

RON 10-4-08

Carroll, Debra A (1017369456)
8/13/2008

1. REPORTER'S DETAILS

1.A. CONSUMER'S INFORMATION

1. Date Report of Need was received
8/13/2008

2. Time Report of Need was received
8:00 am

3. Date(s) of the incident(s)
08/12/2008

4. Consumer's Last Name
Carroll

5. Consumer's First Name
Debra

6. Consumer's Middle Initial
A

7. Consumer's Name Suffix (if applicable)

Notes N/A

1.B. Address Information

1. Consumer's RESIDENTIAL Street Address (Include number of house, apartment, or room.)
128 West Street

2. Consumer's RESIDENTIAL Municipality (This is usually a Township or Boro, and where Consumer Votes, Pays Taxes.)
Altoona City

3. Consumer's RESIDENTIAL City or Town (optional)

4. Consumer's RESIDENTIAL County
Blair

5. Consumer's RESIDENTIAL State
PA

6. Consumer's RESIDENTIAL Zip Code (optional)

7. Consumer's POSTAL Street Address or PO Box
128 West Street

8. Consumer's POST OFFICE Location -City or Town
Altoona

9. Consumer's POSTAL State
PA

10. Consumer's POSTAL Zip Code
16601

11. Consumer's RESIDENTIAL Telephone Number

814-355-5818

12. Directions to Consumer's Location

Turn left off of Pleasant Valley Blvd. Go two blocks. Turn right on to West Street. House is pink and to the right

13. Consumer's Place of Residence at Time of Report of Need

- Apartment
 Assisted Living (AL)
 Caretaker/Caregiver's Home
 Domicilliary Care Home
 Nursing Home (NH)
 Own Home
 Personal Care Home (PCH)
 Other-Document Details in Notes
 Unknown

Notes

14. Consumer's Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent, and have no roommate.)

- Lives Alone
 Lives with Spouse Only
 Lives with child(ren) but not Spouse
 Lives with other family member(s)
 Other-Document Details in Notes
 Don't Know

Notes Lives with one son - Bryce

15. Are there other individuals residing with the Consumer?

- Yes
 No
 Unknown

Notes Bryce's girlfriend - Aimee**1.C. CONSUMER'S DEMOGRAPHIC DATA**

1. Consumer's Primary Language

- American Sign Language
 Arabic
 Armenian
 Cantonese
 Chinese/Other
 English
 Farsi (Persian)
 Filipino (Tagalog)
 French
 German
 Greek
 Haitian Creole
 Hebrew
 Italian
 Japanese

1. Consumer's Primary Language

- Korean
- Lithuanian
- Mandarin
- Mein
- Polish
- Portuguese
- Romanian
- Russian
- Serbian-Cyrillic
- Spanish
- Thai
- Turkish
- Vietnamese
- Other-Document in Notes

Notes

2. Consumer's Date of Birth (DOB)

10/17/1936

3. Consumer's Marital Status

- Divorced
- Legally Separated
- Married
- Single
- Widowed
- Other-Document in Notes
- Unavailable

Notes

4. Consumer's Gender

- Female
- Male

Notes

5. Consumer's Social Security Number (SSN)

242-12-9456

6. Consumer's Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Notes

7. Consumer's Race(s)

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-Minority (White, Non-Hispanic)
- White-Hispanic
- Other-Document in Notes

7. Consumer's Race(s)

Unavailable

Notes

8. Name and Telephone Number of the Consumer's Primary Care Physician

Dr. Pepper - 814-328-4372

SAMPLE

2. REPORTER'S DATA

2.A. REPORTER'S INFORMATION

1. Reporter's full Name

Dennis DeSantis

2. If the Reporter is calling for or from an organization/facility, document the Name of the organization/facility. ACT 13 Reporters must complete Section 4 on Mandatory Reports. Mandatory Reporters CANNOT be anonymous.

N/A

3. Reporter's telephone number

814-248-6317

4. Reporter's Address

130 West Street

5. Is this a Mandated Report as defined by the Older Adult Protective Services Act (OAPSA)?

Yes, ACT 13 Report (Remind Reporter of additional reporting requirements)

No

Notes

6. Type of VOLUNTARY Reporter

Alleged Perpetrator (AP)

Anonymous

Area Agency on Aging (AAA)

Consumer

Domiciliary Care Home Non-ACT 13

Family Member

General Public

Home Health Care Agency (Other)

Hospital

Law Enforcement Agency

LTC Ombudsman

Nursing Facility-Non-ACT 13

PCH/AL-Non-ACT 13

Social Service

Other-Document Details in Notes

Notes - Mr.DeSantis is the kindly neighbor

3. REPORTER'S OBSERVATIONS**3.A. PHYSICAL CONDITION & HEALTH**

1. Reported physical and health conditions of Consumer

- Functional limitations-Document Details in Notes
- Medication misuses (ie. undermedicated, substance abuse)
- Physical trauma (ie. bruises, cuts, burns, signs of sexual abuse)
- Poor personal hygiene (ie. dirty, odorous, poor dental health)
- Poor nutritional status (ie. malnourished, dehydrated, weight loss)
- Recent hospitalizations (ie. Consumer hospitalized in last 30 days)
- Unmet personal needs (ie. lack of false teeth, eyeglasses, hearing aid)
- Untreated medical condition (ie. ulcerations, bedsores)
- Other-Document Details in Notes
- Unknown

Notes Mr. DeSantis reports that he has observed the following:

Mrs. Carroll is unkempt, wears the same soiled clothes for days at a time. She often has a foul odor about her. Her hair does not appear to have been washed for a long time.

Consumer told Mr DeSantis that her son takes her pain medication for his own use or to sell to friends. He does not get her prescribed medications on time so she often goes without.

Consumer often complains that she is very hungry because the girlfriend who is suppose to cook is eating the home delivered meals and does no shopping for the consumer.

Consumer has not seen the doctor for a "long time" and her feet are swollen and has open wounds on her feet.

3.B. EMOTIONAL & MENTAL CONDITION

1. Reported emotional and mental conditions of Consumer

- Confusion (ie. memory loss, wandering)
- Disoriented (ie. to person, place, or time)
- Feels threatened or intimidated
- Hallucinations (ie. hearing voices, seeing non-existent objects or people)
- Recent suicidal talk/actions/thoughts
- Unable to communicate and/or comprehend
- Other-Document Details in Notes
- Unknown

Notes Consumer seems very forgetful.

3.C. PHYSICAL ENVIRONMENT

1. Reported problems with the physical environment of Consumer

- Architectural barriers (ie. inaccessible, bathroom, stairway)
- Garbage/trash accumulation
- Inadequate utilities (ie. heat, plumbing)
- In need of repair
- Insect/pest problem(s)
- Pet/animal problem(s) (ie. overpopulation, inadequate care)
- Safety hazard(s) (ie. fire danger, leaky roof)
- Other-Document Details in Notes
- Unknown

Notes Mr DeSantis said he has been in the home and has observed signs of rodent infestation and fleas. Consumer has a dog that is not house trained and he observed animal droppings in the living room. He stated that he was bit by fleas while visiting. There were several days of garbage accumulating and overflowing in the kitchen.

2. Note any dangers

- Gang Activity
- History of Violent Behavior in Home
- Known Drug Activity
- Pets
- Weapons
- Other-Document Details in Notes

Notes The consumer has a poorly trained dog and she said her son does have guns.

3.D. FINANCIAL PROBLEMS

1. Reported financial problems of Consumer

- Depleted bank account with no reason
- Fiduciary relationships
- Mismanagement of funds (ie. unpaid bills, utility shut-offs)
- Missing assets (ie. checks, cash, personal property)
- Unexpected change of name on accounts
- Other unusual financial arrangements-Document Details in Notes
- Unknown

Notes NO

2. Does the Consumer have assistance with legal/financial concerns?

- Yes
- No-Skip to 3.E.1

Notes

3. If response to 3.D.2 is "Yes," check all appropriate options from list below.

- Guardian
- Informal Representative
- Lawyer
- Power of Attorney (Healthcare)
- Power of Attorney (Durable)
- Representative Payee

Notes Mrs Carroll's other son - Damian Carroll is power of attorney and ensures that all bills are paid.

3.E. CONSUMER'S CURRENT SITUATION

1. Identify ALL ALLEGATIONS made by the Reporter. Document ALL Details provided regarding EACH ALLEGATION in the Notes section.

- Physical Abuse
- Emotional Abuse
- Self Neglect
- Caretaker/Caregiver Neglect
- Exploitation
- Abandonment
- Sexual Abuse
- Other Allegations-Document Details in Notes

Notes Mr. DeSantis states that he does not feel the consumer is capable of caring for her self. She has some confusion and requires the assistance of a caregiver that she is not receiving. Her appearance and personal hygiene are poor. She is not eating appropriately. Not taking her medications as prescribed. It has been "awhile" since she last visited her physician. The condition of the home is poor. All appliances are operational. There is no major structural damage. The major problem is with animal waste, rodents, fleas and accumulation of garbage.

2. Is the Consumer in a life threatening situation?

- Yes

2. Is the Consumer in a life threatening situation?

- No
- Unknown

Notes Mr. DeSantis said the consumer has been living like this for some time.

3. Can the Reporter identify the Alleged Perpetrator?

- Yes
- No
- Unsure

Notes The caregivers - Bryce Carroll (son) and Aimee Getgen (Bryce's girlfriend)

4. Does the Alleged Perpetrator currently have access to the Consumer?

- Yes
- No
- Unknown

Notes

5. Does the Alleged Perpetrator have access to the Consumer's property or assets?

- Yes
- No
- Unknown

Notes Caregivers live with the consumer

6. Date Consumer was last seen

8/12/2008

Notes Mr. DeSantis said that he visited the consumer yesterday for the first time in a few weeks and was appalled at the amount of mess in the house.

7. Name of person who last saw the Consumer.

Dennis DeSantis

Notes Mr DeSantis rarely sees anyone visiting the consumer and feels he was the last to see her.

8. Where is the Consumer currently located?

Home

3.F. CARETAKER/CAREGIVER'S INFORMATION

1. Does the Consumer have a Caretaker/Caregiver? Skip to 4-A if response is "No" or "Unknown."

- Yes
- No-Skip to 4.A.1
- Unknown-Skip to 4.A.1

Notes

2. Caretaker/Caregiver's first Name

Bryce

3. Caretaker/Caregiver's last Name

Carroll

4. Caretaker/Caregiver's telephone number

814-355-5818

5. Caretaker/Caregiver Address

128 West Street

6. Caretaker/Caregiver's relationship to the Consumer

- Husband

6. Caretaker/Caregiver's relationship to the Consumer

- Wife
- Daughter/Daughter-in-Law
- Mother/Mother-in-Law
- Son/Son-in-Law
- Father/Father-in-Law
- Other Relative-Document in Notes
- Other Non-Relative-Document in Notes
- Unknown

Notes

SAMPLE

4. ACT 13 REPORTING ONLY**4.A. MANDATORY REPORTS (If not an ACT 13 MANDATORY REPORT, Skip to Section 5-A.)**

1. Type of ACT 13 MANDATORY Reporter

- Adult Daily Living Center (ADLC)
- Assisted Living Facility-DPW
- Birth Center (BC)-DOH
- Community Residential Rehabilitation Services-MH (CRRS)-DPW
- Domiciliary Care Home
- Hospice-DOH
- Hospital LTC-DOH
- Home Care Agency-DOH
- Home Care Registry-DOH
- Licensed Home Health Care (HH)-DOH
- Long Term Structured Residence (LTSR)-DPW
- Nursing Home-DOH
- Personal Care Home (PCH)-DPW
- State Mental Hospital-DPW
- *Community Homes-individuals with MR (Exempt from reporting under 60 abuse)-DPW
- *ICF/MR (Exempt from reporting under 60 abuse)-DPW

Notes

2. Type of ACT 13 abuse reported

- Sexual abuse
- Serious bodily injury (risk of death, permanent disfigurement, loss/impairment)
- Serious physical injury (causes severe pain, impairs physical functioning)
- Suspicious death
- Abuse not one listed above-Document Details in Notes

Notes

3. Was the ACT 13 Mandatory Reporter advised of additional reporting requirements to PDA and Law Enforcement?

- Yes
- No-Skip to 5-A-1

Notes

4. Date the organization/facility was notified of the ACT 13 additional reporting requirements to PDA and Law Enforcement

5. Time the organization/facility was notified of the ACT 13 additional reporting requirements to PDA and Law Enforcement

8/13/2008

5. REPORT OF NEED SUMMARY**5.A. REPORT OF NEED SUMMARY**

1. What is the Category assigned to the Report of Need at intake?

 Emergency-Immediately refer to OAPS Priority-Immediately refer to OAPS Non-priority-Normal Business No need for OAPS-Explain in Notes Referred to another AAA*Notes***5.B. RON CONFIRMATION (Completed by PS Worker or Supervisor)**

1. Date Report of Need was received by Protective Service Worker

8/13/2008

2. Time Report of Need was received by Protective Service Worker

9:15 am

3. Was the Category assigned to the Report of Need at intake confirmed?

 Yes-Skip to 5.B.5 No*Notes*

4. If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here.

 Emergency-Immediately refer to OAPS Priority-Immediately refer to OAPS Non-Priority-Normal Business No need for OAPS-Explain in Notes Referred to another AAA*Notes* It is unclear if the consumer is out of medications and what impact her son taking her pain medications is having on her functional ability and quality of life. A primary concern is that she has not seen her primary physician in awhile. Mr. DeSantis indicated that there seemed to be an exacerbation in the deterioration of the condition of the home and mentioned several environmental issues that can adversely affect her health.

5. Based on review of the RON, what organizations/agencies were notified of the RON? Check all that apply. Document in the Notes AND the Consumer's Care Plan Journal in SAMS the dates and individual Names contacted for each choice below.

 Coroner Department of Aging (PDA) Department of Health (DOH) Department of Public Welfare (DPW) Law Enforcement MH/MR Ombudsman Other-Document Details in Notes None-Document Details in Notes*Notes* NONE

6. If referred to a different AAA, document the AAA Number and the Name of the County.

N/A

7. If referred to another AAA, document the Name of the individual who accepted the report.

N/A

8. Date referred to another AAA

5.C. ACT 13 SUMMARY REPORT (If not an ACT 13 MANDATORY Report, Skip to 5.D.1)

1. When was the MANDATORY written report received by the AAA from the facility? (ACT 13 only)

- Within 48 hours
- More than 48 hours
- Not received

Notes N/A

2. If any of the 4 Serious Types of Abuse listed in question 4-A-2 were selected, did the AAA forward the facility's MANDATORY written report to PDA? (ACT 13 only)

- Yes
- No

Notes

5.D. INVESTIGATION OUTCOME

1. Upon completion of the Protective Services Investigation, what was the finding?

- SUBSTANTIATED-Allegations found to be TRUE, Consumer needs OAPS
- SUBSTANTIATED-Allegations UNFOUNDED-Consumer fits PS criteria for other reasons
- UNSUBSTANTIATED

Notes

6. SIGNATURES

6.A. SIGNATURES, TITLES, & DATES FOR REPORT OF NEED

1. Signature & Title of Intake Worker

Wendy Jones

Date

8/13/2008

2. Signature & Title of Investigator

N/A

Date

3. Signature & Title of Supervisor

Tammy Brown - Protective Services Supervisor

Date

8/13/2008

4. Signature & Title of Director

N/A

Date

SAMPLE