



# Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

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## 1. Scope

This policy is for CANA employees/volunteers.

## 2. Terms and Definitions

Term	Definition
<b>Abuse</b>	<p>“Abuse” means:</p> <p>A. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:</p> <ol style="list-style-type: none"><li>1. assault in the first through fifth degrees as defined in sections 609.221 to 609.224;</li><li>2. the use of drugs to injure or facilitate crime as defined in section 609.235;</li><li>3. the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and</li><li>4. Criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.</li></ol> <p><i>A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.</i></p> <p>B. Conduct which is not an accident or therapeutic conduct as defined in this</p>

	<p>section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>• hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;</li> <li>• 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;</li> <li>• 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 adult or the legal representative of the vulnerable adult; and</li> <li>• use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.</li> </ul> <p>C. Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.</p> <p>D. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.</p> <p>E. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:</p> <ol style="list-style-type: none"> <li>1. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or</li> <li>2. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.</li> </ol>
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	<p>F. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.</p> <p>G. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:</p> <ol style="list-style-type: none"> <li>1. a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or</li> <li>2. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.</li> </ol>
<b>Accident</b>	<p>“Accident” means a sudden, unforeseen, and unexpected occurrence or event which:</p> <ol style="list-style-type: none"> <li>1. is not likely to occur and which could not have been prevented by exercise of due care; and</li> <li>2. if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.</li> </ol>
<b>Caregiver</b>	<p><b>Caregiver</b></p> <p>"Caregiver" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.</p>
<b>Common Entry Point</b>	<p><b>Common entry point</b></p> <p>"Common entry point" means the entity designated by the state responsible for receiving reports under section 626.557.</p>
<b>Facility</b>	<p><b>Facility</b></p> <p>A. "Facility" means a hospital or other entity required to be licensed under</p>

	<p>sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a residential or nonresidential facility required to be licensed to serve adults under sections 245A.01 to 245A.16; a home care provider licensed or required to be licensed under section 144A.46; a hospice provider licensed under sections 144A.75 to 144A.755; or a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651 to 256B.0656, and 256B.0659.</p> <p>B. For home care providers and personal care attendants, the term "facility" refers to the provider or person or organization that exclusively offers, provides, or arranges for personal care services, and does not refer to the client's home or other location at which services are rendered.</p>
False	<p><b>False</b></p> <p>"False" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.</p>
Final Disposition	<p><b>Final disposition</b></p> <p>"Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment under Laws 1995, chapter 229, is substantiated, inconclusive, false, or that no determination will be made. When a lead investigative agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether a facility was responsible for the substantiated maltreatment.</p>
Financial Exploitation	<p><b>Financial exploitation</b></p> <p>"Financial exploitation" means:</p> <p>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:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> </ol>

<p>Immediately</p> <p>Inconclusive</p> <p>Initial Disposition</p>	<p>adult.</p> <p>B. In the absence of legal authority a person:</p> <ol style="list-style-type: none"> <li>1. willfully uses, withholds, or disposes of funds or property of a vulnerable adult;</li> <li>2. obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;</li> <li>3. acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or</li> <li>4. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.</li> </ol> <p>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.</p> <p><b>Immediately</b></p> <p>"Immediately" means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.</p> <p><b>Inconclusive</b></p> <p>"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.</p> <p><b>Initial disposition</b></p> <p>"Initial disposition" is the lead investigative agency's determination of whether the report will be assigned for further investigation.</p> <p><b>Lead investigative agency</b></p> <p>"Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section 626.557.</p>
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	<p>A. The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section 144A.43, subdivision 4, and applies when care or services are delivered in the vulnerable adult's home, whether a private home or a housing with services establishment registered under chapter 144D, including those that offer assisted living services under chapter 144G.</p> <p>B. The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed as adult day care, adult foster care, community residential settings, programs for people with disabilities, family adult day services, mental health programs, mental health clinics, chemical dependency programs, the Minnesota sex offender program, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Human Services.</p> <p>C. The county social service agency or its designee is the lead investigative agency for all other reports, including, but not limited to, reports involving vulnerable adults receiving services from a personal care provider organization under section 256B.0659.</p>
Legal Authority	<p><b>Legal authority</b></p> <p>"Legal authority" includes, but is not limited to: (1) a fiduciary obligation recognized elsewhere in law, including pertinent regulations; (2) a contractual obligation; or (3) documented consent by a competent person.</p>
Mandated Reporter	<p><b>Maltreatment</b></p> <p>"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.</p> <p><b>Mandated reporter</b></p> <p>"Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the</p>

<p>Neglect</p>	<p>commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.</p> <p><b>Neglect</b></p> <p>"Neglect" means:</p> <ol style="list-style-type: none"> <li>1. 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: <ul style="list-style-type: none"> <li>• 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</li> <li>• which is not the result of an accident or therapeutic conduct.</li> </ul> </li> <li>2. The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.</li> <li>3. For purposes of this section, a vulnerable adult is not neglected for the sole reason that: <ol style="list-style-type: none"> <li>A. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration in a parental manner or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by: <ul style="list-style-type: none"> <li>• a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or</li> <li>• a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or</li> </ul> </li> </ol> </li> </ol>
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	<p>B. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;</p> <p>C. the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:</p> <ul style="list-style-type: none"> <li>• a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or</li> <li>• a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or</li> </ul> <p>D. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or</p> <p>E. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:</p> <ul style="list-style-type: none"> <li>• the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;</li> <li>• if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;</li> <li>• the error is not part of a pattern of errors by the individual;</li> <li>• if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;</li> <li>• if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and</li> <li>• if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.</li> </ul>
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<p>Report</p>	<ul style="list-style-type: none"> <li>• vii. Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.</li> </ul> <p>4. If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c).</p> <p><b>Report</b></p> <p>"Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter at the time the statement is made.</p> <p><b>Substantiated</b></p> <p>"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.</p> <p><b>Therapeutic conduct</b></p> <p>"Therapeutic conduct" means the provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.</p> <p><b>Vulnerable adult</b></p> <p>"Vulnerable adult" means any person 18 years of age or older who:</p> <ol style="list-style-type: none"> <li>1. is a resident or inpatient of a facility;</li> <li>2. receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually</li> </ol>
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	<p>dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);</p> <p>3. receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or</p> <p>4. regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:</p> <ul style="list-style-type: none"> <li>• that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and</li> <li>• because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.</li> </ul> <p>A. For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.</p>
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### 3. Policy Details

All incidents must be reported within 24 hours of the incident or within 24 hours of when CANA became aware of the incident.

A. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another client receiving services.

It is the policy of this DHS licensed provider (program) to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

### 4. Procedures

#### A. Who should report suspected maltreatment of a vulnerable adult?

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

## **B. Where to report - You can make an external or an internal report.**

1. You may make an external report to the **state-wide** Common Entry Point in which the suspected maltreatment occurred:

**844-880-1574**

2. You may make an internal report to your program manager.

If this person is involved in the alleged or suspected maltreatment, you must report to your program director.

## **C. Internal report**

1. When an internal report is received, the Program Director is responsible for deciding if a report to the Common Entry Point is required. If that person is involved in the suspected maltreatment, program director will assume responsibility for deciding if the report must be forwarded to the Common Entry Point.

2. The report must be completed as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the common entry point, you may still make an external report to the Common Entry Point. It must also inform you that you are protected against retaliation by the program if you make a good faith report to the Common Entry Point.

## **D. What to report**

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572. Current definitions are attached to this policy.

2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

## **E. Failure to Report**

A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

## **F. Internal Review**

1. When the program has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults.

2. The internal review must include an evaluation 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; and
- e. There is a need for corrective action by the program to protect the health and safety of vulnerable adults.

## **G. Primary and secondary person or position to ensure internal reviews are completed**

**The internal review will be completed by the Program Manager.**

If this individual is involved in the alleged or suspected maltreatment, the internal review will be completed by the Program Director.

## **H. Documentation of the internal review**

The program must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

## **I. Corrective action plan**

Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the program, if any.

## **J. Orientation for persons receiving services**

1. The program shall provide an orientation to the internal and external reporting procedures to all persons receiving services. The orientation shall include the telephone number for the Common Entry Point. A person's legal representative must be notified of the orientation.

2. The program shall provide this orientation for each new person 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 training**

The program shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the program's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

The program must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

**THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.**

Policy reviewed and authorized by:

\_\_\_\_\_

Print name & title Signature

Date of last policy review: \_\_\_\_\_ Date of last policy revision: \_\_\_\_\_

Legal Authority: Minn. Stat. §§§§§ 626.557; 626.5572; 245A.65; 245A.04, subd. 14; 245D.09, subd. 4 (5)