Violence and Security in Skilled Nursing/Assisted Care Facilities

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INTRODUCTION

Violence is a daily occurrence at many healthcare facilities. The traditional flashpoint for violence has typically been the emergency department of an acute care hospital, however other facilities such as assisted care facilities and skilled nursing facilities encounter crime and violence on their campuses as well. Due to the wide range of facilities that provide long term care service, numerous factors can influence the type of crimes most often encountered in these settings. Common violence encountered in the long-term care service industry is residents assaulting staff or each other. Maintaining adequate security in these facilities can be challenging for a variety of reasons including campus design, residents who may suffer from dementia or other cognitive impairments, the potential for criminal activity due to patient valuables and residents' inability to recall details.

TYPES OF FACILITIES

Assisted Care- Sometimes referred to as assisted living, retirement homes, or personal care facilities, are suitable for individuals who need very little daily care. Residents may need medication assistance and some assistance with activities of daily living. Assisted care facilities allow individuals to remain independent as long as possible in an environment that maximizes the person's autonomy, dignity, privacy, and safety, as well as emphasizes family and community involvement.[1]

Nursing Homes- Nursing homes, also called skilled nursing facilities, provide a wide range of health and personal care services. Their services focus on medical care more than assisted care facilities. These services typically include nursing care, 24-hour supervision, three meals a day, and assistance with activities of daily living. Rehabilitation services, such as physical, occupational, and speech therapy, are also available.[2] Although it may differ with individual companies, security is frequently left in the hands of staff and administrators in these types of facilities.

Continuing Care Retirement Communities - Often referred to as a CCRC or life care communities, these offer different levels of service in one location. Many of them offer independent housing (houses or apartments), assisted living, and skilled nursing care all on one campus. Healthcare services and recreation programs are also provided. In a CCRC, where you live depends on the level of service you need. People who can no longer live independently move to the assisted living facility or sometimes receive home

[1] National Caregivers Library (n d). Retrieved from http://www.caregiverslibrary.org/caregivers-resources/grp-care-facilities/hsgrp-assisted-living-facilities/the-basics-of-assisted-living-article.aspx
[2] National Institute on Aging(n.d.). Retrieved from https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes

care in their independent living unit. If necessary, they can enter the CCRC's nursing home. [3]

Some of the largest CCRCs can be compared to a small town or community. These campuses can sprawl hundreds of acres with on-site amenities such as banking and postal facilities, golf courses, restaurants and bars as well as beauty salons and massage therapy studios. Many also have a full-time security department with uniformed security officers who provide a wide-variety of security services to residents and staff. Some officers may be trained as first responders with additional skills such as emergency medical technician training.

Rehabilitation Facilities - These are typically part of a skilled nursing facility. Common patients include those recovering from joint replacement surgery or those that have been hospitalized for a long period of time. Other commonly encountered patients are those suffering from the effects of a stroke and traumatic brain injuries. These types of patients can result in an increased risk of violence toward healthcare providers. Assaults on staff, and patients displaying aggressive behavior are commonly reported incidents encountered by staff when interacting with these patients.[4]

STATISTICAL DATA

As numerous reports have shown, healthcare workers are exposed to workplace violence daily. From 2002 to 2013, incidents of serious workplace violence were four times more common in health care settings than in private industry, according to the Occupational Safety and Health Administration (OSHA).[5] While many studies on workplace violence events have focused only on acute care hospitals, especially the emergency department, violence in skilled nursing facilities is a recognized hazard. In 2015 nursing and residential care facilities were among the industries with the highest prevalence of nonfatal occupational violence, with a rate of 6.8 per 100 full time workers, according to the U.S. Bureau of Labor Statistics.[6]

Due to the numbers employed in both assisted care facilities and nursing homes, the nursing assistant was a frequent target of violence and aggressive behavior by patients. Nursing assistants are at high risk of injury from violent assault at work, and their risk

[3] National Institute on Aging(n.d.). Retrieved from https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes

[4] Giles, G., Scott, K., & Manchester, D. (2013, June). Staff-reported antecedents to aggression in a post-acute brain injury treatment programme: What are they and what implications do they have for treatment? *Neuropsychological Rehabilitation,* (), .

[5] Durkin, M. (2017, December). Hospitals Fight Back Against Violence. *ACP Hospitalist,* (), . Retrieved from http://www.acphospitalist.org/archives/2017/12/hospitals-fight-back-against-violence.htm

[6] Durkin, M. (2017, December). Hospitals Fight Back Against Violence. *ACP Hospitalist,* (), . Retrieved from http://www.acphospitalist.org/archives/2017/12/hospitals-fight-back-against-violence.htm

exceeds that of other health care workers.[7] One study revealed that nursing assistants employed at nursing homes with special units for Alzheimer patients had a significantly elevated risk for assault injuries and human bites after adjustment for other individual factors. 35% of nursing assistants reported physical injuries resulting from aggression by residents and 12% reported experiencing a human bite within the previous 12 months while working at their current facility.[8] Other studies have realized the frequency of which staff in skilled nursing facilities suffer acts of workplace violence.

A cross-sectional mailed survey of unionized nursing home assistants from 49 nursing homes in West Virginia, Ohio, and Kentucky (n=539, response rate 60.2%) found that 58.2% experience assaults with consequences such as major soreness, cuts, bleeds, or bruises lasting overnight in the past twelve months and 66.2% report physical contact resulting in minor soreness, superficial abrasions, scratches and small bruises daily. Examining assaults against caregivers in long term care and geriatric care reveals a high prevalence of daily physical assaults such as spitting, hair pulling, scratching, and slapping.[9]

Threats to Staff

(A) Internal Threats- There are several types of internal threats that long term care workers should be aware of including the following:

1. Assaults on Staff - While much legislation and oversight address resident abuse by staff, one of the most common workplace violence occurrences in a skilled nursing setting is assaults on staff by residents. Verbally, physically, and sexually aggressive behaviors of nursing home residents directed at staff, however, have received far less public attention. Resident-to-staff aggression may be very common, as nursing home staff, particularly certified nurse assistants (CNAs), are frequently in close contact with residents to provide care, and many nursing home residents behave aggressively. The threat posed by a potentially aggressive resident is a significant occupational stressor for health-care providers.[10]

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[7] Tak, S., Sweeney, M., Alterman, T, Baron, S, & Calvert, G. (2010, October). Workplace Assaults on Nursing Assistants in US Nursing. *American Journal of Public Health, 100* (10):1938. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936998/

[8] Tak, S., Sweeney, M., Alterman, T, Baron, S, & Calvert, G. (2010, October). Workplace Assaults on Nursing Assistants in US Nursing. *American Journal of Public Health, 100* (10):1938. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936998/

[9] McPhaul, K., & Lipscomb, J. (2004, September). Workplace Violence in Health Care: Recognized but not Regulated. *The Online Journal of Issues in Nursing, 9*(3), . Retrieved from http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/ViolenceinHealthCare

[10] Lachs, M., Rosen, T., Teresi, J.; Eimicke, J, Ramirez, M, Silver, S, & Pillemer K. (2013, May). Verbal and Physical Aggression Directed at Nursing Home Staff by Residents. *Journal of General Internal Medicine, 28*(5), . Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3631060/

2. Resident on Resident Violence - Violence or mistreatment between nursing home residents is a common occurrence. In a 2014 study of 10 skilled nursing facilities, Cornell University researchers Dr. Karl Pillemer and Dr. Mark Lachs determined that resident-to-resident elder mistreatment affected 19.8 percent of residents over a four-week period. Specific types of mistreatment included verbal incidents, such as cursing, screaming or yelling at another person (16 percent); physical incidents, such as hitting, kicking or biting (5.7 percent); and sexual incidents, such as exposing one's genitals, touching other residents, or attempting to gain sexual favors (1.3 percent).[11] Researchers also concluded that people who typically engage in resident-on-resident abuse are somewhat cognitively disabled but physically capable of moving around the facility. Often, their underlying dementia or mood disorder can manifest as verbally or physically aggressive behavior.[12]

3. Elopement/Missing Resident- Facility administrators as well as security personnel realize the potential catastrophic fallout that can result from a cognitively impaired resident who elopes from a secured unit or the facility. An elopement related claim has the second-highest average total amount paid, $388,048 per claim, of all assisted living claims types, according to CNA's Aging Services 2016 Claims Report. Assisted living communities remain the senior living / long-term care setting with the highest number of elopement claims — 54.3% of the 46 closed claims in the report, compared with 45.7% for skilled nursing — and the highest average total paid for the type of claim. Across all settings, payments on elopement claims averaged $325,561, and in skilled nursing, they averaged $251,172.[13]

B) External Threats- External threats typically originate from an outside source such as family, visitors, vendors or trespassers.

1. Assault on Staff/Residents - Assaults on staff or residents by external sources frequently presents as a domestic disturbance or a family member unsatisfied with the treatment of their loved one. In assisted living facilities and nursing homes family visitors are welcomed as part of the resident's autonomy and daily life, however domestic issues between the resident and family members can result in an assault or other violence occurring against the resident. Family members often

[11] Study Highlights Prevalence of Mistreatment Between Nursing Home Residents (2014). Retrieved from https://news.weill.cornell.edu/news/2014/11/study-highlights-prevalence-of-mistreatment-between-nursing-home-residents-pillemer-lachs

[12] Study Highlights Prevalence of Mistreatment Between Nursing Home Residents (2014). Retrieved from https://news.weill.cornell.edu/news/2014/11/study-highlights-prevalence-of-mistreatment-between-nursing-home-residents-pillemer-lachs.

[13] Bowers, L. (2016). Elopement in assisted living: Not common, but costly. Retrieved from https://www.mcknightsseniorliving.com/home/news/elopement-in-assisted-living-not-common-but-costly/

become emotionally charged when interacting with staff, especially when there is any type of perceived mistreatment or lack of treatment toward the resident and this may result in an assault on staff. While many sexual assaults of residents have come from staff members, the cognitively impaired resident can also be at risk for these this type of crime from visitors as well.[14]

2. Theft/Exploitation - While many residents enjoy the freedom to have family and acquaintances, and others visit and interact with them, unfortunately on occasions this may leave them vulnerable to acts of theft or exploitation. Residents who live in their own apartment may have jewelry, cash, and other valuables that make an attractive target to thieves. With many elderly residents safeguarding their personal belongings is not something that is routinely thought of. Another external threat is that of elder financial exploitation. Family, friends, neighbors, caregivers, fiduciaries, business people, and others may try to take advantage of an older person. They may take money without permission, fail to repay money they owe, charge too much for services, or just not do what they were paid to do.[15] While everyone, regardless of age, is a potential victim of theft and other financial crimes, older Americans are at greater risk than the general population. Cognitive impairment diminishes the ability of older adults to make financial decisions and to detect frauds and scams. Common scams targeting the elderly include relative in need, charity appeals, lottery or sweepstakes, home improvement, free trips or identity theft.[16]

3. Armed Intruder- The armed intruder or active shooter is an external threat that has occurred in assisted living and skilled nursing facilities in multiple geographic locations. Of concern in this type of incident is the limitations of the traditional response of Run, Hide, Fight, when considering the resident population of skilled nursing and assisted living facilities. Aside from the ethical issues of many nurses and other healthcare providers not wanting to leave their patients or residents, the

[14] Tan, T. (2018). Rapid City man found guilty of raping nursing home resident. Retrieved from https://rapidcityjournal.com/news/local/crime-and-courts/rapid-city-man-found-guilty-of-raping-nursing-home-resident/article_b2c3ca75-50a2-5904-a39f-a4c1a7b25700.html

[15] Protecting Residents from Financial Exploitation, A manual for assisted living and nursing facilities. (2014, May). *Consumer Protection Financial Bureau,* (), . Retrieved from https://files.consumerfinance.gov/f/201406_cfpb_guide_protecting-residents-from-financial-exploitation.pdf

[16] Protecting Residents from Financial Exploitation, A manual for assisted living and nursing facilities. (2014, May). *Consumer Protection Financial Bureau,* (), . Retrieved from https://files.consumerfinance.gov/f/201406_cfpb_guide_protecting-residents-from-financial-exploitation.pdf

residents themselves will be vulnerable due to conditions such as mobility issues and cognitive functioning. Numerous types of violence should be considered from a security perspective when examining the threat of an armed intruder or active shooter such as; violence directed toward a group or person (administrators, medical staff), domestic violence, and mercy killings. This type of violence may begin at another location and end on the campus or inside the facility.[17]

SECURITY CHALLENGES IN SKILLED NURSING AND ASSISTED CARE FACILITIES

Ensuring an adequate security posture in a skilled nursing or assisted care setting can be challenging for the security director or administrator in charge of security. Although these facilities do not have some of the security sensitive areas of an acute care hospital such as an emergency department or nursery, many of the security concerns are similar. Unfortunately, many of these facilities do not have a dedicated security department and rely on personnel who are not trained in security measures to provide this important service.

In an IAHSS survey the top four security and safety concerns from security directors and managers who have responsibility for long term care facilities were:

1. Resident aggression/violence
2. Public aggression/violence
3. Theft from residents and staff
4. Elopement/wandering [18]

Mitigation- Mitigation of these security concerns includes various techniques and will require a collaboration between security, facility administration and facility staff with reasonable and appropriate measures being considered based upon the issue.

Resident aggression/violence- Several mitigation options should be considered here. Some facilities have begun approach utilizing a broad-based approach by implementing a disruptive patient and visitor program. As part of the program, patients and visitors who repeatedly cause disturbances or commit egregious acts of violence are flagged in the electronic medical record. Alerts are accompanied by tips from previous caregivers on how to reduce risk, such as entering the resident's room slowly. On an individual level, staff should be trained to recognize and eliminate any potential weapons available such as items that may be thrown or used to strike someone. De-escalation training should be

[17] Helsel, P., & Muse, D. (2018, May). Man kills 4 relatives, self in shootings at home and nursing facility in Texas. *NBC News,* (), . Retrieved from https://www.nbcnews.com/news/us-news/police-5-killed-pair-connected-texas-shootings-n895486

[18] IAHSS Long Term Care Task Force. (2013):6. *IAHSS Long Term Care Safety & Security Management Guide*. Bayside, NY: Rusting Publications

provided, although this may be of limited use when interacting with residents with cognitive impairment.[19]

Public aggression/violence- Some mitigation techniques may need to be based on the design of the facility. As discussed earlier, on a large CCRC with hundreds of residents scattered over hundreds of acres, security can be more challenging due to the sheer size of the campus and with most proprietary security forces being unarmed. Ensuring the ability to effectively patrol the campus, transportation for the security officers is vitally important. Based on the facility design this may be either automobiles, SUVs, or even golf carts. Mitigating this broad category also includes considering threats from the public such as an armed intruder. Modern facilities which use the Crime Prevention Through Environmental Design principles understand how specific design and placement of features can enhance security. While these are valid principles it is important to augment them with additional measures such as an electronic access control platform, campus wide video surveillance, panic buttons and an effective mass communication system.[20] Another important yet often overlooked mitigation tool for the security officer is customer service training. As with training programs in de-escalation techniques and conflict resolution, customer service skills can pay off by preventing complaints, and diffusing potentially hostile encounters before they escalate.

Theft from residents/staff - Mitigation here begins with a good physical security program which includes visitor management/access control and video surveillance. As someone who oversees security in a CCRC or nursing facility, the security leader should be asking "who is on my campus"? When implemented correctly modern visitor management systems interface with access control and video surveillance platforms to enhance the overall security posture of the facility. This gives the security director and administrators various options such as the ability to identify who is coming onto the campus. Through this system, the visitor may be allowed access to only a specific area or even no access at all. Video surveillance allows tracking in real time the movement of visitors, staff and residents. Even though video is not in resident's rooms, the ability to review recorded footage can be crucial when investigating a theft or other incidents that occur on property. Educating not only residents but their family is an important step that should not be overlooked when discussing the importance of safeguarding valuables. While residents who live in an on- campus house or apartment may be able to limit who comes inside of their residence, some residents may share a room with another and therefore be more vulnerable to theft. Staff should also be educated and be encouraged not to bring valuables to work. The facility should provide an area with lockers for staff to secure valuables inside and encourage staff to utilize their own lock as well. Some staff may prefer to leave valuables secured in the trunk of their locked vehicle if they have one.

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[19] Durkin, M. (2017, December). Hospitals Fight Back Against Violence. *ACP Hospitalist,* (), . Retrieved from http://www.acphospitalist.org/archives/2017/12/hospitals-fight-back-against-violence.htm

[20] IAHSS Council on Education. (2016):32. *IAHSS Toolkit For New Security Managers In The Healthcare Environment*. Glendale Heights, IL: IAHSS

Elopement/Wandering- Mitigation of this event will depend upon processes and procedures in place at a facility. Security should ensure the administrators are utilizing industry standard technology to help prevent elopement. Electronic patient monitoring systems sometimes referred to as anti-wandering systems should be a part of all modern facilities. These systems consist of a sending unit such as a bracelet that transmits a signal to a receiver, which can prevent residents from accessing or exiting certain areas. Various brands are available, and features can include alarm activation, door locking, and other notifications such as to a computer or cell phone.[21]

Facility mitigation against wandering or elopement should include:

1. Ensuring that staffing levels are sufficient and reflect resident acuity.

2. Perform comprehensive elopement risk assessments.

3. Place new residents in rooms closer to nursing stations and away from exits.

4. Conduct routine safety rounds inspecting door locks, alarm systems and camera surveillance.

5. Conduct routine elopement drills and educate all staff about emergency response.[22]

The Occupational Safety and Health Administration recently announced a stricter enforcement policy for the healthcare industry, including nursing homes and residential care facilities. One of the five specific hazards OSHA promised to monitor closely is workplace violence. To protect against violence, the OSHA recommended industry best practices include developing an effective workplace violence prevention program with key components such as:

1. Management commitment to supporting and funding the program and providing training and safety devices;

2. Employee participation through safety committees and surveys;

[21] IAHSS Long Term Care Task Force. (2013):20. *IAHSS Long Term Care Safety & Security Management Guide*. Bayside, NY: Rusting Publications

[22] *CNA Aging Services 2016 Claim Report* (2016). Retrieved from https://www.cna.com/web/wcm/connect/a669c765-f601-4823-b0bc-a53a021a9210/Aging-Services-2016-Claim-Report.pdf?MOD=AJPERES

3. Worksite and job analysis with a focus on areas and tasks that may expose employees to potential violence, such as transferring patients and providing intimate care;

4. Tracking and trending workplace violence complaints, injuries, and near misses for purposes of identifying patterns and new controls.

5. Safety and health training of all employees on how to recognize the potential signs of violence, how to defuse a situation and defend against an encounter, and how to use the controls and safety devices.[23]

CONCLUSION

Providing safety and security to residents of a skilled nursing or assisted care facility can be challenging yet rewarding. Personnel at these facilities provide protection for a vulnerable population who are dependent upon others for their safety and security. While crime and violence may occur in all types of healthcare facilities, assisted care and skilled nursing facilities are unique due to the many residents who may suffer not only from physical disabilities associated with aging, but also from differing degrees of cognitive impairment. It is imperative that facility administrators and those that are responsible for security, recognize the threats and vulnerabilities associated with these facilities and ensure proper prevention and mitigation steps are in place.

[23] OSHA Adopts Expanded Enforcement Against Hospitals, Nursing Homes, and Residential Care Facilities. (2015). Retrieved from https://www.natlawreview.com/article/osha-adopts-expanded-enforcement-against-hospitals-nursing-homes-and-residential-car

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