

CF OPERATING PROCEDURE
NO. 140-11

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, May 13, 2020

ADULT PROTECTIVE SERVICES REGISTERED NURSE SPECIALIST

This operating procedure describes the role, function and duties of the Adult Protective Services Registered Nurse Specialist (RNS) in Adult Protective Services.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

ROBERT K. ANDERSON
Assistant Secretary for
Operations

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

Revised paragraph 4-8a, and in the first sentence in paragraph 4-8b added the phrase “with some evidence but with less than a preponderance of evidence” after the words “not substantiated.”

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Chapter 1

ROLE AND FUNCTION OF THE ADULT PROTECTIVE SERVICES REGISTERED NURSE SPECIALIST

1-1. Purpose. This chapter provides information regarding the role and function of the Adult Protective Services Registered Nurse Specialist (RNS). Adult Protective Services staff must understand the duties of the RNS and the role of the RNS in Adult Protective Services.

1-2. Qualification. The Registered Nurse Specialist must be a Registered Nurse who maintains a current, active license in the state of Florida.

1-3. Role of the Registered Nurse Specialist (RNS).

a. The core team of the Adult Protective Services Program is comprised of the Protective Investigator and supervisor, the Protective Supervision Counselor and supervisor and the Registered Nurse Specialist. The Registered Nurse Specialist (RNS) is a vital part of this Program. The RNS is consulted by the Adult Protective Investigator (API) to assist the API with the investigation of the medical aspects of an abuse/neglect investigation when there are allegations that require a healthcare practitioner's diagnosis or a nursing assessment/medical opinion/consultation is required. The RNS role does not include initiating any type of legal action. The RNS is available to assist with protective supervision cases when the counselor needs a nursing assessment, nursing medical opinion or nursing consultation to recommend services indicated to protect a client.

b. The RNS must utilize accepted standards of practice by utilizing the nursing process, State of Florida statutes, and research to reach decisions and formulate opinions.

c. The primary role of the RNS is to assist the protective investigator with an investigation of abuse/neglect by a second party or self-neglect and assist in the determination of services needed for "vulnerable adults in need of services." During an investigation, when consulted, the RNS shall:

(1) Assist the protective investigator in making decisions regarding the safety of the victim;

(2) Assist the protective investigator in determining the risk of harm to a vulnerable adult due to abuse/neglect/self-neglect;

(3) Review all pertinent medical and other related information, and any collateral consults obtained during the investigation to assist in making decisions regarding the services needed by the victim and the outcome of the investigation;

(4) Assist the API in determining if medical evidence is sufficient to support the findings of abuse or neglect;

(5) Assist the API in determining the victim's capacity to consent, if needed;

(6) Assist the protective investigator by visiting the location of the vulnerable adult to physically observe and evaluate the victim's injuries, if needed;

(7) Accompany the API to participate in interviews with possible responsible persons, victims, appropriate collateral contacts, caregivers, guardians, and other persons as needed;

(8) When indicated, assist the protective investigator in assessing the victim's environment; and,

(9) Provide a nursing medical opinion to assist the protective investigator with decision-making on emergency removals, if necessary.

(10) Responsible to provide a Nursing Assessment on all cases that allege death due to abuse/neglect.; and,

(11) Coordination of adult abuse death cases.

d. A secondary role of the RNS is to assist protective supervision counselors when nursing expertise is needed. This assistance may include, but is not limited to:

(1) Assisting with:

(a) Reassessing the client's capacity to consent, when needed;

(b) Determining the risk of abuse or neglect, to a client;

(c) Determining if services or the case plan are sufficient to protect the client;

and,

(d) Determining if additional medical assessment is indicated.

(2) Consulting with the counselor when a medical problem arises with the client.

(3) Providing the counselor with a nursing medical opinion if a medical concern arises.

e. Other responsibilities of the RNS may include, but are not limited to:

(1) Participate in the adult protective team meetings; lead staffing of cases presented if appropriate;

(2) Participate in unit staffing cases with protective investigation and protective supervision referrals if appropriate;

(3) Provide expert witness testimony;

(4) Participate in or provide to the community, pre-service, in-service, and community outreach training as it relates to the medical aspect of an investigation;

(5) Act as a community liaison;

(6) Fully cooperate with the department's efforts to protect the health, safety, and welfare of vulnerable adults;

1-4. The Nursing Assessment and Nursing Medical Opinion.

a. Nursing Assessment. A nursing assessment conducted by the RNS includes an analysis of medical and non-medical facts in an investigation or protective supervision case. The RNS Assessment should be conducted using a regionally approved format and stored in the case management file. During a nursing assessment, the RNS may need to evaluate the victim, the environment of the victim, the pertinent statements of the parties, pertinent medical records of the victim, photographs of injuries to the victim if available or appropriate, and any other aspect that is pertinent to an individual investigation. The RNS completes the nursing assessment, posts the report in the case management file and will notify the API (Appendix A to this operating procedure). All

medical records reviewed by the RNS will be returned to the API after case closure to be stored per Departmental policy.

b. Nursing Medical Opinion. A nursing medical opinion is the conclusion reached by the RNS after the pertinent information has been reviewed and the assessment is completed. In the opinion, the RNS must include a statement explaining the opinions reached. The opinion must be supported with facts/evidence and/or credible reference. In investigations, these opinions must state whether there is or is not evidence to support the allegations of abuse or neglect. All relevant maltreatments must be addressed, including any recommended additional maltreatments addressed by the RNS.

c. Time Frame for Completing Assessment. The RNS must complete the written assessment within fifteen (15) working days, after receipt of all requested records and interviews unless another time frame has been agreed upon. An RNS assessment may vary in the content based on the review of the pertinent information and in some cases by the “nature of the allegation.” Additional sections, beyond what is required in Appendix A to this operating procedure, may be included at the discretion of the RNS based on the facts of the case.

d. Brief Consultation. When there is an informal staffing between the RNS and the adult protective investigator regarding simple uncomplicated cases or an exchange of information to determine the victim’s immediate and short-term needs, the RNS has discretion whether the consultation documentation is completed by the RNS or protective investigator. A decision must be made and the information documented by either the RNS or the protective investigator. The RNS would also make the recommendation whether a more thorough Nursing Assessment/Nursing Medical Opinion was necessary.

1-5. Summary. The role of the RNS in adult protective services is important to the operations of the program and to the quality of work that is produced. The RNS provides a valuable support to the field staff and, most important, is an advocate for the vulnerable adult.

Chapter 2

RESPONSIBILITIES OF THE PROTECTIVE INVESTIGATOR AND PROTECTIVE SUPERVISION COUNSELOR WHEN ACCESSING THE EXPERTISE OF REGISTERED NURSE SPECIALIST

2-1. Purpose. The purpose of this chapter is to provide information and procedures for the Adult Protective Investigator (API) and the Protective Supervision Counselor (PS) when the assistance of the Registered Nurse Specialist (RNS) is needed.

2-2. Adult Protective Investigations.

a. The API and/or API Supervisor must determine when the assistance of the RNS is indicated and document the referral in the protective investigation case management file. The role of the RNS is included in Chapter 1 of this operating procedure.

b. Maltreatments that need the assistance of the RNS are included in Chapter 3 of this operating procedure.

c. When the report alleges death due to abuse or neglect, the assistance of the RNS **must** be requested. The API must contact the RNS within 24 hours of the initial report from the Hotline or the next working day.

d. The assistance of the RNS is recommended when:

(1) A maltreatment in a report of abuse or neglect requires an opinion by a healthcare professional to assist the adult protective investigator with determining maltreatment findings and a non-biased opinion cannot be obtained; or,

(2) Other healthcare or mental assessment needs in any allegation of abuse, neglect, or exploitation are identified.

e. When the API and/or API Supervisor determine that he/she will need the assistance of the RNS, he/she shall:

(1) Notify the RNS within no more than ten (10) working days from the receipt of the report of abuse or neglect, or when it becomes apparent that assistance is needed.

(2) Provide the notification via telephone, in writing, or by face-to-face contact. During the initial contact, the API and the RNS must:

(a) Discuss the report and determine the appropriateness of the referral to the RNS;

(b) Determine what medical information is required for the specific allegation, maltreatment and/or situation and how this information will be obtained;

(c) Determine if a field visit and a face-to-face contact with the victim or other individuals by the RNS is necessary; and,

(d) Determine a time frame for the RNS to review the information and complete the written report. The RNS has fifteen (15) working days from the date of the receipt of all needed/requested records and interviews to complete the nursing assessment unless both parties agree upon another time frame.

(3) Expeditiously provide the RNS with a copy of the abuse report if the RNS does not have immediate access to the electronic report. If the RNS has access to the electronic report then the API must give the RNS the electronic report number.

(4) Provide the RNS with all documentation and interviews requested within a reasonable time frame to allow for review and to request additional information if necessary.

f. In most situations the API will commence the investigation prior to determining the need for assistance from the RNS. Regardless of the initial response by the API, he/she must always assist the RNS in obtaining information necessary to complete a nursing assessment/opinion.

g. When the API obtains information for the RNS, the information must be sufficient for the RNS to complete his/her assessment and must be given to the RNS as the information is obtained. The RNS may personally obtain any additional information that is needed, or request assistance from the API.

h. If the API has any questions about the information that he/she is required to obtain for the RNS, he/she will need to contact the RNS for guidance or to request a field visit by the RNS. Information that may be needed for the purpose of an RNS assessment/nursing medical opinion may include, but is not limited to:

(1) All information deemed pertinent to the RNS based on each allegation in the report;

(2) Medical records that are available from nursing homes, hospitals, home health, mental health facilities, etc, to possibly include;

- (a) Face sheet to medical records inclusive of medical/psychological diagnosis;
- (b) Physician's orders and progress notes;
- (c) Physician's dictated history and physical, admission summary and discharge summary;
- (d) Nurse's notes/daily documentation records;
- (e) Nutritional/dietary consults;
- (f) Radiological reports/laboratory value reports;
- (g) Medication Administration Records (MAR);
- (h) Treatment Administration Records (TAR), documentation of preventative measures, and/or treatment of pressure ulcers and decubitus flow sheet; and,
- (i) Social Worker/Social Service notes.

(3) Documentation of all interviews the API conducts;

(4) Photographs of the area of injury if needed or if relevant;

(5) Pharmacy printout of medications ordered and/or delivered; and,

(6) The fully dictated autopsy report, if appropriate, and,

(7) Death certificate, if appropriate.

2-3. Protective Supervision (PS).

a. The Protective Supervision Counselor must inform and consult with his/her supervisor when the assistance of an RNS is indicated. If the supervisor agrees that assistance is needed, he/she must make the appropriate referral to the RNS. Unlike protective investigations, there are no requirements that the RNS must be contacted on certain PS cases. However, this assistance may be requested whenever a PS case involves a situation that requires RNS intervention in determining direction for the healthcare issues. The RNS intervention may be a referral to a community resource [i.e., home health agency nurse, physical therapist or nutritionist (whose agency is currently involved in the home), client's physician, mental health counselor, pharmacist, public health environmental health specialist or other appropriate medical professional].

b. When the PS Supervisor determines the assistance of the RNS is needed, he/she shall:

(1) Arrange for telephone, or in-person staffing with the RNS as a notification of the requested intervention;

(2) Provide the RNS with a copy of any or all case record material; and,

(3) Provide all medical documentation to the RNS in a timely manner to allow for his/her review and for the RNS to request additional information, if necessary.

c. During the telephone or the in-person staffing session, the PS Supervisor and the RNS must:

(1) Discuss the PS case in question for appropriateness of the referral in utilizing the RNS;

(2) Determine if a field visit and face-to-face contact with the client by the RNS is indicated; and,

(3) Determine a time frame for the RNS to review the information and provide a written nursing assessment/opinion. The time frame must be within fifteen (15) working days from the date of the RNS' receipt of all needed records, unless another time frame is agreed upon.

Chapter 3

MALTREATMENTS OF ABUSE AND NEGLECT AND THE REGISTERED NURSE SPECIALIST

3-1. Purpose. The purpose of this chapter is to provide both the Registered Nurse Specialist (RNS) and the Protective Investigator information and procedures as to when to request assistance from the RNS and other medical personnel as required by the Allegation Matrix for Adult Protective Investigations.

3-2. Maltreatments Where a Medical Professional Diagnosis Is Required or Preferred for Verification. According to the Adult Allegation Matrix, certain allegations of maltreatment either require or it is preferred there be documentation from a medical professional diagnosis for verification.

a. To verify the following maltreatments, an unbiased medical professional diagnosis is required (see CFOP 140-2, Appendix E, Allegation Matrix for additional source information).

Maltreatment Name	Medical Professional Diagnosis Required
Physical Injury Allegations	
Bone Fracture	Yes
Internal Injuries	Yes
Asphyxiation/Suffocation/Drowning	Yes (if death occurs)
Neglect Allegations	
Malnutrition/Dehydration	Yes
Medical Neglect	Yes
Inadequate supervision-Decubitus	Yes
Mental Injury Allegations	
Confinement/Bizarre Punishment	Yes (required for mental/psychological abuse)
Substance Abuse	
Substance Misuse Maltreatment	Yes
Other Physical Injury	
Sprain	Yes
Dislocation	Yes
Other Mental or Psychological Injury	
	Yes
Death Allegation	
Death Due to Abuse/Neglect	Yes
Sexual Abuse Allegations	
Sexual Battery	Yes

b. To verify the following maltreatments, an unbiased medical professional diagnosis is preferred but not required (see CFOP 140-2, Appendix E, Allegation Matrix for additional source information).

Maltreatment Name	Medical Professional Diagnosis Preferred
Physical Injury Allegations	
Burn/Scald	Yes
Asphyxiation/Suffocation/Drowning	Yes (if death does not occur)
Bruises/welts/cuts/puncture bites	Yes
Sexual Abuse Allegations	
Sexual Abuse	Yes

c. When a trained, certified and licensed physician’s diagnosis is preferred, the API may obtain this diagnosis from any unbiased physician. The type of maltreatment will determine the healthcare practitioner most appropriate to render a diagnosis. The RNS must assist the PI in determining which type of healthcare practitioner’s diagnosis is necessary to adequately address the maltreatment.

d. Whenever maltreatments require or prefer a healthcare practitioner’s diagnosis, the API must make reasonable efforts to obtain the diagnosis. If the API is unable to obtain an objective medical professional diagnosis via essential collateral contacts, the case should be discussed with the RNS. The RNS must attempt to find a resolution through collaborative efforts with the API to determine viable options for a medical professional diagnosis. If no viable options are available, the report must be referred to the RNS for an opinion.

e. The API and APIS must determine whether the allegations being investigated require an unbiased professional medical opinion to assist in the determination of findings. If a medical opinion is required, the API must make a reasonable effort to obtain the opinion from a licensed physician or other licensed medical professional. If the API is unable to obtain the medical opinion from a physician or other licensed medical professional, the RNS must be consulted.

f. Mental Injury allegations of maltreatment usually involve an alleged psychological injury. These allegations require verification from a licensed physician or psychiatrist in order to verify the maltreatment. If physical abuse/neglect maltreatments are coded by the Hotline or added by the API, the API must follow the procedures for required medical professional diagnosis for the physical injuries as well as the mental injury maltreatments.

g. To verify Death Due to Abuse or Neglect, documentation from a physician or medical examiner is required. The Death Due to Abuse/Neglect maltreatment requires a companion maltreatment as the alleged cause of death. The API must follow procedures contained in Chapter 2 of this operating procedure for involving the RNS.

h. When Sexual Abuse maltreatments are coded, the API must determine if physical injury is present. Frequently, the Hotline counselor will code one or more physical injuries along with the Sexual Abuse maltreatments. When a physical injury is coded, the API must follow the procedures for preferred medical professional diagnosis for the sexual maltreatments and the procedures for required medical professional diagnosis for the physical injury maltreatment.

3-3. **Summary.** The API must determine whether the Allegation Matrix requires or it is preferred they receive a medical professional diagnosis for verification. Additionally, the API and APIS must decide whether the allegations being investigated require an unbiased professional medical opinion to assist in the determination of findings. The API must then make reasonable efforts to obtain an objective medical diagnosis and/or an unbiased professional medical opinion. If the API is unable to obtain the diagnosis or opinion, the RNS must be consulted.

Chapter 4

RESPONSIBILITIES IN THE ADULT DEATH CASE

4-1. Purpose.

a. This chapter describes the roles and responsibilities of the Registered Nurse Specialist (RNS) in adult death cases.

b. The chapter complements and expands on the requirements of the Department's Incident Reporting and Analysis System (CFOP 215-6).

4-2. Objectives.

a. Identify, to the extent possible, the causes and circumstances of the vulnerable adult's death, and use that information to assess within the guidelines of the nursing assessment what, if anything, could have been done to prevent the death.

b. Ensure timely notification of and appropriate coordination with law enforcement, the medical examiner, the state attorney's office, Medicaid Fraud Control Unit, Agency for Health Care Administration and other community agencies involved in the investigation.

c. Develop recommendations for modifications of procedures, policies or programs internal to the Department of Children and Family Services and externally with other community agencies in an effort to reduce or eliminate future deaths resulting from abuse or neglect of vulnerable adults through improved services.

d. Analyze death case information/data to identify trends or patterns that may be helpful for local and statewide initiatives to improve the adult protective services system, develop strategies for abuse/neglect prevention and educate the public about abuse and neglect of vulnerable adults

4-3. Scope.

a. This chapter establishes an internal Departmental review process of adult death cases resulting from abuse or neglect. A comprehensive report will be conducted at Headquarters at the discretion and request of the State Director. Cases selected for comprehensive death review should include cases determined to be most beneficial to the Adult Protective Services program.

b. Communication and coordination between the various entities involved in adult death cases is essential to maximize information sharing and avoid duplication of effort. In addition, the responsibility for responding to and preventing adult deaths due to abuse and/or neglect belongs to the community, not any single agency or entity.

4-4. Authority.

a. Section 415.101-113, Florida Statutes (F.S.), Adult Protective Services.

b. Section 415.107, F.S., Confidentiality of reports and records.

c. Section 119.07, F.S., Inspection, examination, and duplication of records.

4-5. Responsibility of Abuse Hotline Staff. In addition to the usual requirements for accepting reports and entering them into the electronic case management system, abuse Hotline staff have several other responsibilities:

a. Assessing a call to determine whether the allegations meet the statutory requirement for accepting a report of death of a vulnerable adult due to abuse or neglect.

b. In the electronic case management enter the maltreatment (Death Due to Abuse or Neglect), as well as other maltreatments that indicate how the vulnerable adult is suspected to have died as a result of abuse or neglect.

c. Ensuring that when the death of a victim is the result of abuse or neglect alleged in an open report, "Death" can be added as a maltreatment by the Hotline, when appropriate.

4-6. Referral From API.

a. The API will notify the circuit/region RNS within 24 hours or the next working day of receipt of the Hotline report noting death due to abuse/neglect.

b. The API will notify the circuit/region RNS within 24 hours of alleged death cases.

c. The RNS will contact the API and staff the case within 24 hours of receipt of the referral. The RNS will consult with the API to request the relevant medical investigative information, (death certificate, autopsy report) needed for the assessment, to include but not limited to, medical records and specific questions to be included in the investigative process.

d. When, during the course of an investigation, the vulnerable adult dies, the API or APIS must notify the RNS of the death within 48 hours when a referral was already made to the RNS or the maltreatment requires an objective medical opinion for verification. The API, APIS and RNS can consult and determine whether there is a reasonable suspicion the death was caused by abuse or neglect. When appropriate, the API or APIS can add the death maltreatment to the open investigation.

4-7. The RNS Responsibilities.

a. Complete the Nursing Assessment and the Nursing Medical Opinion as required by paragraphs 1-4a and 1-4b of this operating procedure.

(1) The RNS will complete the assessment for the case file within 15 working days, unless another time frame has been agreed upon, after all RNS requested records (including the medical examiner's report, if applicable) and completed API interviews are received by the RNS.

(2) An RNS assessment may vary in content based on the review of the pertinent information and in some cases by the "nature of the allegation." Additional sections, beyond what is required in Appendix A to this operating procedure may be included at the discretion of the RNS based on the facts of the case.

(3) Each nursing assessment/medical opinion must be signed and dated by the RNS.

b. Establish professional working relationships with medical examiners, state attorneys and law enforcement agencies serving counties included in the respective circuit/region.

c. Ensure all critical issues and recommendations resulting from verified adult death reviews are brought to the attention of the Adult Protective Services Program Administrators.

4-8. Death Case Reviews.

a. Not Substantiated. If a case has findings of Not Substantiated with no evidence for death maltreatment, no review will be issued unless requested by the region.

b. Not Substantiated. If a case has findings of “not substantiated” with some evidence but with less than a preponderance of evidence, no review will be issued unless requested by the circuit/region. If requested, it is suggested to use the Limited Review Format (Appendix C to this operating procedure).

c. Verified Cases. At the discretion of the Program Director, a Comprehensive Review will be completed by Headquarters Registered Nurse Consultant (RNC.) (See Appendix D to this operating procedure.)

4-9. Documentation of Comprehensive Reviews on Verified Cases. APS Headquarters will conduct a comprehensive review when directed by the State Program Director. The comprehensive review documentation must include the following:

a. A list of all materials that were reviewed (including prior abuse reports) during the review process. The API or Program Administrator’s designee is responsible for sending completed files on verified adult death cases to Headquarters.

b. A list of individuals interviewed during the death review process.

c. Notes of any meetings that occurred during the death review process. The notes must reflect who was invited to participate, who attended the review, when the review was held and any important review findings or major issues, concerns or recommendations.

d. A summary of all department/adult protective services provider involvement with the vulnerable adult and/or family prior to the vulnerable adult death, which must also include an evaluation of the appropriateness and effectiveness of the prior involvement, and,

e. A copy of the Adult Death Comprehensive Review Report will be available to the Director of Adult Protective Services providing the results of the review. The format for the Comprehensive Adult Death Review Report is included in Appendix D to this operating procedure.

4-10. Jurisdiction of the Adult Death Review Process.

a. In all instances, the death case reviewer for the region where the alleged abuse or neglect occurred that contributed to the verified vulnerable adult’s death shall maintain the lead responsibility for oversight of the internal adult death cases process.

b. While, in many cases, this will also be the same county/circuit/region where the vulnerable adult died, there may be instances where vulnerable adults are abused or neglected in one county/circuit/region and later died from the abuse, neglect, self-neglect or exploitation (or from those injuries) after being transported to a medical center located in another county/circuit/region. If the victim is moved, the RNS in that area will document the case.

4-11. Responsibility for Notification of Vulnerable Adult Deaths Covered by this Operating Procedure.

a. The Statewide Critical Incident Report form (CF-FSP 5262; available in DCF Forms) must be completed within one working day of learning of a vulnerable adult death alleged to have occurred as a result of abuse or neglect, and for those deaths of vulnerable adults who are currently receiving departmental services, according to circuit/regional protocol.

b. It is the responsibility of the circuit/region RNS to notify HQ of verified findings for the death maltreatment.

4-12. Cooperation with Other Agencies. The role of the RNS is to coordinate with law enforcement, Medical Examiner and State Attorney as appropriate. The API has the lead role with other agencies.

4-13. Confidentiality of the Adult Death Review Process (Confidential Records vs. Public Records). All records must comply with CFOP 15-9 and CFOP 15-12.

Chapter 5

ADULT PROTECTION TEAMS (APT)

5-1. Purpose. This protocol outlines **suggested** responsibilities and procedures for Adult Protection Teams (APT).

5-2. Scope. This protocol applies to the Statewide Adult Protection Team Pool and each Circuit/Region APT, the Adult Protective Investigation units, and all units that render protective and/or other services to vulnerable adults identified to the Florida Abuse Hotline as alleged victims of second party abuse, neglect, exploitation (A/N/E) or a vulnerable adult in need of services (self-neglect).

5-3. Philosophy.

a. The APT operates on the premise that abuse, neglect, or exploitation of vulnerable adults is a multifaceted problem that may, from time to time, require a multidisciplinary response in order to provide comprehensive and coordinated identification, intervention, and treatment services. Similarly, technical assistance or expert opinion from one or more of the disciplines represented on the team may be helpful in making critical decisions as in the case of determining capacity to consent, petition for involuntary services or placement, constitutional protections and determination of findings and disposition.

b. The purpose of the APT is to supplement the protective services activities in the investigation of reports and providing protective services and other services to vulnerable adults involved in abuse, neglect, exploitation or self-neglect. In addition, the prevention of abuse, neglect, exploitation or self-neglect is promoted through participation in the efforts of education and training to health care and legal professionals, law enforcement, and the public regarding abuse reporting and related issues.

5-4. Funding. All positions on the APT are staffed by Department of Children and Families (DCF) employees and volunteers, as defined by s. 110.501, F.S. Subject to an appropriation or budget, some services of experts may be retained.

5-5. Objectives.

a. The APT's role is to support the efforts and assist in ensuring the quality of protective investigations, determination of findings, and disposition of reported cases of abuse, neglect, exploitation or self-neglect involving vulnerable adults under the provisions of s. 415, F. S. In addition, the prevention of A/N/E is promoted through APT participation, training health care and legal professions, law enforcement and the general public regarding A/N/E reporting and related issues.

b. Members of Statewide Adult Protection Team Pool would be utilized to supplement district APT teams only when the following conditions exist:

- (1) Expertise at the local level cannot be identified or is not available to provide consultation, informal and formal case reviews or guidance with appropriate case disposition;
- (2) A request is made by either the Regional Managing Director or Secretary; and,
- (3) To resolve disputes regarding the handling of a specific case that cannot be resolved at the circuit/region level.

c. In general, APT activities supporting these objectives may include, but are not limited to the following:

- (1) Assistance in on-site identification of abuse, neglect, exploitation or self-neglect;
- (2) Assistance in the determination of the need for emergency or non-emergency protective services, and/or such protective intervention services as may be necessary and appropriate to ensure the safety and well-being of a vulnerable adult;
- (3) Participation in informal and formal case reviews;
- (4) Participation in Adult Protective Services pre-service and in-service training programs for protective investigator supervisors, investigators, counselors and program specialists;
- (5) Participation in training and educational programs designed to enhance the skills and knowledge of community health care professionals and law enforcement regarding adult abuse, neglect, exploitation or self-neglect, as well as those that serve vulnerable adults to increase public awareness of the problem; and,
- (6) Consultation, when needed, with Adult Protective Investigators to address the intervention necessary for a vulnerable adult.

d. Examples of specific activities that may be needed by a Protective Investigator in the field from the APT includes, but is not limited to:

- (1) Availability for on-site or telephone consultation regarding the medical status of the vulnerable adult;
- (2) Review of psychological and/or psychiatric evaluation/report of mental status and capacity to consent;
- (3) Review of legal documents, pleadings, and decisions relevant to protection of adults from A/N/E;
- (4) Availability of financial advisors to assist in determining appropriate expenditures from a vulnerable adult's account;
- (5) Provision of expert witness testimony in specific court cases;
- (6) Evaluation of level of care and/or nursing needs;
- (7) Assistance in obtaining the needed services from the community when identified as needed by Adult Protective Investigation staff; and,

(8) Team staffing of selected cases.

5-6. Statewide Adult Protection Team Pool: Roles and Responsibilities.

a. The Statewide Adult Protection Team Pool is not a distinct team but rather a pool of professionals available to serve in the circuit/region whenever needed. The compilation of Statewide Adult Protection Team Pool will be under the direction of the Assistant Secretary for Operations or designee(s), with appropriate knowledge and expertise in adult protective services. The Assistant Secretary or designee(s) will be responsible for determining the composition, objectives, roles and responsibilities of the Statewide Adult Protection Team Pool.

b. The Assistant Secretary for Operations or designee(s) will also be responsible for coordinating and assembling appointed members for the purpose of providing consultation and direction to difficult adult protective issues related to on-going investigations within the circuit/region. The nature of the case and the expertise required will determine which members are assembled.

c. The members of Statewide Adult Protection Team Pool, as selected will become the final arbiters when conflicting opinions of the APT have been elevated by circuit/region for resolution. Nothing herein should be construed to limit the department's responsibility for making final decisions in any matter in which the APT has become involved. Members of the Statewide Adult Protection Team will be convened at the direction of the Assistant Secretary for Operations or designee(s) when any of the conditions outlined in paragraph 5-5 of this operating procedure are presented. Members of the Statewide Adult Protection Team will utilize the guidelines contained in this operating procedure to the extent possible.

d. When the members of the Statewide Adult Protection Team are assembled to form or supplement an APT for a particular district, all formal or informal staffing and consultations will be fully documented with a report, including recommendations/dispositions provided to the appropriate circuit/region.

5-7. Circuit/Region Roles and Responsibilities.

a. The circuit/region APT will function under the direction of the Region Adult Protective Services Program Administrator, or designee(s) with expertise and training in adult abuse, neglect, exploitation or self-neglect.

(1) This individual will be responsible for determining the objectives, roles and responsibilities of the APT and its individual members, establishing local policies and procedures regarding operation of the team in addition to and in concert with department operating procedures, selecting individual team members and scheduling regular meetings of the team.

(2) The Region Adult Protective Services Program Administrator or designee(s) shall be the final arbiter of any disputes that may arise between the APT and Adult Protective Investigation staff, and/or others.

(3) When disputes cannot be resolved, a written request may be made to the Assistant Secretary for Operations or designee(s) to assemble members from the Statewide Adult Protection Team Pool for consultation and resolution for the circuit/region.

b. The Registered Nurse Specialist or designee will function as the APT Coordinator. Duties will include arranging all APT meetings, notifying participants, documenting events of the formal staffings, and maintaining the APT referral forms and documentation.

c. Registered Nurse Specialist or Designee. This individual will serve as the liaison responsible for facilitating coordination between Adult Protective Services and the APT. Specific responsibilities include, but are not limited to the following:

- (1) Encouraging and tracking referrals to the APT.
- (2) Providing training, as needed, to Adult Protective Investigators, counselors and supervisors in:
 - (a) Making presentations to the APT;
 - (b) Presenting information to individual members of the APT; and,
 - (c) Proper utilization of the APT by Adult Protective Services staff.
- (3) Working with the Region Adult Protective Services Program Administrator or designee to resolve any concerns which may surface between the APT and Adult Protective Services staff.
- (4) Meeting regularly with the APT and/or its individual members to obtain and/or share information other than on specific cases.
- (5) Providing technical assistance to the participants of the APT with regard to any changes in c. 415, F.S., and/or updates in the operating procedures of the department as it relates to Adult Protective Services programs.
- (6) Assisting in linkages with hospitals, nursing homes, Assisted Living Facilities, Adult Family Care Homes, other facility types, community service programs, agencies and the APT.
- (7) Keeping the APT current regarding Adult Protective Services' needs relating to team services and service provision.
- (8) Encouraging and coordinating the participation in team staffings by service providers who are involved with the victim (i.e., DCF service counselors, CCE, CCDA, Med-Waiver providers, professional caregivers, law enforcement, and others) without violating confidentiality.

5-8. Adult Protection Team Membership, Roles and Responsibilities.

a. The role of the APT is to:

- (1) Support the activities of the protective services program in investigating reports of A/N/E.
- (2) Provide protective and other services determined by the team to be necessary and appropriate to abused, neglected, or exploited vulnerable adults upon referral. Services must be provided with the consent of the vulnerable adult or that person's guardian or through court order.
- (3) In all instances in which an APT is providing certain services to victims of A/N/E, other offices and units of the department must avoid duplicating the provision of those services.

b. The APT membership will vary. However, the following disciplines should be considered for membership for either the Statewide Adult Protection Team Pool or Circuit/Region team:

(1) The Senior Human Services Program Specialist (SHSPS) responsible for Protective Investigations (The SHSPS will serve as case staffing coordinator and provide appropriate knowledge and expertise in working with vulnerable adults involved in abuse, neglect, or exploitation.);

(2) Healthcare professionals;

(3) A representative of Comprehensive Assessment and Review for Long-Term Care Services (CARES);

(4) A representative from the licensure/regulator unit of the Agency for Health Care Administration (AHCA);

(5) Adult Protective Services Registered Nurse Specialist and/or other professional nurses;

(6) DCF circuit/region Legal Counsel and private attorneys with relevant training and experience;

(7) A psychologist or psychiatrist;

(8) Medicaid Fraud Control Unit (Office of the Attorney General);

(9) Probate judge (retired);

(10) Public Guardian;

(11) A pharmacist;

(12) Geriatrician;

(13) A representative with expertise in Alzheimer's disease;

(14) Representative from the Agency for Persons with Disabilities (formerly Developmental Disabilities);

(15) Representative from Substance Abuse and Mental Health programs;

(16) Representative from the Long-Term Care Ombudsman Council;

(17) Representative from law enforcement and state attorney;

(18) Representative of any other disciplines of knowledge and expertise that will enhance the functioning of the APT in their mission;

(19) Human Services Program Specialist responsible for training (Region position);

(20) Human Services Program Specialist responsible for services (Region position);

and,

(21) Consider a family member or victim with capacity.

c. Adult Protection Team services (both Statewide Pool and circuit/region) are provided in selected cases of alleged abuse, neglect, exploitation or self-neglect. Services the team shall be capable of providing include, but are not limited to:

(1) Medical evaluation related to abuse, neglect, exploitation and self-neglect including review of vulnerable adults' medical records and related services;

(2) Telephone consultation services in medical emergencies and in other related situations;

(3) Psychological evaluation of the vulnerable adult's mental status or capacity to consent;

(4) Case staffing to assist in the investigation, determination of findings and disposition of selected cases of suspected abuse, neglect, or exploitation;

(5) Legal consultation regarding relevant provisions of statutes; and,

(6) Participation in pre-service and in-service training of protective investigators, supervisors, and other employees of the Adult Protective Services program and/or Department as may be deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling cases of adult abuse, neglect, or exploitation. Whenever possible, participation in such training activities will be scheduled to conform to the availability and convenience of volunteer members of the Adult Protection Team.

d. All members of the APT will:

(1) Complete a DCF Volunteer Application form (required for non-DCF employees only) (form CF 1474, available in DCF Forms);

(2) Receive a copy of s. 415.1102, F.S., which provides an overview of APT responsibility;

(3) Attend APT staffings when reasonable efforts have been made to accommodate individual schedules, including conference calls by video or telephone, etc.; and,

(4) Provide relevant input at APT staffings based on individual area of expertise.

5-9. Immunity. The Department relies on a variety of volunteers in order to meet the objectives outlined in s. 415.1102, F.S. If a member of the APT meets the definition of "volunteer" as defined in s. 110.501(1), F.S. (see paragraph 5-6 of this operating procedure), then s. 768.1355, F.S., makes that person "an agent of the agency" for which services are being provided. As an "agent of the agency", s. 768.28(9), F.S., extends "sovereign immunity" to that person, meaning the person cannot be sued individually for negligent acts. Risk Management covers employees, agents, and volunteers for general liability, federal civil rights liability and worker's compensation (volunteers only). To ensure that all volunteer members of the APT (Statewide or circuit/region) are covered by these protections, APT members must comply with the provisions of paragraph 5-8d above.

5-10. Referral Process.

a. Circuit/Region referrals will be sent to the APT Coordinator (Registered Nurse Specialist or Senior Human Services Program Specialist).

b. The type of cases which may be appropriate for APT consultation may include, but are not limited to the following:

(1) Cases in which technical assistance is needed to make an investigation finding regarding whether the specific allegation type of maltreatment was the result of abuse, neglect, exploitation or self-neglect;

(2) Cases in which technical assistance is needed in reaching a decision regarding whether or not a vulnerable adult requires emergency protective services;

(3) Cases in which technical assistance is needed in reaching a decision regarding whether or not placement (emergency or non-emergency) is required for a vulnerable adult;

(4) Cases in which technical assistance is needed in assessing the mental status of a vulnerable adult to determine if the vulnerable adult has or lacks capacity to consent to services;

(5) Cases in which the Protective Investigator is contemplating petitioning for guardianship of the vulnerable adult's;

(6) Complex medical cases; and,

(7) Institutional abuse, neglect, or exploitation.

c. Statewide Adult Protection Team Pool referrals will be submitted by the Regional Managing Director to the Assistant Secretary for Operations or designee(s) for those cases meeting the conditions outlined in paragraph 5-5 of this operating procedure.

d. It should be emphasized that it is critical and essential that all referrals to the APT (Statewide or circuit/region) be timely, and at the point when the provision of protective services, if appropriate in a given case, can have the greatest beneficial effect.

5-11. APT Response to Request for Consultation.

a. When a request for APT services is made to either the Assistant Secretary for Operations or designee(s) or the Region Adult Protective Services Program Administrator or designee, a referral form will be completed by Protective Investigation staff. This referral form is mandatory for all formal staffings and will contain the following information:

(1) Referral date;

(2) Electronic case management system Adult Investigation Number;

(3) Vulnerable adult's name;

(4) Vulnerable adult's Social Security number, if available;

(5) Vulnerable adult's date of birth or approximate age;

(6) Vulnerable adult's address or place of residence;

(7) Caregiver's name (if applicable);

(8) Guardian's name (if applicable);

(9) Service provider(s) (if applicable);

(10) Protective Investigator or counselor currently assigned to the case; and,

(11) Reason for referral (i.e., need for on-site assessment, medical evaluation, needs assistance to obtain medical records, assessment to determine if maltreatment is the result of abuse/neglect, etc.).

b. The Assistant Secretary for Operations or designee(s), the Registered Nurse Specialist or Senior Human Services Program Specialist (APT Coordinator) will maintain the referral log with the following information:

(1) Date the referral was received;

(2) Date the referral was submitted to APT;

(3) Whether the referral was for an on-site assessment, telephone consultation, office visit, etc.;

(4) Facility or community case;

(5) Maltreatment(s) or conditions needing review by APT; and,

(6) Outcome of APT assessment.

5-12. Staffings (Informal and Formal).

a. The APT (Statewide Pool or circuit/region) may conduct business on a case by case basis in either of the following ways:

(1) Formal Staffing.

(a) A formal staffing requires the submission of a written referral form.

(b) A formal staffing involves Adult Protective Services staff responsible for the management of the case and team member's external to the Adult Protective Services program (if applicable).

(c) The Assistant Secretary for Operations or designee(s), Registered Nurse Specialist or Senior Human Services Program Specialist is responsible for documenting the events of the formal staffing.

(d) Mandatory participants for circuit/region formal staffings will include the adult protective investigator supervisor, adult protective investigator, human services program counselor supervisor, human services counselor, senior human services program specialist (investigations, services, training) and the Registered Nurse Specialist. (NOTE: Participation of members may vary depending on the issue(s) being addressed.)

(e) Participants for the Statewide Adult Protection Team formal staffings will be at the discretion of the Assistant Secretary for Operations or designee(s). (NOTE: Participation of members may vary depending on the issue(s) being addressed.)

(f) In an effort to best utilize their time, the Region Adult Protective Services Program Administrator, Operational Program Administrator, Senior Human Services Program Specialist for protective investigations, services, and training can participate by teleconference or telephone.

(2) Informal Staffing (Circuit/Region only).

(a) Informal staffing involves two or more Adult Protective Services staff responsible for the management of the case, and may include one or more members of the APT.

(b) These staffings are informal and include the exchange of information to determine the victim's immediate and short-term needs and services. A summary of the discussion should be recorded by the adult protective investigator supervisor and/or protective investigator in the Notes section of the electronic case management system.

(c) These staffings may or may not involve the Registered Nurse Specialist.

b. The follow-through of any recommendations of the APT (either Statewide or circuit/region) will be the responsibility of the adult protective investigator or counselor, subject to approval and oversight of the Region Adult Protective Services Program Administrator or designee.

c. Documentation in the Electronic Case Management System. The recommendations, technical assistance, or other services provided as a result of either a formal or informal APT staffing (Statewide or circuit/region) will be documented in the Notes section of the electronic case management system used by the Adult Protective Services program. Such notes shall include:

(1) The name of the vulnerable adult;

(2) The names of those participating in the APT staffing;

(3) The date of the APT staffing;

(4) A list of the observations, determinations, and recommendations made regarding the vulnerable adult and any needs of the vulnerable adult;

(5) Current level of risk;

(6) Resources currently available to the vulnerable adult; and,

(7) Services to be provided by community agencies to meet the vulnerable adult's needs.

5-13. Conflict Resolution.

a. When Adult Protective Services' staff and the APT disagree (e.g., on whether to retain a vulnerable adult in the home or remove the adult to a protective environment), the matter is to be brought to the immediate attention of the Region Adult Protective Services Program Administrator or designee, so they may discuss the reasons for their respective positions. The Region Adult Protective Services Program Administrator or designee shall be the final arbiter of such conflicts. When such conflicts cannot be resolved at the circuit/region level, the Region Adult Protective Services Program Administrator will immediately request through the Circuit Administrator a review and resolution by the Statewide Adult Protection Team. The Region Director will make a written request to the Assistant Secretary for Operations or designee(s) to convene the Statewide Adult Protection Team to resolve the conflict.

b. The Assistant Secretary for Operations or designee(s) will convene the appropriate members of the Statewide Adult Protection Team Pool to review and resolve the circuit/region conflict. Such members of the Statewide Adult Protection Team Pool will provide in writing the circuit/region with resolution to the conflict. Conflict resolution should be handled timely in order that the appropriate

actions can have the greatest beneficial effect. When conflict resolution is elevated to the Assistant Secretary for Operations or designee(s), the Statewide Adult Protection Team shall be the final arbiter of such conflicts.

5-14. Confidentiality.

a. All records generated because of reports alleging adult abuse, neglect, exploitation or self-neglect are confidential and their contents shall not be disclosed except as provided in s. 415.107, F.S.

b. All members of the APT (statewide and circuit/region) are required to abide by the requirements included in this operating procedure (including confidentiality requirements) when assisting in any case referred to the team for service.

5-15. Records Management.

a. Referral/Consultation Log. A chronological log will be maintained on all consultations provided by the APT (statewide and circuit/region). This information will be used to track the referrals and status of cases. The Referral Log will also be used to analyze referral information to determine trends, unmet needs, and outcomes.

b. Case Records. Information developed by the APT (Statewide and circuit/region) during consultation shall be filed in the victim's hard copy record. This shall include the following:

- (1) Reports of medical evaluation/assessment;
- (2) Reports of review of medical, nursing, or other records;
- (3) Photographs (if applicable); and,
- (4) Reports of psychological evaluation.

c. Electronic Case Management System. All consultations provided by the APT (Statewide and circuit/region) will be documented in the Notes section of the electronic case management system used by the Adult Protective Services program.

Recommended REGISTERED NURSE SPECIALIST ASSESSMENT FORMAT

I. Victim/Client Status.

Include in this section information regarding the vulnerable adult (victim/client) that includes their name, location, age, and their functional ability.

II. Medical/Psychological Diagnoses.

List all pertinent vulnerable adult's (victim/client's) diagnoses.

III. Findings.

The findings must identify relevant medical information, summaries of interviews with individuals, observations of the victim/client, victim/client's environment, and vulnerable adult's (victim/client's) capacity to consent. All medical information must follow a chronological format. This section may identify relevant reference information from medical literature, dictionaries, or the Physician Desk Reference to support findings.

IV. Nursing Medical Opinion.

Include a conclusion in summary of opinions drawn from information in the Findings section. For protective investigation cases, this section **MUST** include a statement by the RNS that informs the protective investigator whether or not there is evidence to support the allegations of abuse, neglect, or exploitation.

V. Recommendations/Suggestions.

In this section the RNS must identify services or actions that may improve the quality of care, and/or prevent further abuse, neglect, or exploitation.

VI. Signatures/Title/Date Signed.

Printed copies of RNS assessment from the electronic case management will require the RNS to print the name, title, signature and date the assessment. The electronic version will require the name and title of the RNS.

Additional information may be provided at the discretion of the RNS (attach additional pages as necessary).

DISTINGUISHING BETWEEN ACCIDENTAL AND NON-ACCIDENTAL INJURY

One of the most critical responsibilities of adult protective services staff during the protective investigation of a vulnerable adult's death is to distinguish between accidental and non-accidental injury. This is particularly difficult when staff must distinguish between accidents in which chronic neglect or inadequate supervision was a factor and those where neglect is not a concern. In most cases, medical input will be required to make such a determination.

These situations include those where the conditions resulting in the vulnerable adult's death appear to be directly created by or under the control of the caregiver or other person responsible for the vulnerable adult's care, yet the death is not identified as relating to a specific type of maltreatment, as well as those deaths that are alleged to have occurred as a result of abuse or neglect. Consideration of the following four factors can provide guidance for this process:

Discrepant History.

In some cases, the nature of the injury does not match the history given by the caregiver or other person(s) responsible for the vulnerable adult's care. Making a determine requires a detailed description of the incident. What were the circumstances leading up to and following the incident? When did it occur? Who was present at the time of the incident? What was the specific medical assessment of how the injuries occurred and the detailed description of the injuries and the vulnerable adult's condition? What information was obtained during the on-site visit?

Delay in Seeking Medical Care.

At times, the delay in seeking medical care can range from a few moments to hours. In assessing delay, it is important to realize, for example, that following a severe beating, the alleged perpetrator will often leave the victim for extended periods of time. The vulnerable adult may then exhibit symptoms of intracranial pressure, which can lead to vomiting, seizures and cardio-respiratory arrest. These symptoms then cause the alleged perpetrator to contact emergency help, and that person often disassociates the symptoms from their previous actions.

Triggering Event by the Vulnerable Adult.

This is usually specific behavior, such as inconsolable crying, incontinence, etc., which triggers the abuse.

A Crisis in the Family.

A crisis may have placed additional issues on the caregiver's capacity to cope. Crisis can take the form of unexpected or difficult issues, such as marital differences, loss of job or death of an extended family member.



STATEWIDE CRITICAL INCIDENT REPORT

Report Number: _____

Client/Resident Name: _____ D.O.B.: _____

Social Security Number: _____

Class Action Lawsuit Member Specify: _____

Incident Report Sent To: Program Director Chief Medical Officer
 Secretary for DCF Public Information Officer

Suspect waste, fraud, abuse, misfeasance, malfeasance (F.S. 20.055)? Sent copy to I.G. office.

Was Abuse Hotline called? Yes No

Law Enforcement Agency Notified? Yes No Specify: _____

Is follow-up required? Yes No Specify: _____

Is there a Death? Yes No If yes, complete page 2.

Section 1: Background Information

Reporting Date: _____ Date of Incident: _____ Time of Incident: _____

Residence (Name & Address): _____

Name of Provider/Facility: _____

Program Office (check all that apply): Adult Protective Services Family Safety Community
 Child Care Mental Health Substance Abuse Economic Self-Sufficiency
 Institution - public Developmental Disabilities Institution - private

Type of Incident: Employee Related Client Related: (Child Adult)

(Check all that apply) 1. Death 2. Felony Arrest 3. Serious Injury
 4. Abuse/Neglect 5. Unusual Treatment 6. Sexual Assault/Harassment
 7. Theft/Vandalism/Damage/Sabotage 8. Other Critical: _____

Summary of Events: Describe the incident in detail (include location of incident).

Section 2: Planned Corrective Actions/Countermeasures

Indicate all disciplinary, personnel or corrective actions planned or taken, along with date of action.

Section 3: Reporter

Name: _____

Title/Position: _____ Phone/Pager/SunCom/Mobile: _____

Initial Form Amended Form Revised/Change Form

Signature: _____

Report Number: _____

Section 4: Death Review Information

Date of Death (MM/DD/YYYY): _____ Time of Death (0000-2400): _____

Place of Death: _____

Suspected Cause of Death: _____

Classification of Death

- 1. Natural, expected 2. Natural, unexpected 3. Homicide
- 4. Suicide 5. Accident 6. Unknown, explain: _____

Section 5: Death Review Summary

Description of events leading to death and include previous department involvement.

Did death occur in restraint/seclusion? Yes No

Medical Examiner Case? Yes No

Autopsy Requested? Yes No If yes, date requested: _____

Autopsy Done? Yes No Pending

If yes, date of autopsy: _____

LIMITED REVIEW REPORT

Report Number: _____

Section 6: Limited Death Review Summary

Medical Examiner/Physician Cause of Death:

Law Enforcement Involvement: Include charges filed, if any.

Prior Adult or Child Protection/Other Related Services: Briefly summarize all prior departmental or contracted adult or child protection services or other relevant services, such as day care, maternal/newborn or adult health or social services, etc.

Florida Safe Families Network/FAHIS Findings: List all maltreatments and respective findings.

Summary of Findings: Provide a brief description of the findings, major issues related to the death – use extra pages if necessary.

Name: _____

Title/Position: _____ Work Phone: _____

Signature _____

ADULT DEATH COMPREHENSIVE REVIEW REPORT

General Instructions.

The adult death review process is intended to focus on what happened and how the death could have been prevented and not on who might have acted differently. The report will be completed at Headquarters. Names may be used, but information identifying persons other than Department of Children and Family Services employees and others not protected by confidentiality must be redacted before the report is released to the public, if authorized by s. 415.107, F.S. or s. 119.07, F.S., and approved by the Region's general counsel or required by court order. Because of this, it is better to avoid names as much as possible as long as the meaning in the report is clear.

Focus on the Report.

While the adult death review report typically provides summary information about the circumstances surrounding a vulnerable adult's death and, if applicable, any current or prior departmental involvement, the most important part of the report relates to the questions "How might this fatality have been prevented?" In conducting adult death reviews and in preparing a death review report, it is important to remember certain basic principles:

The primary purpose of the death review process is to prevent such deaths in the future.

There is usually a very clear distinction between "predictable" and "preventable." The fact that an alternative placement or other services might have prevented the death does not mean that the failure to do so constituted negligence. It is extremely rare that the "red flags" were so glaring that the death was actually predictable.

Hindsight in reviewing these cases is always 20-20. The judgments made by the adult protective investigator and adult protective services staff are difficult at best and are often based on limited evidence and perceived risk. The ability to predict human behavior is not a science, so the reviewers must use caution when using their 20-20 hindsight to assess the judgments of others.

Suggested Format.

A suggested format for the adult death report is provided below. The Regions may choose to revise this format to meet local needs as long as all the required information is included in the report.

NOTE: THE FINAL ADULT DEATH REPORT MUST BE SIGNED AND DATED BY THE REGION DEATH REVIEW COORDINATOR, OR DESIGNEE, BEFORE IT BECOMES OFFICIAL.

SAMPLE FORMAT FOR COMPREHENSIVE ADULT DEATH REPORT

DEPARTMENT OF CHILDREN AND FAMILIES ADULT DEATH REVIEW

COMPREHENSIVE REVIEW FINAL REPORT

Adult's Name: _____ District: _____
 Date of Birth: _____ County: _____
 Date of Death: _____ Investigation Report #: _____

I. CIRCUMSTANCE SURROUNDING THE DEATH.

a. Cause of Death. Describe the events which led to the vulnerable adult's death. The content of this section must be consistent with information included in the Investigation Decision Summary (IDS) in Florida Safe Families Network. Give as much detail as necessary to give a clear picture of how the vulnerable adult died. If the cause of death is not clear-cut, explain why the circumstances are unclear. Give not only the immediate cause of death, but also describe any other actions or failures to act which contributed to the death. For example, if the vulnerable adult was severely beaten by the alleged perpetrator, the immediate cause of death might be "blunt trauma to the head", but that would be incomplete. Were there other persons present who could have intervened to protect the vulnerable adult (or failure to protect) and to obtain medical care (or failure to obtain medical care) after the injury? In the example given, a description of recent injuries and failure to protect would be appropriate here, as would any maltreatment not described in the summary of prior reports in Section II below.

b. Autopsy Results. Was an autopsy performed? If an autopsy was performed, briefly describe who conducted the autopsy and when, and give the most significant findings, especially the cause of death and manner of death. If the report is not yet available, give the estimated date of availability given by the medical examiner. Attach a copy of the autopsy report to this report. If an autopsy should have been conducted, but was not, include that information in this section.

c. Services/Other Household Members. Describe any other vulnerable adults in the same household or facility who might be at risk of abuse or neglect. For each vulnerable adult, give the name, date of birth or age, location and condition. Describe any action taken (including court action) to ensure the physical safety and emotional well-being of these vulnerable adults through placement or in-home services. If placed, a description of the placement must be provided.

d. Law Enforcement Involvement/Criminal Investigation. Give the chronology of notification to and involvement with law enforcement and the state attorney. Describe the working relationship and interagency protocol, if one has been developed. Describe any action taken regarding the alleged perpetrator. Has the alleged perpetrator been arrested? Is the criminal investigation complete? Has the state attorney filed an information or indictment? What are the charges? Has the defendant been arraigned? What was the plea? What is the status of prosecution at the time of this report? If other adults were involved (e.g. who failed to protect the vulnerable adult from abuse or neglect) describe what has happened to them since the death.

II. FAMILY (AND FACILITY) HISTORY. This section should give the reader a concise but clear picture of the family (and facility, if this was an institutional death). For institutional deaths, give the licensing history and any abuse report history. Give a brief description of the composition of the family, including names and ages of all household members. Provide any known and relevant employment, drug abuse and criminal history information. Describe any known stresses (e.g. death, divorce, unemployment, poverty) on the family as well as any known extended family or community supports. Any known information about the alleged perpetrator(s) childhood and whether they were abused or neglected should also be included here. The Department of Children and Family Services' involvement with the vulnerable adult or family should be described, including economic services. A history of abuse reports and protective services should be provided, either separately or together, as described below.

a. Summary of the Investigation of Prior Abuse Reports. Include this summary in all death review reports in which there were any prior abuse or neglect reports. For institutional abuse/neglect reports, describe reports concerning the facility separately from the description of the victim. If no prior reports concerning a facility are found, the word "None" will suffice. In this context, "prior" reports are any reports prior to the death of the vulnerable adult, excluding reports alleging the incident which resulted in the death. If the victim, the alleged perpetrator, or any other household member have been subjects of any prior abuse or neglect reports (except reports which were expunged, according to law), these must be described in detail.

(1) Abuse or neglect reports concerning the incident resulting in the death are not discussed here but must be described in Section I above. For example, a report six months prior to the death alleging physical injuries, which resulted in the death, would be described in Section I, not here. A report alleging lack of supervision two days prior to the death would be listed here, even if the death was the result of the vulnerable adult being scalded while left unsupervised in the bathtub two days later (separate incident but similar circumstances).

(2) For all death review reports in which there are three or more prior reports, list each report here, according to the following format:

<u>DATE RECEIVED</u>	<u>REPORT NUMBER</u>	<u>DISPOSITION</u>
MM/DD/YY	02-999999	No Ongoing Services
MM/DD/YY	02-999999	Voluntary Protective Supervision
MM/DD/YY	02-999999	Voluntary Protective Supervision

(3) For each investigation (multiple reports handled at the same time may be grouped together to avoid duplication; however, be careful to describe each allegation of each report made to the department), provide a summary of each allegation made, the activities of the protective investigator, evidence found, and the decision made. The emphasis should be on the evidence gathered in response to each of the allegations, or efforts made to gather evidence, and decision-making. It is also appropriate to "read between the lines" and note any red flags or clues which were overlooked or not pursued (e.g., obvious collateral contacts not made, medical exam not arranged). However, the emphasis should be on what was done and not done, not who did or did not do it. An assessment of the adequacy of the investigation should not be mentioned here but should be discussed in Section III below. More recent prior reports will require more detailed summaries than those received years ago. The summary of each investigation should be organized according to the following format. This format may be modified as necessary to accommodate complex cases in which several reports are received during the investigation.

1. Report 01-999999
 a. Allegations. On MM/DD/YY, a report was received alleging that.....
 b. Investigation. The investigation was commenced on MM/DD/YY by
 c. Decisions Regarding Findings and Disposition. The report was closed with findings of (give findings for each alleged maltreatment) with the rationale that.....No ongoing services were provided.

2. Report 02-999999
 a. Allegations. On MM/DD/YY a report was received alleging that.....The investigator commenced the investigation on the same date by..... Another report (different reporter) was received on MM/DD/YY alleging that.....
 b. Investigation. The investigation was commenced on.....
 c. Decisions Regarding Findings and Disposition. The report was closed with findings of (give findings for each alleged maltreatment) with the rationale that.....The disposition of the report was.....

b. Adult Protective Services. (If no services have been provided, the word “none” will suffice). Describe any adult protective services provided by the department or community-based providers to the deceased vulnerable adult, or other household members, or possible responsible person. Voluntary and court-ordered protective supervision or placement should be included. When other services are arranged by adult protective services staff, those services should also be mentioned here, regardless of whether they were paid for by the department.

(1) The services should be described in chronological order, with the earliest first. For each period of services, the chronology should begin with the reason for referral to the program and should end with the reason for termination or transfer to another program.

(2) As with the summary of prior abuse reports, the emphasis should be on describing what was done (and, where appropriate, what was not done) without assessing the adequacy of the services. The greatest emphasis should be placed on the most recent services provided and the attention given to any “red flags.” It is not necessary to list every contact in complex cases. However, a summary of services provided within a reasonable date range should be provided in such cases. Special attention should be given to compliance with case plans, failures to comply and any response to such failure. Include the date of last personal contact with the vulnerable adult or other household members and the investigator’s/counselor’s interaction with the vulnerable adult or family prior to closure or the vulnerable adult’s death (if the case was open).

1. MM/DD/YY – MM/DD/YY: Voluntary Protective Supervision
 a. Reason for Referral. On MM/DD/YY, the vulnerable adult was referred and accepted for services after an abuse report alleging medical neglect resulted in a referral to voluntary protective supervision for help in ensuring transportation to doctor” appointments.
 b. Care Plan/Level of Supervision.
 c. Services Provided. Include a description of services provided to the vulnerable adult by the department and contract providers and when they were provided. If referrals were made and no services were provided, please explain.
 d. Reason for Termination. Indicate date case was terminated and reason terminated.

2. MM/DD/YY – MM/DD/YY: Protective Services
 a. Reason for Referral.
 b. Care Plan.
 c. Services Provided.
 d. Reason for Termination

III. ASSESSMENT. How might this fatality have been prevented? This is usually the most important section of the report. Remember this is an attempt to prevent similar deaths in the future. Remember the distinction between “predictable” and “preventable”. The intent of this section is not to review every aspect of prior reports and services in such microscopic detail that every error is magnified. In some cases, a review will find that an employee did not follow all procedures to the letter; however, the report should make it clear when such oversights were not related to the cause of death. The questions that follow are just to get the process started. The death review may require many more questions to be asked or issues to address.

a. Investigation of Prior Reports. (If there were no prior reports, “NA-No Prior Reports” will suffice). Were the investigations thorough? Were there weaknesses in the investigation(s) which indicate a need for better training or supervision? Did protective services staff follow policy and procedure? If not, did the failure affect the outcome of the investigation? Were appropriate emergency or ongoing services provided or arranged? Was court action taken? If not, should it have been? If so, was the department’s recommendation appropriate? Are any changes needed to law or policy? Is there sufficient guidance to staff in making such decisions? Are laws, policies and procedures fragmented, thereby leading to a less than holistic approach to adult protection?

b. Adult Protective Services. (If there were no services provided, “NA-No Prior Services” will suffice). Were the right services planned and provided? Were other services needed? If so, were they available? If not available, should they be developed? (If so, be sure to make such a recommendation in Section IV). Are there any gaps in policy and training? Was there adequate communication between agencies involved?

c. Staff. Were staff involved in prior investigations or services adequately prepared to provide adult protective services (education, training and experience)? What was the workload or staffing level at the time? How does that compare to statewide standards and actual statewide averages at the time of the death. Was the supervision of staff adequate?

d. Systemic Issues. Did the review identify systemic issues or external factors, such as excessive staff workload, staff turnover, or other operational issues, such as the organization of the units or programs? While these factors are not considered an excuse for gaps in casework activities or services, they may help explain some of the findings from the review.

IV. RECOMMENDATIONS. The recommendations presented in this section should follow logically from the findings and analysis in the preceding sections. Every recommendation presented here should be related to one or more corresponding findings previously discussed. Any serious deficiencies noted previously should have at least one recommendation here. Recommendations for changes in law, policy or statewide training programs should be as specific as possible. For those cases which resulted in district/region corrective actions to address the recommendations, attach any action plans developed to this section.

Death Review Coordinator Headquarters

Date

Program Director

Date

ATTACHMENTS

List all attachments to this report, including the death certificate and the autopsy report (if available).

Registered Nurse Specialist Tracking Log

RNS Name:
Region:
Circuit(s) Covered:

Month:
Year:

Investigations Resulting in Nursing Assessment: INTAKE NUMBER	Institutional or Community?	Date RNS Received Referral	Date RNS Received All Information	Type of Consult V = Verbal W = Written	Alleged Cause of Death	For Written Consults: Date Assessment Completed