



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: REPORTING KNOWN OR SUSPECTED  
PATIENT ABUSE OR NEGLECT**

**Policy No.: B708  
Supersedes: May 3, 2018  
Revision Date: July 7, 2022  
Page: 1 of 12**

### **PURPOSE:**

To outline the procedures for mandatory reporting of known or suspected or alleged patient abuse.

### **POLICY:**

All Rancho workforce members employed or assigned to work at Rancho are considered mandated reporters of abuse or negligence to the appropriate agency. A report must be made for any of the following:

- Has observed or has knowledge of an incident that reasonably appears to be physical or sexual abuse, abandonment, abduction, isolation, financial abuse, or neglect; or
- Is told by patient, family, or significant other that patient has experienced behavior constituting physical or sexual abuse, abandonment, abduction, isolation, financial abuse or neglect; or
- Reasonably suspects abuse or neglect.

Reporting is the individual observer's responsibility. No supervisor or administrator may prohibit the filing of a required report nor should the individual rely on others to report. The individual will not be subject to discipline for reporting in good faith.

### **DEFINITIONS:**

**1. Abuse** is an infliction of physical or psychological harm including physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment 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.

**Physical Abuse:** includes any of the following:

- Assault
- Battery
- Assault with deadly weapon or force likely to produce great bodily injury
- Unreasonable physical constraint, or prolonged continual deprivation of food or water
- Sexual assault including sexual battery, rape, rape in concert, spousal rape, incest, sodomy, oral copulation, sexual penetration, lewd or lascivious act, physical exploitation, and sex trafficking.
- Use of physical or chemical restraint or psychotropic medication for punishment or for a period beyond instruction by medical provider, or for any purpose not authorized by physician

**Neglect:** includes any of the following:

- Failure of caregiver to exercise degree of care that a reasonable person would exercise.
- Failure of elder or dependent adult to exercise self-care. This also includes persons with poor cognitive functions, mental limitation, substance abuse or chronic poor health.

EFFECTIVE DATE: December 8, 1992

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- Failure to assist in personal hygiene, or in the provision of food, clothing or shelter
- Failure to provide medical care of physical and mental health needs.
- Failure to protect from health and safety hazards.
- Failure to prevent malnutrition or dehydration.

**2. Elder** is a person 65 years of age or older.

**3. Dependent Adult** is a person between ages 18 to 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities. This also includes any person between the ages 18-64 who is admitted as an inpatient in an acute care hospital.

**4. Child** is a person under the age of 18 years.

**PROCEDURE:**

**A.** Any Rancho workforce member who observes or suspects abuse or is informed by patient or family of patient experienced abuse must follow these steps:

1. **Ensure patient safety or address patient's medical needs**
2. **Notify the campus Sheriff at extension 57042.**
3. **Notify the patient's physician.**
4. **Notify immediate supervisor or designee.**
5. **Document information and actions in the medical records.**
6. **Enter an online event notification report.**
7. **Supervisor or designee to complete Security Incident Report (SIR) Form**
8. Supervisor or designee to obtain affidavits as indicated.
9. If workforce member is suspected or accused:
  - a. Supervisor or designee must notify Human Resources
  - b. Accused workforce member may be removed from patient care pending completion of investigation
  - c. Supervisor to notify Regulatory/Accreditation Director or Risk Management within 24-hours to determine if reportable to California Department of Public Health (CDPH).

**B. CHILD ABUSE REPORTING**

1. **If the alleged or suspected abuse occurred outside Rancho, follow steps 1-7 in section "A" then:**
  - a. Immediately telephone the report to **Child Abuse Hotline 1-800-540-4000** to obtain reference number.
  - b. After obtaining reference number, **complete written report online within 36 hours at <http://dcfs.lacounty.gov/contactus/childabuse.html>**
  - c. If online reporting portal is not available, complete a written report and mail to address provided by the child abuse hotline. The law requires a written report to be completed within 36 hours of verbal report
2. **If the alleged or suspected abuse occurred at Rancho and if Rancho workforce member is accused, follow steps 1-9 in section "A" then:**
  - a. **Do not call the Child Abuse Hotline**
  - b. Regulatory/Accreditation Director or Risk Management to obtain concurrence from hospital administrators to report to CDPH.

**C. ELDER OR DEPENDENT ABUSE REPORTING**

**1. If the alleged or suspected abuse occurred outside Rancho, follow steps 1-7 in section "A" then:**

- a.** For Private Home, Hotels, Or Shelter, contact Adult Protective Service (APS) at 1-877 477-3646. or submit an electronic report at <https://apslive.lacss.harmonyis.net/LACSSLiveIntake/>

**Note:** If the electronic reporting site is down, complete the SOC 341 form (attachment I) for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, exploitation, neglect, self-neglect, isolation, and abandonment (as defined under WIC Section 15610) involving an elder or a dependent adult. The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified.

- b.** Notify Long Term Care Ombudsman (LTCO) Program at 1-800-334-9473 . or local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center). After hours crisis line, call the LTCO at 1-800-231-4024.

- c.** For Outside Hospitals and Clinics, notify CDPH at (714)567-2906

**2. If the alleged or suspected abuse occurred at Rancho and if Rancho workforce member is accused, follow steps 1-9 in section "A."**

**3. If the alleged or suspected abuse occurred at Rancho and if Non-Rancho workforce member is accused (Patient or Visitor), follow steps 1-7 in section "A."**

- a.** If the accused is a patient, visitor, or non-rancho workforce member, consider implementing visitor restriction.

**D. DOMESTIC/INTIMATE PARTNER VIOLENCE REPORTING**

**DEFINITIONS:**

- 1. Assaultive and abusive conduct – includes murder, manslaughter, mayhem, aggravated mayhem, torture, assault with intent to commit mayhem, rape, sodomy, or oral copulation, administering controlled substance or anesthetic to aid in commission of a felony, battery, sexual battery, incest, throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, assault with a stun gun or taser, assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, rape, spousal rape, sex/labor trafficking, procuring any male/female to have sex with another man/woman, child abuse or endangerment, abuse of spouse or cohabitant, sodomy, lewd and lascivious acts with a child, oral copulation, sexual penetration, elder abuse, an attempt to commit any crime specified above in violation of the California Penal Code.**
- 2. Domestic Violence (Penal Code 13700) – Abuse committed against an adult or a minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship. "Cohabitant" means two unrelated adult persons living together for a substantial period of time, resulting in some permanency of relationship. Factors that may determine whether persons are cohabitating include, but are not limited to, (1) sexual relations between the parties while sharing the same living quarters, (2) sharing of income or expenses, (3) joint use or ownership of property, (4)**

whether the parties hold themselves out as husband and wife, (5) the continuity of the relationship, and (6) the length of the relationship.

3. **Abuse** – Intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent serious bodily injury to himself or herself, or another, sexual assault, sex/labor trafficking, or engaging in any behavior that has been or could be enjoined pursuant to Section 6320 such as molesting, attacking, striking, stalking, threatening, battering, and harassing.
4. **Intimate Partner** – Intimate partners include current and former spouses (legal and common law), current and former non-marital partners (girlfriend/boyfriend relationship, same-sex partners, dating partners (includes first date).
5. **Intimate Partner Violence** – The threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in death, injury, or harm. Intimate partner violence includes physical and sexual violence, both of which are often accompanied by psychological or emotional abuse. It may also include psychological or emotional abuse that occurs without physical or sexual violence when such violence has previously been threatened or committed during the relationship. Some common terms used to describe intimate partner violence include domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape. Domestic violence and intimate partner violence are terms used interchangeably.

#### **REPORTING GUIDELINES:**

Workforce members who reasonably suspects the following must follow reporting procedures 1-7 as applicable:

1. Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm, or
2. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

#### **OTHER INFORMATION:**

1. **Reporting Confidentiality:**

- a. HIPAA permit the disclosure of patient-identifiable information to report serious injuries and suspected abuse. Disclosure should be limited to the minimum amount of information necessary to fulfill the reporting requirement.
- b. Except where the report relates to child abuse or neglect, the health care provider must promptly inform the patient that a report has been or will be made, unless: The provider believes that informing the patient would place him or her at risk of serious harm; or the provider would be informing a personal representative suspected of the abuse or neglect.

2. **Documentation in the Medical Record**

The appropriate clinical staff person should document the employee's observations related to the abuse situation in the medical record and indicate that all necessary reports have been filed and that a referral has been made to Social Work for follow-up counseling when indicated.

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                      PATIENT ABUSE**

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**Attachments:**

SOC Form 341 (4 pages)  
Suspected Child Abuse Form 8572 (1 page)  
SIR Form (1 page)  
Elder Dependent Abuse Algorithm

**References:**

DHS Policy No: 321.001 "Child and Elder Dependent Abuse, Domestic/Intimate Partner Violence, Sexual Abuse/Inappropriate Behavior, Suspicious Injury Reporting."  
California Hospital Association Consent Manual 2020

# REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

Date Completed
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**CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE**  
 TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE.  
 SEE GENERAL INSTRUCTIONS.

**A. VICTIM**     Check box if victim consents to disclosure of information  
 (Ombudsman use only - WIC 15636(a))

Name (Last Name, First Name)		Age	Date of Birth	SSN
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other/Nonbinary <input type="checkbox"/> Unknown/Not Provided	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown/Not Provided	Ethnicity		Race
		Language (Check one) <input type="checkbox"/> Non-Verbal <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) _____		
Address (If facility, include name and notify ombudsman)		City	Zip Code	Telephone
Present Location (If different from above)		City	Zip Code	Telephone
<input type="checkbox"/> Elderly (65+) <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Mentally Ill/Disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Unknown/Other			<input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Others	

**B. SUSPECTED ABUSER**    Check if  Self-Neglect

Name of Suspected Abuser				
Address		City	Zip Code	Telephone
<input type="checkbox"/> Care Custodian (Type) _____		<input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____		
<input type="checkbox"/> Health Practitioner (Type) _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relation _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity		Age	D.O.B
Height	Weight	Eyes	Hair	

**C. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.) or concerns about the client's mental health.**  
 CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

**D. REPORTING PARTY** Check appropriate box if reporting party waives confidentiality to  
 All  All but victim  All but perpetrator

Name	Signature	Occupation	Agency/Name of Business
Relation to Victim/How Abuse is Known	Street	City	Zip Code
Telephone	E-mail Address		

**E. INCIDENT INFORMATION** - Address where incident occurred

Date/Time of Incident(s)

Place of Incident (Check One)

- Own Home  Community Care Facility  Hospital/Acute Care Hospital  
 Home of Another  Nursing Facility/Swing Bed  Other (Specify) \_\_\_\_\_

**F. REPORTED TYPES OF ABUSE** (Check All that Apply)

1. Perpetrated by Others (WIC 15610.07 & 15610.63)

- |   |  |
|---|--|
| a. <input type="checkbox"/> Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) | e. <input type="checkbox"/> Abandonment          |
| b. <input type="checkbox"/> Sexual  | f. <input type="checkbox"/> Isolation            |
| c. <input type="checkbox"/> Financial   | g. <input type="checkbox"/> Abduction            |
| d. <input type="checkbox"/> Neglect (including Deprivation of Goods and Services by a Care Custodian)                             | h. <input type="checkbox"/> Psychological/Mental |
|   | i. <input type="checkbox"/> Other _____          |

2. Self-Neglect (WIC 15610.57 (b)(5))

- |  |   |
|--|---|
| a. <input type="checkbox"/> Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration) | c. <input type="checkbox"/> Financial Self-Neglect (e.g. inability to manage one's own personal finances) |
| b. <input type="checkbox"/> Self-Neglect of Residence (unsafe environment)   |   |

Abuse Resulted In (Check All that Apply)

- No Physical Injury  Minor Medical Care  Hospitalization  Care Provider Required  
 Death  Mental Suffering  Serious Bodily Injury\*  Other (Specify) \_\_\_\_\_  
 Unknown  Health & Safety Endangered

**G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE**

(Family, significant others, neighbors, medical providers, agencies involved, etc.)

Name	Relationship
Address	Telephone
Name	Relationship



**H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE**

(If known, list contact person) If Contact person check

Name		Relationship	
Address	City	Zip Code	Telephone

**I. TELEPHONE REPORT MADE TO**  APS  Law Enforcement  Local Ombudsman  
 Calif. Dept. of State Hospitals  Calif. Dept. of Developmental Services

Name of Official Contacted by Phone	Telephone	Date/Time
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**J. WRITTEN REPORT** Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury\*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed

**K. RECEIVING AGENCY USE ONLY**  Telephone Report  Written Report

1. Report Received By	Date/Time
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2. Assigned  Immediate Response  Ten-Day Response  No Initial Response (NIR)  
 Not APS  Not Ombudsman  No Ten-Day (NTD)

Approved By	Assigned To (optional)
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3. Cross-Reported to  CDPH-Licensing & Cert.;  CDSS-CCL;  Local Ombudsman;  
 Bureau of Medi-Cal Fraud & Elder Abuse;  
 Calif. Dept. of State Hospitals;  Law Enforcement;  
 Professional Licensing Board;  Calif. Dept. of Developmental Services;  
 APS;  Other (Specify) \_\_\_\_\_  
 Date of Cross-Report \_\_\_\_\_

4. APS/Ombudsman/Law Enforcement Case File Number
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**SUSPECTED CHILD ABUSE REPORT**  
 (Pursuant to Penal Code section 11166)

[Print Form](#) [Clear Form](#)

To Be Completed by Mandated Child Abuse Reporters  
 PLEASE PRINT OR TYPE

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY	
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City Zip				DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		TODAY'S DATE	
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY			
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS Street City Zip		DATE/TIME OF PHONE CALL	
	OFFICIAL CONTACTED - NAME AND TITLE				TELEPHONE	
<b>C. VICTIM</b> One report per victim	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY <input type="checkbox"/>	
	ADDRESS Street City Zip				TELEPHONE	
	PRESENT LOCATION OF VICTIM		SCHOOL	CLASS	GRADE	
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME	
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		TYPE OF ABUSE (CHECK ONE OR MORE): <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) _____		
	RELATIONSHIP TO SUSPECT		PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
<b>D. INVOLVED PARTIES</b>	<b>VICTIM'S SIBLINGS</b>					
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME
	1. _____		3. _____		BIRTHDATE	
	2. _____		4. _____		SEX ETHNICITY	
<b>VICTIM'S PARENTS/GUARDIANS</b>	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY <input type="checkbox"/>	
	ADDRESS Street City Zip		HOME PHONE		BUSINESS PHONE	
	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY <input type="checkbox"/>	
	ADDRESS Street City Zip		HOME PHONE		BUSINESS PHONE	
<b>SUSPECT</b>	SUSPECT'S NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY <input type="checkbox"/>	
	ADDRESS Street City Zip				TELEPHONE	
	OTHER RELEVANT INFORMATION					
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____					
	DATE/TIME OF INCIDENT		PLACE OF INCIDENT			
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)					

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

COUNTY OF LOS ANGELES  
BOARD OF SUPERVISORS -- EXECUTIVE OFFICE  
SECURITY OPERATIONS UNIT

INCIDENT CODE:

(Refer to Code Sheet)

# SECURITY INCIDENT REPORT

**INSTRUCTIONS:** This report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee). The completed Report shall be delivered to the Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012, or sent electronically to [sir@lasd.org](mailto:sir@lasd.org) (e-mail) or (213) 613-0843 (fax) **no later than the end of the business day following the date of the incident.**

Please refer to the accompanying Incident Code Reference Sheet for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information.

**A SECURITY INCIDENT IS DEFINED AS:**

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties. This classification includes while walking to or from an off-site parking facility at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

I. DATE OCCURRED: \_\_\_\_\_ TIME OCCURRED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

COUNTY DEPARTMENT REPORTING: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

On-site security services contracted with Sheriff's Department

ADDRESS OF INCIDENT: (If different) \_\_\_\_\_

SUMMARY OF INCIDENT: (BRIEFLY describe the incident here, include full names (first and last), use separate sheet to document details, if necessary.)

Continued on a separate sheet(s)

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: (List any additional parties on a separate sheet)

1) Name: \_\_\_\_\_  Employee Gender: \_\_\_\_\_ Emp#/DOB/Age: \_\_\_\_\_  
2) Name: \_\_\_\_\_  Employee Gender: \_\_\_\_\_ Emp#/DOB/Age: \_\_\_\_\_  
3) Name: \_\_\_\_\_  Employee Gender: \_\_\_\_\_ Emp#/DOB/Age: \_\_\_\_\_

**II. WORKPLACE VIOLENCE CHECKLIST:**

- The VICTIM is a County employee?
- There was a physical ACT OF VIOLENCE?
- FIREARM (gun) used
- HATE CRIME (per 422.55-75 PC)
- Law Enforcement RESPONDED-Agency: \_\_\_\_\_
- The SUSPECT is a County employee.
- There was a verbal/written THREAT OF VIOLENCE
- Other WEAPON used, non-firearm. Type: \_\_\_\_\_
- RECURRENT ISSUE: Previous Incident(s)  Reported  Not Reported
- Complaint/Crime REPORT Taken-Report #: \_\_\_\_\_

**III. SAFETY PLAN:** The actions below should be considered when dealing with an act or threat of violence if necessary, check ALL that apply:

- 1) On-site security notified.
- 2) Parties involved were separated.
- 3) Offer/obtain medical treatment for affected employee(s).
- 4) Offer Security escort to their vehicle/modify parking assignment.
- 5) Offer employee reassignment/alternate workplace
- 6) Offer County Employee Assistance Program (EAP) services
- 7) Law enforcement patrol check requested for workplace/home.
- 8) Obtain and attach copies of written witness affidavits/statements.
- 9) Emergency Protective Order obtained from law enforcement.
- 10) Consult with Security Operations Unit (SOU) personnel.
- 11) Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394.
- 12) Initiate an Incident Event Log (per DHR620) and maintained by: \_\_\_\_\_
- 13) Other action(s) taken: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MANAGER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



## Reporting Guidelines for Known or Suspected Abuse

**Elder Adults**—65 years old or older  
**Dependent Adults**—18 to 64 years old who are disabled  
**Child**—persons under the age 18

**Reference:** Admin - B708 - Reporting Known or Alleged Patient Abuse

**KNOWN OR SUSPECTED ADULT ABUSE, SEXUAL ABUSE, ABANDONMENT, ISOLATION, FINANCIAL ABUSE, ABDUCTION, NEGLIGENCE, or SELF NEGLIGENCE**

1. Notify Law Enforcement at X57042\*
2. Notify Patient's Physician
3. Notify Immediate Supervisor
4. Document in the medical records
5. Enter an online event report

### COMPLETE STEPS # 1-5 ABOVE AND BELOW FOR ELDERLY/DEPENDENT ABUSE

**Child Abuse**

**Outside Rancho**  
Steps 1-5 and  
6. Child Abuse Hotline 1-800-540-4000. \*\*\* and/or  
Written report at  
<https://mandreptla.org/cars.web/>

**Within Rancho Grounds**  
Steps 1-5 and  
Follow steps below as applicable

**Outside Rancho:**

**Accused: Shelter Private Home, Hotels**

6. Contact APS  
Hotline: (877)477-3646 \*\* and/or  
Submit an electronic report at [APS online](#)

**Outside Rancho:**

**Accused: Long Term Care Facility, Nursing Home, Board and Care Home**

6. Notify Long Term Care Ombudsman's Office  
Phone (800)334-9473

**Outside Rancho:**

**Accused: Outside Hospitals, Clinics, SNF, Home Health Agencies, and Hospices**

6. Report to California Department of Public Health (CDPH) at [https://www.cdph.ca.gov/Pages/contact\\_us.aspx](https://www.cdph.ca.gov/Pages/contact_us.aspx)

**Within Rancho Grounds:**

**Accused: Patient, Visitor, Non-Rancho Workforce**

6. Complete an [SIR Form](#)

**Accused: Rancho Workforce Member**

6. Supervisor or designee to ensure:

- Steps 1-5 are done.
- Notify Human Resources.
- Remove staff from patient care.
- Complete an [SIR Form](#)
- Ensure completion of Affidavit as needed.
- Notify Director of Regulatory/Accred. or Risk Management within 24 hrs. at X57900

\*Notify law enforcement within 2 hours if there is serious injury.  
 \*\* Telephone report to APS generally require a written report to be submitted within 48hrs.  
 \*\*\* Telephone report to DCF's generally require a written report to be submitted within 36 hrs.