



2015-2016
Madera County Grand Jury
Final Report
1516-03
Madera County Adult Protective Services

Publication Date: June 22, 2016

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Introduction:

The Grand Jury was asked to investigate the Adult Protective Services (APS) Department of Madera County Social Services because of a complaint concerning the suspected abuse of an elder. The elder had terminal colon cancer and was living with a private caretaker under hospice supervision. Hospice workers, by law, are Mandated Reporters. The complaint alleged that the elder had been abused and that the hospice worker had formally requested APS to investigate immediately. An error in the APS Intake Assessment form, also known as the Response Priority Decision Tree (Attachment 1), the matrix used by a social worker to determine priority, led to the elder not receiving an immediate response from APS. The patient died four days later and APS closed the case.

Facts:

1. California State law requires county Social Services agencies to protect elders against abuse.
2. APS has a Social Service Hotline that is on call 24/7.
3. APS handles life-threatening cases, physical abuse cases and financial abuse cases.
4. APS documents all referrals onto a SOC-341 form, Report of Suspected Adult/Elder Abuse (Attachment 2).
5. APS uses a Response Priority Decision Tree, the matrix used by a social worker to determine priority of response.
6. Upon receiving a report the social worker determines if the case meets the definition of abuse of an elder.
7. Upon completion of the SOC-341, the social worker submits the form to a supervisor for approval.
8. Supervisors have the authority to override the social worker's recommendations.

9. APS procedures state that upon receiving a report of an abused elder left unsupervised (when supervision is needed for the safety of the client and the client is primarily dependent on the alleged perpetrator to meet basic care needs), APS should respond within 24 hours of the referral and within 2 hours whenever possible.
10. On July 25, 2013, a hospice worker contacted APS by telephone, fax and mail that a patient was in an abusive situation and requested immediate investigation.
11. The report stated there was financial abuse, neglect, an unsafe home environment and unmonitored medication by the elder.
12. The hospice worker stressed that neglect was evidenced by various scratches and bruises on the elder. The hospice worker stated that injuries were likely caused by tripping over the clutter in his room (extension cords, throw rugs, etc.)
13. APS is required to classify an abusive situation as either an Immediate Response, or a Ten-Day Response.
14. APS determined that the situation did not warrant immediate response and did not make contact with the elder until July 29, 2013 (four days later) to make an appointment to see him on August 1, 2013.
15. On July 30, 2013 hospice notified APS that the elder died that morning. The elder's primary care physician signed the death certificate as death by natural causes.
16. APS then closed the case without further investigation as allowed by state law.
17. Due to receipt of an additional complaint by a family member, APS conducted an internal investigation and determined that there was an error in completion of the Response Priority Decision Tree.

Findings:

1. On July 25, 2013, hospice contacted APS to investigate a case of suspected elder abuse involving a man dying of colon cancer. The formal procedure for filling out an SOC-341 indicated an immediate response was warranted under the conditions described.
2. Because of an error on the Response Priority Decision Tree, neither the elder nor his caretaker was contacted in time to conduct an investigation of abuse before the elder died five days later.
3. Hospice clearly stated the danger to the abused elder in their initial contact with APS on July 25, 2013. APS was again contacted by hospice on July 26, 2013 and July 29, 2013 to emphasize their concerns.

4. A subsequent internal investigation conducted by APS confirmed that the failure to respond was due to an error in completing the Response Priority Decision Tree.

Recommendations:

The Grand Jury recommends:

1. That APS review and revise their Intake Decision Process to eliminate the possibility of future Response Priority mistakes.
2. That all APS personnel be thoroughly trained on the revised intake decision process and completion of all forms.

Respondents:

Board of Supervisors
200 W. 4th Street
Madera, CA 93637

Kelly Woodard, Director
Department of Social Services
700 E. Yosemite Avenue
Madera, CA, 93637

Attachments: 1: Intake Assessment/Response Priority Decision Tree
2. SOC 341 Form

**ADULT PROTECTIVE SERVICES
INTAKE ASSESSMENT**

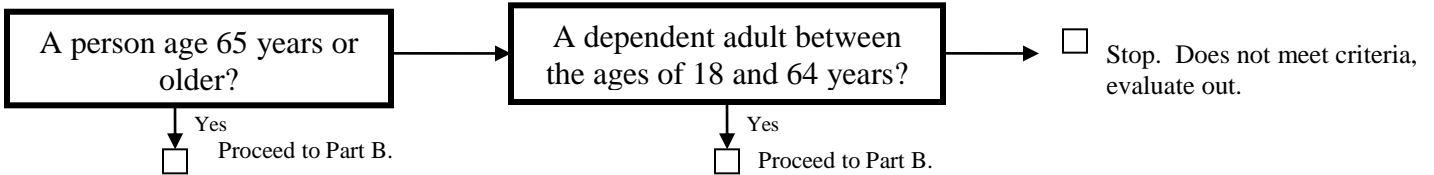
Client Name: _____ Client #: _____

Client DOB: ___/___/___ Report Date: ___/___/___ Report Time: ___: ___ a.m./p.m.

SECTION 1. ABUSE AND NEGLECT SCREENING CRITERIA

Part A. Determination of Screening Eligibility

Does the report allege maltreatment or risk of maltreatment to:



Part B. Allegation Type

Mark the specific maltreatment type and the specific allegations that are being reported under each applicable maltreatment type.

Note: “Abduction” and “Abandonment” are self-explanatory and do not include more specific allegations.

Abuse of an elder or a dependent adult includes physical abuse, neglect, abandonment, financial abuse, isolation, abduction, or other treatment which results in physical harm, pain, or mental suffering; or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering (Section 15610.07 of the Welfare and Institutions Code).

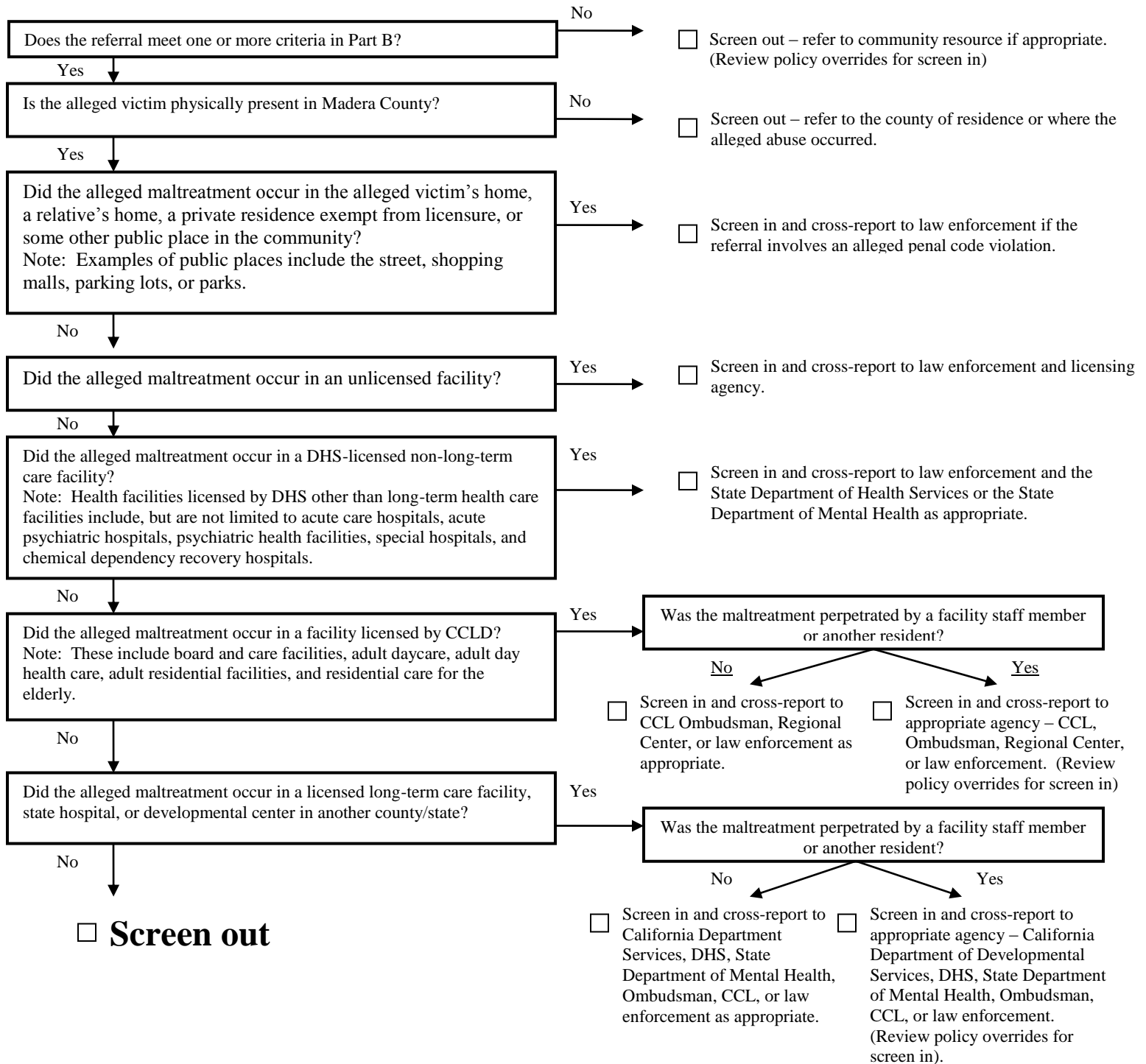
- Physical Abuse:** The infliction or threat of physical pain or injury to an elder or dependent adult by any person. Mark all that apply:
 - Assault: Attempt or threat of battery (PC240).
 - Battery: actual physical contact with intent to harm (PC 242).
 - Assault with a deadly weapon or force likely to produce great bodily injury (PC 245)
 - Physical Restraint
 - Use of physical or chemical restraint or psychotropic medication as punishment for a period beyond which the medication was ordered or for any purpose not authorized by a licensed Physician
 - Poisoning

- Neglect:** The failure of an individual having care, custody, or control of an elder or dependent adult to exercise a degree of care that a reasonable person in a similar position would exercise. Mark all that apply:
 - Refusal or failure to assist in adequate personal hygiene
 - Refusal or failure to provide adequate (check all that apply):
 - ___ Food ___ Clothing ___ Shelter
 - Refusal or failure to prevent malnutrition or dehydration
 - Refusal or failure to provide prescribed medical treatment for (check all that apply):
 - Physical needs (includes, but is not limited to, situations where the elder or dependent adult requires specific goods or services to maintain his/her health. Examples include provisions of hearing aid batteries, prescribed medications for serious medical needs such as insulin for diabetes, or regular physical therapy).
 - Mental health needs
 - Refusal or failure to provide an elder or dependent adult with adequate supervision or physical care

- Abandonment:** Desertion or willful forsaking of an elder or dependent adult by anyone having the care of custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
Complete Neglect/abandonment by Alleged Perpetrator Response Priority Decision Tree.

- Financial Abuse:** the taking, hiding, or using of the money or property of an elder or dependent adult wrongfully or with intent to defraud. Mark all that apply:
- A person in a position of trust has taken, hidden, or used money or property of an elder or dependent adult.
 - Sudden change in the financial situation of the elder or dependent adult
 - Failure to make available the property or assets of the elder or dependent adult to him/her or his/her representative
 - Undue influence used to appropriate property or assets of the elder or dependent adult
 - Financial scams including but not limited to outright taking of money or property, or forging a signature on a legal document, such as a will or deed; getting paid for products or services and then not providing them; telemarketing or mail fraud; charging excessive amounts of money for services; offering false prizes.
- Isolation:** Purposeful prevention of communication between the elder or dependent adult and others (excluding activities pursuant to the instructions of a licensed physician or activities that are a reasonable response to a threat of danger to property or physical safety). Mark all that apply:
- Intercepting mail or phone calls
 - Telling a visitor or caller that the elder or dependent adult is not present or does not want to see/talk to him/her
 - False imprisonment (PC 236)
 - Physical restraint for the purpose of preventing the elder or dependent adult from visiting with others
- Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.*
- Abduction:** Removal from the state or restraint from returning to the state of California against the will of any elder or dependent adult who does not have the capacity to consent (including any conservatee without the consent of the conservator or the court).
- Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree*
- Sexual Abuse:** Non-consensual sexual contact with, or exploitation of, an elder or dependent adult (PC 243.4, 261, 264.1, 262, 285, 286, 288a, 289). Mark all that apply:
- Self-report or disclosure of sexual abuse
 - Any physical evidence or injury indicating possible sexual contact
 - Suspicion of sexual abuse based on observations of unusual behavior patterns including, but not necessarily limited to, unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression.
 - Victim is without the capacity to consent
- Self-Neglect:** Failure of a person to provide him/herself appropriate person hygiene, medical care, or protection from hazards or to prevent malnutrition or dehydration due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health (WIC 15610.57). Mark all that apply:
- Hoarding behavior that creates a safety hazard
 - Failure to take prescribed medications or refusal to seek medical treatment for serious illness
 - Dangerous behavior (e.g., leaving a stove unattended).
 - Extremely poor hygiene leading to health hazards
 - Clothing or lack thereof that creates or leads to a health hazard
 - Condition of the residence that create a serious health or safety hazard
 - Failure to prevent dehydration or malnutrition
 - Demonstrates continuing decline in care for self and no suitable caregiver
 - Financial harm (e.g., sweetheart scams, not paying bills, giving money away inappropriately)
- Mental Suffering:** fear, agitation, confusion, severe depression, or serious emotional distress brought on by intimidating behavior, threats, harassment, or deceptive acts/false or misleading statements made with malicious intent against an elder or dependent adult.
- Verbal abuse
 - Threats of bodily harm (including domestic violence among any members of the household)
 - Threatens disruption of lifestyle (e.g., threat of placement, change in caretaker)
 - Threats to property including pets

Part C. Screening Decision – Answer each question “yes” or “no” until reading a recommended screening decision.



Recommended Screening Decision:

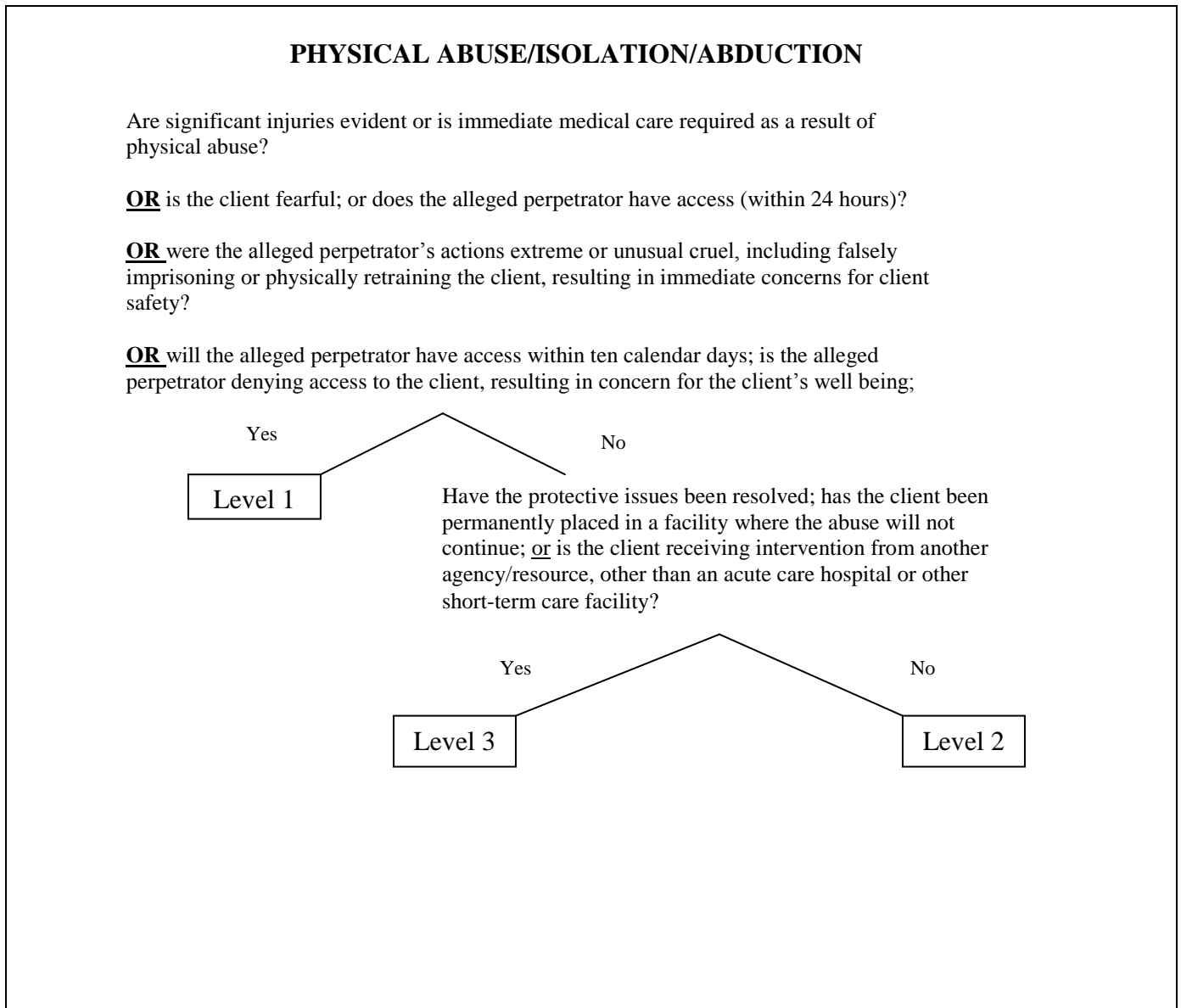
Screen in for APS investigation Screen out for APS investigation*

SECTION 2: RESPONSE PRIORITY (Complete for screened-in reports)

Part A. Response Priority Decision Trees

Complete the appropriate response priority decision tree based on the type of allegations(s) reported. If there are multiple allegations, start with the response priority decision tree for the most serious allegation. If a Level 1 (immediate) response is reached for the most serious allegation, it is not necessary to complete additional decision trees. If the answer to a question is unknown, answer in the most protective way. Response priority levels are as follows:

- Level 1 = within 24 hours from receipt of the referral and within two hours whenever possible
- Level 2 = Non-emergency/within 10 calendar days from receipt of the referral
- Level 3 = No initial face-to-face investigation (NIFFI)/telephone-only investigation



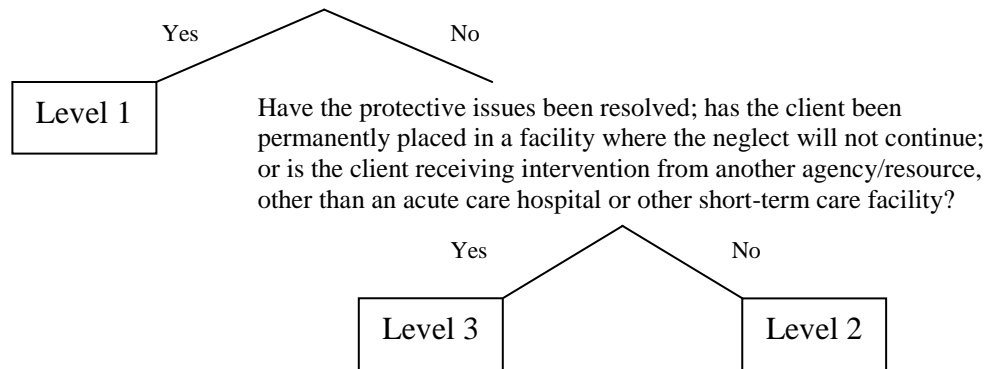
NEGLECT/ABANDONMENT BY ALLEGED PERPETRATOR

Have the alleged perpetrator's actions or inactions resulted in a dangerous or immediately unsafe living situation for the client; is immediate medical care required as a result of the abuse; or is the client currently left unsupervised or abandoned when supervision is needed for the safety of the client?

AND

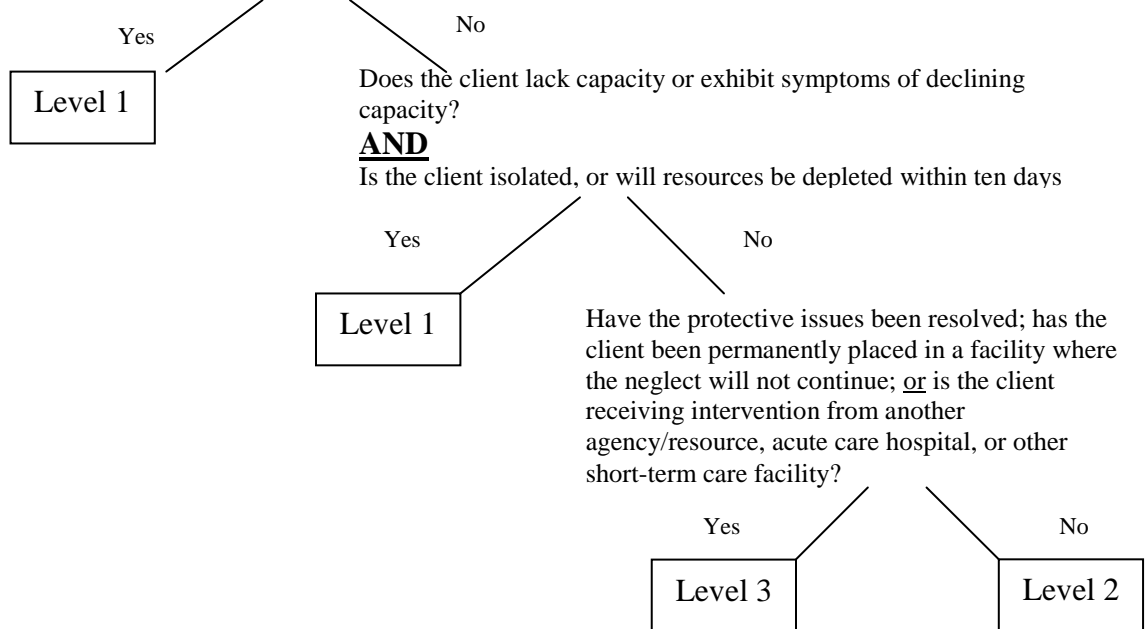
Is the client primarily dependent on the alleged perpetrator to meet basic care needs?

OR is there any alcohol or drug abuse, family violence, or mental health issues present in the household?



SELF-NEGLECT

Is immediate medical or mental health care required as a result of the client's self neglect; is the living situation immediately dangerous or unsafe; or is there imminent risk of harm to self or others?

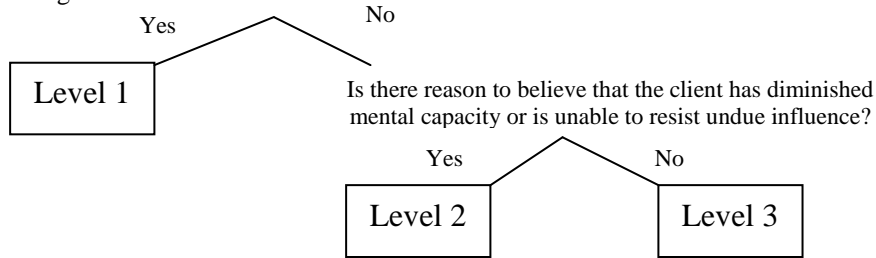


(Part A. Response Priority Decision Trees Continued)

FINANCIAL ABUSE

Are the client's resources being mismanaged or misappropriated to the extent that basic needs for food, shelter, medical/health care, or supervision are currently compromised?

OR Is there an immediate concern for preserving assets that are significant for the client's current living arrangement?



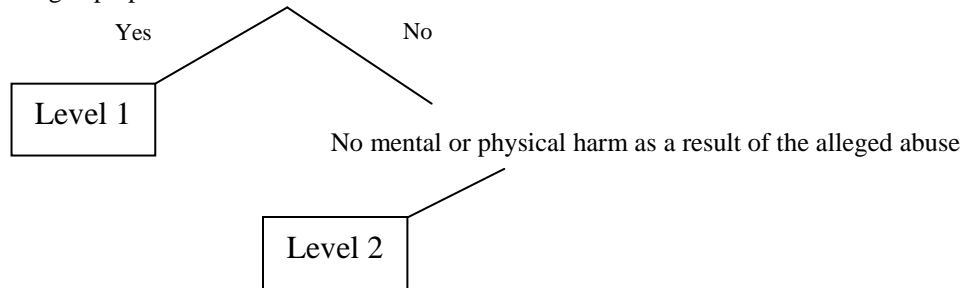
SEXUAL ABUSE

Is immediate medical care or evaluation required, or is the alleged perpetrator likely to have access within the next five calendar days?

OR Will the alleged perpetrator likely have access to the client within the next six to ten calendar days?

OR Is the client significantly vulnerable due to physical/cognitive disability or impairment

OR is fearful of the alleged perpetrator?



MENTAL SUFFERING

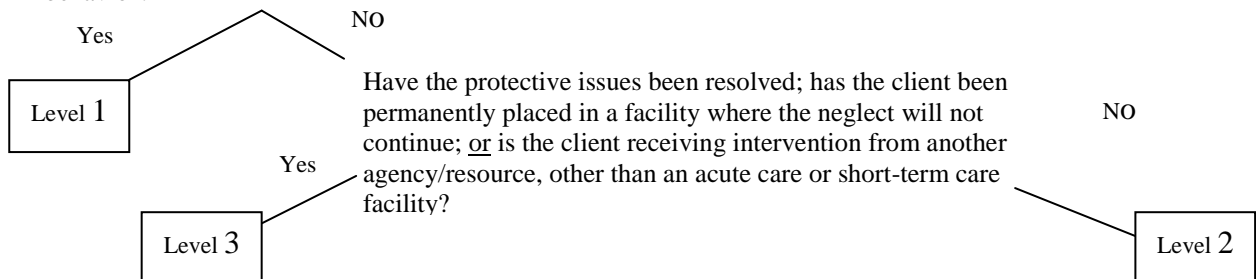
Does the client's response to the alleged maltreatment require immediate medical or psychiatric care as a result of verbal abuse, threats to living situation, Domestic Violence, Threats of Bodily Harm, disruption of lifestyle or other threats or behaviors?

OR

Is the client's fear of the alleged perpetrator seriously interfering with his/her ability to function?

OR

Is the client unable to respond appropriately to the alleged perpetrator's behavior?



Part B. Response Priority Assignment

Recommended Response (select one):

- Level 1 = Within 24 hours receipt of the referral and within two hours whenever possible
 - (a) Referral received prior to 4:30 p.m. M-F
 - (b) Referral received aft hours (at or after 4:30 p.m. M-F)
- Level 2 = Non-emergency/within 10 calendar days from receipt of the referral
- Level 3= No initial face-to-face investigation (NIFFI)/telephone only investigation

Worker: _____

Date: ___/___/___

Supervisor: _____

Date: ___/___/___

Policy Override to Level 1:

- Law enforcement request an immediate response Administrative request

Policy Override from Level 1 to Level 2 or 3:

- The adult is in an alternative safe environment and is expected to remain there pending at Level 2 or 3 responses.

Policy Override to Evaluate out:

- The recommended response is Level 3 AND the report is from a non-credible source (a person with a history of non-credible reporting or one whose report is significantly in conflict with known facts, his/her own statements, and/or statements from other neutral sources).

Discretionary Override to any level:

- Yes (specify reason): _____

Assignment Unit Approval of Override: _____

Date: ___/___/___

Final Assigned Response (select one):

- Level 1 = within 24 hours receipt of the referral and within two hours whenever possible
 - (c) Referral received prior to 4:30 p.m. M-F
 - (d) Referral received aft hours (at or after 4:30 p.m. M-F)
- Level 2 = Non-emergency/within 10 calendar days from receipt of the referral
- Level 3= No initial face-to-face investigation (NIFFI)/telephone only investigation