

**OLIVE VIEW-UCLA MEDICAL CENTER
CLINICAL SOCIAL WORK
POLICY & PROCEDURE**

**NUMBER: 1313
VERSION: 1**

SUBJECT/TITLE: ELDER/DEPENDENT ADULT ABUSE

POLICY: Elder / Dependent Adult Abuse Reporting

PURPOSE: To provide guidance on suspected elder / dependent adult abuse reporting.

DEPARTMENTS: All

DEFINITIONS: **Elder** – “means any person residing in this state, 65 years of age or older.”
Welfare and Institution Code 15610.27

Dependent Adult – “any person residing in this state, between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights....” Welfare and Institution Code 15610.23

Abuse – “means physical abuse, neglect, fiduciary abuse, abandonment, isolation, or other treatment resulting in physical harm or pain or mental suffering.”
Welfare and Institution Code 15610.07

PROCEDURE:

1. A health care worker from the Clinical Social Work Department according to Social Work Policy #400 will assess cases referred to Clinical Social Work for suspicion of adult abuse.
2. If the situation appears to be based on fact or causes the worker to reasonably suspect self neglect or abuse by another person or facility, a verbal report shall be made immediately (or as soon as possible) to: Adult Protective Services (APS) at the Department of Public Social Services. Initial reports are called into their Central Intake office 213-351-5401, Monday through Friday, 8:00 a.m. until 5:00 p.m. Reports can also be faxed to APS to fax number 213-738-6484 and then mailed to: Adult Protective Services, 3333 Wilshire Boulevard, 4th Floor, Los Angeles, Ca. 90010. After hours call 1800-992-1660.
3. Complete form SOC 341 (6/00) within two working days. This document will be the written report of this incident. A copy goes in the patients medical record as soon as it is completed. Give the completed document to the Clinical Social Work Department secretary, Room # 1A139.

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4. The Clinical Social Work Department secretary will make extra copies of the form SOC 341 and distribute reports to the appropriate locations: APS Office, copy to Medical Records and file a copy in the Social Work Department.

5. If the incident occurred at a licensed, long-term care facility, call the Ombudsman Program at 1800-334-9473 regular business hours and fax the report to 818-444-0318. After hours call the Ombudsman Program at 1800-231-4024. Also, call the Department of Public Health at 818-901-4375 and fax a copy of the APS Report to 818-902-2418.

References: WI 15610.27, WI 15610.07, WI 15610.23. VC Policy 143	
Approved by: Stephanie Johnson (Assistant Hospital Administrator)	Date: 04/27/2011
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