

Elder abuse, neglect not easy to spot

About 2.1 million older Americans are victims of physical, psychological or other form of abuse and neglect. Long-term care facilities should provide a nurturing and safe environment to protect elders.

Elder abuse is a failure to protect our elderly. It is often a hidden problem. As our elder population increases, the abuse will certainly grow. According to the Elder Abuse Center, for every case of elder abuse and neglect that is reported to authorities, there are as many as five cases that have not been reported.

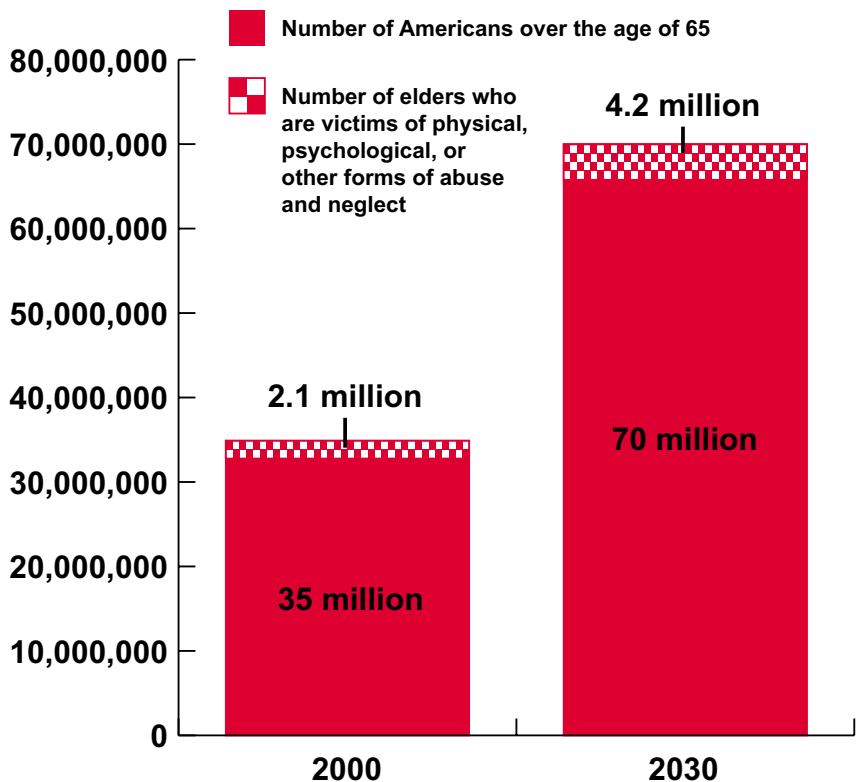
Anyone providing care for the elder population should become aware of elder abuse--how to recognize abuse, formulate policy to deal with abusive situations, develop a "no-tolerance policy" for abuse, educate residents, families and staff about abuse and know the treatment and prevention of elder abuse.

It is not surprising that elders who have been abused tend to die earlier than those not abused, even in the absence of chronic conditions or life-threatening disease.

A key to spotting abuse is taking the time to look for signs.

Maggie is 75 and suffers from arthritis and congestive heart failure. She lives alone in a senior apartment building and has an agreement with the building management for personal care aide services. Maggie depends on the personal care aide to visit daily to

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Source: Administration on Aging

Types of abuse

- Physical abuse - Intentional infliction of physical harm of an older person. The abuse can range from slapping to beatings to excessive forms of physical restraints.
- Emotional/Psychological abuse - Intentional infliction of mental and/or psychological distress to an elder.
- Sexual abuse - Any sexual activity for which the older person does not consent or is incapable of giving consent.
- Material/Financial abuse - The misuse, misappropriation and/or exploitation of an older adult's material (e.g., possessions, property) and/or monetary assets.
- Neglect - The refusal or failure to fulfill any part of a person's obligation or duties to an elder. It is a failure to provide life necessities.
- Abandonment - The desertion of an elderly person by an individual who has assumed responsibility for providing care.
- Violations of basic rights - Depriving the older person of the basic rights that are protected under state and federal law ranging from privacy to freedom of religion.

Customers have claim reporting responsibilities

Although the long-term care industry carefully monitors events and unusual occurrences with incident reports, operators are often unaware of their reporting responsibilities to their insurance company. Whether a claim is workers' compensation, property, liability or auto, many of the responsibilities are the same.

The customer's duties to the insurance company include, but are not limited to:

1. Promptly notify the insurance claims department of the claim or situation that can lead to a claim.
2. Notify the appropriate authorities when required. If an event involves a crime or abuse, report it to the police. If abuse or neglect is involved or if medical care is needed, follow your state's reporting requirements.
3. Protect property and people. Protect property from further damage. For example, if roof tiles are ripped off during a windstorm and there is leaking, cover the roof with a tarp to

prevent additional damage. Protect people from harm. If the leaking roof causes a resident's bed to become wet, the resident needs to be placed out of harm from falling debris or becoming wet.

4. Cooperate with the insurance company. The insurance company might send out investigators, representatives and other authorities to obtain pertinent information about the claim.
5. Timely notify the insurance claims department of any additional information.

Prompt reporting of workers' compensation ensures prompt payment of wage and medical benefits. It also gives the insurance company time to identify compensability of the claim and to verify the facts of the incident.

If you fear legal action might arise from an accident or incident or if you have been served with a summons or complaint, please notify the insurance company immediately. You should not wait until a lawsuit is filed.

Early reporting to the insurance company is essential to capture the best information and promotes prompt investigation and professional guidance.

Much of the information that needs to be furnished to the insurance company can be found on an incident report form concerning residents, employees and visitors. Claim forms assist you in communicating the appropriate information to the insurance company. There are different forms for each type of claim: property loss, accident loss (nonauto), auto accident and workers' compensation. Completing these forms provides all of the information needed to process a claim.

Church Mutual provides its claim forms online at www.churchmutual.com/claims. Claims can be filed online or forms can be downloaded and printed, filled out and either mailed or faxed. Church Mutual also accepts claims by phone. ■

Extended period of indemnity lengthens coverage

In the last two issues, I've written about a couple of different time element coverages. The first was business income coverage, which pays for your loss of income during the time your facility is being rebuilt or repaired when damaged by a covered cause of loss. The second coverage was extra expense, which will pay you the actual and necessary extra expenses you incur when your building is being repaired or rebuilt.

Both of these coverages only pay during the period of restoration. The period of restoration begins the date your building is damaged by a

covered peril and ends on the date when your building should be repaired, rebuilt or replaced with reasonable speed and similar quality.

Why should this concern you?

If your contractor is taking an extremely long time in completing your building, your business income coverage could end before your building is repaired or rebuilt. For example, if the repairs should take three to four months to repair but the contractor takes six months, coverage might not be available during the last two months.

Also, after your facility is damaged, it is realistic that some of your residents will move to another facility and elect not to return to your facility. This has an impact on your income once you reopen if you are not able to immediately replace those residents.

Although coverage halts when the period of restoration ends, you do have an option to lengthen the coverage period. Extended period of indemnity is a type of time element coverage that can help you manage this risk. The coverage will continue to pay business income after the period of

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assist with routine tasks around the house and to assist her in bathing. A home health care agency provides nursing care services. The nurse comes once or twice a week to monitor heart function and assist with medication administration.

At first, the personal care aide was sweet to Maggie. Lately, the aide has started to ignore Maggie's requests, snapping at her and bumping her with the mop or vacuum while cleaning. The nurse has noted unexplained bruises on Maggie. She suspects possible abuse.

Elder abuse is the infliction of physical, emotional or psychological harm on an older adult. Elder abuse can also take the form of financial exploitation, sexual abuse or intentional or unintentional neglect of an older adult by the caregiver.

In 1987, amendments to the Older American Act defined three categories of elder abuse:

- Domestic abuse generally refers to maltreatment of an older person by someone who has a special relationship with the elder. Perpetrators are often family members.
- Institutional abuse refers to any form of abuse that occurs in residential facilities for the older person (group home, board and care, assisted living, nursing homes, etc.). Perpetrators are usually persons who have a legal or contractual obligation to provide elders with care and protection.
- Self-neglect or self-abuse is characterized as the behavior of an elderly person that threatens his/her own health and safety. This is manifested by the refusal or failure to provide adequate food, water, clothing, shelter or personal hygiene. This excludes the mentally competent adult who understands the consequences

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Indicators of abuse

Physical

- Signs of trauma (scratches, cuts, burns, punctures, choke marks)
- Signs of restraint trauma (rope burns, gag marks, welts)
- Injury - particularly if repeated
- Hypothermia, pain upon being touched
- Repeated "unexplained" injuries
- Inconsistent explanation of injuries
- Injuries a caregiver failed to disclose
- A history of emergency room "shopping"
- Delay of treatment for injuries

Emotional/Psychological

- Verbal assaults, insults, threats, intimidation, humiliation, harassment
- Psychological signs: ambivalence, passivity, shame, withdrawn, anxiety, depression, hopelessness, helplessness, thoughts of suicide, confusion, disorientation
- Behavioral signs: trembling, clinging, cowering, lack of eye contact, evasiveness, agitation, hypervigilance, an elder's report of being verbally or emotionally mistreated

Sexual

- Trauma to the genital area
- Unexplained venereal disease
- Unexplained vaginal or anal bleeding
- Torn, stained or bloody under-clothing
- Infections/unusual discharge or smell
- Indicators common to psychological abuse
- An elder's report of being sexually assaulted or raped

Material/Financial

- Unusual banking activity (switching of accounts, large withdrawals)
- Bank statements no longer come to the older adult

- Documents being drawn for the elder to sign, but the elder cannot explain or understand the purpose of the papers
- The living situation does not commensurate with the size of the elder's estate
- The caregiver only expresses concern regarding the financial status of the older person
- The sudden appearance of previously uninvolved relatives claiming their right to an elder's affairs and possessions
- The provision of services that are not necessary

Neglect

- Signs of malnourishment
- Chronic health problems
- Dehydration
- Pressure sores
- Unattended or untreated health problems
- Unsanitary or unclean living conditions
- Hazardous or unsafe living conditions (improper wiring, no heat, no running water)
- An elder's report of being mistreated

Abandonment

- The desertion of an elder at a hospital, a nursing facility or an institution
- The desertion of an elder at a shopping center or other public location
- An elder's report of being abandoned

Violation of Basic Rights

- Caregiver withholds or reads the elder's mail
- Caregiver intentionally obstructs the older person's religious observances
- Caregiver has removed all doors from the elder's room
- The elder is not given the opportunity to speak without the caregiver being present
- Overmedication or sedation

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of their decision and makes a conscious or voluntary decision to engage in acts that threaten health or safety as a personal choice.

There is no single pattern of abuse. Sometimes the abuse is a continuation of long-standing patterns of physical or emotional abuse within the family. More commonly, the abuse is related to changes in living situations brought on by the older person's growing frailty and dependence on others for meeting basic needs and companionship. Elders who are ill, frail, disabled, mentally impaired or depressed are at greater risk of abuse.

Contributing factors to elder abuse include caregiver stress, dependency and/or impairment of the dependent elder, external stress, social

isolation, intergenerational history of violence and personal problems of the abuser.

Caregivers need to learn the potential indicators of elder abuse. *(See story on page 3)* As many of the indicators can occur as a result of a disease condition or medication, the appearance of these should prompt further investigation to determine and remedy the cause.

The most important step in the prevention and education of elder abuse is to recognize that no one should be subjected to violent, abusive, humiliating or neglectful behavior. Oftentimes, abuse goes undetected when it involves victims who have little social contact or support from families or caregivers. If abuse is suspected, encourage counseling and treatment to cope

with personal and financial problems that might be contributing to abuse.

Long-term care facilities must have policies in place for the reporting of abuse and creating a safe environment for the elderly. Recognize that some personalities are more difficult to deal with than others. This might take creative staffing and counseling on a regular basis to develop tactics to best deal with a resident. Be sure to utilize the community resources available. Local clergy, social services, adult protective services and the area agency on aging are places to begin.

For more information, call the National Center on Elder Abuse at 202-898-2586 or visit their Web site at www.elderabusecenter.org. ■

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restoration is over. The coverage can extend business income coverage after the period of restoration in 30-day increments up to 360 days. The coverage is designed to keep your income at preloss levels to keep your business viable.

For example, if your facility had 30 residents before the covered

loss occurred but only 15 residents returned, the business income coverage would pay for the lost income of the 15 residents who didn't return.

It is important to make sure you have adequate limits to meet your potential business income needs. Without proper limits, you could run out of coverage and still

have a need for your income to be subsidized by this coverage.

To get more information on extended period of indemnity coverage or help you determine if you have adequate coverage, please contact your insurance representative. ■

By Jim Mootz



Long-Term Care Connection is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

For more information on receiving *Long-Term Care Connection* or to submit a comment or story idea, please call Karen Pederson at 1-800-554-2642, Extension 4459, or send her an e-mail at kpederson@churchmutual.com.

For information on products and services available through Church Mutual Insurance Company, please call your regional representative at 1-800-554-2642, Option 1.

Production Staff

Editor: Rick Schaber

Writers: Karen Pederson, RN, BSN
Jim Mootz, Long-Term Care Underwriting Coordinator

Document Services: Mary Akey and Michelle English

Distribution: Tammy Gruling

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3000 Schuster Lane,
Merrill, WI 54452
1-800-554-2642
www.churchmutual.com