

## SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING

### PURPOSE

The purpose of this policy is to establish procedures for reporting abuse of elder or dependent adults who present as outpatients or inpatients from any source at UCLA Medical Center.

### POLICY

Any administrator, supervisor, employee, licensed staff, or volunteer (“Mandated Reporters”) who witnesses or suspects that an “elder” or “dependent adult” is being or has been “abused” must report suspected cases to the county Adult Protective Services agency. For purposes of this Policy, the Mandated Reporter shall report abuse to the Clinical Social Worker (“CSW”) who shall report the abuse as required by law, to the Adult Protective Services agency. (See the Attachments to this policy for Definitions and Indicators of Abuse). All employees, including those in unsalaried categories, must sign a statement that they understand and will comply with the elder abuse reporting requirements under California law. (See Attachment C – Elder or Dependent Adult Abuse Reporting Statement and *California Welfare and Institutions Code § 15630*).

### PROCEDURE

#### I. Reporting Procedures

A. **What to Report:** A Mandated Reporter must report to the Clinical Social Worker any of the following Incidents of Abuse that he or she observes in his or her professional capacity or within the scope of his or her employment:

1. Any incident that he or she has observed or has knowledge of that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect; or
2. If an elder or dependent adult says that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect; or
3. If he or she reasonably suspects abuse.

#### B. **Exceptions (No Reporting)**

If a Mandated Reporter is a physician, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, he or she is not required to report Incidents of Abuse where 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, or neglect;
2. The Mandated Reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred;
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 his/her clinical judgment, the Mandated Reporter reasonably believes that the abuse did not occur.

**C. Call Department of Clinical Social Work:** All Incidents of Abuse are to be reported directly to the Clinical Social Worker (“CSW”) assigned to the designated service. As in child abuse cases, police involvement is at the discretion of the CSW, in consultation with Adult Protective Services.

1. During regular workday hours, (8 a.m.-5 p.m. Mon-Fri), calls should be made to ext. 57171 to the CSW assigned to the respective service.
2. From 5 p.m. to midnight, the CSW will be available for consultation. After midnight and Saturdays, Sundays & Holidays, calls should be referred to the on-call Clinical Social Work management person through the Page Operator at (310) 825-6301.
3. THE ELDER ABUSE HOTLINE NUMBER for information or inquiries about the appropriate district office is 1-800-992-1660.

**D. Social Work Responsibilities:**

1. The CSW should conduct an interview with the patient, the patient's family members and/or significant other(s) to complete an in-depth evaluation and assessment. A full assessment of the person and the situation should be made. The assessment should be charted in the medical record with a copy for both the inpatient and outpatient medical record. The physician caring for the patient and the patient's family and/or primary care giver must be contacted to discuss the assessment and mandatory reporting guidelines. The family should also be informed of the Clinical Social Work interventions and referrals that will be provided.
2. For elder or dependent adults in long-term care facilities or board and-care facilities, reports must be made to the Long-Term Ombudsman Coordinator. To contact the appropriate ombudsman, call 1-800-334-9473. All other reporting and paperwork procedures remain the same. If the patient is hospitalized, the case will be assigned to the appropriate CSW on the admitting service.

3. Follow-up responsibility by the assigned CSW includes:
  - a. Follow-up phone call to the Adult Protective Services unit to determine what action has been taken.
  - b. Review of the home situation with the Adult Protective Services worker and any other community agency that may have become involved.
  - c. Notation in the patient's medical record documenting the follow-up information.
  - d. If the abused elder or dependent adult is not hospitalized and is not followed by an outpatient clinic, but was seen in the EMC, the EMC Social Worker will follow-up to insure contact with the appropriate agencies.

#### E. **Reporting**

The report shall be made by telephone immediately or as soon as practically possible, and by written report sent within two working days of the telephone report. Reports shall be made to the long-term care ombudsman coordinator or to a local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility, or to the county adult protective services agency or to a local law enforcement agency when the abuse is alleged to have occurred anywhere else. Where two or more Mandated Reporters have knowledge of a known or suspected Incidents of Abuse, the telephone report shall be made by a member of the team selected by mutual agreement, and a single report shall be made and signed by the designated member of the reporting team. Any member who has knowledge that the designed member has failed to report shall thereafter make the report.

1. **Telephone Report:** The telephone report shall include the following:
  - a. Name of person making the report.
  - b. Name, address, and age of the elder or dependent adult.
  - c. The present location of the elder or dependent adult.
  - d. Any information that led the reporting person to suspect that abuse has occurred.
  - e. Nature and extent of the elder's or dependent adult's condition, if known.
  - f. The date of the incident.
  - g. Names and addresses of family members or any other person responsible for the elder's/dependent adult's care.

2. **Written Report (SOC 341):** The written report shall be completed for each victim and each Incident of Abuse using the form adopted by the Department of Social Services as required under *California Welfare and Institutions Code §15638 (a)(1)(2)*. This form is referred to as SOC 341, Dependent Adult Abuse Form. General instructions for completion are listed on the reverse side of the form. Reporting forms are located in the Clinical Social Work Department, and in the Emergency Medicine Center.

The written report shall include all areas highlighted on the Report of Suspected Dependent Adult/Elder Abuse Form. In the narrative section of the form, the following should be included:

- (1) Any information that led the reporting person to suspect that abuse has occurred, including name of the person, title or relationship, (RN,MD, daughter etc), if different from the reporting party.
- (2) Nature and extent of the elder's/dependent adult's condition if known.
- (3) Brief narrative, explanation or clarification of any information pertinent to the incident.

## II. Reporting Responsibilities

- A. The elder abuse reporting duties are individual, and, no supervisor or administrator may impede or inhibit the reporting duties. No person making such a report shall be subject to any sanction for making the report. However, the Medical Center may establish internal procedures to facilitate reporting, ensure confidentiality and notify supervisors and administrators of reports, provided these procedures are not inconsistent with California law.
- B. No Mandated Reporter who reports a known or suspected instance of elder or dependent adult abuse shall be civilly or criminally liable for any report he/she is required or permitted to make under law.
- C. Any Mandated Reporter who fails to report physical abuse, abandonment, isolation, financial abuse, or neglect of an elder or dependent adult (“Incidents of Abuse”) which he or she knows to exist or reasonably should know to exist, is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, by a fine not exceeding \$1,000.00 or by both fine and imprisonment. Any Mandated Reporter who willfully fails to report, where that abuse results in death or great bodily injury, is punishable by not more than one year in a county jail or by a fine of not more than five thousand dollars (\$5,000.00) or by both that fine and imprisonment. (*California Welfare and Institutions Code §15630 (h)*).
- D. Reports made under the law are confidential and may be disclosed only to the agencies specified. Violation of the confidentiality provisions is a misdemeanor, punishable by imprisonment in the County jail not exceeding six months, by a fine of not more than \$500.00 or by both fine and imprisonment. (*California Welfare and Institutions Code §15633, 15633.5, and 15634*).

**FORMS**

Elder/Dependent Adult Abuse Report Form – State of California Form - SOC 341

**REFERENCES**

California Welfare and Institutions Code, Sections 15600, 15602, 15610, 15630, 15631, 15632, 15633, 15633.5, 15634, 15635, 15637, and Penal Code, Section 368.

Adult Protective Services

**APPROVAL**

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**ATTACHMENT A****DEFINITIONS**

**“Abuse of an elder or dependent adult”** means: 1) physical abuse, 2) neglect, 3) financial abuse, 4) abandonment, 5) isolation, 6) abduction, 7) other treatment with resulting physical harm or pain or mental suffering, or 8) the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

1. **“Physical abuse”** includes all of the following:
  - a) Assault, as defined in Section 240, the Penal Code.
  - b) Battery, as defined in Section 242, the Penal Code.
  - c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined by Section 245 of the Penal Code.
  - d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
  - e) Sexual assault, which means any of the following:
    1. Sexual battery, as defined in Section 243.4 of the Penal Code.
    2. Rape, as defined in Section 261 of the Penal Code.
    3. Rape in concert, as described in Section 264.1 of the Penal Code.
    4. Spousal rape, as defined in Section 262 of the Penal Code.
    5. Incest, as defined in Section 285, the Penal Code.
    6. Sodomy, as defined in Section 286, the Penal Code.
    7. Oral copulation, as defined in Section 288a of the Penal Code.
    8. Penetration of a genital or anal opening by a foreign object as defined in Section 289 of the Penal Code.
  - 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 the instructions of a physician and 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; or
    3. For any purpose not authorized by the physician and surgeon.
2. **“Neglect”** means either of the following:
  - a) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.
  - b) The negligent failure of the person themselves to exercise that degree of care that a reasonable person in a like position would exercise.
  - c) Neglect includes, but is not limited to, all of the following:
    1. Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
    2. Failure to provide medical care for physical and mental health needs.  
(However, no person shall be deemed neglected or abused for the sole

reason that he/she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.)

3. Failure to protect from health and safety hazards.
4. Failure to prevent malnutrition or dehydration. (This does not include cases in which it has been appropriately determined that withholding of fluids and food is appropriate care.)
5. Self neglect through failure of a person to provide the needs specified in above paragraphs (1) to (4), inclusive, for themselves due to ignorance, illiteracy, incompetence, mental limitation substance abuse, or poor health.

3. **“Financial abuse”** means a situation in which one or both of the following apply:

- a) A person, including, but not limited to, one who has the care or custody of, or who stands in a position of trust to, an elder or a dependent adult, takes, secretes, or appropriates their money or property, to any wrongful use, or with the intent to defraud.
- b) A situation in which all of the following conditions are satisfied:
  - 1) An elder (who would be a dependent adult if he or she were between the ages of 18 and 64) or dependent adult or his or her representative requests that a third party transfer to the elder or dependent adult or to his or her representative, or to a court appointed receiver, property that meets all of the following criteria:
    - (i) The third party holds or has control of the property.
    - (ii) The property belongs to , or is held in express trust, constructive trust or resulting trust for, the elder or dependent adult.
    - (iii) The ownership or control of the property was acquired in whole or in part by the third party or someone acting in concert with the third party from the elder or dependent adult at a time when the elder or dependent adult was a dependent adult or was a person who would have been a dependent adult if he or she had then been between the ages of 18 and 64.
  - 2) Despite the request for the transfer of property, the third party without good cause either continues to hold the property or fails to take reasonable steps to make the property readily available to the elder or dependent adult, to his or her representative or to a court appointed receiver.
  - 3) The third party committed acts described in this paragraph in bad faith. A third party shall be deemed to have acted in bad faith if the third party either knew or should have known that the elder or dependent adult had the right to have the property transferred or made readily available. For purposes of this subdivision, a third party should have known of this right if, on the basis of the information received by the elder or dependent adult, or the elder or dependent adult’s representative, it is obvious to a reasonable person that the elder or dependent adult had this right.

For purposes of this section, the term “third party” means a person who holds or has control of property that belongs to or is held in express trust, constructive trust or resulting trust for an elder or dependent adult.

For the purposes of this section, the term “representative” means an elder or dependent adult’s conservator of the estate, or attorney-in-fact acting within the authority of the power of attorney.

4. **“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.
5. **“Isolation”** includes 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, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
  - c) False imprisonment, as defined in Section 236 of the Penal Code.
  - d) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.

The acts set forth in paragraph (a) shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician licensed to practice medicine in the State of California, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

The acts set forth in paragraph (a) shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.
6. **“Abduction”** means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraining from returning to this state, of any conservatee without the consent of the conservator or the court.
7. **“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.
8. **“Goods and services which are necessary to avoid physical harm or mental suffering”** include, but are not limited to, the following:

1. The provision of medical care for physical and mental health needs.
2. Assistance in personal hygiene.
3. Adequate clothing.
4. Adequately heated and ventilated shelter.
5. Protection from health and safety hazards.
6. Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.
7. Transportation and assistance necessary to secure any of the needs set forth above.

**“Adult protective services”** means those preventive and remedial activities performed on behalf of elders and dependent adults who are unable to protect their own interests; harmed or threatened with harm; caused physical or mental injury due to the action or inaction of another person or their own action as a result of ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health; lacking in adequate food, shelter, or clothing; exploited of their income and resources; or deprived of entitlement due them.

**“Adult protective services agency”** means a county welfare department including members of support staff and maintenance staff. Persons who do not work directly with elders or dependent adults as part of their official duties are not part of the adult protective services agency.

**“Care custodian”** means an administrator, employee, or volunteer of the Medical Center, INCLUDING persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff. (California Welfare & Institutions Code §15610.17)

**“Dependent adult”** means any person residing in California, 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. A dependent adult includes, but is not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age; also any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility as defined by Sections 1250, 1250.2 and 1250.3 of the Health and Safety Code (Welfare and Institutions Code, Section 15610).

**“Elder”** means any person residing in California, 65 years of age or older.

**“Health Practitioner”** means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, optometrist, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed 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. In addition, a health practitioner includes any emergency medical technician I or II, paramedic, a 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 employee who treats an elder or dependent

adult for any condition, a coroner, or a religious practitioner who diagnoses, examines, or treats elders or dependent adults.

**“Local law enforcement agency”** means a city police or county sheriff’s department, or a county probation department, except persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff.

**“Management Person On-Call”** means a Clinical Social Work Manager who is available for phone consultation from midnight to 8 a.m., seven days a week.

**“Mandated Reporter”** (in the Medical Center) means all administrators, supervisors, employees, licensed staff, and volunteers, whether or not the person receives compensation.

**“Patient’s rights advocate”** means a person who has no direct or indirect clinical or administrative responsibility for the patient, and who shall be responsible for ensuring that laws, regulations, and policies on the rights of the patient are observed.

## ATTACHMENT B

### Indicators of Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. The physical assessment of abuse should be done by a physician or trained health practitioner.

Physical Indicators	
<ul style="list-style-type: none"> <li>• Bruises, welts, discoloration, swelling</li> <li>• Cuts, lacerations, puncture wounds</li> <li>• Pale appearance</li> <li>• Sunken eyes, hollow cheeks</li> <li>• Pain or tenderness on touching</li> <li>• Detached retina</li> <li>• Soiled clothing or bed</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of hair/bleeding scalp</li> <li>• Dehydration/malnutrition without illness-related cause</li> <li>• Evidence of inadequate care (e.g. untended bed sores, poor skin hygiene)</li> <li>• Evidence of inadequate or inappropriate administration of medication</li> <li>• Burns: May be caused by cigarettes, flames, acids, or friction from ropes</li> <li>• Signs of Confinement (tied to furniture, bathroom fixtures, locked in a room)</li> <li>• Lack of bandages on injuries or stitches when indicated, or evidence of unset bones</li> </ul>

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room, and/or hospital or health care "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect.

Behavioral Indicators From the Victim	Indicators From the Family/Caregiver
<ul style="list-style-type: none"> <li>• Fear</li> <li>• Withdrawal</li> <li>• Depression</li> <li>• Helplessness</li> <li>• Resignation</li> <li>• Anger</li> <li>• Denial</li> <li>• Ambivalence/contradictory statements not due to mental dysfunction</li> <li>• Conflicting accounts of incidents by the family, supporters, victim</li> </ul>	<ul style="list-style-type: none"> <li>• Elder or dependent adult not given the opportunity to speak for him or herself or to see others without the presence of the caregiver (suspected abuser)</li> <li>• Absence of assistance, indifference or anger toward the dependent person</li> <li>• Family member or caregiver "blames" the elder or dependent adult (e.g., accusation that the incontinence is a deliberate act)</li> <li>• Aggression (threats, insults, harassment)</li> <li>• Previous history of abuse to others</li> <li>• Problems with alcohol or drugs</li> <li>• Social isolation of family or isolation or restriction of activity of the elder or dependent adult within the family unit</li> <li>• Reluctance to cooperate with service providers in planning for care</li> </ul>

**Indicators of Possible Financial Abuse**

- Unusual interest in the amount of money being expended for the care of the person
- Refusal to spend money on the care of the person
- Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills
- Missing clothing, jewelry, or other items
- Recent will when the person is clearly incapable of making a will
- Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney
- Activity in bank accounts that is inappropriate to the person, e.g. withdrawals from automated banking machines when the person cannot walk or get to the bank
- Recent change of title of house in favor of a "friend" when the person is incapable of understanding the nature of the transaction
- Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such needs
- Checks and other documents signed when the person cannot write

**Indicators of Possible Self Neglect**

- Inability to manage personal finances, e.g. hoarding, squandering, giving money away or failure to pay bills
- Inability to manage activities of daily living, including personal care, shopping, meal preparation, housework, etc.
- Suicidal acts, wanderings, refusing medical attention, isolation, substance abuse
- Lack of toilet facilities, utilities or animal infested living quarters (dangerous conditions)
- Rashes, sores, fecal/urine smell, inadequate clothing, malnourished, dehydration, etc.
- Change in intellectual functioning, e.g. confusion, inappropriate or no response, disorientation to time and place, memory failure, incoherence, etc.
- Not keeping medical appointments for serious illness

**ATTACHMENT C****ELDER AND DEPENDENT ABUSE REPORTING REQUIREMENTS  
EMPLOYEE ACKNOWLEDGE FORM***(California Welfare & Institutions Code §15659)*

Section 15630 of the California Welfare and Institutions Code requires health care practitioners and elder or dependent adult care custodians who, within the scope of their employment or professional capacity, have observed or have knowledge of an incident that reasonably appears to be elder or dependent abuse, to report such information to the Los Angeles County Adult Protective Services Agency. (*"Care Custodian" is defined as an administrator, employee, or volunteer of the Medical Center, INCLUDING persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff.*)

**A report must be made when the person:**

- (1) Observes or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect;
- (2) Is told by an elder or dependent adult that he or she has experienced behavior constituting any type of such abuse; or
- (3) Reasonably suspects any type of such abuse.

**Exceptions (No Reporting):** A physician, surgeon, registered nurse or psychotherapist (Mandated Reporter) is not required to report an incident where ALL of the following exist:

- (i) 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, or neglect;
- (ii) The Mandated Reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred,
- (iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of court-ordered conservatorship because of a mental illness or dementia; and
- (4) In the exercise of clinical judgment, the Mandated reasonably believes that the abuse did not occur.

Abuse of an elder or dependent adults means: physical abuse, neglect, financial abuse, abandonment, isolation, abduction, other treatment with resulting physical harm or 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. (See Medical Center Policy No. 0022 for definitions, specific instructions for reporting Elder or Dependent Adult Abuse and Indicators of Abuse.)

The report must be made immediately or as soon as practically possible, by telephone to the Elder Abuse Hotline 1-800-992-1660. A written report (State of California Form SOC 341) must be sent within two working days.

I hereby attest that I have knowledge of Section 15630 of the Welfare and Institutions Code and understand my obligation to report elder and dependent adult abuse as described above an in Section 15630, and will ffill this obligation.

DATE: \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
[Print Name]