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SOCIAL WORK IN NURSING HOMES PART 2 – CASE STUDIES

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CASE 1

A report identified Mrs. S. being sexually harassed by Mrs. C. During investigation, Mrs. S. denied any sexual contact with Mrs. C; however, Mrs. S. reported Mrs. C. saw her undressed after a shower when Mrs. C entered the bathroom as Mrs. S. exited the shower.

Both residents were determined to have capacity to report incidents in chronological order. When interviewed by facility staff, Mrs. C. requested a change in residence and additional mental health support. Mrs. C. has severe and persistent mental health disorders that impact decision-making. Mrs. S. did not suffer any psychological harm based on a reasonable person approach. However, soon after the incident, Mrs. C. was sent and admitted to the hospital for behavioral concerns.

- **Is this abuse?**
- **What is the role of the social worker in the Root-Cause-Analysis of this incident?**

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CASE 2

On Monday, Mrs. D. was provided a skin assessment and became upset. She reported that the Registered Nurse completed the assessment without her consent and that the Registered Nurse is mean. Mrs. D.'s current diagnoses include Depression and Anxiety that is managed by a Primary Care Physician. Mrs. D. recently had a decrease in her anxiety medications and is now behaving more erratically and presenting as paranoid. When investigated, Mrs. D. denies further accusations and admits feeling "out of control," then requests her medication be changed. The report of abuse is discontinued with evidence from family and resident report denying allegations.

- **How can you support Mrs. D.?**
- **What can you do as a social worker?**

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CASE 3

Mr. G. was admitted for short-term rehab that extended over 2 years and was provided a 30-day Notice for Discharge that Mr. G. maximized services and attained goals for Physical and Occupational Therapy. Mr. G. can now walk with the assistance of a walker and has the use of a wheelchair. However, Mr. G. cannot use his wheelchair at his apartment because the space is too small and there is no safe egress. It is determined that Mr. G. cannot return to his apartment because of these issues. Mr. G. is discharged to a community shelter.

- **Is this a care plan violation?**
- **What is your role as a social worker?**

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CASE 4

Mr. J. woke up this morning in good spirits. However, the right side of his upper body has obvious, significant bruising. Mr. J. has Dementia and is a poor historian. When the Registered Nurse comes to assess Mr. J., he cannot articulate if he is in pain and denies having fallen. Mr. J. is sent to the hospital to rule out fractures.

There is no report from the night before of Mr. J. falling or complaining of bruising. Upon staff interviews, there is no report of Mr. J. having fallen.

- **How can you support Mr. J.?**
- **Can you help identify a root-cause analysis?**

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REFERENCES

Section 415.3 - Residents' rights | New York Codes, Rules and Regulations

New York State Department of Health: About Inspections

eCFR :: 42 CFR Part 483 -- Requirements for States and Long Term Care Facilities.5 - Resident protections | New York Codes, Rules and Regulations

Section 400.21 - Advance directives | New York Codes, Rules and Regulations

NASW Standards for Social Work Services in Long-Term Care Facilities

MDS 3.0 Item Set

Section 415.5 - Quality of life | New York Codes, Rules and Regulations

SOM - Appendix PP

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