REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

Date Completed
11/16/2021 12:02:59 AM

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE.
SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ Check box if victim consents to disclosure of information
(Ombudsman use only - WIC 15636(a))

Name (Last Name, First Name)	Age	Date of Birth	SSN
Sullivan, Maureen	78	07/14/1943	--

Gender Identity	Sexual Orientation	Ethnicity	Race
☐ Male ☐ Female ☐ Transgender ☐ Other/Nonbinary ☐ Unknown/Not Provided	☐ Straight ☐ Gay/Lesbian ☐ Bisexual ☐ Questioning ☐ Unknown/Not Provided	Not Hispanic, Latino/a or Spanish Origin	White
		Language (Check one) ☐ Non-Verbal ☐ English ☒ Other (Specify)	

Address (If facility, include name and notify ombudsman)	City	Zip Code	Telephone
			(h) -- (w) -- (ext) -- (c) --

Present Location (If different from above)	City	Zip Code	Telephone
Sutter Medical Center Sacramento			

☒ Elderly (65+) ☐ Developmentally Disabled ☐ Mentally Ill/Disabled
☐ Physically Disabled ☐ Unknown/Other

☐ Lives Alone
☐ Lives with Others

B. SUSPECTED ABUSER Check if ☐ Self-Neglect

Name of Suspected Abuser Sullivan, Zeniah			
Address	City	Zip Code	Telephone (h) -- (w) -- (ext) (c) --

☐ Care Custodian (Type)_ ☐ Parent ☒ Son/Daughter ☐ Other
☐ Health Practitioner (Type)_ ☐ Spouse ☐ Other Relation

Gender ☐ Male ☐ Female	Ethnicity	Age	D.O.B
Height	Weight	Eyes	Hair

C. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.) or concerns about the client's mental health.

☐ CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

SITUATION:
Reporter is nurse in Emergency Room who took care of patient during their care in ER.

Patient (pt) arrived to the ER saturated in feces and urine. Pt has extensive wounds resulting from being bed bound without proper skin care. Pt clinically dehydrated. Pt required IV fluids and IV antibiotics for infection. Pt states she lives with her daughter who takes care of her. Pts daughter called and states she has been taking care of her for ten years but it has been getting harder to do due to patients physical mobility limitations and patients declining cognitive abilities. Patients daughter states she was unaware of how bad her mothers skin was, despite being her sole caretaker.

BEST TIME TO REACH:

AP HAS ACCESS TO AV:
Patient resides with her daughter.

UNDER 65 INFO:

SAFETY CONCERNS:

D. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to

☐ All ☐ All but victim ☐ All but perpetrator

Name	Signature	Occupation	Agency/Name of Business
McMann, Chelsea		Registered Nurse	Sutter Medical Center

Relation to Victim/How Abuse is Known	Street	City	Zip Code
Medical Personnel, None, None	2825 Capital Ave,	Sacramento	95816

Telephone	E-mail Address
(h) -- (w) 916-887-1130 (ext) (c) --	prattcc@sutterhealth.org

E. INCIDENT INFORMATION - Address where incident occurred

2825 Capital Ave Sacramento , CA 95816

Date/Time of Incident(s)
11/15/2021 10:00 PM

Place of Incident (Check One)

☐ Own Home ☐ Community Care Facility ☐ Hospital/Acute Care Hospital ☐ Home of Another
☐ Nursing Facility/Swing Bed ☒ Other (Specify)

F. REPORTED TYPES OF ABUSE (Check All that Apply)

1. Perpetrated by Others (WIC 15610.07 & 15610.63)

a. ☐ Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)
b. ☐ Sexual
c. ☐ Financial
d. ☒ Neglect (including Deprivation of Goods and Services by a Care Custodian)
e. ☐ Abandonment
f. ☐ Isolation
g. ☐ Abduction
h. ☐ Psychological/Mental
i. ☒ Other__________________

2. Self-Neglect (WIC 15610.57 (b)(5))

a. ☐ Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration)
b. ☐ Self-Neglect of Residence (unsafe environment)
c. ☐ Financial Self-Neglect (e.g. inability to manage one's own personal finances)

Abuse Resulted In (Check All that Apply)

☐ No Physical Injury ☐ Minor Medical Care ☒ Hospitalization ☐ Care Provider Required
☐ Death ☐ Mental Suffering ☐ Serious Bodily Injury* ☐ Other (Specify)_ ☐ Unknown
☐ Health & Safety Endangered

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE
(Family, significant others, neighbors, medical providers, agencies involved, etc.)

Name	Relationship
,	, ,

Address	Telephone (h) (w) (ext) (c)

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE

(If known, list contact person) If Contact person check ☐

Name	Relationship		
McMann, Chelsea	Medical Personnel, None, None		
Address	City	Zip Code	Telephone (h) (w) (ext) (c)

I. TELEPHONE REPORT MADE TO ☐ APS ☐ Law Enforcement ☐ Local Ombudsman ☐ Calif. Dept. of State Hospitals ☐ Calif. Dept. of Developmental Services

Name of Official Contacted by Phone	Telephone	Date/Time

J. WRITTEN REPORT

Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed
Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed
Agency Name	Address or Fax	☐ Date Mailed	☐ Date Faxed

K. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received By	Date/Time 11/16/2021 12:02:59 AM

2. Assigned ☐ Immediate Response ☐ Ten-Day Response ☐ No Initial Response (NIR) Not APS ☐ Not Ombudsman ☐ No Ten-Day (NTD)

Approved By	Assigned To (optional)

3. Cross-Reported to ☐ CDPH-Licensing & Cert.; ☐ CDSS-CCL; ☐ Local Ombudsman; ☐ Bureau of Medi-Cal Fraud & Elder Abuse; ☐ Calif. Dept. of State Hospitals; ☐ Law Enforcement; ☐ Professional Licensing Board; ☐ Calif. Dept. of Developmental Services; ☐ APS; ☐ Other (Specify)

Date of Cross-Report

4. APS/Ombudsman/Law Enforcement Case File Number

Report ID: 175744

Other Case #: