Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR RESIDENTIAL PROVIDERS	POLICY 6.12

Authority:		
	Title 71A RCW	*Developmental Disabilities*
	Chapter 26.44 RCW	*Abuse of Children*
	Chapter 74.34 RCW	*Abuse of Vulnerable Adults*
	Chapter 388-101 WAC	*Certified Community Residential Services and Supports*
	Chapter 388-101D WAC	*Requirements for Providers of Residential Services and Supports*
	Chapter 388-825 WAC	*Developmental Disabilities Services*
	Chapter 388-826 WAC	*Out-of-Home Services for Children*
	Chapter 110-145 WAC	*Licensing Requirements for Group Care Facilities*
	Chapter 110-148 WAC	*Licensing Requirements for Child Foster Homes*

PURPOSE

This policy establishes reporting requirements and procedures for community residential providers regarding incidents that involve clients enrolled with the Developmental Disabilities Administration (DDA). This policy also addresses reporting allegations of suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment, and mistreatment.

SCOPE

This policy applies to the following DDA community residential providers, and their owners, administrators, employees, contractors, and volunteers:

For adults:

- Alternative living
- Companion homes
- Diversion bed programs
- Group homes

- Group training homes
- Overnight planned respite services for adults
- Stabilization, assessment, and intervention facility
- State-operated living alternatives
- Supported living

For children:
- Enhanced respite services
- Intensive habilitation services for children
- Child foster homes
- Group care facilities for medically fragile children
- Staffed residential homes
- State-operated living alternatives

DEFINITIONS

See Attachment A for a list of terms that apply to this policy.

POLICY

A. Provider owners, administrators, employees, contractors, and volunteers who have reasonable cause to believe there has been abuse, improper use of restraint, neglect, personal or financial exploitation, or abandonment of a client must follow the requirements of Chapters 26.44 RCW and 74.34 RCW and make a report to the Department of Social and Health Services (DSHS).

B. An allegation or suspicion of sexual or physical assault as outlined in this policy must also be reported to law enforcement.

C. Client injuries of unknown origin and allegations of self-neglect must also be reported according to this policy.

D. Each provider must have a designated person responsible for communication in each DSHS region in which they hold a contract. The provider must cooperate with DDA staff regarding inquiries about incidents, incident follow-up, and closure.

E. Each provider must develop a system for administrative review of reportable incidents to implement proper safeguards for all persons supported by the provider, as well as the provider's owners, administrator, employees, contractors, and volunteers. Refer to Procedures Section (C)(3) for more details. See Attachment C, *Incident Reporting Timelines,* for a list of reportable incidents.

F. A mandated reporter does not have to witness or have proof that an incident occurred. If there is reasonable cause to believe that a child or a vulnerable adult has been abused, improperly restrained, neglected, personally or financially exploited, or abandoned, a mandated reporter must make a report.

G. Failure to report is a gross misdemeanor under RCW 74.34.053. Any provider's owner, administrator, employee, contractor, or volunteer found to have knowingly failed to fulfill their mandatory reporting obligation will be reported to the appropriate law enforcement agency and may be prosecuted.

H. If a provider or a provider's owner, administrator, employee, contractor, or volunteer is being investigated by Adult Protective Services (APS), Child Protective Services (CPS), Division of Licensed Resources (DLR), Residential Care Services (RCS), or law enforcement, the provider must:

1. Take appropriate action to ensure the health and safety of DDA clients; and
2. Take appropriate administrative action upon receipt of the investigation findings.

I. Failure to report may result in disciplinary action or termination of the provider's contract.

PROCEDURES

A. **Mandatory Reporting of Abuse, Improper use of Restraint, Neglect, Self-Neglect, Personal or Financial Exploitation, Abandonment**

1. A provider's owner, administrator, employee, contractor, or volunteer who witnesses or has reasonable cause to believe an incident occurred must make a report themselves. A mandated reporter must report to APS, CPS, or the Complaint Resolution Unit (CRU) if they witness any of the following or suspect that any of the following have occurred:

    a. Abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment;

    b. Any physical or sexual assault;

    c. Physical or sexual abuse, neglect, or exploitation of a child; or

    d. An act that causes fear of imminent harm.

2. A mandated reporter must report to law enforcement if there is reason to suspect that any of the following has occurred against a DDA client:

   a. Sexual assault;

   b. Physical assault (non-client to client);

   c. Any act that causes fear of imminent harm; or

   d. Physical assault (client-to-client): Any alleged or suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:

      i. Injuries, such as bruises or scratches, that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;

      ii. Fractures;

      iii. Choking attempts;

      iv. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults; or

      v. Any client-to-client assault, regardless of injury, if requested by the client, the client's legal representative, or family member.

3. A mandated reporter must report to the coroner or medical examiner if there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment. See RCW 74.34.035(5).

4. For anyone professionally licensed by the Department of Health who is suspected of abuse, neglect, or exploitation of a vulnerable person, the mandated reporter must include the professional's name and date of birth in the incident report.

B. Incident Reporting Timelines

1. Incidents must be reported to DDA within the required timelines.

2. One-hour protocol incidents must be reported to the client's CRM by phone no

more than one hour after the provider becomes aware of the incident, or as soon as client safety has been established. If the client's CRM cannot be reached, the provider must contact the regional designee. For after-hour incidents, the provider must use the emergency contact protocol. (The region shares the protocol annually, or more frequently if there are changes.)

3. One-day protocol incidents require written notification within one business day after the provider becomes aware of the incident and an incident report within three business days. An incident report submitted within one business day will meet both the written notification requirement and the incident report requirement.

4. All incidents under the scope of this policy require written notification or an incident report to the client's case manager no more than one business day after the provider becomes aware of the incident. The written notification is based on the provider's immediate knowledge of the incident and must include:

   a. Who was involved in the incident;
   b. Where the incident occurred;
   c. The time and date of the incident;
   d. A description of the incident; and
   e. Initial actions taken to keep the client safe.

5. One-hour protocol incidents include:

   a. Alleged or suspected sexual abuse of a client.

   b. Missing client. A client is considered missing if:

      i. The client's assessed support level in their person-centered service plan (PCSP) is 4, 5, or 6, their whereabouts are unknown, and the client cannot be contacted for two hours, unless the client's DDA assessment or PCSP indicates a different time period;

      ii. The client's assessed support level in their PCSP is 1, 2, 3a, or 3b and the client is out of contact with staff for more time than is expected based on their typical routine, DDA assessment, or PCSP; or

      iii. A first responder, police officer, or community member locates the client and the provider was unaware that the client was gone.

c. Known media interest or litigation.

d. Choking. The client chokes on anything (e.g., food, liquid, or object) and requires physical intervention regardless of outcome.

e. Client arrested.

f. Death of a client.

i. A state-operated community residential provider must report all client deaths under one-hour protocol.

ii. All other providers in the scope of this policy must report suspicious or unusual client deaths under one-hour protocol.

Note: In addition to making the one-hour report, the provider must submit DSHS 10-331, *DDA Mortality Review Provider Report*, and all other required documentation as identified in the report, no more than seven days after a client’s death.

g. Injuries requiring hospital admission resulting from:

i. Suspected abuse or neglect; or
ii. An unknown origin.

h. Life-threatening, medically emergent condition.

i. Natural disaster or environmental condition threatening client safety or program operation.

j. Suicide.

k. Suicide attempt, which means a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior and which requires medical or psychiatric attention.

6. Additional one-hour protocol for state-operated community residential programs

The SOCR Director or designee must also report within one hour to the Deputy Assistant Secretary of Home and Community-Based Services the following incident types:

a. Every incident type that is listed above in subsection (5) under the one-hour protocol.

b. Alleged or suspected criminal activity by client resulting in law enforcement assigning a case number.

c. Hospital or nursing facility admission.

d. Injuries to a client:

i. Resulting from the use of a restrictive procedure or physical intervention technique;

ii. When there is reason to suspect the injury is the result of abuse or neglect;

iii. That are serious and require professional medical attention; or

iv. That are of an unknown origin and raise suspicion of possible abuse or neglect.

e. Mental health crisis resulting in inpatient admission to a state or local community hospital, psychiatric facility or evaluation and treatment center.

f. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor.

7. One-day protocol incidents include:

a. Alleged or suspected abuse, improper use of restraint, neglect, self- neglect, personal or financial exploitation, or abandonment of a client.

b. Alleged or suspected criminal activity by a client resulting in:

i. A case number being assigned by law enforcement;
ii. The client being taken into custody by law enforcement; or
iii. For juveniles, detainment in a juvenile correctional facility.

c. Alleged or suspected criminal activity perpetrated against a client.

d. Awareness that a client or the client's legal representative are contemplating permanent sterilization procedures.

e. Client-to-client physical assault that results in:

   i. Injuries (e.g., bruising or scratches) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;

   ii. Fractures;

   iii. Choking attempts;

   iv. A pattern of physical assault between the same clients or involving the same clients; or

   v. Reasonable cause to believe the act has caused fear of imminent harm.

f. Death of a client not reported under one-hour protocol.

   Note: For all client deaths, the provider must submit DSHS 10-331, *DDA Mortality Review Provider Report*, and all other required documentation as identified in the report no more than seven calendar days after the client's death.

g. Hospital or nursing facility admission not otherwise included under one-hour protocol incidents.

h. Injuries to a client:

   i. Resulting from the use of a restrictive procedure or physical intervention technique;

   ii. When there is reason to suspect the injury is the result of abuse or neglect;

   iii. That are serious and require professional medical attention; or

   iv. That are of an unknown origin and raise suspicion of possible abuse or neglect, such as:

A) The extent of the injury;

B) The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma);

C) The presence of multiple injuries;

D) Repeated injuries of unknown origin; or

E) Injuries inconsistent with client's condition, pattern of behavior, or routine.

i. Medication or nurse delegation error that:

i. Causes, or is likely to cause, injury or harm as assessed by a pharmacist, or medical or nursing professional; or

ii. A pattern of medication errors involving the same client or the same employee.

j. Mental health crisis resulting in inpatient admission to a state or local community hospital, psychiatric hospital, or evaluation and treatment center. Include the name of the hospital and the current discharge plan, if applicable.

k. Property damage caused by a client estimated at over $1,000.

l. Restrictive procedures implemented under emergency guidelines that are not described in the client's positive behavior support plan, as described in DDA Policy 5.15, *Use of Restrictive Procedures,* DDA Policy 5.17, *Physical Intervention Techniques,* DDA Policy 5.19, *Positive Behavior Support for Children and Youth,* and DDA Policy 5.20, *Restrictive Procedures and Physical Interventions for Children and Youth*.

m. Serious treatment or court order violations including:

i. Court-ordered conditions of release; and
ii. Community Protection Program treatment violations.

C. Documenting Incident Details, Initial Actions, and Follow-Up

1. The provider must provide an incident reporting form or tool that staff can use to

document incident details. DSHS 20-330, *Incident Reporting,* may be used for this purpose but is not required.

2. The provider must document any action taken, including specific actions intended to promote client health and welfare.

3. The provider's review of the incident must include, as applicable:

   a. Interviews with clients, staff, and other relevant parties;
   b. Review of related documentation, such as service plans;
   c. Collaboration with outside agencies or entities; and
   d. Identification of relevant regulations, procedures, and provider practices.

D. Requirements to Protect Clients Following an Allegation

1. Providers must:

   a. Support client health and welfare at all times; and

   b. Prevent an accused employee or volunteer from working unsupervised with clients during an ongoing investigation.

2. In some instances of egregious allegations of abuse, neglect, or exploitation, DDA may direct the provider to restrict the accused employee's access to any client within their agency as well as other agencies where the employee works.

   a. The DDA resource manager administrator or children's residential services program manager must make this request in writing. The provider must respond in writing to DDA to verify that the accused employee will not have any access to clients under the provider's contract.

   b. If the provider has completed an internal investigation, a report of the findings from the internal investigation must be sent to the DDA regional administrator or designee.

3. If DDA is aware of a disqualifying background check result or substantiated finding by DSHS against a provider's employee, DDA will work with the DSHS Background Check Central Unit (BCCU) to determine if any other DDA providers have run background checks on that person. DDA will notify other applicable residential agencies to follow their agency's process to run a new background check. When notified by BCCU of a disqualifying background check result or substantiated finding under WAC 388-113-0020, the provider must follow DDA

Policy 5.01, *Background Check Authorizations*.

E. **Provider Policies**

The provider must have written policies and procedures for:

1. Protecting clients in an emergency.

2. Addressing the provider's actions when an administrator, owner, operator, employee, or volunteer is accused of suspected abuse, improper use of restraint, neglect, personal or financial exploitation, or abandonment of a DDA client. These procedures must adhere to current laws, rules, and polices pertaining to abuse and neglect reporting.

3. Reporting incidents within defined reporting timelines to:

    a. People within the provider's agency;

    b. The client's legal representative, if applicable; and

    c. Authorities such as law enforcement, APS, CPS, Residential Care Services CRU, Division of Licensed Resources, and the Department of Health.

4. Notifying emergency services.

5. Protecting evidence when necessary.

6. Initiating an external review or investigation.

F. **Mandatory Reporting Requirements Form**

1. The provider must have each administrator, owner, operator, employee, volunteer, and contractor who provides instruction and support services, read and sign DSHS 10-403, *DDA Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult*, upon hire and annually thereafter. The provider must maintain the signed forms.

2. Upon notification by the resource manager, the provider owner or operator and administrator must review, sign, and submit to the DDA resource manager DSHS 10-403, *DDA Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult*, with the initial contract and annually thereafter. The resource

manager must maintain the signed forms in the contract file.

G. **Department Reporting Units**

1. Reporting to DDA

   Report to the client's assigned case manager, unless specifically noted otherwise. If there is an out-of-office email or voicemail, the provider must report to the person designated in the out-of-office reply.

2. Reports of abuse, neglect, or mistreatment involving children and youth age 18 to 21 in children's staffed residential homes and certified state-operated facilities providing 24-hour care for children

   Department of Children, Youth, and Families' Child Protective Services statewide number: 1-866-363-4276 (1-866-END-HARM)

3. Reports involving adults receiving services from a supported living, group home, or group training home provider

   Residential Care Services Complaint Resolution Unit: 1-800-562-6078; TTY 1- 800-737-7931
   Online reporting tool: Residential Care Services Online Incident Reporting

4. Reports involving adults living in their own homes without a supported living provider, or receiving services from a companion home or alternative living provider

   Adult Protective Services: Call 1-877-734-6277
   ALTSA online reporting tool: Report Concerns Involving Vulnerable Adults

EXCEPTIONS

Any exception to this policy must have the prior written approval of the deputy assistant secretary or designee.

SUPERSESSION

DDA Policy 6.12
Issued July 1, 2023

Approved: Date: February 1, 2024
Deputy Assistant Secretary
Developmental Disabilities Administration

Attachment A – *Definitions*
Attachment B – *Clarifying Examples of Abuse, Neglect, and Financial Exploitation*
Attachment C – *Incident Reporting Timelines*

ALTSA means the Aging and Long-Term Support Administration.

Adult Protective Services (APS) means the ALTSA Division that conducts investigations of reported incidents and may offer protective services to the alleged adult victim.

Child Protective Services (CPS) means the Department of Children, Youth, and Families unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services if the alleged victim is under 18 years of age.

Client means a person determined eligible for DDA and receiving services from the provider.

Complaint Resolution Unit (CRU) means the Residential Care Services (RCS) Division unit that takes a report of abandonment, abuse, neglect, exploitation, or financial exploitation when the alleged victim resides in a licensed facility or receives services from a supported living, group home, or group training home provider.

Division of Licensed Resources (DLR) means the Department of Children, Youth, and Families division that licenses out-of-home settings. DLR staff is also responsible to investigate reported licensing concerns when there has been a violation or allegation of violation of minimum licensing requirements. This includes group home providers, licensed staffed residential settings, and staff working at these facilities.

Good faith means a state of mind indicating honesty and lawfulness of purpose.

Injury of unknown origin means an injury that was not observed directly by an employee and the injury is not reasonably determined to be related to the client's condition, diagnosis, known and predictable interaction with surroundings, or related to a known sequence of prior events.

Mandated reporter means: an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator or an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; employees of domestic violence programs; Christian Science practitioner; or healthcare provider subject to Chapter 18.130 RCW [RCW 74.34.020]. Refer to RCW 26.44.030 for a list of people with a duty to report child abuse or neglect.

Professional medical attention means care beyond first aid provided by a medical professional, including primary care providers, paramedics, fire fighters, urgent care, or emergency room personnel.

Reasonable cause to believe means that the reporter, in making the report of abuse or neglect,

acts with good faith intent, judged in light of all the circumstances then present.

Residential Care Services (RCS) means the ALTSA division responsible for the licensing and oversight of adult family homes, assisted living facilities, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and certified community residential services and supports.

DEFINITIONS – CHILDREN (RCW 26.44.020)

Child or **Children** means any person under age 18.

Abuse or Neglect means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; **or** the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child.

Sexual Exploitation includes allowing, permitting, or encouraging a child to engage in prostitution by any person; **or** allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

Negligent Treatment or Maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 7.105.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself.

DEFINITIONS - VULNERABLE ADULTS (RCW 74.34.020)

Abandonment means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

Abuse means the intentional, willful, or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult which have the following

meanings:

> **Sexual abuse** means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under Chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under Chapter 71A.12 RCW, whether or not it is consensual.
>
> **Physical abuse** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.
>
> **Mental abuse** means any willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, intimidating, yelling, or swearing.
>
> **Personal exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another.
>
> **Improper use of restraint** means or the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that:
>
> 1. Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW;
> 2. Is not medically authorized; or
> 3. Otherwise constitutes abuse under this section.

Case manager means the Developmental Disabilities Administration case manager, social worker, or social service specialist.

Chemical restraint means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

Facility means a residence licensed or required to be licensed under Chapter 18.20 RCW, assisted living facilities; Chapter 18.51 RCW, nursing homes; Chapter 70.128 RCW, adult family homes; Chapter 72.36 RCW, soldiers' homes; or Chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department.

Financial exploitation means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by another person or entity for any person's or entity's profit or advantage other than the vulnerable adult's profit or advantage. Financial exploitation includes, but is not limited to:

1. The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

2. The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a legal representative appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

3. Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of their property, income, resources, or trust funds.

Mechanical restraint means any device attached or adjacent to the vulnerable adult's body that they cannot easily remove that restricts freedom of movement or normal access to their body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

Neglect means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; **or** (a) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

Physical restraint means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. Physical restraint does not include briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or holding a vulnerable adult's hand to safely escort them from one area to another.

Self-neglect means the failure of a vulnerable adult, not living in a facility, to provide for themself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home

care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

Vulnerable adult means a person age 18 or older who:

1. Is age 60 or older and has the functional, mental, or physical inability to care for themself;

2. Is found incapacitated under Chapter 11.88 RCW;

3. Has a developmental disability as defined under RCW 71A.10.020;

4. Is admitted to a licensed facility (i.e., boarding home, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS);

5. Is receiving services from home health, hospice or home care agencies licensed or required to be licensed under Chapter 70.127 RCW;

6. Is receiving services from an individual provider; or

7. Self-directs their own care and receives services from a personal aide under Chapter 74.39 RCW.

ATTACHMENT B

Clarifying Examples of Abuse, Neglect, Financial Exploitation, and Self-Neglect

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, exploitation, and self-neglect. **While many examples are straightforward, others may be less obvious and need to be considered in a larger context.**

A. Physical Abuse

- Biting
- Choking
- Kicking
- Pinching
- Pushing
- Shaking
- Shoving
- Prodding
- Slapping
- Striking or hitting with or without an object
- Twisting limbs (joint torsion)
- Causing or willfully allowing the person to do bodily harm to themselves or
- Causing or willfully allowing another client to physically harm them
- Corporal punishment
- Not allowing the client to eat, drink, or care for physical needs such as elimination
- Retaliation following a physical attack, verbal abuse, or unwelcome action by a client
- Using excessive force when restraining an agitated client
- Improper use of restraint

B. Sexual Abuse

- Any sexual contact between staff or volunteer of a facility and a client, whether or not it is consensual
- Inappropriate or unwanted sexual touching including but not limited to:
    - Fondling
    - Intercourse
    - Oral sex
    - Rape
    - Sodomy
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping

C. Unsolicited showing, selling, or otherwise distributing pornographic materials. An adult client has the right to purchase or access legal pornography.

D. Mental Abuse

- Coercion
- Harassment
- Inappropriately isolating a vulnerable adult from family, friends, or regular activity
- Making derogatory or disparaging remarks about a person and the person's family in front of the person or within hearing distance of any client
- Oral, written or gestural language threatening harm or intended to frighten clients
- Verbal assault such as ridicule, intimidation, yelling, or swearing

E. Neglect

- A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult
- An act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to:
    - Abandoning a client in situations where other persons, objects or the environment may injure the client
    - Failing to report to DDA or take action when the physical environment deteriorates to the point that a client is subject to hazardous situations, such as electrical, water, and structural hazards
    - Failure to promptly respond to known or identified medical emergencies or requests for medical treatment
    - Failure to follow prescribed treatments
    - Failure to respond to, or seek assistance for, clients in hostile or dangerous situations
    - Failure to supervise, resulting in a client wandering, missing, or running away
    - Willful failure to protect the client from physical abuse by another client or staff
    - Willful failure to protect a child from sexual contact with another child

F. Exploitation (Including Personal and Financial)

- An act of forcing, compelling, or exerting undue influence over a vulnerable adult causing them to act in a way that is inconsistent with relevant past behavior
- Using clients to perform work that should be done by paid employees
- Using client financial resources for personal gain or activities not related to client care

G. Self-neglect

Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as:

- Not eating enough food to the point of malnourishment
- Living in filthy, unsanitary, or hazardous conditions
- Refusing urgent medical care or a pattern of declining necessary medical care
- Refusing to pay for necessary or essential expenses, such as rent or utilities, resulting in

the loss of these services

ATTACHMENT C

INCIDENT REPORTING TIMELINES FOR CONTRACTED PROVIDERS

<table>
<tr><th>One-Hour Protocol*

Phone call to regional office within one hour followed by written notification within one business day and incident report within three business days</th><th>One-Day Protocol*

Written notification within one business day and incident report within three business days</th></tr>
<tr><td>1. Alleged or suspected sexual abuse of a client
2. Missing client
3. Known media interest or litigation must be reported to the regional administrator within one hour. If issue also meets other incident reporting criteria, follow with written IR within one business day
4. Choking when the client chokes on anything (e.g., food, liquid, or object) and requires intervention regardless of outcome
5. Client arrested
6. Suspicious or unusual death of a client
7. Injuries requiring hospital admission resulting from: suspected abuse or neglect, or an unknown origin
8. Life-threatening, medically emergent condition
9. Natural disaster or environmental condition threatening client safety or program operation
10. Suicide
11. Suicide attempt that requires medical or psychiatric attention</td><td>1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client
2. Alleged or suspected criminal activity by a client
3. Alleged or suspected criminal activity perpetrated against a client
4. Awareness that a client or the client's legal representative is contemplating permanent sterilization procedures
5. Client-to-client physical assault
6. Death of a client not reported under one-hour protocol
7. Hospital or nursing facility admission
8. Injuries to a client resulting from use of restrictive procedures or physical intervention techniques; when there is reason to suspect abuse or neglect; that are serious and require professional medical attention; or that are of an unknown origin and cause suspicion of abuse or neglect
9. Medication or nurse delegation errors
10. Mental health crisis resulting in inpatient admission to a state or local community hospital, psychiatric facility or evaluation and treatment center
11. Property damage by a supported living client
12. Restrictive procedure implemented under emergency guidelines
13. Serious treatment or court order violations</td></tr>
</table>

* See Procedures Sections "One-Hour Protocol" and "One-Day Protocol" for more detailed descriptions.

ATTACHMENT D

INCIDENT REPORTING TIMELINES

(State-Operated Community Residential Programs Only)

One-Hour Protocol Notifications

- Phone call to SOCR Deputy Director or, after hours, to on-call Director/Deputy;
- Phone call to DDA regional office/after hours number within one hour;
- Written notification to DDA regional office within one business day;
- GER within three business days.

1. **Alleged or suspected sexual abuse of a client**
2. **Missing client**
3. **Known media interest or litigation** must be reported to the regional administrator within one hour. If issue also meets other incident reporting criteria, follow with written IR within one business day
4. **Choking** when the client chokes on anything (e.g., food, liquid, or object) and requires intervention regardless of outcome
5. **Client arrested.**
6. **Death of a client**
7. **Injuries requiring hospital admission** resulting from: suspected abuse or neglect, or an unknown origin.
8. **Life-threatening, medically emergent condition**
9. **Natural disaster** or environmental condition threatening client safety or program operation
10. **Suicide**
11. **Suicide attempt** that requires medical or psychiatric attention

Additional One-Hour Protocol Notifications

- Phone call to SOCR Deputy Director or, after hours, to on-call Director/Deputy;
- Written notification/GER to DDA regional office within one business day;
- GER within three business days.

12. Alleged or suspected criminal activity by client resulting in law enforcement assigning a case number.
13. **Client Admission to a community or psychiatric hospital; an evaluation & treatment center; or a nursing facility.**
14. **Injuries to a client** resulting from use of restrictive procedures or physical intervention techniques; when there is reason to suspect abuse or neglect; that are serious and require professional medical attention; or that are of an unknown origin and cause suspicion of abuse or neglect
15. **Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor**

One-Day Protocol*

Written notification to regional office within one business day GER within three business days

1. **Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client**
2. **Alleged or suspected criminal activity perpetrated against a client**
3. **Awareness that a client or the client's legal representative is contemplating permanent sterilization procedures**
4. **Client-to-client** physical assault
5. **Medication or nurse delegation errors**
6. **Property damage**
7. **Restrictive procedure** implemented under emergency guidelines
8. **Serious treatment or court order violations**