or infirmity.

How we view the elderly and dependent adults largely determines how we care for them. Elderly and dependent adult residents may suffer from loneliness, depression, confusion, and hopelessness, or suffer significant pain and physical limitations. The ability of the caregiver to provide care and comfort is challenging and requires emotional intelligence and technical skills.

Effective caregivers experience strong feelings of empathy in understanding and sharing the patient's experiences and emotions. Compassion -- the desire to alleviate the pain and suffering of others -- often accompanies feelings of empathy. It is the combination of scientific knowledge, clinical experience, and a conscious commitment to empathy and compassion that results in the highest quality of care.

For some commentators, the act of caregiving is a moral imperative that reveals our humanity:

> "[C]aregiving is a foundational component of moral experience. By this I mean that we envision caregiving as an existential quality of *what it is to be a human being.* We

> give care as part of the flow of everyday lived values and emotions that make up moral experience. Here collective values and social emotions are as influential as individual ones. Within these local moral worlds--family, network, institution, community--caregiving is one of those things that really matters…"[1]

The abuse and neglect of elders and dependent adults usually will not happen when the care is technically skillful and delivered with empathy and compassion. Unfortunately, abuse and neglect happen far too often in long-term care facilities. And when it does, caregivers have a legal duty to report it.

THE CHALLENGE: THE EXPLODING POPULATION OF ELDER AND DEPENDENT ADULTS

In the last 10 years, the population of elder and dependent adults in the United States has increased exponentially. The projected growth of this vulnerable population over the next 40 years presents an imposing challenge to the long-term care industry.

The population of Americans age 65 years or older, is projected to double from 40.2 million in 2010 to 88.5 million by 2050. The estimated increase in those older than 85 years of age is projected to triple from 6.3 million in 2015 to 17.9 million by 2050. Between 1990 and 2020, the Baby Boomers (those born between 1946 and 1964) in the "young" old-age group (age 65 to 74 years), is projected to increase by 74 percent.[2]

As of the 2020 census, the current population of seniors (age 65 and older) in California is 5,823,800, or 14.8 percent of the total population of California. The number of elders who have problems with activities of daily living is projected to increase from 514,000 in 2010 to between 622,000 and 881,000 in 2030. The exponential growth in the number of patients and facilities to care for them over the next 10 to 20 years presents a considerable challenge to all professionals involved in the delivery of health care services to elders and dependent adults.

With the size of the elder and dependent adult population in mind, the potential for abuse and neglect in long-term care facilities is a significant and an ongoing concern for long-term care providers, law enforcement, government policymakers, and the citizens of California. This concern is reflected in Welfare and Institutions Code section 15655, subdivision (a)(1), which requires staff employed by long-term care facilities, community care facilities, and residential care facilities for the elderly to be trained in recognizing and reporting elder and dependent adult abuse.

[1] Kleinman, *On Caregiving* (July-August 2010) Harvard Magazine.
[2] U.S. Bureau of Census, Pyramid to Rectangle, https://www.census.gov/population/international/files/97agewc.pdf

SOLUTIONS: CAREGIVERS PLAY A CRITICAL ROLE IN COMBATING ABUSE AND NEGLECT

Working in a long-term care facility is demanding, both physically and emotionally. On a daily basis, staff members are faced with enormous responsibilities. The vast majority of individuals working with elder and dependent adults are excellent caregivers. While stress from personal and work-related issues can affect the quality of care rendered by caregivers, there is no excuse for conduct that amounts to abuse or neglect.

All of us should feel safe in our homes. The same is true for the elderly and dependent adults living in long-term care facilities. Unfortunately, numerous incidents of abuse and neglect of elders and dependent adults persist in California. It is estimated that for every reported case of elder abuse and neglect, there may be as many as five cases that go unreported. The scope of the problem is a call for action in reducing the abuse and neglect of elders and dependent adults.

By working together, administrators, management, and staff can play a critical role in creating and maintaining a safe and dignified life for California's elder and dependent adults. The first step is to understand the letter and spirit of the law as it applies to you as a staff member of the facility at which you are employed, including what constitutes abuse and neglect and what is required of you under the mandated reporting rules.

CHAPTER 1: YOU ARE A MANDATED REPORTER

Summary

California law mandates that certain individuals, including employees of long-term care facilities, report known or suspected instances of elder or dependent adult abuse. Failure to do so is a crime. (See Welf. & Inst. Code, § 15630, subd. (h).)

Learning Objective

To identify persons and entities who are Mandated Reporters and the legal responsibilities they have for reporting known or suspected cases of abuse to the proper authorities.

WHO IS A MANDATED REPORTER?

California law provides that:

A person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not they receive compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian,[3] health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(See Welf. & Inst. Code, § 15630, subd. (a).)

Therefore, each of the following is a Mandated Reporter: all health practitioners, supervisors, managers, administrators, and all other employees in a long-term care facility, whether paid or unpaid, including support, security, and maintenance staff, and all persons who provide health or social services to elder or dependent adults, including consultants, contractors, and outside service providers.

LEGAL RESPONSIBILITIES OF A MANDATED REPORTER

Most individuals employed in long-term care facilities are committed to providing quality care and fostering a safe and dignified environment for elders and dependent adults. In an effort to further protect elders and dependent adults from those who would abuse or neglect them, the law requires Mandatory Reporters to report incidents of abuse or suspected abuse as follows:

> "A Mandated Reporter who, in their professional capacity, or within the scope of their employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or

[3] See Welfare and Institutions Code section 15610.17 for a complete list of who qualifies as a "Care Custodian."

> she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse…"

(See Welf. & Inst. Code, § 15630, subd. (b)(1)[emphases added].)

Based on the statutory mandate, a Mandated Reporter shall report a known or a suspected instance of abuse if he or she:

- Observes the abusive conduct;
- Has knowledge of an incident from another source;
- Has been told by an elder or dependent adult that he or she has experienced behavior constituting abuse; and/or
- Reasonably suspects that abuse has occurred.

Practice Tips

- Nothing in California law requires or implies that Mandated Reporters have a duty to investigate any known or suspected case of abuse, but every Mandated Reporter bears the duty to report suspected or known cases of abuse.
- The law does not permit a Mandated Reporter to delay a report for the purpose of conducting an investigation, an evaluation, or a determination as to whether management believes abuse actually occurred.
- Mandated reporters are legally responsible for the reporting of suspected or known abuse.
- Reporting is an individual duty that cannot be delegated to another staff member unless such staff member is also a Mandated Reporter who was present and agrees to report on behalf of the reporting team. However, any mandated reporter who has knowledge that the staff member designated to report has failed to do so must make the report.
- The failure to report is a crime punishable by fine, imprisonment, or both.
- A supervisor, administrator, lawyer, or any other person who impedes or inhibits a Mandated Reporter from reporting may be prosecuted for a misdemeanor punishable by fine, imprisonment, or both.
- Suspected abuse may not always be clear. It is best to err on the side of caution and file a report according to law.
- There is no penalty for reporting, and failing to report is a crime.

LIMITED EXEMPTIONS TO THE REPORTING REQUIREMENT

Under California law, physicians, surgeons, registered nurses, and psychotherapists who qualify as Mandated Reporters are not required to report abuse when all of the following conditions exist:

1. The Mandated Reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, and/or neglect; and
2. The Mandated Reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred; and
3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and
4. In the exercise of clinical judgment, the physician/surgeon, registered nurse, or psychotherapist reasonably believes that the abuse did not occur.

(See Welf. & Inst. Code, § 15630, subd. (b)(1).)

CHAPTER 2: DETECTING ELDER ABUSE AND NEGLECT

Summary

Elder abuse and neglect present in a variety of different forms and are sometimes difficult to discern. Abusive behavior may be violent and obvious or, in the case of neglect, result from the failure to provide essential care for the elderly or dependent adult. Isolation, the withholding of food, failure to provide personal grooming and clean clothes, can all constitute abuse and neglect. This segment will examine behavior that constitutes abuse or neglect.

Learning Objective

To provide participants with the definitions of physical abuse, neglect, abandonment, financial abuse, and isolation and to provide examples of each.

Administrators, managers, and staff need to know that even subtle actions or omissions on their part may violate the law and result in prosecution by law enforcement agencies. There are many ways that caregivers, either intentionally or unintentionally, may cause harm to elders and dependent adults.

ABUSE

"Abuse of an elder or dependent adult" is defined as:

a) Physical abuse, neglect, abandonment, isolation, abduction, or other treatment resulting physical harm or pain or mental suffering.

b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

c) Financial abuse, as defined in Section 15610.30.

(See Welf. & Inst. Code, § 15610.07.)

PHYSICAL ABUSE

"Physical Abuse" means any of the following:

a) Assault

b) Battery

c) Assault with a deadly weapon or force likely to produce great bodily injury

d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water

e) Sexual assault, that means any of the following:

    1) Sexual battery

    2) Rape

    3) Rape in concert

    4) Incest

5) Sodomy

6) Oral copulation

7) Penetration of a genital or anal opening by a foreign object

8) Lewd or lascivious acts

f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:

1) For punishment

2) For a period beyond that for which the medication was ordered pursuant to instructions of a physician or surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given

3) For any purpose not authorized by the physician or surgeon

(See Welf. & Inst. Code, § 15610.63.)

<u>Examples of Physical Abuse:</u>

- As a caregiver is feeding the resident breakfast, the resident spits at the caregiver. In retaliation, the caregiver spits at the resident's face, yelling, "Don't you ever spit at me again!"
- A resident refuses to get out of bed when gently encouraged by a nurse to attend an activity session. The nurse then forcefully pulls the resident from a reclining to an upright position in his bed and pushes him out of his room, as the resident screams and cries to be left alone.
- An employee is observed kissing an older Alzheimer's resident on her lips while fondling her breasts.
- A caregiver sends pictures of himself with a resident that are inappropriate, offensive, or demeaning/degrading, believing his friends will think such photos or poses are funny.
- While two nursing assistants are replacing a brain-injured resident's restraint, the resident grabs the shirt of one of the assistants. When the resident refuses to let go, the assistant slaps the resident's hands.
- After soiling her clothes and bedding, a resident is taken into the shower by a nursing assistant. When a struggle ensues with the resident, who suffers from dementia and is resistant, the assistant sprays ice cold water directly into the face of the resident.
- A resident cries out at night and constantly uses the call button for attention. In an effort to quiet the resident, the caregiver gives the resident medication with sedative properties over the prescribed amount.
- A resident with dementia wanders throughout the facility and into other residents' rooms. The caregiver stops the resident from wandering by using lap belt without a physician's order.

Possible Indicators of Physical Abuse:

The following observations are not necessarily proof of physical abuse, but may indicate a problem exists (and may cause a Mandated Reporter to suspect reportable abuse):

- Unusual or recurring scratches, bruises, skin tears, welts
- Bilateral bruising (bruises on opposite sides of the body)
- Bruises that wrap around the wrist, arm, neck, or ankle
- Bruises around the breasts or genital area[4]
- Infections around the genital area
- Injuries caused by biting, cutting, pinching, or twisting of limbs
- Burns (may be caused by hot liquids, appliances)
- Fractures[5] or sprains
- Torn, stained, or bloody underclothing
- Any untreated medical condition
- Signs of excessive drugging
- Injuries that are incompatible with normal causes
- Intense fear of people in general, or of certain individuals in particular
- Confusion and withdrawal beyond expectation

NEGLECT

Neglect, for our purposes, means either of the following:

a) The negligent failure of any person having the care or custody of an elder; or,

b) a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

Neglect includes, but is not limited to, any of the following:

a) Failure to assist in personal hygiene, or in the provision of food, clothing or shelter

b) Failure to provide medical care for physical and mental health needs

c) Failure to protect against health and safety hazards

d) Failure to prevent malnutrition or dehydration

(See Welf. & Inst. Code, § 15610.57.)

[4] If the resident is in a state mental hospital or state developmental center, an injury to the genitals of unknown cause may have to be reported per Welf. & Inst. Code, § 15630(b)(1)(E)(i)(V).

[5] If the resident is in a state mental hospital or state developmental center, a broken bone when the cause of the break is undetermined, may have to be reported per Welf. & Inst. Code, § 15630(b)(1)(E)(i)(VI).

Examples of Neglect:

- A wheelchair-bound resident is taken to the bathroom and told by the nursing assistant to call when ready to return to the other room. The resident rings the call button, but no staff answers. Frustrated, the resident tries to get into her wheelchair by herself, falls and fractures her hip.
- Staff fails to perform regular skin assessments and does not "turn or reposition" the resident as set forth in the resident's care plan or as ordered by a physician. The resident develops a decubitus ulcer on his buttocks.
- A resident repeatedly uses a call button to alert her caregiver. After several trips to the resident's room, the nursing assistant unplugs or moves the call button out of reach so the resident can no longer use it.
- A skilled nursing facility does not send a resident to the hospital when the patient's medical condition requires hospitalization because the resident's Medicare benefits have not yet run out.
- A registered nurse permits a nursing assistant to feed a peanut butter sandwich to a resident on a pureed diet due to dysphasia (trouble swallowing).
- A resident with a long history of wandering is allowed to walk outside of the facility unmonitored.
- Staff does not assist a resident who needs assistance eating or drinking.
- Staff removes food from a resident who requires assistance eating because it is time for staff person's break.
- Staff fails to request a referral to a dentist for a resident who is known to have bleeding gums, loose teeth, missing dentures, or difficulty eating.
- Residents are left in the care of a worker who has fallen asleep or is intoxicated.
- Residents are allowed to remain covered in feces or urine-soaked undergarments all night.
- A nursing assistant knowingly postpones a resident's incontinent care to take a personal break.
- A supervisor, after learning that a resident's insurance is exhausted, inaccurately represents that the facility is not able to care for the resident, a dependent adult with significant dementia and confusion.
- The management at a skilled nursing facility intentionally understaffs the facility and/or does not replace staff that have called out and the shortage of staff results in diminished care to the residents.

Possible Indicators of Neglect:

The following observations are not necessarily proof of neglect, but may indicate that a problem exists (and may cause a Mandated Reporter to suspect reportable neglect):

- Skin disorders or untreated rashes
- Unkempt, dirty, matted, and uncombed hair
- Bedsores
- Signs of dehydration, malnutrition, sudden weight loss, decreased skin turgor
- Soiled bedding or clothing
- Inadequate clothing
- Hunger
- Lack of necessary dentures, hearing aids, or eyeglasses
- Treatment, therapy, or transfers based on economic concerns rather than the needs of the resident

ABANDONMENT

"Abandonment" means:

> The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

(See Welf. & Inst. Code, § 15610.05.)

Examples of Abandonment:

- A facility takes a group of residents to an afternoon play in town. A resident wanders away and the group returns to the facility leaving the resident unattended.
- Administrators or staff leave a facility without ensuring that other qualified persons are present, willing, and able to provide proper care for its residents.
- The night staff grows tired of a resident ringing the call button. They remove the button from his room.
- A resident transferred to the unit following orthopedic surgery has unbearable pain, and the medication given is not relieving the pain. Under the doctor's written orders, he will receive the next dosage in the morning, eight hours later. The doctor has been paged but has not responded for over an hour. The nurse abandons her care of the patient, deciding that it is the doctor's problem now, and leaves the patient writhing in pain for eight hours overnight.
- A facility discharges a homeless resident with significant medical and psychological problems without finding a suitable place for the resident to go.

FINANCIAL ABUSE

Financial abuse is a broad category of financial crimes perpetrated against elders and dependent adults who are particularly vulnerable due to physical or mental infirmity. A common example is caregiver theft of the resident's money, jewelry, or other valuable items. More complex schemes involve coercion, fraud, deceit, and undue influence.

Financial abuse occurs when a person or entity does any of the following:

a) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

b) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 15610.70.

(See Welf. & Inst. Code, § 15610.30.)

Examples of Financial Abuse:

- A staff member asks a resident if he would like to have pizza. The staff member then orders pizza, using money from the resident's personal account and gives the pizza to the night shift.
- A resident has a personal cell phone. A staff member tells the resident she will keep the phone at the nurse's station and proceeds to use the cell phone for her personal use.
- A staff member is aware that a resident's declining health prevents him from watching television. The staff member sees that the resident's personal television—provided to him by his family—is not being used and "borrows" it by taking it home.
- A caregiver finds out that a resident's home is vacant. She offers to "house-watch" while the resident is in the care facility. She obtains the key and moves into the resident's private home.

Possible Indicators of Financial Abuse

The following descriptions are not necessarily proof of financial abuse, but may indicate a problem exists (and may cause a Mandated Reporter to suspect reportable financial abuse):

- Papers, checkbooks, or legal documents disappearing
- Staff assisting residents with credit card purchases or ATM withdrawals
- Appropriate clothing or grooming items not being provided
- Bills remaining unpaid despite the availability of adequate financial resources
- Services being provided that are not necessary or requested
- Unusual activity in bank accounts, such as withdrawals from automatic teller machines particularly in instances when the resident cannot get to the bank
- Necessary or desired services being denied by the person controlling the elder or dependent adult's resources
- "Representative payee" being used under suspicious circumstances
- Power of attorney or conservatorship being used for the benefit of a staff member

ISOLATION

The act of isolation can strongly suggest ongoing malfeasance by the caregiver. The motivation to isolate the senior or dependent adult may be as simple as the caregiver not wanting the patient to complain to a relative or friend about neglect or other abuse that is occurring at the facility. A resident who is physically abused, threatened, routinely drugged, or who has been forced to sign over accounts or items of value may feel ashamed, embarrassed, and vulnerable. The absence of friends and family not only serves to conceal the ongoing abuse, but is emotionally devastating to the patient.

"Isolation" means any of the following:

a) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

b) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false and is contrary to the express wishes of the elder or the dependent adult.

c) False imprisonment.

d) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.

(See Welf. & Inst. Code, § 15610.43.)

<u>Examples of Isolation:</u>

- A nurse tells a family member that the resident does not wish to speak to her. The nurse is aware, however, that the resident does indeed want to speak to his or her family and has never expressed the desire not to talk with them.
- A nursing assistant restrains a resident in bed and tells the resident's family that the resident is too ill to have visitors.

<u>Possible Indicators of Isolation:</u>

The following descriptions are not necessarily proof of isolation, but may indicate a problem exists:

- Resident is hesitant to speak freely
- Resident is withdrawn or timid and seems overly fearful or untrusting
- Resident may appear to be physically deteriorating or depressed

DEPRIVATION OF GOODS AND SERVICES

Goods and services necessary to avoid physical harm or mental suffering, when removed by the staff member, may constitute abuse, where the goods and services removed or withheld are in fact necessary to the elder's physical and emotional health. Such goods and services include but are not limited to all of the following:

a) The provision of medical care for physical and mental health needs
b) Assistance in personal hygiene
c) Adequate clothing
d) Adequately heated and ventilated shelter
e) Protection from health and safety hazards
f) Protection from malnutrition
g) Transportation and assistance necessary to secure any of the needs above

(See Welf. & Inst. Code, § 15610.35.)

Examples of Deprivation of Goods and Services:

- A nurse moves the call button out of reach of a resident who frequently uses it to call for assistance.
- A nursing assistant fails to provide assistance eating to a resident who requires assistance.

Possible Indicators of Deprivation of Goods and Services:

The following descriptions are not necessarily proof of isolation, but may indicate a problem exists:

- Resident is malnourished
- Resident wound is non-healing
- Resident may appear to be physically deteriorating or depressed

RESIDENT-TO-RESIDENT ABUSE

Resident-to-Resident Abuse is negative, often aggressive, interactions between residents in long-term care communities. These incidents include physical, verbal, or sexual abuse and are likely to cause emotional and/or physical harm.

Knowledge on the part of a caregiver requires the caregiver to intercede to stop the abuse and report the abuse pursuant to reporting requirements.

Examples of Resident-to-Resident Abuse:

- Resident A is kicking, hitting, slapping, grabbing, pushing, biting, spitting, or throwing items at another resident
- Resident A engages in unwanted sexual advances/touching, kissing of another resident

Possible Indicators of Resident-to-Resident Abuse:

The following descriptions are not necessarily resident-to-resident abuse, but may indicate a problem exists:

- Resident B appears to be afraid of Resident A
- Resident A is generally aggressive, both verbally and physically, towards other residents

MENTAL SUFFERING

"Mental Suffering" means:

> Fear, agitation, confusion, severe depression or other forms of serious emotional distress that is brought about by threats, harassment, or other forms of intimidating behavior, or by deceptive acts performed or false and misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult.

(See Welf. & Inst. Code, § 15610.53.)

Examples of Mental Suffering:

- A nurse tells a resident that if she uses the call button one more time, she will hit her.
- A staff member poses a resident with embarrassing props, takes photographs, and tells the resident he/she is going to disseminate the photos on social media.
- A nurse assistant mocks a resident while toileting and calls the resident names.

Possible Indicators of Mental Suffering:

The following descriptions are not necessarily proof of mental suffering, but may indicate a problem exists:

- Resident, normally social and outgoing, is withdrawn and silent
- Resident is withdrawn or timid and seems overly fearful or untrusting
- Resident shrinks back in fear when near a specific staff person or other resident
- Resident appears agitated around specific staff person or other resident

CHAPTER 3: PROCEDURES FOR MAKING A MANDATED REPORT[6]

Summary

Mandated Reporters need to understand the specific requirements for preparing and submitting reports of known or suspected elder and dependent adult abuse. Reporting involves advising the authorities by phone, and by submitting Forms 341, 342, or electronic reports authorized by Welfare and Institutions Code section 15658.

Learning Objective

This section discusses the means and methods of reporting elder and dependent adult abuse and specifically what is required depending on the type of abuse, location where it occurred, the specific methods and timing in making a mandated report and the agencies and persons to whom the reports should be made.

The obligation to report abuse or neglect to the appropriate government authority is an individual duty. Merely reporting the known or suspected abuse to a co-employee, supervisor, manager, or administrator does not satisfy the legal duty to report.

MAKING A REPORT

As an over-arching rule, Mandated Reporters are required to report incidents of known or suspected physical abuse, abandonment, abduction, isolation, financial abuse, or neglect in two ways:

- By telephone immediately, or as soon as practicably possible, to the local Ombudsman or the local law enforcement agency; and
- By submitting a written report (using Form SOC 341 or 342) within two working days to local law enforcement or the local Ombudsman.

(See Welf. & Inst. Code, § 15630, subd. (b)(1).)

An electronic internet report may be sent in lieu of the telephone call and Forms SOC 341 and 342 when submitted within the required time limit. (See Welf. & Inst. Code, § 15658.)

[6] See flow charts depicting reporting requirements at Appendix 4.

SUSPECTED PHYSICAL ABUSE OCCURRING IN A LONG-TERM CARE FACILITY

If the suspected physical abuse occurred in a long-term care facility (except a state mental health hospital or a state developmental center) and resulted in serious bodily injury[7] the Mandated Reporter shall:

- Immediately, and no later than two hours after observing or suspecting the abuse, report the abuse to local law enforcement by telephone; and
- Submit a written report within two hours of observing or suspecting abuse to local law enforcement, the local Ombudsman and corresponding licensing agency.

An electronic report may be sent in lieu of Forms SOC 341 and 342 written reports but will not eliminate the requirement of reporting the abuse by an immediate telephone call no later than two hours after the incident.

If the suspected physical abuse occurred in a long-term care facility (except a state mental health hospital or a state developmental center) and did not result in serious bodily injury the Mandated Reporter shall:

- Report the abuse to local law enforcement by telephone within 24 hours of observing or suspecting the abuse; and
- Submit a written report within 24 hours of observing or suspecting abuse to local law enforcement, the local Ombudsman and corresponding licensing agency.

An electronic internet report may be sent in lieu of Forms SOC 341 and 342 written reports but will not eliminate the requirement of reporting the abuse by telephone within 24 hours.

When an injury not amounting to serious bodily injury is caused by a resident who is under the care of a physician with a diagnosis of dementia, the Mandated Reporter shall:

- Telephone local law enforcement or the Ombudsman immediately or as soon as practicably possible; and
- Make a written report to law enforcement or the local Ombudsman within 24 hours of observing or suspecting the abuse.

TELEPHONE REPORT

The telephone number for the local Long-Term Care Ombudsman should be posted in a noticeable location in every facility. Certain long-term care facilities are legally required to post the telephone number in the facility foyer, lobby, activity room, or other prominent location. (See Welf. & Inst. Code, § 9726, subd.(a).)

[7] Serious bodily injury means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or mental faculty, or an injury requiring medical intervention, such as hospitalization, surgery or physical rehabilitation. (Welf. & Inst. Code, § 15610.67.)

WRITTEN REPORT USING FORMS SOC 341 AND SOC 342

Form “SOC 341-Report of Suspected Dependent Adult/Elder Abuse” is used to report physical abuse and neglect. Form “SOC 342-Report of Suspected Dependent Adult/Elder Abuse - Financial” is used to report financial abuse.

Forms SOC 341 and 342 were created by the Department of Social Services but are used for cross-reporting to the:

- Department of Public Health
- Division of Medi-Cal Fraud and Elder Abuse
- Local Ombudsmen
- Professional licensing boards (e.g., California Medical Board)
- Department of State Hospitals
- Department of Developmental Services
- Law Enforcement

Every facility should have Forms 341 and 342 available on the premises and provide them to all employees on request.

(See Forms SOC 341 and SOC 342 attached as Appendices 2 and 3.)

INFORMATION TO BE INCLUDED ON FORM SOC 341

Section A: Victim

The victim is the individual who has allegedly been abused. The victim is not required to participate in the mandated reporting process. There may be one or more elder or dependent adult victims involved in the suspected abuse. The victim information is entered in Section A on the form. Be sure to provide as much of the information called for as possible.

Section B: Suspected Abuser

The information regarding the abuser is entered in Section B on the form. Again, be as complete as possible in providing the information concerning the abuser. Be accurate and truthful. While it may be difficult to report a physician, colleague, supervisor, or the victim’s family member, your duty to report is mandatory. Reporting not only fulfills your legal duty, but will help avoid any suggestion or allegation that you impeded or delayed the investigation of the incident.

(See Welf. & Inst. Code, § 15630, subd. (h).)

Section C: Reporter’s Observations, Beliefs, and Statements by the Victim

The information regarding the alleged abuse should be included in this section. This section asks for a narrative. This is the mandated reporter’s opportunity to write out all information the reporter has about the alleged abuse. Be as specific as possible and, where applicable, include dates and times. This section should include what the reporter observed, any statements made by the victim about the alleged abuse, statements made by others that might be important, the time frame involved (whether a one-time occurrence or an ongoing behavior over a period of time), and whether the reporter believes the elder or dependent adult is currently at risk for additional abuse

or neglect. The reporter should also describe the type of injury (serious bodily injury or not), and report whether the suspected abuser still has access to the victim, and any known danger to an investigator.

Section D: Reporting Party

Section D asks for information on the person making the report. As a Mandated Reporter you are not responsible for verifying or investigating abuse or suspected incidents of abuse. Additionally, it is your right to submit the report confidentially.

If you do not waive the confidentiality of the report, the only people who will know your identity are those to whom you submitted the report including the law enforcement agency, your local Ombudsman, and licensing agency.

Section E: Incident Information

Sections E allows space for the reporter to list the date and time and place of the alleged incident.

Section F: Reported Types of Abuse

Section F asks the reporter to identify the type of suspected abuse being reported as well as any injury that resulted.

Section G: Other Person Believed to Have Knowledge of Abuse

Identify other people who you believe, or reasonably suspect, are aware of the abuse. This can include family, significant others, neighbors, medical providers, agencies involved, etc.

Section H: Family Member or Other Person Responsible for Victim's Care

List the family member's name or other person responsible for victim's care including relationship, address, city, zip code, and telephone number. If unknown, list contact person.

Section I: Telephone Report Made To

Section I requires the reporter to memorialize when the initial telephone report was made and to whom.

Section J: Written Report

Enter information about the agencies to whom you are sending the report and when the form was mailed or faxed.

Help with Forms 341 and 342

If the Mandated Reporter has questions about how to fill out Forms 341 and 342, or needs help determining where to send them, he or she should call the Long-Term Care Ombudsman or local law enforcement agency.

WHO INVESTIGATES REPORTS OF ABUSE?

Multiple agencies investigate reports of abuse of elder or dependent adults depending on the type of facility involved, who the licensing authority is, and whether the particular care involved is paid for by a government program.

Generally, reports of abuse are often initially conveyed to local law enforcement and the Office of the Long-Term Care Ombudsman. As the complaints are processed, additional agencies may become involved, including the California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse. The investigation and prosecution of elder and dependent adult abuse are entirely separate and apart from actions that may be taken by the agencies who license facilities where the abuse or neglect occurred.

Residential Care Facilities for the Elderly, also known as Assisted Living, and In-Home Supportive Services, are licensed by the California Department of Social Services, which monitors and inspects such facilities on a regular basis. Depending on the frequency of complaints, the severity, and other types of systemic problems, action may be taken against a facility.

Skilled Nursing Facilities, (also known as Nursing Homes, Skilled Nursing and Rehabilitation, and Convalescent Hospitals) Psychiatric Hospitals, Mental Health Rehabilitation facilities, and Acute Care Facilities are regulated and licensed by the California Department of Public Health. As in the case of Residential Care Facilities for the Elderly, incidents of elder and dependent adult abuse in these facilities may lead to actions taken against the facility.

FACILITIES' POLICIES AND PROCEDURES

Each facility may have its own policies and procedures for reporting and documenting known or suspected cases of elder or dependent adult abuse. However, facility policies may not hinder, impede or prevent an individual from reporting suspected neglect or abuse as required by law.

CHAPTER 4: THE DIVISION OF MEDI-CAL FRAUD AND ELDER ABUSE

The Division of Medi-Cal Fraud and Elder Abuse ("DMFEA") exists within the California Office of the Attorney General, Department of Justice. DMFEA is responsible for investigating and prosecuting (or referring for prosecution) the abuse and neglect of: Medi-Cal beneficiaries; residents of facilities that receive payments from Medi-Cal (skilled nursing facilities and acute care hospitals); and residents in facilities where two or more unrelated elder or dependent adults reside and receive nursing care services or a substantial amount of assistance with the activities of daily living.

Local law enforcement and prosecuting agencies share concurrent jurisdiction to investigate and prosecute instances of abuse and neglect. The state Long-Term Care Ombudsman, the Licensing and Certification Division in the Department of Public Health, and the Community Care and Licensing division in the Department of Social Services, are required to submit all reports of elder abuse and neglect to DMFEA.

Given the broad jurisdiction and responsibilities of DMFEA, Mandated Reporters are encouraged to report known or suspected abuse and neglect directly to DMFEA in addition to the mandated reporting requirements discussed above.

To report suspected Medi-Cal fraud or elder abuse to DMFEA, consider these options:

Send a Written Complaint By Mail:

California Department of Justice
Division of Medi-Cal Fraud Elder Abuse
P.O. Box 944255
Sacramento, CA 94244-2550

Call the Hotline:

Attorney General's Division of Medi-Cal Fraud & Elder Abuse
Phone Toll-free: (800) 722-0432

Department of Health Care Services
Phone Toll-free: (800) 822-6222

Or Submit a Complaint Online at:

Website: https://oag.ca.gov/dmfea/reporting

For additional resources or questions, please visit DMFEA's website or email us.

Website: https://oag.ca.gov/dmfea

Email: DMFEAOutreach@doj.ca.gov

CHAPTER 5: MANDATED REPORTS VS. CHARTING

RESIDENT'S CHART vs. FORMS 341 AND 342

The resident's chart is a critical medical record and serves to document your care of the resident. When you omit details in the chart, it suggests that the procedures were not done or that the omitted information (such as the clinical status of resident) was not assessed. The chart also provides a clinical history of the resident so that subsequent caregivers and physicians receive a quality "handoff" when they assume the care of the resident on subsequent shifts. The continuity of care from day-to-day is dependent on thorough and proper charting. Because the failure to properly maintain the chart can endanger the life and health of a resident, substandard charting may constitute abuse. False and inaccurate charting, including entering false dates, is a crime and will be prosecuted.

Reports of elder and dependent adult abuse and neglect, in the submission of a Form 341 or 342 do not qualify as charting. The duty to enter notes in the resident's chart is independent of the mandated reporting rules. In the face of abuse or neglect the caregiver must enter chart notes and prepare a written report of abuse. Consider the following examples of proper charting and a concurrent abuse report:

Chart: 68 y/o male with medical management of congestive heart failure.

S: C/O pain on forearms bilaterally.
O: Ecchymosis and edema on dorsal aspect of both forearms just proximal to the wrists. Some corresponding minor bruising on ventral aspect of forearms with faint outline that looks like finger marks. B/P, temperature and heart rate within normal limits.
A: Bruising of unknown etiology. Suspect abuse. R/O trauma.
P: A report will be prepared and submitted to the local Ombudsman with a call to treating physician.

Form SOC 341

Description/observations:

68 y/o unrestrained male resident with diagnosis of congestive heart failure complained to this reporter of 6/10 pain in forearms. Appears confused and could not explain how his arms became bruised. No known falls, restraints, or other possible causes of the bruising. The bruising was in the shape of fingers. It should be noted that all other systems are stable and within expected limits.

Suspect abuse.

CHAPTER 6: PENALTIES & PROTECTIONS

Summary

Under California law, Mandated Reporters who fail to report known or suspected instances of abuse are guilty of a crime. Mandated Reporters who report, as required by law, are protected from civil and criminal liability that stems from filing the report.

Learning Objectives

To identify the penalties for anyone who fails to report elder or dependent adult abuse. Individuals who fail to report will be prosecuted. Mandated Reporters who do report are protected by law and are guaranteed certain confidentiality rights.

FAILURE TO REPORT

Mandated Reporters have a legal obligation to report all known or suspected cases of elder or dependent adult abuse. Because of this, there are stiff penalties for anyone who fails to report.

California law provides:

- Failure to report physical abuse, abandonment, isolation, financial abuse, or neglect of an elder or dependent adult is a misdemeanor, punishable by up to six (6) months in the county jail or by a fine of up to one thousand dollars ($1,000), or by both a fine and imprisonment;

AND

- Any Mandated Reporter who willfully fails to report physical abuse, abandonment, isolation, financial abuse, or neglect of an elder or dependent adult, where that abuse results in death or great bodily injury, is punishable by up to one year in a county jail or by a fine of up to five thousand dollars ($5,000), or by both that fine and imprisonment.

(See Welf. & Inst. Code, § 15630, subdivision (h).)

It is your legal obligation to report known or suspected instances of elder or dependent adult abuse. Failure to report is a crime. If you have doubts or concerns, it is best to err on the side of caution and file the report. There is no penalty for filing a report.

NO CIVIL OR CRIMINAL LIABILITY FOR FILING A MANDATED REPORT

A Mandated Reporter who reports a known or suspected instance of abuse as required by law cannot be held civilly or criminally liable for making the report.

- No Mandated Reporter may be subject to civil or criminal penalties for filing a report as required by law.
- No Mandated Reporter may be subject to criminal or civil penalties for photographing a victim of abuse or neglect when done in connection with filing a mandatory report. To

qualify for this immunity, the photographs may not be used outside the context of preparing a report for abuse or neglect.

- If an employer takes adverse action against an employee for filing a mandated report, that employer can be criminally investigated and prosecuted**.**
- As further protection for the Mandated Reporter, in the event a civil action is brought against the reporter, and the case is summarily dismissed by the court, the employee may apply to the California Victim Compensation and Government Claims Board for reimbursement of up to $50,000.

(See Welf. & Inst. Code, § 15634.)

EMPLOYEE CONFIDENTIALITY RIGHTS

Reports of suspected elder or dependent adult abuse are confidential and may be disclosed only to the following:

- Adult Protective Services
- Long-Term Care Ombudsman Programs
- Local Law Enforcement
- Office of the District Attorney
- Office of the Public Guardian
- Probate Court
- Department of Justice, Division of Medi-Cal Fraud and Elder Abuse
- Department of Consumer Affairs, Division of Investigation

The identity of all persons who make a report is confidential and may only be disclosed to the following:

- Adult Protective Services
- Long-Term Care Ombudsman Programs
- Local law Enforcement
- Office of the District Attorney
- Office of the Public Guardian
- Probate Court
- Department of Justice, Division of Medi-Cal Fraud and Elder Abuse
- Department of Consumer Affairs, Division of Investigation
- Counsel representing an adult protective services agency
- Licensing agencies or their counsel
- Upon waiver of confidentiality by the reporter
- By a court order

Any violation of these confidentiality provisions is a misdemeanor, punishable by up to six (6) months in county jail, a fine of five-hundred dollars ($500), or by both that fine and imprisonment. (See Welf. & Inst. Code, § 15633.)

CHAPTER 7: CAUSES OF ABUSE AND NEGLECT

UNDERSTANDING THE CAUSES OF ABUSIVE BEHAVIOR

Education and training are important parts of the overall strategy to eliminate abuse and neglect in long-term care settings. In the past, the consensus was that the primary cause of abuse and neglect is stress. Recent analyses conclude that the cause of abuse and neglect is more complex and multifactorial.

For example, where caregivers live with the patient, the risk of abuse is high due to increased contact and opportunities to abuse the patient. Patients who are socially isolated tend to suffer more frequently from abuse than patients who have strong family and social networks. Abuse is easily concealed when other caregivers, family members, and friends are not present to witness the abusive behavior.

The disease process involved in dementia and Alzheimer's disease, often causes patients to be cognitively deficient, confused, agitated, and disruptive. It is not uncommon for these patients to abuse their caregivers with verbal and physical attacks. The difficulty in caring for such patients is challenging and increases the risk of abuse and neglect especially where the caregiver is not properly trained and mentored in developing the knowledge and skills to handle these patients.

A caregiver's own history of alcoholism and mental illness, especially depression, are strong predictors for abuse. Observations of these triggers have been made in both the residential and spousal caregiving context.[8]

When a caregiver takes undue advantage of the patient by borrowing money or accepting gifts, the caregiver may become dependent on the patient. The relationship may become toxic, buoyed by alcohol or drug abuse increasing the risk of abuse.

Generally, management and staff should recognize the following factors that may also increase the risk of abuse and neglect:

- **Poor Attitude**: Staff members may dehumanize residents by viewing them as burdens or tasks to be completed. Others may view older residents as children in need of discipline. These attitudes increase the risk of abusive behavior and lack empathy and compassion.

- **Burn-out**: Working in long-term care can be emotionally and physically demanding. Staff members may experience job burn-out and become physically, emotionally, and mentally exhausted leading to a lack of enthusiasm and motivation.

- **Conflict**: Staff members may not be prepared for the degree of conflict that occurs in long-term care facilities. With adequate training, mentoring, and support, staff will be better-equipped to deal with conflict.

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[8] See The National Academies Press, *Elder Mistreatment-Abuse, Neglect, and Exploitation in an Aging America* (2003), Library of Congress ISBN 0-309-08434-2

- **Aggressive Resident Behavior**: Long-term care staff are at risk of being abused by residents. It is not uncommon for staff to be verbally abused, pinched, grabbed, or bitten by residents. Through training, staff can be better prepared and understand that abusive conduct from a resident is usually not personal but often results from residents' confusion, depression, fear, and other factors. This understanding enables staff to develop strategies to redirect the behavior and calm the resident.

- **Lack of Supervision and Failure to Enforce Patient Abuse Laws**: Some caregivers may be more aggressive or even abusive if they believe the quality of their work is not being monitored. It is critical for management to set the tone by communicating an expectation of a team approach, with a high level of team consciousness and commitment to provide the highest level of quality and compassionate care possible.

CONCLUSION

Most people involved in caring for elder and dependent adults share a vision of providing care that is shaped by empathy and compassion. The challenges often facing this vulnerable population require physicians, nurses, families, and friends who are committed to creating an environment that is as safe and comfortable as possible.

The mandated duty to report is one part of an overall strategy to reduce instances of abuse and neglect. The decision to submit a mandated report may be uncomfortable when it implicates family members, co-workers, management, or even physicians. A caregiver may be tempted to ignore the situation and decide that it would be better not to be involved. However, when a caregiver has knowledge of abuse and neglect or reasonably suspects it has occurred, he or she is involved by law. The decision to report abuse and neglect is not voluntarily. It is mandatory. You are a Mandated Reporter.

APPENDIX 1: DMFEA CONTACT INFORMATION

Send a Written Complaint By Mail:

California Department of Justice
Division of Medi-Cal Fraud Elder Abuse
P.O. Box 944255
Sacramento, CA 94244-2550

Call the Hotline:

Attorney General's Division of Medi-Cal Fraud & Elder Abuse
Toll-free: (800) 722-0432

Department of Health Care Services
Toll-free: (800) 822-6222

Submit a Complaint Online:

Website: https://oag.ca.gov/dmfea/reporting

For additional resources or questions, please visit DMFEA's website, call or email us.

Website: https://oag.ca.gov/dmfea

Email: DMFEAOutreach@doj.ca.gov

Outreach Phone: (916) 559-6180

APPENDIX 2: FORM SOC 341

State of California – Health and Human Services Agency | California Department of Social Services

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

Date Completed

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE.
SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))

Name (Last Name, First Name)	Age	Date of Birth	SSN

Gender Identity	Sexual Orientation	Ethnicity	Race
☐ Male ☐ Female ☐ Transgender ☐ Other/Nonbinary ☐ Unknown/Not Provided	☐ Straight ☐ Gay/Lesbian ☐ Bisexual ☐ Questioning ☐ Unknown/Not Provided	Language (Check one) ☐ Non-Verbal ☐ English ☐ Other (Specify) ____________	

Address (If facility, include name and notify ombudsman)	City	Zip Code	Telephone
Present Location (If different from above)	City	Zip Code	Telephone

☐ Elderly (65+) ☐ Developmentally Disabled ☐ Mentally Ill/Disabled ☐ Physically Disabled ☐ Unknown/Other

☐ Lives Alone ☐ Lives with Others

B. SUSPECTED ABUSER Check if ☐ Self-Neglect

Name of Suspected Abuser

Address	City	Zip Code	Telephone

☐ Care Custodian (Type)____________ ☐ Parent ☐ Son/Daughter ☐ Other ____________
☐ Health Practitioner (Type)____________ ☐ Spouse ☐ Other Relation ____________

Gender	Ethnicity	Age	D.O.B
☐ Male ☐ Female			

Height	Weight	Eyes	Hair

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C. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.) or concerns about the client's mental health.

☐ CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

D. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to
☐ All ☐ All but victim ☐ All but perpetrator

Name	Signature	Occupation	Agency/Name of Business

Relation to Victim/How Abuse is Known	Street	City	Zip Code

Telephone	E-mail Address

E. INCIDENT INFORMATION - Address where incident occurred

Date/Time of Incident(s)

Place of Incident (Check One)
☐ Own Home ☐ Community Care Facility ☐ Hospital/Acute Care Hospital
☐ Home of Another ☐ Nursing Facility/Swing Bed ☐ Other (Specify)________________________

F. REPORTED TYPES OF ABUSE (Check All that Apply)

1. Perpetrated by Others (WIC 15610.07 & 15610.63)

a. ☐ Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)
b. ☐ Sexual
c. ☐ Financial
d. ☐ Neglect (including Deprivation of Goods and Services by a Care Custodian)
e. ☐ Abandonment
f. ☐ Isolation
g. ☐ Abduction
h. ☐ Psychological/Mental
i. ☐ Other ____________________

2. Self-Neglect (WIC 15610.57 (b)(5))

a. ☐ Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration)
b. ☐ Self-Neglect of Residence (unsafe environment)
c. ☐ Financial Self-Neglect (e.g. inability to manage one's own personal finances)

Abuse Resulted In (Check All that Apply)
☐ No Physical Injury ☐ Minor Medical Care ☐ Hospitalization ☐ Care Provider Required
☐ Death ☐ Mental Suffering ☐ Serious Bodily Injury* ☐ Other (Specify)____________________
☐ Unknown ☐ Health & Safety Endangered

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE
(Family, significant others, neighbors, medical providers, agencies involved, etc.)

Name	Relationship
Address	Telephone
Name	Relationship
Address	Telephone

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE
(If known, list contact person) If Contact person check ☐

Name			Relationship
Address	City	Zip Code	Telephone

I. TELEPHONE REPORT MADE TO ☐ APS ☐ Law Enforcement ☐ Local Ombudsman
☐ Calif. Dept. of State Hospitals ☐ Calif. Dept. of Developmental Services

Name of Official Contacted by Phone	Telephone	Date/Time

J. WRITTEN REPORT Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed
Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed
Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed

K. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received By	Date/Time

2. Assigned ☐ Immediate Response ☐ Ten-Day Response ☐ No Initial Response (NIR)
☐ Not APS ☐ Not Ombudsman ☐ No Ten-Day (NTD)

Approved By	Assigned To (optional)

3. Cross-Reported to ☐ CDPH-Licensing & Cert.; ☐ CDSS-CCL; ☐ Local Ombudsman;
☐ Bureau of Medi-Cal Fraud & Elder Abuse;
☐ Calif. Dept. of State Hospitals; ☐ Law Enforcement;
☐ Professional Licensing Board; ☐ Calif. Dept. of Developmental Services;
☐ APS; ☐ Other (Specify) ____________________
Date of Cross-Report ____________________

4. APS/Ombudsman/Law Enforcement Case File Number

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE
GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult. **Abuse** means any treatment with resulting physical harm, pain, or mental suffering or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. **Neglect** means the negligent failure of an elder or dependent adult or of any person having the care or custody of an elder or a dependent adult to exercise that degree of self-care or care that a reasonable person in a like position would exercise. **Elder** means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). **Dependent Adult** means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse.
2. If any item of information is unknown, enter “unknown.”
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES AND TIME FRAMES:

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect has occurred, shall complete this form for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult.

***Serious bodily injury** means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation (WIC Section 15610.67).

Reporting shall be completed as follows:

- If the abuse occurred in a Long-Term Care (LTC) facility (as defined in WIC Section 15610.47) and resulted in serious bodily injury, report by telephone to the local law enforcement agency immediately and no later than two (2) hours after observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within two (2) hours of observing, obtaining knowledge of, or suspecting physical abuse.

- If the abuse occurred in a LTC facility, was physical abuse, but did not result in serious bodily injury, report by telephone to the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local LTCOP, and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.

- If the abuse occurred in a LTC facility, was physical abuse, did not result in serious bodily injury, and was perpetrated by a resident with a physician's diagnosis of dementia, report by telephone to the local law enforcement agency or the local LTCOP, immediately or as soon as practicably possible. Follow by sending the written report to the LTCOP or the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.

- If the abuse occurred in a LTC facility, was abuse other than physical abuse, report by telephone to the LTCOP or the law enforcement agency immediately or as soon as practicably possible. Follow by sending the written report to the local law enforcement agency or the LTCOP within two working days.

- If the abuse occurred in a state mental hospital or a state developmental center, mandated reporters shall report by telephone or through a confidential Internet reporting tool (established in WIC Section 15658) immediately or as soon as practicably possible and submit the report within two (2) working days of making the telephone report to the responsible agency as identified below:

  - If the abuse occurred in a State Mental Hospital, report to the local law enforcement agency or the California Department of State Hospitals.

  - If the abuse occurred in a State Developmental Center, report to the local law enforcement agency or to the California Department of Developmental Services.

- For all other abuse, mandated reporters shall report by telephone or through a confidential Internet reporting tool to the adult protective services agency or the local law enforcement agency immediately or as soon as practicably possible. If reported by telephone, a written or an Internet report shall be sent to adult protective services or law enforcement within two working days.

REPORTING PARTY DEFINITIONS

Mandated Reporter (WIC Section 15630 (a)) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

Care Custodian (WIC Section 15610.17) means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing are or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code; (b) Clinics; (c) Home health agencies; (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services; (e) Adult day health care centers and adult day care; (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders; (g) Independent living centers; (h) Camps; (i) Alzheimer's Disease Day Care Resource Centers; (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code; (k) Respite care facilities; (l) Foster homes; (m) Vocational rehabilitation facilities and work activity centers; (n) Designated area agencies on aging; (o) Regional centers for persons with developmental disabilities; (p) State Department of Social Services and State Department of Health Services licensing divisions; (q) County welfare departments; (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys; (s) The Office of the State Long-Term Care Ombudsman; (t) Offices of public conservators, public guardians, and court investigators; (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities; or (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness; (v) Humane societies and animal control agencies; (w) Fire departments; (x) Offices of environmental health and building code enforcement; or (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

Health Practitioner (WIC Section 15610.37) means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

Any officer and/or employee of a financial institution is a mandated reporter of suspected financial abuse and shall report suspected financial abuse of an elder or dependent adult on form SOC 342, “Report of Suspected Dependent Adult/Elder Financial Abuse”.

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCOPs, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under “Reporting Party Definitions”) any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than $1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to $5,000, or by both imprisonment and fine (WIC Section 15630(h)).

No one, including a supervisor, employer, or lawyer, can excuse a mandated reporter from his or her personal legal duty to report known or suspected abuse. Anyone who attempts to impede or inhibit a mandated reporter from reporting may be prosecuted for a misdemeanor punishable by a fine, imprisonment, or both. Mandated reporters are therefore expected to report any such efforts to law enforcement, as well as any other responsible agency (see Welfare and Institutions Code Section 15630(f) and (h).

Officers or employees of financial institutions are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter, to the party bringing the action.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency or agencies, the reporter shall send the written report to the designated agencies (as defined under "Reporting Responsibilities and Time Frames"); and keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS DIVISION.

APPENDIX 3: FORM SOC 342

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

FOR USE BY FINANCIAL INSTITUTIONS
REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE

[CONFIDENTIAL - Not subject to public disclosure]

DATE COMPLETED:

TO BE COMPLETED BY REPORTING PERSON. PLEASE PRINT OR TYPE.

A. VICTIM

NAME (LAST NAME FIRST)	AGE	DATE OF BIRTH	SSN	GENDER ☐ M ☐ F	LANGUAGE (✓ CHECK ONE) ☐ NON-VERBAL ☐ ENGLISH ☐ OTHER (*SPECIFY*)

ADDRESS (IF FACILITY, INCLUDE NAME)	CITY	ZIP CODE	TELEPHONE ( )
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE	TELEPHONE ( )

☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABLED ☐ MENTALLY ILL/DISABLED ☐ PHYSICALLY DISABLED ☐ UNKNOWN/OTHER

B. INCIDENT INFORMATION - WHERE INCIDENT OCCURRED

PLACE OF INCIDENT (✓ CHECK ONE)

☐ FINANCIAL INSTITUTION ☐ OWN HOME ☐ CARE FACILITY ☐ OTHER (Specify) ☐ UNKNOWN

ADDRESS WHERE INCIDENT(S) OCCURRED	DATE/TIME OF INCIDENT(S)

C. REPORTER'S OBSERVATIONS

(ATTACH ADDITIONAL PAGES IF NECESSARY)

D. TARGETED ACCOUNT

ACCOUNT NUMBER: (LAST 4 DIGITS)	TYPE OF ACCOUNT: ☐ DEPOSIT ☐ CREDIT ☐ OTHER	TRUST ACCOUNT: ☐ YES ☐ NO
POWER OF ATTORNEY: ☐ YES ☐ NO	DIRECT DEPOSIT: ☐ YES ☐ NO	OTHER ACCOUNTS: ☐ YES ☐ NO

E. SUSPECT INFORMATION

NAME OF SUSPECTED ABUSER(S)	ADDRESS	DATE OF BIRTH	AGE (ESTIMATE IF UNKNOWN)

RELATIONSHIP TO VICTIM

☐ CARE CUSTODIAN ☐ PARENT ☐ SON/DAUGHTER ☐ HEALTH PRACTITIONER ☐ SPOUSE ☐ UNKNOWN ☐ OTHER________________________

F. OTHER PERSON(S) BELIEVED TO HAVE KNOWLEDGE OF ABUSE - (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

G. TELEPHONE AND WRITTEN REPORTS

TELEPHONE REPORT MADE TO: ☐ Local APS ☐ Local Law Enforcement ☐ Local Ombudsman

NAME OF OFFICIAL CONTACTED BY PHONE		TELEPHONE ( )	DATE/TIME
REPORTED BY	TITLE	TELEPHONE ( )	DATE/TIME

NAME OF FINANCIAL INSTITUTION	ADDRESS

WRITTEN REPORT SENT TO Enter information about the agency receiving a copy of this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

NAME OF AGENCY	ADDRESS OR FAX #	☐ Date Mailed: ☐ Date Faxed:

H. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received by: Date/Time:
2. Assigned ☐ Immediate Response ☐ Ten-day Response ☐ No Initial Face-To-Face Required ☐ Not APS ☐ Not Ombudsman

   Approved by: Assigned to (optional):
3. Cross-Reported to: ☐ CDHS, Licensing & Cert.; ☐ CDSS-CCL; ☐ CDA Ombudsman; ☐ Bureau of Medi-Cal Fraud & Elder Abuse; ☐ Mental Health; ☐ Law Enforcement; ☐ Professional Board; ☐ Developmental Services; ☐ APS; ☐ Other (Specify) Date of Cross-Report:
4. APS/Ombudsman/Law Enforcement Case File Number:________________________________

SOC 342 (12/06)

Use SOC 341 to report other types of abuse

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER FINANCIAL ABUSE
FINANCIAL INSTITUTIONS ONLY
GENERAL INSTRUCTIONS

PURPOSE OF THE FORM

This form is to be used by officers and employees of financial institutions (“mandated reporter(s)”) to report suspected financial abuse suffered by a dependent adult or elder. Other types of dependent adult or elder abuse may be reported using form SOC 341. This form is available on http://www.dss.cahwnet.gov/cdssweb/On-lineFor_298.htm#SOC.

An “elder is any person residing in California who is 65 years of age or older. A “dependent adult” is anyone residing in California who is between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons whose physical or mental disabilities have diminished because of age. It also includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.

The oral or written report may be made to the adult protective services agency (APS) in the county where the apparent victim resides, or to a law enforcement agency in the county where the incident occurred. If the mandated reporter knows the apparent victim resides in a long-term care facility, the report must be provided to the local ombudsman or local law enforcement agency. The mandated reporter must first report the incident by telephone, followed by a written report within two working days, using the form. See http://www.dss.cahwnet.gov/pdf/apscolist.pdf for a list of APS offices by county or http://www.aging.state.ca.us/html/programs/ombudsman_contacts.html for county ombudsman offices.

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be financial abuse, or is told by an elder or a dependent adult that he or she has experienced behavior constituting financial abuse, shall report the known or suspected instance of abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Officers and employees of financial institutions are mandated reporters of suspected financial abuse of an elder or dependent adult residing in California (WIC 15630.1). Financial abuse of an elder or dependent adult generally means the taking of real or personal property of an elder or dependent adult to a wrongful use, or assisting in doing so (WIC 15610.30). A mandated reporter who has direct contact with the elder or dependent adult, or who does not have direct contact but reviews or approves the elder’s or dependent adult’s financial documents, records, or transactions, and who reasonably believes that financial abuse has occurred, must report the incident by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency (WIC 15630.1(d)(1)).

IDENTITY OF THE REPORTING PARTY

The identity of all persons reporting suspected financial abuse shall be confidential and only disclosed among APS agencies, local law enforcement agencies, Long-Term Care Ombudsman (LTCO) coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney General, licensing agencies or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, the Office of the District Attorney, the Probate Court, and the Public Guardian, or upon waiver of the confidentiality by the mandated reporter or by court order.

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

GENERAL INSTRUCTIONS (Continued)

FAILURE TO REPORT
Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

WRITTEN REPORT
If any item of information is unknown, write "unknown" beside the item.

1. **Part A: Victim** Provide information as indicated to the extent known to you or available from financial institution records. If the apparent victim is residing at a location other than his or her address of record, indicate in "Present Location."

2. **Part B: Incident Information** Please check the appropriate box to indicate where the incident occurred. If the incident occurred at another location, please enter the address of the incident location.

3. **Part C: Reporter's Observations** Complete this part carefully and completely. Please include any of the following, as applicable:
   - Statements made by the apparent victim or the suspect;
   - Changes to banking patterns or practices; unusual account activity, such as large withdrawals or large wire transfers;
   - Abrupt changes to legal or financial documents, such as a power of attorney or trust instrument;
   - Sudden confusion by the apparent victim regarding his or her personal financial matters;
   - Repeated telephone calls to the financial institution by the apparent victim repeatedly asking the same question(s);
   - Establishment of unnecessary credit for the apparent victim himself or herself or another person;
   - Apparent victim's belief that he or she has won a lottery;
   - Observations regarding changes to the apparent victim's appearance or demeanor, etc.; or
   - Other concerns by the financial institution's officer or employee not listed above.

   Please attach additional pages, if necessary.

4. **Part D: Targeted Account** Complete information as indicated regarding the targeted account of the apparent victim. To ensure confidentiality, indicate only the last 4 digits of that account number. When making the report by telephone, the mandated reporter will be asked to provide the full account number. A trust account includes not only a Totten or informal trust arrangement through a deposit account, but also formal trust arrangements through a financial institution's trust department. If the apparent victim has other accounts with the financial institution, check "yes." If more than one account is affected, indicate on separate page.

5. **Part E: Suspect Information** This information is of particular importance to an agency's ability to conduct an investigation. Attach additional pages if more than one suspect is involved.

6. **Part F: Other Persons Believed to Have Knowledge of Abuse** This section is intended to identify any other persons who have knowledge of the incident(s).

7. **Part G: Telephone and written reports** This part shall be completed by the mandated reporter for statistical reporting to financial institutions, and county, state, and federal entities.

8. **Distribution of SOC 342 copies** The mandated reporter shall send the original and one copy to the appropriate agency, after the telephone report is made; keep one copy for the reporter's file. The receiving agency shall place the original copy in the case file and send a copy to the cross-reporting agency, if applicable. DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS OPERATIONS BUREAU.

APPENDIX 4: FLOW CHART

MANDATED REPORTER → Observes, has knowledge of or reasonably suspects abuse in a **Long-Term Care Facility**

Non-Physical Abuse

Abandonment, abduction, deprivation, financial abuse, isolation, mental suffering or neglect

AND

- IMMEDIATELY Or as soon as practically possible — **Phone Report** to Ombudsman OR Law Enforcement
- Within 2 working days — **Written Report SOC 341** to Ombudsman OR Law Enforcement

Physical Abuse

Serious Bodily Injury

AND

- IMMEDIATELY (9-1-1) — **Phone Report** to Law Enforcement
- IMMEDIATELY (Within 2 Hours) — **Written Report SOC 341** to Ombudsman AND Law Enforcement AND Licensing Agency

No Serious Bodily Injury

AND

- Within 24 Hours — **Phone Report** to Law Enforcement
- Within 24 Hours — **Written Report SOC 341** to Ombudsman AND Law Enforcement AND Licensing Agency

Caused by Resident diagnosed by physician with dementia **No Serious Bodily Injury**

AND

- IMMEDIATELY Or as soon as practically possible — **Phone Report** to Ombudsman OR Law Enforcement
- Within 24 Hours — **Written Report SOC 341** to Ombudsman OR Law Enforcement