Administrator Program
Tuesday, November 18, 2025
12:30pm-2:00pm

6a. Abuse, Neglect & Exploitation

Presented by:
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Abuse, Neglect, and Exploitation

REQUIREMENTS FOR REPORTING AND INVESTIGATING ALLEGATIONS

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ComPassion Personal Care & ComPassion At Home

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Learning Objectives

The participant will be able to:

1. locate the definitions for abuse, neglect and exploitation in home and community support services agencies.
2. adhere to reporting requirements including time frames and methods.
3. **list the required elements of an abuse, neglect and exploitation investigation, including documentation requirements.**
4. differentiate self-reported incidents from agency reported complaints for protection of clients.

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Why This Matters

- Protects the health, dignity, and safety of vulnerable Texans.
- Legal requirement: Texas Health & Safety Code & Texas Administrative Code.
- Failure to act can result in harm, agency liability, fines, and loss of license.
- Builds trust with families and communities.

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Regulations

TEXAS STATE LICENSING STANDARDS

All Categories

Title 26 Texas Administrative Code (TAC) Chapter 558

26 TAC §558.249 (relating to Self-Reported Incidents of Abuse, Neglect, and Exploitation)

26 TAC §558.282 (relating to Client Conduct and Responsibility and Client Rights)

26 TAC §558.287 (relating to Quality Assessment and Performance Improvement)

FEDERAL CONDITIONS OF PARTICIPATION

Hospice:

- §418.52 Condition of Participation: Patient's Rights
- §418.58 Condition of Participation: Quality assessment and performance improvement.

Home Health:

- § 484.50 Condition of Participation: Patient rights.

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Client versus Patient

STATE LICENSING REGULATIONS	FEDERAL CONDITIONS OF PARTICIPATION
Client	**Patient**
An individual receiving home health, hospice, or personal assistance services from a licensed home and community support services agency. This term includes each member of the primary client's family if the member is receiving ongoing services.	The Medicare beneficiary or other individual receiving services from the home health or hospice agency.

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Policy Requirement

Home and Community Support Services Agencies must adopt and enforce a written policy relating to the agency's procedures for investigating complaints and reports of abuse, neglect, and exploitation.

Timeliness:

Immediately upon witnessing the act or upon receipt of the allegation, an agency must initiate an investigation of known and alleged acts of ANE by agency employees, including volunteers and contractors.

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What is Cause to Believe?

Cause to Believe

An agency knows, suspects, or receives an allegation regarding abuse, neglect, or exploitation

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What is Abuse, Neglect and Exploitation

Abuse

The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish verbal, mental, sexual, or physical

This includes abuse facilitated or enabled through the use of technology

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What is Abuse?

Abuse Definitions

The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish

Title 40 Chapter 705 Texas Administrative Code (state.tx.us) Current licensing standards. Chapter 11 is no longer in effect.

Also… intimidation or cruel punishment with resulting physical or emotional harm or pain to the alleged victim

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Helpful Investigation Definitions

Helpful definitions are in 40 TAC §705.101 (related to How are the terms in this chapter defined?)

- Adult
- Child
- Alleged victim
- Alleged perpetrator
- Alleged victim/perpetrator
- Ongoing relationship

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Forms of Abuse

40 TAC §705.103 (relating to How is abuse defined?)

Verbal

Mental

Sexual

Physical

Abuse facilitated or enabled using technology

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Verbal Abuse

CMS Definition includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.

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Mental Abuse

CMS Definition includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.

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Sexual Abuse

Sexual abuse of the alleged victim, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Texas Penal Code, Section 21.08, (indecent exposure) or Texas Penal Code, Chapter 22, Assaultive Offenses.

CMS Definition includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

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Physical Abuse

CMS Definition includes, but is not limited to, hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

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Technology-Facilitated or Enabled Abuse

Technology-facilitated abuse is the misuse of digital systems, such as smartphones, tablets, or other Internet-connected devices to harm individuals.

Examples:

- Filming a client or patient without consent
- Taunting or harassing a client through text or phone calls
- Posting abusive messages or images of or about the client or patient

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Neglect

Neglect is the failure to provide goods and services necessary to avoid physical harm or mental anguish.

When a Nurse's responsibility to the client begins

Allowing a client to choose fewer services than are ordered or recommended is not neglect

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Exploitation

The Conditions of Participation calls this Misappropriation of Patient Property

Exploitation means the deliberate misplacement, [exploitation], or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent or through coerced consent.

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Examples

Abuse:

Hitting, slapping, pinching, or unnecessary restraint.

Verbal threats, humiliation, or intimidation.

Exploitation:

Stealing money, cashing checks, pressuring client for gifts.

Neglect:

Not assisting with meals, hygiene, or medications.

Leaving client unattended when supervision is required.

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Signs and Indicators

Physical Abuse:

- Unexplained bruises, burns, or fractures.
- Sudden fear of caregiver.

Exploitation:

- Missing money or possessions.
- Unpaid bills despite adequate income.

Neglect:

- Poor hygiene, malnutrition, pressure sores.
- Unsafe or unsanitary living environment.

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Injuries of Unknown Source

The Conditions of Participation indicate this as a reportable incident.

An injury should be classified as an “injury of unknown source” when both of the following conditions are met:

The source of the injury was not observed by any person or the source of the injury could not be explained by the patient; and

The injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time.

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Staff Responsibilities

- Treat all clients with dignity and respect.
- Follow care plans and agency protocols.
- Report concerns immediately—do not wait for proof.
- Maintain confidentiality while ensuring safety.

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Agency Best Practices

Staff training and re-training.

Background checks for employees.

Strong supervision and communication.

Clear reporting policies.

Foster a culture of safety and accountability.

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Who is Responsible for Reporting?

Thoughts?

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Who is Responsible for Reporting?

Short answer:
All staff, volunteers and contractors working on behalf of the agency

Refer to Texas Human Resources Code, Chapter 48 (relating to Investigations and Protective Services for Elderly Persons and Persons with Disabilities)

48.052. (relating to Failure to Report; Penalty.) A person commits an offense if the person has cause to believe that an elderly person or person with a disability has been abused, neglected, or exploited or is in the state of abuse, neglect, or exploitation and knowingly fails to report

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Who is Responsible for Ensuring ANE Reporting Occurs?

§558.243 (relating to **Administrative and Supervisory Responsibilities**) Administrator responsibilities

- administratively supervise the provision of quality care to agency clients
- supervise to ensure implementation of agency policy and procedures
- employ or contract with qualified personnel
- ensure adequate staff education and evaluations
- supervise and evaluate client satisfaction survey reports on all clients served.

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Assignment of the Reporting Task

The administrator may assign the task of reporting to another staff member.

There should be policies and procedures and a formal assignment.

Ensure a signed job description for the task in staffing records.

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Reporting Abuse, Neglect and Exploitation

As of September 1, 2023, the State Agency requires **all** abuse, neglect, and exploitation allegedly involving an employee, volunteer, or contractor of the agency to be reported to:

Health and Human Services Commission – Complaint and Incident Intake (CII)

In an effort to streamline the reporting and investigation process, home and community support services agencies no longer report to the Department of Family and Protective Services under these circumstances.

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How to Make the Abuse, Neglect, or Exploitation Report

Submit online through the TULIP Portal:

https://txhhs.force.com/TULIP/s/

Send an e-mail to CII at:

ciicomplaints@hhs.Texas.gov

Call the CII Hotline: 1-800-458-9858

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Case Scenarios (Interactive)

Scenario 1: A client shows repeated bruising but says 'I just fall a lot.' What should you do?

Scenario 2: $200 missing from a client's wallet after another staff shift. What steps are required?

Scenario 3: Client left in bed all day without meals. What's the correct response?

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Educating Clients for Reporting

Complaint & Incident Intake | Texas Health and Human Services

Inform clients and individuals to call 1-**800-458-9858** to report suspected abuse or neglect of people who are older or who have disabilities.

You can call this number to report abuse that occurs in licensed facilities such as nursing facilities, assisted living facilities, intermediate care facilities for individuals with intellectual disabilities

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Investigation of ANE Allegations

The agency must have a formal process for documenting and investigation of ANE allegations.

What form or format is being used?

What log is being used to capture vital facts?

How does the agency ensure reports are made within 24 hours?

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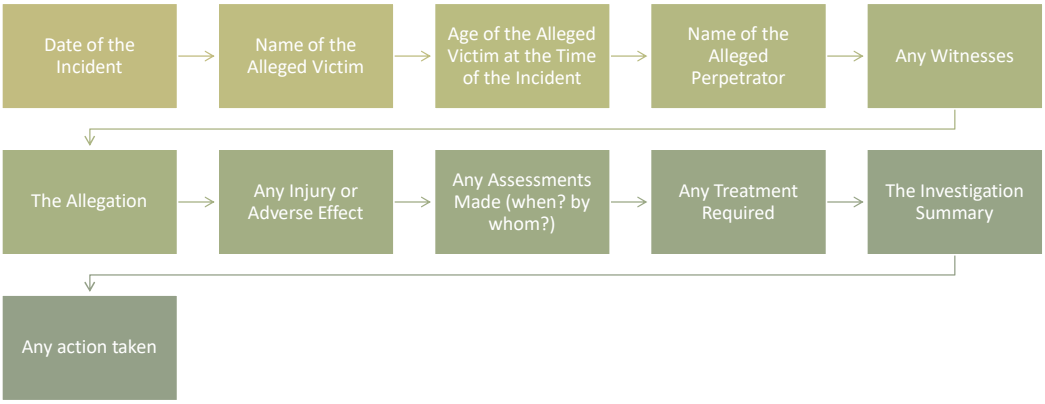
Vital Facts



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Provider Investigation Report Form

For each report of abuse, neglect or exploitation involving an employee, volunteer or contractor of the agency, there must be a completed form on file in the agency.

Find the Provider Investigation Report Form on the HHSC Website: https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/3613/3613.pdf

Even though you make the report in TULIP, complete the 3613 Form.

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Elements of the Provider Investigation Form

The Immediate Response

Investigation Summary

Investigation Findings

- Confirmed
- Unconfirmed
- Inconclusive
- Unfounded

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Elements of the Investigation Report Form

Are there multiple or even known perpetrators?

Description of Injury and Assessment

Agency Action Post Investigation

Sign and date the Form!

Maintain documentation at the agency

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Timelines for Completion of the Investigation

The Provider Investigation Form must be submitted within 10 days

The complaint investigation must be completed within 30 days

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Reports When the Alleged Perpetrator is Not in a Licensed Facility or Agency

Call the Texas Abuse Hotline at 1-800-252-5400 or make a report online through the Department of Family and Protective Services' secure website

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Mitigating Citations When Abuse, Neglect or Exploitation Occurs

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What is within the agency's control?

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Within the Agency's Control

- Complete, accurate policy and procedure for ANE and complaints and grievances
- Implemented the policy: Training: administrator, other agency leaders, staff, clients, interested parties
- Documentation demonstrating compliance
- Knowing the regulations and requirements
- Posting or written communication of the requirements: client rights, agency responsibilities, how to report
- Investigate thoroughly, according to regulations and policy, and timely
- Coordination by the interdisciplinary team and planning to mitigate neglect
- Plan of care, care plan, interdisciplinary plan/coordination of services
- Quality Assessment and Performance Improvement: Plan of corrections

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Self-Neglect

What is Self-Neglect?

Why is this an important discussion point in home care?

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Self-Neglect (in a general sense)

Self-neglect occurs when an individual fails to provide for themselves whatever is necessary to prevent physical or emotional harm or pain.

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Signs of Self-Neglect

Obvious malnutrition not attributed to the trajectory of a terminal or life-limiting illness.
Being physically unclean or unkempt
Excessive fatigue and listlessness
Dirty or ragged clothing
Unmet medical or dental needs
Refusing to take medication or disregarding medical restrictions
Living environment in a state of filth or dangerous disrepair
Unpaid utility bills or lack of utilities
Lack of food or medications

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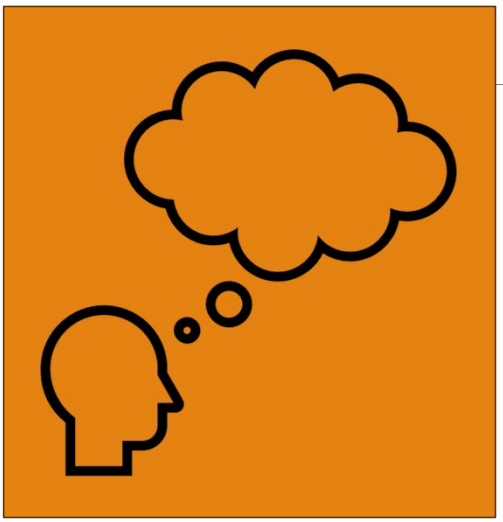

What are the Causes of Self-Neglect

Thoughts?

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What are the Causes of Self-Neglect?

- Depression, which can distort a person's world view
- Lack of motivation to participate in life
- Loneliness and isolation
- Unexpressed emotions such as anger/rage, frustration, grief
- Addiction (drugs, alcohol, hoarding behavior)
- Sacrifices for children, grandchildren, others at the expense of self-care needs
- Mental and physical illness

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System of Discussing Self-Neglect Allegations

- Professional responsibility
- Administrator should engage the supervising nurse (if applicable)
- Administrator and Supervisor in a personal assistance services
- In hospice, interdisciplinary team/group involvement
- Ethical responsibility to client/patient needs and self-direction/self-determination

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Decision-making Capacity

In supportive palliative care and in hospice, the decision-making capacity of the client/patient is determined by the physician; and is aided by registered nurse assessments and care coordination through an interdisciplinary approach.

The four types of decision making:

1. Directed decision making
2. Delegated decision making
3. Devolved decision making
4. Displaced decision making

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Abuse, Neglect or Exploitation in a Facility

Requirement to report

Decision to investigate to rule out any agency involvement

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When the Alleged Perpetrator is Family, Friend, Other

Report to Department of Family and Protective Services only

Provide as much information as you know

As preproperate, report to authorities or encourage the client to call authorities

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Recap

- ANE by employee, volunteer or contractor
  - Agency Documentation
  - Agency Investigation
  - Agency Resolution and Action
- ANE in a licensed facility
- ANE in facility not requiring licensing
- ANE by a community member
- Self-Neglect

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Who has Questions?

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Thank You

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Thank You

"Protecting vulnerable Texans is not just a requirement—it's our responsibility."

Bradley Madison, Administrator

ComPassion Personal Care & ComPassion at Home

Email: bradleym.cpcs@yahoo.com

Phone: 806-722-4900

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Agency Investigation Report

Checklist

Complaint Investigation Timeframes				
Initiated:			Completed:	
ANE (Check One)		Abuse	**Non-ANE Allegation** (Describe)	
		Neglect		
		Exploitation		

Complaint Investigation Elements Documented	
	The name and title of the investigator
	The date the complaint was received or cause to believe was met
	The date the report was completed
	If there is a complaint, the date of the complaint and name of the employee/client who complained
	If there is no complaint, how and when the agency learned of the issue/incident
	Name and demographics of the client
	Client history
	Employee, volunteer or contractor history of same or similar incidents
	Number of total clients affected
	A summary of the incident(s) under investigation, from the complainant or other information that caused the agency to investigate

Complaint Investigation Elements Documented	
	A summary of any actions taken before the investigation began, such as placing an employee on leave, changing an employee's reporting relationship, reassigning the employee, or calling in an independent investigator
	Assessment of the client
	Any injuries, treatment necessary, follow-up, changes to the plan of care, care plan or ISP
	When the investigation was initiated, including the reasons for delaying any part of the investigation (if applicable)
	Who was interviewed
	The date and time of each interview
	The names of any witnesses interviewed and those not chosen for interview, and the reasons for that decision
	What documents or other evidence were gathered/reviewed
	Where documents or evidence were found (for example, in an employee's personnel file, in the client's home, provided by the complainant)
	When documents or evidence were gathered
	Conclusions and reasons for them, including a summary of the witnesses' statements and any other facts considered in relation to the incident(s) under investigation
	Any important issues left unresolved. Include the date when these expect to be resolved, such as outstanding interviews

Complaint Investigation Elements Documented	
	Investigator recommendations for action or the actions taken as a result of the investigation (for example, discipline against the wrongdoer or workplace training)
	Clear statement as to findings: confirmed, unconfirmed, unfounded, inconclusive
Notes for Reviewer	

Investigator Name: _____

Investigation Reviewer: _____