8-1993

Abuse, Neglect and Exploitation In Licensed Facilities - Recognize It - Prevent It - Report It

Maine Department of Human Services

Follow this and additional works at: https://digitalcommons.usm.maine.edu/me_collection

Part of the Family Medicine Commons, Geriatric Nursing Commons, Geriatrics Commons, Health and Medical Administration Commons, Medical Humanities Commons, and the Other Mental and Social Health Commons

Recommended Citation
https://digitalcommons.usm.maine.edu/me_collection/95

This Book is brought to you for free and open access by USM Digital Commons. It has been accepted for inclusion in Maine Collection by an authorized administrator of USM Digital Commons. For more information, please contact jessica.c.hovey@maine.edu.
Abuse, Neglect and Exploitation In Licensed Facilities

✓ Recognize it
✓ Prevent it
✓ Report it

State of Maine,
Department of Human Services
Bureau of Elder and Adult Services
15 Anthony Avenue
State House Station #11
Augusta, Maine 04333-0011

August 1993
ANTI-DISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 U.S.C. § 1981, 2000e et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), and Title IX of the Education Amendments of 1972, the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to treatment or employment in its programs and activities.

Ann Twombly, Affirmative Action Coordinator, has been designated to coordinate our efforts to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84 and 91) and the U.S. Department of Education regulations (34 C.F.R. Part 106) implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333. Telephone number: (207) 287-3488 (Voice) or 1-800-332-1003 (TDD), or to the Assistant Secretary of the Office of Civil Rights, Washington, D.C.

Funding for the publication was made available through the Maine Department of Human Services, Bureau of Elder and Adult Services, Appropriation # 013-10A-6051-012-4929.
Table of Contents

Introduction ......................................................................................................... 1

Signs of Abuse and Neglect ............................................................................... 2

Abuse: Risk Factors ............................................................................................ 6

Prevention ............................................................................................................ 8

Maine's Reporting Law ....................................................................................... 9

Investigations of Reports of Abuse, Neglect or Exploitation ......................... 11

Where to Report:

Department of Human Services ........................................................................ 12
Department of Mental Health and Mental Retardation ..................................... 13

Other Relevant Agencies

Department of Attorney General:

District Attorneys ................................................................................................ 14
Medicaid Fraud Control ...................................................................................... 17

Department of Human Services:

Bureau of Medical Services:

Licensing and Certification .................................................................................. 18
Residential Care .................................................................................................. 18

Long Term Care Ombudsman Program ............................................................... 19
INTRODUCTION

In Maine there are approximately 14,450 beds in licensed nursing homes, boarding homes and adult foster homes. In addition there are a total of approximately 110 beds for long term care patients at the Augusta and Bangor Mental Health Institutes.

This Bureau of Elder and Adult Services (BEAS) booklet is a guide for facility staff regarding abuse of residents: how to recognize it; how to prevent it; and responsibilities for reporting it.

The Bureau of Elder and Adult Services which is part of the Maine Department of Human Services recognizes the responsibility of facility staff to assure the welfare and safety of their residents and that the care of adults residing in long term care facilities is a demanding and often difficult job. Unfortunately, there will be times when family members or staff of the facility may treat residents abusively, and almost all facilities have experienced problems with patients abusing one another.

The Bureau is responsible for investigating reports of abuse, neglect or exploitation of incapacitated and dependent adults and to protect incapacitated and dependent adults at substantial risk or in danger. Bureau staff are available at no charge, to train facility staff on site, and there are several video tapes available on the subject of abuse and neglect which can be borrowed without cost. For more information, contact the BEAS Regional Program Manager in your region's Department of Human Services office. The addresses and phone numbers are on page 12.

The Bureau's goal is to maintain a partnership between facilities and the Bureau that will assure the protection of residents and the preservation of their rights.
"Abuse" means the infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm or pain or mental anguish; sexual abuse or exploitation; or the willful deprivation of essential needs. (22 MRSA §3472)

The cases described briefly below are examples of cases referred to the Bureau of Elder and Adult Services.

Cases:

95 year old woman, nursing home resident, physically and sexually abused by son-in-law and grandson during visits

37 year old man, boarding home resident, kicked in groin and stabbed with a paring knife by another resident

35 year old man with mental illness, involved in a series of violent outbursts toward other patients, including dislocating the shoulder of an elderly patient

23 year old woman, mental health institute patient, sexually assaulted while home on a weekend pass

101 year old woman, nursing home resident, slapped by C.N.A. resulting in serious facial bruises

There may be times when you observe signs of abuse but were not actually a witness to what happened. The tangible signs or indicators of abuse, neglect or exploitation described on the following pages tend to be ones that can be detected by trained observers such as facility staff members. More difficult to detect or to determine are intimidation and mental anguish. Facility residents who are ridiculed, maliciously teased, cursed at or threatened may fear retaliation if they speak up or complain about a family member, another resident or a member of the facility staff. It takes skill and sensitivity beyond that required for routine observation to find out if verbal abuse has occurred.
<table>
<thead>
<tr>
<th>Physical Abuse Indicators</th>
<th>Physical assaults, cruel discipline, excessive use of physical or chemical restraints, and unnecessary or incorrect medication may cause any one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken bones</td>
<td>Pain and inability to move a limb may be a sign of a broken bone. This may occur when a resident with osteoporosis is handled roughly by visitors or staff.</td>
</tr>
<tr>
<td>Burns</td>
<td>Burns and blistering skin over a wide area may show up because a resident was placed in a scalding hot tub of water. A more confined spot of burned skin may indicate purposeful burning with a cigarette.</td>
</tr>
<tr>
<td>Cuts</td>
<td>You may observe cuts or scratches because one resident jabbed another resident with a sharp object such as a pencil or scratched a resident with fingernails.</td>
</tr>
<tr>
<td>Bites</td>
<td>These do occur, sometimes because one resident bites another.</td>
</tr>
<tr>
<td>Internal Injuries</td>
<td>Watch for such signs as vomiting, pain, stuporous states, bleeding, swelling or bloody stools. You may observe any one or a combination of these if someone, for example, gave a resident alcohol or drugs that can cause sickness; or if someone overdoses a resident with anti-diarrhea medicine causing severe constipation; or if a blow to the stomach or head has caused internal injuries.</td>
</tr>
<tr>
<td>Marks/Bruises</td>
<td>A resident may have a hand-print shaped bruise where a person slapped them across the face or buttocks.</td>
</tr>
<tr>
<td>Scars</td>
<td>You may observe scars which could indicate that the resident has been a victim of repeated or past abuses.</td>
</tr>
</tbody>
</table>
"Sexual abuse or exploitation" means contact or interaction of a sexual nature involving an incapacitated or dependent adult without that adult's consent (22 MRSA §3472).

You notice that a family member offers affectionate gestures to a resident that are too lingering and seductive or become centered on the sex organs, anus or breasts.

You observe injury to a resident's genitals, anus, breast or mouth following an overnight visit with family.

You overhear a resident attempting to talk an incapacitated resident into sexual intercourse, fellatio, or cunnilingus.

A young female resident tells you that her father manipulates her genitals, buttocks and breasts during his visits to the boarding home.

You happen upon a staff member exposing his/her genitals to a resident.

You learn of a visitor taking nude photographs of residents.
### Indicators of Neglect

"Neglect" means a threat to an adult's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these. (22 MRSA §3472)

Residents suffer from neglect when they are left alone, ignored by staff or left with staff who fail to care for them appropriately.

**Examples:**

- You notice a group of assaultive residents have been left alone and unsupervised.
- You discover an aide who has fallen asleep or is intoxicated while on duty.
- You find that a resident has bleeding gums and some loose teeth, which tells you that a visit to the dentist is long overdue.
- A resident is continually fearful about leaving her room and seems almost panicky when it's time to leave the facility for an outing. Staff "leave her be" rather than attempting to determine the cause of her fear.
- You check on a resident who fell several days ago. Her ankle is swollen and bruised, and she complains of pain when walking. The resident's doctor or family were not notified of the fall immediately. X-rays taken several days after the fact reveal a fracture.

### Indicators of Exploitation

"Exploitation" means the illegal or improper use of an incapacitated adult or his resources for another's profit or advantage. (22 MRSA §3472) Maine law prevents facility employees from being appointed guardians or conservators. (18-A MRSA §S-311)

**Examples**

- Resident's relative, who is representative payee, fails to pay nursing, boarding or foster home bills and provide personal needs money.
- Facility administrator, who is resident's representative payee purchases furniture or clothing not intended for resident.
- Staff member forces resident to give him or her money or personal property such as a TV, jewelry, furniture.
Abuse in facilities may occur in a variety of ways. Residents may abuse one another, facility staff may abuse residents or residents may be abusive toward staff. Abuse may be an act of violence such as physical or sexual assault, or it may be verbal abuse, medication errors or failure to provide proper assistance resulting in injuries.

Risk factors for abuse can be related to facility employees, to conditions in the facility itself or to residents. Listed below are some factors which increase the risk of abuse. The more of them that are present in a situation, the greater the risk. There are also other forces which may contribute to a problem such as the season, holidays, reactions to family visits, weather and time of day. Being aware of what to watch for and averting a build up of such risk factors can help to prevent abuse.

**Employee Risk Factors**

- Alcohol/drug abuse
- Chronic physical illness
- Excessive absenteeism
- Family problems/history of family violence
- Financial problems
- Insubordination/power conflicts/rivalry
- Mental illness
- Numerous disciplinary actions
- Poorly trained
- Role reversal, e.g. looking to resident to fulfill the employee's needs
- Social isolation
- Tardiness/unexplained absences
### Facility Risk Factors

- Accepting residents whose needs cannot be met by facility.
- Crowding/concentration of vulnerable adults.
- Frequent "reorganizations".
- High employee absenteeism.
- High overtime demands.
- High personnel turnover.
- Inadequate and uninformed administrator response to abuse.
- Inconsistent and unclear expectations of staff.
- Lack of staff training.
- Lack of clear role definition for staff.
- Poor communication between administrators and staff (in both directions).
- Poorly paid staff.
- Staff shortages, e.g., least experienced staff required to work holidays when staffing is skeletal/residents agitated.
- Poor building maintenance (ventilation, noise, lighting).

### Resident Risk Factors

- Argumentative.
- Assaultive.
- Demanding.
- History of multiple incidents.
- History of substance abuse.
- Hostile.
- Incompetent, organic brain syndrome (OBS), demented.
- Incontinent.
- Intrusive.
- Manipulative.
- Mute.
- Passive/passive aggressive.
- Sexual acting out behavior.
- Verbally abusive.
Preventing abuse in facilities requires trained staff at all levels. In addition, staff must have administrative support to act to prevent abuse and to file proper incident reports. There is general agreement that an atmosphere in a facility conducive to abuse prevention and protection can be greatly enhanced if the following conditions pertain:

**Prevention**

- Facility administration communicates clearly and consistently that all residents and staff must be treated with dignity and respect.

- Orientation and ongoing training programs are provided that develop appropriate attitudes in new employees and teach staff about resident behavior and needs.

- Administrators and supervisors are competent, accessible to and supportive of staff.

- Employees feel comfortable about discussing personal problems with their supervisors or facility administration. Administrators make appropriate referrals for counseling or assistance.

- Staff who are becoming angry with a particular patient can request reassignment.

- Staff have a pleasant and clean break room.

- Staff have supplies and equipment necessary to do their jobs.

- Staff deal with even minor incidents of abuse immediately. No level of abuse, no matter how "minor", is tolerated.

- Administrators and supervisors convey to staff and residents the importance of reporting suspected abuse, neglect or exploitation to the Department of Human Services. Note in the section on reporting that in addition to reporting to one's supervisor or the facility administrator, the staff person must also make a report directly to the department.

- Facility protects confidentiality of staff/resident reporters.

- Facility administration and staff are aware of, understand the purpose of and call upon the Long Term Care Ombudsman Program for assistance. See page 19 for program description.
Mandatory Reporting

Maine law (22 MRSA §3477-3479-A) requires that certain persons, while acting in their professional capacity immediately report or cause a report to be made of suspected abuse, neglect, or exploitation of an adult, if there is reasonable cause to suspect that the adult is incapacitated.

Professionals who must report:

- Ambulance Attendant
- Certified Nursing Assistant
- Chiropractor
- Christian Science Practitioner
- Coroner
- Dentist
- Emergency Medical Technician
- Emergency Room Personnel
- Lawn Enforcement Official
- Licensed Practical Nurse
- Medical Examiner
- Medical Intern
- Mental Health Professional
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Physician (MD and DO)
- Physician's Assistant
- Podiatrist
- Psychologist
- Registered Nurse
- Social Worker
- Speech Therapist

Facility reporting:

Maine law further states that whenever a person is required to report in his or her capacity as a member of the staff of a medical, public or private institution, facility or agency, that person shall immediately notify the person in charge of the institution, facility or agency or a designated agent of the person in charge, who shall then cause a report to be made. The staff person shall also make a report directly to the appropriate department.

When a staff person is required to report, they must make a report to the person in charge at the facility and to the appropriate department. The charge person will meet the "cause a report to be made" requirement of the law by ensuring the staff person has made a report to the appropriate department.

Optional reporting:

Any person may make a report if that person knows or has reasonable cause to suspect abuse, neglect or exploitation of a dependent or incapacitated adult, or has reasonable cause to suspect that an adult is incapacitated.

Where to report:

Mandatory or optional reports are made to the Department of Human Services, or when the alleged victim has mental retardation, to the Department of Mental Health and Mental Retardation. During office hours reports to the departments are made through Regional Offices of the Bureau of Elder and Adult Services and the Department of Mental Health and Mental Retardation Office of Advocacy. Phone numbers are on pages 12 and 13 respectively.
Immunity

When reports are made in good faith, reporters are immune from any civil liability. Facility staff who comply with the mandatory reporting law also are protected from discharge, threats or discrimination regarding their conditions of employment by their employers under Maine's "whistleblowers protection act" (26 MRSA §831-840.)

Liability

A referral may be made to the professional's licensing board by BEAS. A fine of not more than $500 may be imposed upon a professional who is convicted of knowingly failing to report, and the conviction will also be reported to the professional's licensing board or accrediting unit.

Confidentiality

The Department will respect a request for confidentiality. Identity of reporters requesting confidentiality will not be revealed unless a court or grand jury determines it is required to protect the adult from serious harm.

Self-Abuse

Self-abuse or self-neglect must be recorded in the resident's chart and noted in an incident report but is not reportable to BEAS unless the resident is suspected to be, or is, incapacitated.

Accidents

Injuries from a known accident are not reportable but must be noted in the resident's chart.

Resident vs. Staff abuse

Residents who abuse staff do not have to be reported to BEAS unless the resident is a BEAS client or under public guardianship. These resident incidents must be documented and brought to the attention of appropriate supervisory personnel. The staff member may choose to press charges in cases of assault. The facility is responsible for taking steps to address such abusive behavior on the part of the residents. Residents who abuse staff may also be reported if the resident is incapacitated and has no involved family.
INVESTIGATIONS OF REPORTS OF ABUSE, NEGLECT OR EXPLOITATION

What happens after the incident or suspicion is reported to BEAS also depends on Maine law (Adult Protective Services Act, 22 MRSA §3470-3492) and on the policies and procedures governing the Bureau's operations.

When a report of abuse, neglect or exploitation of a resident is made to BEAS, the Bureau will record the report and decide whether to assign the case for investigation. In general, a case will be assigned if any one of the following conditions exists:

**Cases Assigned:**
- Resident was physically harmed, suffered pain or mental anguish and abuse or neglect was suspected.
- Resident's resources have been used or taken by a family member, another resident, or facility staff person.
- Resident was believed to be or was sexually abused or sexually exploited.
- Victim or perpetrator is incapacitated and may need a guardian or conservator.

**Referrals to Law Enforcement:**
Upon finding evidence indicating that a person has abused, or neglected an incapacitated or dependent adult resulting in serious harm, or has exploited an incapacitated or dependent adult, the Department is required to notify the District Attorney. Suspected abuse, neglect or exploitation on the part of staff in licensed facilities is also reported to the Medicaid Fraud Control Unit of the Attorney General's Office.
WHERE TO REPORT
Report to the regional office of the
Department of Human Services,
Bureau of Elder and Adult Services

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUMBERLAND, YORK</td>
<td>509 Forest Avenue</td>
</tr>
<tr>
<td></td>
<td>Portland, Maine 04101</td>
</tr>
<tr>
<td></td>
<td>774-4581; 1-800-482-7520</td>
</tr>
<tr>
<td></td>
<td>TDD 1-800-492-0670</td>
</tr>
<tr>
<td>ANDROSCOGGIN, FRANKLIN &amp; OXFORD</td>
<td>200 Main Street</td>
</tr>
<tr>
<td></td>
<td>Lewiston, Maine 04240</td>
</tr>
<tr>
<td></td>
<td>795-4300; 1-800-482-7517</td>
</tr>
<tr>
<td></td>
<td>TDD 1-800-784-4421</td>
</tr>
<tr>
<td>KENNEBEC, KNOX, LINCOLN</td>
<td>2 Anthony Avenue</td>
</tr>
<tr>
<td>SAGADAHOC, SOMERSET, WALDO</td>
<td>Augusta, Maine 04333</td>
</tr>
<tr>
<td></td>
<td>624-8060; 1-800-452-1926</td>
</tr>
<tr>
<td></td>
<td>TDD 1-800-633-0770</td>
</tr>
<tr>
<td>HANCOCK, PENOBSCOT</td>
<td>396 Griffin Street</td>
</tr>
<tr>
<td>PISCATAQUIS &amp; WASHINGTON</td>
<td>Bangor, Maine 04401</td>
</tr>
<tr>
<td></td>
<td>947-0511; 1-800-432-7825</td>
</tr>
<tr>
<td></td>
<td>TDD 945-6711</td>
</tr>
<tr>
<td>AROOSTOOK</td>
<td>11 High Street</td>
</tr>
<tr>
<td></td>
<td>Houlton, Maine 04730</td>
</tr>
<tr>
<td></td>
<td>532-5094; 1-800-432-7338</td>
</tr>
</tbody>
</table>

After hours and emergency services
Statewide
1-800-452-1999
## WHERE TO REPORT

When the adult is mentally retarded, report to the Regional Advocate of the Department of Mental Health and Mental Retardation

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>OFFICE</th>
</tr>
</thead>
</table>
| CUMBERLAND AND YORK | 169 Lancaster Street  
Portland, Maine 04101  
822-0270  
TDD 822-0272 |
| ANDROSCOGGIN, FRANKLIN OXFORD | 200 Main Street  
Lewiston, Maine 04240  
795-4500  
TDD 795-4502 |
| KENNEBEC, SOMERSET | AMHI Complex  
State House Station #60  
Augusta, Maine 04333  
287-7189 |
| KNOX, LINCOLN, SAGADAHOC & WALDO | 32 Turner Street  
Brunswick, Maine 04011  
725-4407  
TDD 725-0980 |
| HANCOCK, PENOBSCOT PISCATAQUIS, WASHINGTON | 106 Hogan Road  
Bangor Office Center  
Bangor, Maine 04401  
941-4076  
TDD 941-4392 |
| AROOSTOOK & NORTHERN PENOBSCOT | Box 60  
Westfield, Maine 04787  
425-2751 |

### AFTER BUSINESS HOURS

Pineland Switchboard  
688-4811

Office of Advocacy, State House Station 40, Augusta, Maine 04333  
287-4228

The Office of Advocacy is responsible for investigating abuse, neglect, and exploitation of mentally retarded adults. It has resident advocates at the Augusta Mental Health Institute (AMHI 287-7200) and the Bangor Mental Health Institute (BMHI 941-4000) and Regional Advocates at the offices listed above.
DISTRICT ATTORNEYS

DISTRICT I
(York County)
York County Courthouse (Main office)
Alfred, Maine 04002
324-8001
FAX 324-4997

Biddeford District Court
11 Adams Street, Suite 4
Biddeford, Maine 04005
282-0466

Springvale District Court
Butler Street
Springvale, Maine 04083
324-8214

York District Court
Chase's Pond Road, P.O. Box 776
York, Maine 03909
363-7434

DISTRICT II
(Cumberland county)
Cumberland County Courthouse (Main office)
142 Federal Street
Portland, Maine 04101
871-8384 or 871-8388

DISTRICT III
(Androscoggin, Franklin & Oxford counties)
Androscoggin Cnty Courthouse (Main office)
Two Turner Street
Auburn, Maine 04210
784-1397
FAX 782-5367

Assistant District Attorney
Main Street
Farmington, Maine 04938
778-5890
FAX 778-5899

Assistant District Attorney
27 Western Avenue
South Paris, Maine 04231
743-8282
DEPARTMENT OF THE ATTORNEY GENERAL (Continued)

DISTRICT IV
(Kennebec & Somerset)

Kennebec County Courthouse (Main office)
95 State Street
Augusta, Maine 04330
623-1156
FAX 622-5839

Assistant District Attorney
Augusta District Court
145 State Street
Augusta, Maine 04330
623-1635

Assistant District Attorney
Somerset County Courthouse
Court Street
Skowhegan, Maine 04976
474-2423

Assistant District Attorney
Waterville District Court
46 Front Street
Waterville, Maine 04901
873-7317

DISTRICT V
(Penobscot & Piscataquis)

Penobscot County Courthouse (Main office)
97 Hammond Street
Bangor, Maine 04401
942-8552
FAX 947-5926

Assistant District Attorney
Piscataquis County Courthouse
Dover-Foxcroft, Maine 04426
564-2181
<table>
<thead>
<tr>
<th>DISTRICT VI</th>
<th>Knox County Courthouse (Main office)</th>
<th>62 Union Street</th>
<th>Rockland, Maine 04841</th>
<th>594-0425</th>
<th>FAX 594-0433</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Knox, Lincoln, Sagadahoc, Waldo)</td>
<td>Assistant District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sagadahoc County Courthouse</td>
<td>752 High Street</td>
<td>Bath, Maine 04530</td>
<td>443-8204</td>
<td>443-8205</td>
</tr>
<tr>
<td></td>
<td>Assistant District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>73 Church Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Belfast, Maine 04915</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>338-2512</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistant District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lincoln County Courthouse</td>
<td>882-7312</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wiscasset, Maine 04578</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRICT VII</th>
<th>Hancock County Courthouse (Main office)</th>
<th>60 State Street</th>
<th>Ellsworth, Maine 04605</th>
<th>667-4621</th>
<th>FAX 667-7516</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Hancock &amp; Washington)</td>
<td>Assistant District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City Building, 88 South Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calais, Maine 04619</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>454-3159</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistant District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Washington County Courthouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34 Center Street, P.O. Box 297</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Machias, Maine 04654</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>255-4425</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DEPARTMENT OF THE ATTORNEY GENERAL (Continued)

**DISTRICT VIII**

(Aroostook)

Aroostook County Courthouse (Main office)
240 Sweden Street
Caribou, Maine 04736
498-2557
FAX 493-3491

Assistant District Attorney
Aroostook County Courthouse
Houlton, Maine 04730
532-4294

**MEDICAID FRAUD CONTROL UNIT**

State House Station #6, State Office Building 6th Floor
Augusta, Maine 04333
626-8520

This unit is mandated to investigate fraud perpetrated by Medicaid providers and situations where there are allegations of abuse, neglect or exploitation by staff in a facility that receives Medicaid
Licensing and Certification  This division surveys hospitals, nursing homes and other medical and health related institutions and determines if they meet standards for Medicaid and Medicare Certification and state licensure.
Central office - 287-2606

Augusta District Office
State House, Station #11
35 Anthony Avenue
Augusta, Maine 04333
624-5386

Bangor District Office
396 Griffin Road
Bangor, Maine 04401
947-0511
1-800-432-7825
TDD 945-6711

Portland District Office
509 Forest Avenue
Portland, Maine 04101
774-4581
1-800-482-7520
TDD 1-800-492-0670

Residential Care  Under the Division of Licensing and Certification is responsible for licensing of adult foster and boarding homes. It conducts surveys, investigates complaints and provides facility staff training.

State House Station #11, 35 Anthony Avenue
Augusta, Maine 04333
624-5250
The Long Term Care Ombudsman Program investigates and resolves complaints made on behalf of residents of Maine's nursing, boarding, and adult foster homes and recipients of home care. Any person may ask for assistance from the Ombudsman Program on behalf of a resident of one of these facilities. The Ombudsman receives complaints directly from residents, from friends and relatives, employees and administrators, and public agencies and community groups. They include complaints about the quality of care that a resident receives in a long term care facility, and about problems that residents have regarding eligibility for state programs, financial status, legal problems, and transfer assistance. The Ombudsman Program also provides training on resident rights and on federal and state regulations and identifies issues that may require legislative or regulatory changes.

THE RIGHTS OF LONG TERM CARE RESIDENTS

1. To voice grievances without fear of reprisal and receive a prompt response from the facility.
2. To exercise their rights as a resident and as a citizen.
3. To be free from mental and physical abuse and to be free from chemical and physical restraints.
4. To be discharged or transferred only if the facility is unable to meet the resident’s medical needs, if the resident’s health has improved such that he/she no longer needs nursing home care, if the health or safety of other residents is endangered, or if the resident has failed, after reasonable notice, to pay for his/her stay in the facility. Discharge notice must be given in writing at least 30 days in advance or as soon as possible if more immediate changes in health require a more immediate transfer.
5. To associate and communicate privately with persons of their choice.
6. To participate in social, religious, and community activities.
7. To have access to their personal and medical records, to be informed of their medical condition, to participate in planning their care and treatment.
8. To manage personal financial affairs.
9. To keep and use personal belongings as space permits.
10. If married, to share a room with a spouse.
11. To receive a reasonable accommodation by the facility for individual needs and preferences.
12. To choose activities, schedules and health care consistent with his/her interests, assessments and plan of care.
13. To advance notice of change in room or roommate.
14. To organize and participate in residents groups.
15. To have access to results of licensing surveys.

If you feel that these or other rights have been denied to any person in a long term care facility, call the Ombudsman Program.