

Consumer Health & Safety – Red Flags

Case managers are crucial in ensuring the health and safety of the people we serve. We need to be aware of risks and concerns when we are interacting in the community. Here are some potential red flags and possible case management actions.

- You must report suspicions of abuse or neglect to Adult Protective Services.
- These lists are not in any specific order or exhaustive.
- Multiple actions may be appropriate depending on the situation.
- APD Leadership and Central Office staff are available to assist as needed.

Possible Red Flags

Physical & Emotional	Behavioral	Environmental & Supports
<ul style="list-style-type: none"> - Unexplained bruises, redness, or scratches - Burns, scalds, cigarette burns on the consumer - Pattern redness or bruises, such as across the chest, legs, wrists, ankles consistent with restraints - Startle responses - Unexplained sudden weight loss - Poor hygiene - Pressure sores - Falls, especially persistent falls or with the inability to get up 	<ul style="list-style-type: none"> - Behavioral disturbances, i.e., increase of agitation, yelling, more physical, acting out - Withdrawn behaviors, isolation, avoidance, unexplained absences from medical or social engagements - Finances in arrears - Inability to maintain medications or running out of medications earlier than expected - Missing medications - Changes in spending habits or overdraft charges 	<ul style="list-style-type: none"> - Assistive devices in poor condition - Unclean or unsafe living area that is hazardous - Overcollection of items creating a safety hazard - Foreclosure or evictions - Lack of utilities or notices for shut off - Lack of food - Lack of necessary DME, such as ramp - Unreasonable absence of caregiver or caregiver burnout - Individuals in the home participating in drug use, violence, or criminal activity

Physical & Emotional	Behavioral	Environmental & Supports
<ul style="list-style-type: none"> - Refusing ADL needs and becoming at risk - Increased anxiety, depression, agitation, confusion or negative self-talk - Strong urine or feces odor on consumer or in facility - Significant cognitive limitations without natural supports - Dehydration, malnutrition, loss of weigh, hunger - Worsening of medical condition, such as wounds that do not heal - Consumer is sedated, drowsy - Increased confusion and forgetfulness - Resident in facility is not offered engaging and meaningful activity on a weekly basis - Untreated mental illness 	<ul style="list-style-type: none"> - Consumer refuses to go to medical appointments - Consumer declines caregivers despite high care needs - Harassment or aggressive behavior towards caregiver - Smoking while using supplemental oxygen - Frequent overuse of emergency services - Consumer looks to caregiver or natural supports for permission or approval to speak - Resident is being physically restrained without documentation or assessment from a medical professional (bedrails, seatbelt in wheelchair) - Facility MAR showing PRN psychotropic medication being over administered or administered without PRN parameters 	<ul style="list-style-type: none"> - Natural supports or caregivers not allowing consumer contact with others - Caregiver doesn't provide change or receipts after shopping - Paid homecare worker is managing the service plan - Persistent inability to reach the consumer or caregiver - Consumer called derogatory names or being threatened - Consistently left in wet or soiled incontinence garments and clothes - Locks, gates and barricades preventing the consumer from exiting the room or house, - Refrigerators and food cabinets locked - Facility medicine cabinet is unorganized, left unlocked,

Possible Courses of Action

Action	Rationale
Follow-up Calls	Stay in contact with the consumer to provide safety oversight. Ask questions about goals and preferences. Determine if the consumer has cognitive limitations when discussing concerns.
Staffing with Managers or Lead Workers	Managers and lead workers can provide support and help intervene, if necessary.
Calls to the HCW	Caregivers can provide another perspective on the consumer's situation. However, if the concern is about a particular caregiver, contact the consumer or someone on the contact list for additional information.
Calls to Collateral Contacts: CE Rep, Authorized Representatives, Natural Supports, etc.	If there are concerns regarding the caregiver or the consumer, collateral contacts may be able to intervene and help keep the consumer safe. Provide information only when authorized to maintain confidentiality.
Unannounced In-home Visits for Safety Concerns (not for assessments or reassessments).	Unannounced in-person visits offer an authentic perspective on the situation. <i>*Consumers have a right not to answer the door.</i>
Unannounced Facility Visits	Direct contacts in the facility may help maintain consumer's safety and well-being. The CM gains a more authentic understanding of the consumer's life and needs.
Care Conferences	Collaborating with the facility keeps the CM informed of the consumer's needs. This is helpful for updating CAPS.
Long-Term Care Ombudsmen (LTCO)	For consumer's residing in CBC facilities, the LTCO helps protect the consumer's rights, promote independence, and ensure quality of life. LTCO provides advocacy and can attend a care conference.
Nursing Facility Survey Unit	For consumer's residing in nursing facilities, the NFSU investigates and protects the residents' quality of care and rights.

Action	Rationale
AFH or CBC Licensing	Licensing provides oversight to facilities to ensure that providers follow state rules and that resident rights are not being violated. They investigate concerns that may not rise to the level of abuse.
In-Home Care Agency Licensing	Whenever there is a complaint or a concern with an IHCA not adhering to contracts, they investigate and adjudicate the concerns.
Evaluate the Service Plan	If a caregiver needs support, discuss a second caregiver or possible respite options with the consumer.
Early Reassessments for Change of Condition	Conduct a Change of Condition assessment if the current service plan no longer meets the consumer's needs. Send a Buckley Bill Notice, unless the consumer waives this requirement.
APS Staffing and Referrals	As a mandatory reporter, you must call APS when you know of potential abuse or neglect. When in doubt, report.
Contact law enforcement or the mobile crisis team for a wellness check.	If a consumer is in danger, expresses suicidal ideation or is having a physical or mental health crisis.
Provide Domestic Violence Resources	Provide resources for domestic violence abuse shelters and refer to APS. This gets the consumer to safety and provides appropriate supports if they are experiencing domestic violence.
Employer Resource Connection (ERC)	ERC can help the consumer when there is a conflict with a caregiver or if they need extra support with being an employer.
Long-Term Community Care Nurse (LTCCN)	If a HCW needs training to provide a basic medical procedure or medications need close monitoring, the LTCCN provides an extra layer of support. A LTCCN should not replace a care provider but is a resource if a consumer declines to go to a medical appointment.

Action	Rationale
Emergency Response System (ERS)	ERS supports individuals with medication management systems and provides the ability to call for help in an emergency.
Aging and Disability Resource Connection (ADRC)	ADRC has connections to services provided through the Older American's Act and other community sources.
Behavioral Supports Services (BSS)	BSS helps the consumer's caregiver and natural supports understand behaviors. It provides person-centered interventions to navigate behaviors that are harmful to the consumer or others. The BSS consultant will work with care providers to develop intervention activities that are interesting & engaging.
Money Management (Bill-Pay or Rep Payee)	May provide a rep-payee if the consumer is unable to manage their social security. Bill-pay assistance is helpful for those inability to manage bills or are at-risk for financial exploitation. It establishes an appropriate oversight of an individual's finances.
Home Delivered Meals and Local Food Banks	HDM is a great idea when a consumer is not able to maintain adequate nutrition due to cost, inability to prepare meals or inadequate support. HDM volunteers are another set of eyes protecting consumers.
Assistive Devices/K-Plan/Crisis Support Program	If an individual's medical plan or other community resources will not pay for a necessary assistive device, K-Plan may be able to assist and could reduce risk.
Family Caregiver Support Program (FCSP)	FCSP provides respite and other supports to unpaid family caregivers of consumers age 60+ or of any age who have a diagnosis of Alzheimer's or dementia. If natural supports are getting burnt out and need support, this program can provide assistance.
Adult Behavioral Health Services	Assist the consumer with connecting to appropriate county services for behavioral health concerns. Provide the crisis line information when the consumer is in need.