

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF VULNERABLE ADULTS

Program Name: Personal Supports and/or Respite

I. PURPOSE

The purpose of this policy is to establish guidelines for the external and internal reporting and the internal review of maltreatment of vulnerable adults.

II. POLICY

Staff who are mandated reporters must report all of the information they know regarding an incident of known or suspected maltreatment, either externally or internally, in order to meet their reporting requirements under law. All staff of MRCI who encounter maltreatment of a vulnerable adult will take immediate action to ensure the safety of the person(s) served. Staff will define maltreatment of vulnerable adults as abuse, neglect, or financial exploitation and will refer to the definitions from Minnesota Statutes, section 626.5572 at the end of this policy.

Employees will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Minors* regarding suspected or alleged maltreatment of persons 17 years of age or younger.

III. PROCEDURE

- A. Staff of MRCI who encounter maltreatment of a vulnerable adult, age 18 or older, will take immediate action to ensure the safety of the person or persons. If a staff knows or suspects that a vulnerable adult is in immediate danger, they will call "911."
- B. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred, they must make a verbal report immediately (within 24 hours) either to the Common Entry Point (CEP) or internally to MRCI. Should the staff choose to make a report directly to an external agency, they must make the verbal report by calling the Common Entry Point.

The phone number for the Common Entry Point is: 1-844-880-1574

Website: mn.gov/dhs/reportadultabuse/

- C. LaDawn Albrecht, *Designated Coordinator* is the primary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Common Entry Point. If there are reasons to believe that the LaDawn Albrecht is involved in the alleged or suspected maltreatment, Julie Lux, *Designated Manager* is the secondary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Common Entry Point.

1. LaDawn Albrecht's contact information: We would need to change this
 - a. Phone: 507-386-5715
 - b. Email: jalbrecht@mrciworksource.org
 - c. Toll Free Number: 800-829-7110
2. Julie Lux's contact information:
 - a. Phone: 507-386-5745
 - b. Email: jlux@mrciworksource.org
 - c. Toll Free Number: 800-829-7110

- D. When verbally reporting the alleged or suspected maltreatment, either externally or internally, staff

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will include as much information as known and will cooperate with any subsequent investigation.

- E. For internal reports of suspected or alleged maltreatment, the person who received the report will:
 - 1. Contact the Common Entry Point if the report is determined to be suspected or alleged maltreatment.
 - 2. Inform the case manager within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The person who received the report will disclose to the case manager the:
 - a. Nature of the activity or occurrence reported
 - b. The agency that received the report
 - 3. Complete and mail the *Notification to an Internal Reporter* to the home address of the staff who reported the maltreatment within two working days in a manner that protects the reporter's confidentiality. The notification must indicate whether or not MRCI reported externally to the Common Entry Point. The notice must also inform the staff that if MRCI did not report externally and they are not satisfied with that determination, they may still make the external report to the Common Entry Point themselves. It will also inform the staff that they are protected against any retaliation if they decide to make a good faith report to the Common Entry Point on their own.
- F. When MRCI has knowledge that an external or internal report of alleged or suspected maltreatment has been made, an internal review will be completed. The *Designated Coordinator or Designated Manager* is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the *Designated Coordinator* is involved in the alleged or suspected maltreatment, the *Designated Manager* is the secondary individual responsible for ensuring that internal reviews are completed.
- G. The *Internal Review* will be completed within 30 calendar days. The internal MRCI staff person will:
 - 1. Ensure an *Incident and Emergency Report* has been completed.
 - 2. Contact the lead investigative agency if additional information has been gathered.
 - 3. Coordinate any investigative efforts with the lead investigative agency by serving as MRCI contact, ensuring that staff cooperate, and that all records are available.
 - 4. Complete an *Internal Review* which will include the following evaluations of whether:
 - a. Related policies and procedures were followed
 - b. The policies and procedures were adequate
 - c. There is a need for additional staff training
 - d. The reported event is similar to past events with the vulnerable adults or the services involved
 - e. There is a need for corrective action by the license holder to protect the health and safety of the vulnerable adult(s)
 - 5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.
- H. Based upon the results of the internal review, MRCI will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or MRCI, if any.
- I. Internal reviews must be made accessible to the commissioner immediately upon the

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commissioner's request for internal reviews regarding maltreatment.

- J. MRCI will provide an orientation to the internal and external reporting procedures to all persons served and/or legal representatives. This orientation will include the telephone number for the Common Entry Point. This orientation for each new person to be served will occur within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
- K. Staff will receive training on this policy, MN Statutes, section 245A.65 and sections 626.557 and 626.5572 and their responsibilities related to protecting persons served from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION:

651-431-6500

MINNESOTA STATUTES, SECTION 626.5572 DEFINITIONS

Subdivision 1. Scope.

For the purpose of section [626.557](#), the following terms have the meanings given them, unless otherwise specified.

Subd. 15. Maltreatment.

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 2. Abuse.

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

- (1) assault in the first through fifth degrees as defined in sections [609.221](#) to [609.224](#);
- (2) the use of drugs to injure or facilitate crime as defined in section [609.235](#);
- (3) the solicitation, inducement, and promotion of prostitution as defined in section [609.322](#); and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections [609.342](#) to [609.3451](#).

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable

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adult or the legal representative of the vulnerable adult; and

Subd. 9. **Financial exploitation.**

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section [144.6501](#), a person:

- (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
- (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 17. **Neglect.**

"Neglect" means:

The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.