

To: Mandatory Reporters for Residents of Long Term Care Facilities

From: Dorian Long  
Program Administration Manager, DSS Social Work Services

Date: August 15, 2018

Re: Review of Procedures and Mandated Reporting Form (W-410)

This memo is to update procedures and requirements regarding Connecticut General Statutes § 17a - 408 through 17a - 412 (Formerly § 17b - 403 through § 17b - 407), which stipulate that suspected abuse, neglect, exploitation or abandonment of a resident in a long-term care facility be reported to the Commissioner of the Department of Social Services (effective 7/1/99).

Statutes require any mandatory reporter who has reasonable cause to suspect or believe that a long term care resident has been abused, neglected, exploited or abandoned, report this information, or cause a report to be made, to the Social Work Division of the Department of Social Services within 72 hours of the incident.

The following definitions from the CGS §17b - 450 pertain to this reporting requirement:

*Abuse* "...includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical or mental health."

*Neglect*" refers to the failure or inability of an elderly person to provide him or herself the services which are necessary to maintain physical and mental health or the failure to provide or arrange for provision of such necessary services by a caregiver."

*Exploitation* "...refers to the act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal, or other benefit, gain or profit."

*Abandonment* "...refers to the desertion or willful forsaking of an elderly person by a caregiver or foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person."

CGS § 17a - 412 presently lists Mandatory Reporters as "...Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, and any registered nurse, licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, physical therapist, long-term care facility administrator, nurse's aide or orderly in a long-term care facility, any person paid for caring for a patient in a long-term care facility, any staff person employed by a long-term care facility and any person who is a sexual assault counselor or a domestic violence counselor ." CGS § 17b - 451 additionally includes psychologists and any patients' advocates as Mandated Reporters.

We receive numerous reports of resident-to-resident altercations. Incidents between residents need only be reported when the LTC facility has made a determination that the resident who is the alleged "abuser" has the capability to take such action "intentionally, knowingly or recklessly" or, in the case of neglect, a person is acting with "criminal negligence."

CGS Chapter 950\* Penal Code: General Provisions § 53a-3 defines violations to the law as:

A person acts “intentionally” with respect to a result or to conduct described by a statute defining an offense when his conscious objective is to cause such result or to engage in such conduct.

A person acts “knowingly” with respect to conduct or to a circumstance described by a statute defining an offense when he is aware that his conduct is of such nature or that such circumstance exists.

A person acts “recklessly” with respect to a result or to a circumstance described by a statute defining an offense when he is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregarding it constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation.

A person acts with “criminal negligence” with respect to a result or to a circumstance described by a statute defining an offense when he/she fails to perceive a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that the failure to perceive it constitutes a gross deviation from the standard of care that a reasonable person would observe in the situation;

Incidents meeting this legal standard, as a potential crime must be reported to the police.

The determination of a resident’s capability to form intent should be made consistent with normal assessments of a resident’s condition and capabilities. Incidents among residents, which do not constitute abuse, should be addressed through facility assessment and care planning and incident reports to the State of Connecticut Department of Public Health as required by federal and state law.

As a reminder, per CGS § 17a - 408 through § 17a – 412 the Office of the Long Term Care Ombudsman should continue to receive complaints directly from residents, family members or others acting on behalf of the resident. The facility should assist the resident in accessing the services of the Ombudsman.

Reports should be filed using the W-410 “Mandated Reporting Form for Long Term Care Facilities” that is attached. This memo in no way impacts your reporting obligation to the Connecticut Department of Public Health.

If you have questions regarding the content of this memo, please call the Social Work Division at 1-888-385-4225. As a reminder, the fax number to send reports to is 860-424-5091. Telephone reports are not acceptable. Thank you.

Attachment

cc: Connecticut Department of Public Health

State LTC Ombudsman



**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
SOCIAL WORK SERVICES**

55 Farmington Avenue,  
Hartford, CT 06105-3730  
Phone: 1--888-385-4225  
Fax: 860-424-5091

W-410  
(Rev 7/18)

**MANDATED REPORTER FORM FOR LONG TERM CARE FACILITIES**

<b>Resident in Need of Protection Being Referred</b>		
Last Name: _____	First Name: _____	M.I.: _____
Date of Birth: ____/____/____	S.S. #: ____/____/____	Age: _____
<b>Long Term Care Facility</b>		
Name of Long Term Care Facility: _____		
Facility Address: _____		
Contact Person: _____		
Telephone: (     ) _____ Fax: (     ) _____		
Report of Suspected: _____ Abuse            _____ Neglect            _____ Exploitation            _____ Abandonment Date of incident (if known): _____ Relationship of the alleged perpetrator to the resident (i.e. family, facility staff, other resident, etc.): _____ _____		
Who Has Been Notified / Involved? _____ CT Department of Social Services    _____ CT Department of Public Health    _____ State or Local Police		
If this is a resident/family complaint, has an offer been extended to contact the Long Term Care Ombudsman on their behalf? Yes, offer to contact LTC Ombudsman was extended <input type="checkbox"/> No; offer to contact LTC Ombudsman was not extended <input type="checkbox"/> Was offer to contact LTC Ombudsman accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide information regarding the nature and extent of the situation and any other details which might be helpful in investigating the case and protecting the resident. _____ _____ _____		
Investigation pending and summary to follow. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral/Reporter Information: Name: _____ Address: _____ Telephone: (     ) _____ Fax: (     ) _____ Relationship to the Resident: _____ Date of Report: _____ Does the Reporter Wish to be: <input type="checkbox"/> Anonymous <input type="checkbox"/> Identified		

**Note: Incidents between residents need only be reported when the facility has determined that the resident has the capability to act intentionally, knowingly or recklessly, in accordance with definitions contained in CGS Penal Code § 53a-3.  
TELEPHONE REPORTS ARE NOT ACCEPTABLE**