

PARK SPRINGS

ELDER JUSTICE ACT POLICY

Applicability of Elder Justice Act – Applies to the Health Center (i.e., NF, SNF) when at least \$10,000 in Federal funds (i.e., Medicare, Medicaid) have been received in the previous fiscal year.

Reporting Requirements

The Elder Justice Act applies to an owner, operator, employee, manager, agent, or contractor (e.g., third party vendor) all hereafter defined in this Policy as an "individual." An individual shall report to the State Survey Agency and one local law enforcement agency (e.g., county sheriff, city police department, town marshal) any reasonable suspicion of a crime as defined by local law (See Exhibit A attached) against a resident or a person receiving care from the Health Center.

If the event causing suspicion results in serious bodily injury, the individual shall report the suspicion within two hours of forming a suspicion. If the event causing suspicion does not result in serious bodily injury, the individual shall report the suspicion within 24 hours of forming a suspicion. Suspicion means that a reasonable person under the circumstances based on the specific facts suspects that a crime has been committed (ex., abuse, neglect, theft, fraud, exploitation). Every individual who knows of the crime must report. The report can be submitted individually or when multiple individuals develop the same suspicion, they may submit a joint report. Reporting may be done by a written report, electronic mail, facsimile, or telephone.

The following information should be included in a written report (See Exhibit B attached):

- Community name
- Community address, city, state, and zip code
- Person(s) making the report and their title
- Date and time of incident
- Resident(s) involved
- Brief description of incident

The following is the contact information for reporting the reasonable suspicion of a crime against a resident:

**Department of Community Health
Long Term Care Division
Health Care Facilities Regulation Division
Two Peachtree Street NW, Suite 3100
Atlanta GA 30303
CustomerService@dhr.state.ga.us
FAX: 404-657-3655
State Hotline: 1-866-552-4464**

Dekalb County Police Department
1960 West Exchange Place
Tucker, GA 30084
311CCC@co.dekalb.ga.us
FAX: 678-406-7971
Phone Number: 678-937-2852 available 24/7

All employees also have the responsibility to report to the appropriate Health Center designee based on the Community's Abuse Prevention Policy which is attached to this Policy as Exhibit C.

Notice Requirements

Upon initial hire or engagement of an individual, a copy of this Policy will be provided. The Health Center shall annually notify each individual of the individuals' obligation to comply with these reporting requirements by providing a copy of this Policy. The Health Center will annually document all individuals' names and, if applicable, all addresses to whom the Policy was sent.

The Health Center shall conspicuously post in an appropriate location a Notice specifying the rights of the employee to file a complaint and how to file a complaint with the State Survey Agency should the Health Center violate the Elder Justice Act (See Exhibit D attached).

Violations of the Elder Justice Act

If an individual fails to report any reasonable suspicion of a crime, the individual shall be subject to a civil money penalty of not more than \$200,000 and the Secretary of the Department of Health and Human Services may also make a determination to exclude the individual from participation in any Federal health care program.

If an individual fails to report any reasonable suspicion of a crime and the violation increases the harm to the resident or results in harm to another person, the individual shall be subject to a civil money penalty of not more than \$300,000 and the Secretary of the Department of Health and Human Services may also make a determination to exclude the individual from participation in any Federal health care program.

During the period of time an individual is excluded from participation in any Federal health care program as determined by the Secretary of the Department of Health and Human Services, should the Health Center employ such individual, the Health Center shall be ineligible to receive Federal funds during the employment of such individual. Further, an employee that is excluded from participation in a Federal health care program based on an Elder Justice Act violation, shall be immediately terminated from employment. In addition, an operator, manager, agent, or contractor who is excluded from participation in a Federal health care program based on an Elder Justice Act violation, shall be released from providing further services to the Health Center. All other individuals excluded from participation in any Federal health care program shall be immediately suspended pending evaluation of the matter by the Community's legal counsel.

If the Health Center takes any action against an employee because the employee reported suspicion of a crime, the Health Center shall be subject to a civil money penalty of not more than \$200,000 and the Secretary of the Department of Health and Human Service may also make a determination to exclude the Health Center from participation in any Federal health care program for a period of two years.

Non-Retaliation for Employee Reporting

An employee of the Health Center who reports suspicion of a crime shall not be punished or retaliated against for the lawful activity of reporting in any manner including firing, demotion, suspension, harassment, denying a promotion, filing a complaint with a state professional disciplinary agency, or any other kind of discrimination in the terms and conditions of employment.

EXHIBITS

Exhibit A – Actions that are Crimes Policy

Exhibit B – Elder Justice Act Report Form

Exhibit C – Abuse Prevention Policy

Exhibit D – Elder Justice Act Notice to Employees

11/07/11

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EXHIBIT A

Park Springs and Cobblestone

ACTIONS THAT ARE CRIMES POLICY

Policy:

It is the policy of Park Springs and Cobblestone that Staff, Vendors, Contractors, and Visitors establish a resident-sensitive and secure environment to assure proper and respectful treatment of all residents. Park Springs and Cobblestone will comply with Georgia State law, Stone Mountain City ordinances, and the Georgia State Ombudsman with regards to elder abuse and those actions that are crimes.

Purpose:

It is the purpose of this policy that actions that are crimes are described and defined to increase staff awareness at Park Springs and Cobblestone as a baseline of what is to be expected with regards to promoting a non-elder abusive environment. Actions that are Crimes in accordance with the Georgia state law, Stone Mountain City ordinances, and the Georgia State Ombudsman are described as follows.

Actions that are Crimes:

It is against Georgia law to abuse, neglect, or exploit an elder person or person with disabilities.

Examples of Crime Include, but are not limited to:

- a. Battery- hitting another individual.
- b. Theft- taking someone's property without that person's consent.
- c. False Imprisonment- holding someone against his or her will or not letting him or her leave.

Examples of Abuse include, but are not limited to:

- a. Physical Abuse - hitting, slugging, pinching, slapping or other acts resulting injuries, bruises, burns, broken bones, or pain.
- b. Financial or Material Exploitation (Abuse) - taking or using money or property without consent for another person's gain.
 - a. Taking social security check, bankcard or charge card, or food stamps without permission or for a purpose not authorized.
 - b. Scam telemarketers calling on the telephone to get money in a scam or coerce into buying a bad home repair product.
 - c. A family member, guardian, or agent who is using money for their own needs rather than the needs of the elder individual.
- c. Neglect - the failure of a person, such as a caregiver or guardian, to make sure basic needs are taken care of to the point that harm occurs. Basic needs include:
 - a. Clean clothes and a clean bed
 - b. Adequate food

- c. Medical care
- d. A safe place to live
- e. Visits by family, friends, or caregiver
- d. Sexual Abuse - non-consensual sexual contact of any kind, or sexual contact with any person that is incapable of giving consent.
- e. Psychological or Emotional Abuse - the infliction of anguish, pain or distress through verbal or non-verbal acts. This includes:
 - a. Verbal assaults, insults, humiliation, intimidation, threats, and harassment
 - b. Being treated like an infant
 - c. Being isolated from friends, family, and regular activities
 - d. The silent treatment and enforced social isolation

EXHIBIT B

**ELDER JUSTICE ACT REPORT FORM FOR THE
REASONABLE SUSPICION OF A CRIME**

INSTRUCTIONS: If you have the reasonable suspicion that a crime has been committed against any individual who is a resident of, or is receiving care from, the Community you are in, **YOU MUST** submit this completed form to local law enforcement and the Department of Community Health Health Care Facilities Regulation Division.

TIMEFRAME FOR REPORTING: Within 2 hours (if there is serious bodily injury) or 24 hours (if there is not serious bodily injury) after forming your reasonable suspicion.

Park Springs
Debra Morgan
600 Springhouse Circle , Stone Mountain, GA 30087
Telephone Number: 678-684-3089
Fax Number: 678-684-3087
Email Address: dmorgan@parksprings.com

<p><u>Report to State Survey Agency</u></p> <p>Date Reported: / / Time: _____</p> <p>REPORTED TO: Department of Community Health ("DCH")</p> <p>DCH HOTLINE: 1-866-552-4464 OR 404-657-5758</p> <p>BY FAX: 404-657-3655</p>	<p><u>Report to Local Law Enforcement</u></p> <p>Date Reported: / / Time: _____</p> <p>REPORTED TO: Dekalb Co. Police Department</p> <p>PHONE: 678-937-2852</p> <p>FAX:</p> <p>EMAIL: 311CCC@co.dekalb.ga.us</p>
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BRIEF SUMMARY OF INCIDENT YOU HAVE REASONABLE SUSPICION IS A CRIME: Give RESIDENT(S) NAME and a brief description of the location of the incident and, if available, the names of any individuals involved in the suspected crime.

Was there serious bodily injury? No YES (must be reported within 2 hours)

THIS REPORT MAY BE MADE BY AN INDIVIDUAL, OR BY MULTIPLE INDIVIDUALS REPORTING JOINTLY. EACH PERSON REPORTING THE ABOVE EVENTS SHOULD COMPLETE THE INFORMATION BELOW

Name:	Date/time individual developed reasonable suspicion
1.	Date: / / Time: _____
2.	Date: / / Time: _____
3.	Date: / / Time: _____
4.	Date: / / Time: _____
5.	Date: / / Time: _____
6.	Date: / / Time: _____
7.	Date: / / Time: _____

NOTE: Section 1150B of the Social Security Act (the Act), as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), requires specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. This report is required by law and is in no way an allegation or determination by the person[s] submitting the report that a crime has or may have actually occurred. It is also not an admission of any liability by the Facility nor any individual involved or noted above.

EXHIBIT C

PARK SPRINGS

ABUSE PREVENTION POLICY

The following are the procedures for abuse prevention.

1. PRE-EMPLOYMENT SCREENING OF POTENTIAL EMPLOYEES

This community will not knowingly employ any individual convicted of resident abuse, neglect, or misappropriation of property. The community will not knowingly employ any direct care staff convicted of any of the crimes listed in the State Criminal History of Nurse Aides and Other Unlicensed Employees, or with a finding of abuse listed on the Nurse Aide Registry or criminal history background check. Prior to a new employee starting a work schedule, this community will:

1.1 Initiate a reference check from previous employer(s), in accordance with community policy;

1.2 Obtain a copy of the state license of any individual being hired for a position requiring a professional license;

1.3 If applicant is a nursing assistant, obtain a copy of the person's state nurse aide registry report from the state department;

1.4 Obtain a limited criminal history

2. ORIENTATION AND TRAINING OF EMPLOYEES

2.1 During orientation of new employees, the community will cover at least the following topics:

2.1.1 Sensitivity to resident rights and resident needs.

2.1.2 What constitutes abuse, neglect, and misappropriation of resident property.

2.1.3 Staff obligations to prevent and report abuse, neglect, and misappropriation of property; and how to distinguish misappropriation from lost items and willful abuse from insensitive staff actions that should be corrected through counseling and additional training.

2.1.4 How to assess, prevent, and manage aggressive, violent, and/or catastrophic reactions of residents in a way that protects both residents and staff.

2.1.5 How to recognize and deal with burnout, frustration, and stress that may lead to inappropriate responses or abusive reactions to residents.

2.1.6 An employee's obligation under the law for reporting a suspected crime to the community, the state survey agency and local law enforcement; the time frames for reporting; and management's obligation to prohibit retaliation against anyone who makes a report.

2.2 On an annual basis, staff will receive a review of the above topics. On an annual basis, supervisory personnel will receive training on their obligations under law when receiving an allegation of abuse, neglect, or misappropriation of property, and how to monitor and correct inappropriate or insensitive staff actions, words, or body language.

2.3 To assist in identification of abuse, the following definitions of abuse are provided during training:

2.3.1 **Abuse** is defined as the willful infliction of injury; unreasonable confinement; intimidation; punishment with resulting physical harm, pain or mental anguish; or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

2.3.2 **Verbal abuse** is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.

2.3.3 **Sexual abuse** is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

2.3.4 **Physical abuse** is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

2.3.5 **Involuntary seclusion** is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative (sponsor). (**Note:** Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.)

2.3.6 **Mental abuse** is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.

2.3.7 **Neglect** is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

2.3.8 Misappropriation of resident property is defined as deliberate misplacement, exploitation, or wrongful, temporary or permanent use of resident's belongings without the resident's consent.

2.4 A notice will be posted stating an employee's obligation for reporting a suspected crime and how to file such a report without retaliation.

3. PREVENTING RESIDENT ABUSE - ESTABLISHING A RESIDENT SENSITIVE ENVIRONMENT

3.1 This community desires to prevent abuse, neglect, or misappropriation of property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach including the following:

3.1.1 Concern Identification and Follow-up: Resident and family concerns will be recorded, reviewed, addressed, and responded to using the community's concern identification procedures. Residents and families will be informed of the community's concern identification procedures. An essential element of "customer satisfaction" is a timely response back to the family or resident to concerns expressed. At least quarterly, the reported concerns from residents and families, and the community response, will be reviewed by the community Quality Assurance Committee to assure that individual concerns are being addressed and to assess any patterns that might indicate needed changes in community practices.

3.1.2 Environmental Assessment: At least annually, an interdepartmental team will both tour the community assessing the safety of the community environment, and review both accident reports and concern identification reports to identify any physical features that should be modified for greater resident and staff safety and protection. That report will be presented to the Quality Assurance Committee. This safety report will comply with the OBRA requirements under F226 and OSHA requirements for Violence Prevention.

3.1.3 Resident Assessment: As part of the resident social history evaluation and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, mistreatment, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, or mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis.

3.1.4 Pattern Assessment: At least quarterly, the Quality Assurance Committee will review concern identification reports, accident reports, incident reports, missing items reports, and Safety Committee reports to assess possible patterns or trends of suspicious bruising of residents, unexplained accidents, or other unusual occurrences that may constitute abuse, neglect, or misappropriation. Based on an assessment of the reports, the Quality Assurance Committee will further investigate and/or determine whether a change in community practices is warranted.

3.1.5 Staff Supervision: On a regular basis, supervisors will monitor the ability of the staff to meet the needs of residents, staff understanding of individual resident care needs, and situations such as inappropriate language, insensitive handling, or impersonal care will be corrected as they occur. Incidents short of willful abuse will be handled through counseling, training, and if necessary or repeated, the community's progressive discipline policy.

4. IDENTIFICATION OF ALLEGATIONS AND INTERNAL REPORTING REQUIREMENTS

4.1 Employees are required to report any incident, allegation, or suspicion of potential abuse, neglect, or misappropriation of property they observe, hear about, or suspect immediately to the administrator or the person in charge of the community, acting on behalf of the administrator, or an immediate supervisor who must then immediately report it to the administrator.

4.2 If a crime, particularly involving physical or sexual abuse, is suspected, it must be reported to the state survey agency and local law enforcement under the following timeframes:

4.2.1 Serious Bodily Injury – immediately but not later than 2 hours after forming the suspicion.

4.2.2 All Others – not later than 24 hours after forming the suspicion.

4.3 If a crime is suspected, the administrator will coordinate timely reporting to the state survey agency and local law enforcement on behalf of the employees involved. However, employees, without fear of retaliation, may also independently report to the state survey agency and local law enforcement if they have a suspicion that a crime was committed. Reports should be documented and a record kept of the documentation.

4.4 All residents, visitors, volunteers, family members, or others are encouraged to report their concerns or suspected incidents of potential abuse, neglect, or mistreatment to the administrator or an immediate supervisor who must then immediately report it to the administrator.

4.5 Such reports may be made without fear of retaliation. Anonymous reports will also be thoroughly investigated.

4.6 Supervisors shall immediately inform the administrator or in the absence of the administrator, the person in charge of the community, of all reports of incidents, allegations, or suspicion of potential abuse neglect or misappropriation of property. Upon learning of the report, the administrator, or in the absence of the administrator, the person in charge of the community shall initiate an incident investigation.

4.7 The nursing staff is additionally responsible for reporting on a community incident report the appearance of suspicious bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident,

reviewing the documentation, and reporting to the administrator or in the absence of the administrator, the person in charge of the community.

4.8 If the resident complains of physical injuries or if resident harm is suspected, the resident's physician will be contacted for further instructions.

5. PROTECTION OF RESIDENTS

5.1 The community will take steps to prevent mistreatment while the investigation is underway.

5.1.1 **Residents** who allegedly mistreat another resident will be removed from contact with other residents during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the community.

5.1.2 **Accused individuals not employed** by the facility will be denied unsupervised access to the residents during the course of the investigation.

5.1.3 **Employees** of this community who have been accused of abuse, neglect, or mistreatment will be immediately suspended until the results of the investigation have been reviewed by the administrator or designee.

6. INVESTIGATION OF ABUSE, NEGLECT, OR MISAPPROPRIATION ALLEGATIONS AND RESPONSE

6.1 All incidents will be documented, whether or not abuse occurred, was alleged or suspected.

6.2 Any incident or allegation involving abuse, neglect, or misappropriation will result in an abuse investigation.

6.3 For any other incident or pattern involving "*reasonable cause to suspect abuse, neglect, or misappropriation*" the administrator will appoint a person to gather further facts prior to making a determination to conduct an abuse investigation. An injury should be classified as an "injury of unknown source" when both of the following conditions are met:

6.3.1 The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **and**

6.3.2 The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

6.4 If there is a bruise, skin tear, or any resident injury of unknown origin, an investigation will be initiated. The person gathering the facts will obtain documented statements from all staff members, having information pertinent to the investigation.

6.5 Following the Abuse Investigation Procedures. The appointed investigator will follow the Abuse Investigation Procedures identified in this policy.

6.6 Confidentiality. The investigator shall do as much as possible to protect the identities of any employees and residents involved in the investigation, until the investigation is concluded. After a conclusion of the investigation, internal reports, interviews, and witness statements shall be released only with the permission of the administrator or the community attorney. Even if the community investigation is not complete, the administrator will cooperate with any State Department of Health investigation in the matter.

6.7 Updates to the Administrator. The person in charge of the investigation will update the administrator or designee during the progress of the investigation. The administrator or designee will keep the resident or resident representative informed of the progress of the investigation.

6.8 Final Abuse Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following:

6.8.1 Name, age, diagnosis, and mental status of the resident allegedly abused or neglected.

6.8.2 The Original Allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence, and any noted injuries).

6.8.3 Facts determined during the process of the investigation, review of medical record, and interview of witnesses.

6.8.4 Conclusion of the investigation based on known facts.

6.8.5 If there is a police report, attach the police report.

6.8.6 If the allegation is determined to be valid and the perpetrator is an employee, include on a separate sheet the employee's name, address, phone number, title, date of hire, copies of previous disciplinary actions, and current status (still working, suspended, or terminated).

6.8.7 Attach a summary of all interviews conducted, with the names, addresses, phone numbers, and willingness to testify of all witnesses.

6.9 The administrator or designee will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the State Department of Health within five working days of the

reported incident. The administrator or designee is also responsible for informing the resident or their representative of the results of the investigation and of any corrective action taken.

6.10 Quality Assurance Review. Any investigation that concluded that abuse occurred shall be reviewed by the community Quality Assurance Committee for possible changes in community practices to ensure that similar events do not occur again.

7. REPORTING OF POTENTIAL ABUSE

7.1 Initial Reporting of Allegations. Any allegations of abuse will be reported to the Administrator immediately and to the State Department of Health and the resident's representative as soon as possible within 24 hours.

For reporting unusual occurrences or reasonable suspicions of a crime against a resident to the Department of Health, the community will utilize the incident report form provided by the Department. The report will contain:

- 7.1.1 The community name, address, and telephone number
- 7.1.2 The name of the person completing the report
- 7.1.3 The date and time of the incident
- 7.1.4 The resident(s) involved including room number, age and diagnoses
- 7.1.5 The staff involved
- 7.1.6 Brief description of the incident
- 7.1.7 Type of injuries
- 7.1.8 Immediate action taken
- 7.1.9 Prevention measures taken

The administrator or designee will also inform the resident or resident's representative of the report of an occurrence of potential mistreatment and that an investigation is being conducted.

If a reasonable suspicion of a crime has occurred, the resident's representative and the Department of Health and law enforcement shall be informed according to the following timeframes:

- 7.1.10 Serious Bodily Injury – immediately but not later than 2 hours after forming the suspicion.
- 7.1.11 All Others – not later than 24 hours after forming the suspicion.

7.2 Five-day Final Abuse Investigation Report. Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the community has taken in response to the allegation, will be sent to the Department of Health.

7.3 For the protection of all individuals involved, copies of any internal reports, interviews, and witness statements during the course of the investigation shall be released only with the permission of the administrator or the community attorney.

7.4 Informing the Resident's Representative. The administrator or designee will inform the resident or resident's representative of the conclusions of the investigation.

7.5 Inquiries about the Occurrence. Inquiries concerning abuse reporting and investigation should be referred to the administrator or designee.

7.6 Informing Local Law Enforcement. The community should also contact local law enforcement authorities in the following situations:

7.6.1 Physical abuse involving physical injury inflicted on a resident by a staff member or a visitor.

7.6.2 Physical abuse involving physical injury inflicted on a resident by another resident except in situations where the behavior is associated with dementia or developmental disability.

7.6.3 Sexual abuse of a resident by a staff member, another resident, or visitor.

7.6.4 When a crime has been committed in a community by a person other than a resident.

7.6.5 When a resident death has occurred other than by disease process.

If serious bodily injury is involved, the report will be made immediately but not later than two hours after forming a suspicion that a crime was committed. All other reports involving the suspicion of a crime must be reported within 24 hours.

12/23/2013

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EXHIBIT D

ELDER JUSTICE ACT NOTICE TO EMPLOYEES

PURSUANT TO §6703(B)(3) OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Each employee, agent, contractor, manager, owner, or operator of the Health Center is individually responsible to report the reasonable suspicion of a crime against a resident. An individual who fails to report is subject to a civil money penalty of up to \$300,000 and exclusion from participation in any Federal health care program.

Reports of the reasonable suspicion of a crime against a resident of the Health Center must be made to the **Department of Community Health** and a local law enforcement entity within 2 hours if there is serious bodily injury. If events causing the suspicion do not result in serious bodily injury, it must be reported within 24 hours after forming the suspicion.

The Health Center may not retaliate against any employee who lawfully reports the reasonable suspicion of a crime against a resident as provided in Section 1150B of the Social Security Act.

The Health Center may not discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee, in the terms and conditions of employment because of lawful acts done by the employee for making a report, causing a report to be made, or for taking steps in furtherance of making a report pursuant to the Act.

The Health Center may not file a complaint or report against an employee with the appropriate state professional disciplinary agency because of lawful acts done by the employee for making a report, causing a report to be made, or for taking steps in furtherance of making a report pursuant to the Act.

An employee may file a complaint with the **Department of Community Health** against the Health Center if the Health Center retaliates against an employee who has lawfully reported the suspicion of a crime against a resident. To file a complaint, the employee may call the **Department of Community Health** Complaint Hotline at **1-866-552-4464** or email the complaint to **CustomerService@dhr.state.ga.us**.