ADULT PROTECTIVE SERVICES

Policy Manual, Chapter 2000

AGING AND DISABILITY SERVICES DIVISION

2001 INTRODUCTION

Aging and Disability Services Division (ADSD), Adult Protective Services (APS) receives and investigates statewide reports of abuse, neglect, self-neglect, exploitation, isolation, and abandonment for vulnerable persons aged 18-59, and for adults aged 60 years and older, collectively referred to as 'vulnerable adults' as defined by state law. (NRS 200.5092)

2001.2 GENERAL PROVISIONS

Regardless of income, a vulnerable adult is eligible for APS when meeting the following criteria:

- Resides in Nevada and falls under APS jurisdiction;
- Identified in the specified age range (18 and over);
- Meets the definition of "vulnerable adult";
- Is alleged to have been abused and/or neglected; and
- Has been identified by APS to need services

2010 ELIGIBILITY & INTAKE

There is no required application that must be submitted to determine eligibility for services. Clients must meet the minimum general provisions (Section 2001.2) that will be determined through the reporting process.

2011 REPORTS OF SUSPECTED ABUSE

Any person may report an incident if they have reasonable cause to believe that a vulnerable adult has been abused, neglected, exploited, isolated, or abandoned. Reports may remain anonymous, and all information reported is maintained as confidential. (NRS 200.5095)

Mandated reporters are required to report to the ADSD/APS, a police department or sheriff's office when they know or have reason to believe that a vulnerable adult has been or is being abandoned, abused, exploited, isolated, or neglected (NRS 200.5093). Reports must be made as soon as possible, but no more than twenty-four (24) hours after becoming aware of the situation. If a report situation appears to be an emergency, the reporting party should call 911 immediately.

APS reports can be made via:

- Telephone, during regular business hours, to APS Intake at (702) 486-6930 or Statewide/Toll Free at (888) 729-0571. For after hours and holiday reports can be made to the Crisis Support Services of Nevada at (775) 784-8090 or

Statewide/Toll Free at (888) 273-8255. Callers have the option to leave a voicemail or wait to speak to a live person. Call backs are required within 24 hours;

- U.S. Postal Services, mail to a local ADSD office or electronically via secure and encrypted methods in compliance with state and federal confidentiality regulations;
- Fax to (702) 486-3572;
- In person at a local ADSD office; or
- Online using the Nevada Adult Protective Services Web Intake Report.

The Reporting Party (RP) may receive a call back (with supervisor approval) if more information is needed. Any reports and materials received in writing (e.g., email, letter, envelope) must be saved and included as part of the case record.

2012 PROCESSING INTAKE REPORTS

Reports are processed as received during business hours, to the extent possible, or the following business day if received after hours. Intake Specialists follow standardized process to gather as much information as possible from the RP regarding the allegations. As reports come in, the Intake Specialist must search the designated electronic system of record to include any reporting history for other ADSD program involvement (APS, Developmental Services (DS), Office of Community Living (OCL), etc.) to prevent duplication of records and ensure reports are opened for the correct individual. Information collected must be documented in the designated electronic system of record in real time, to include transcription of written reports received via email, mail, or fax.

If a report is received on a case that is already open, the report will be entered as a subsequent report and linked to the original report investigation. The Intake Specialist will not open a new case.

A report made to APS will either result in an investigation by APS or in a referral to another ADSD unit or agency that can provide support to the individual and/or family in question.

Intake Specialists are also responsible for determining what type of call is coming in, and if it requires a referral to an outside agency. These calls are routed to the appropriate agency when received.

2012.1 INFORMATION GATHERING

The Intake Specialists use the Intake Information Checklist (APS-EI-JA-01) as a guide to prompt open ended questions for fact finding to collect key intake information. This will determine if the reporter is requesting information regarding services for a

vulnerable adult, or if the reporter is reporting a potential crime. The following key intake information must be collected:

- Identification, description, and access information of the client and POI. If the report is of self-neglect, no POI will be listed.
- Specific allegations and the nature of the abuse.
- If an emergency response is necessary.
- Reasons and/or evidence of suspected abuse, neglect, and exploitation (ANE).
- Any actions taken to protect, treat, shelter, and/or assist the client.

2012.2 INTAKE PROCESS INVOLVING COMPLEX NEEDS OR SAFETY CONCERNS

Intake reports involving complex needs, safety concerns or threats to ADSD staff (e.g., serious mental illness (SMI), lack of food or shelter, client at immediate risk of harm or has life threatening injuries) must be made a priority.

Any safety concerns (e.g., unusual incidents, life threatening emergencies, suicidal or homicidal threats, physical threats towards agency personnel, etc.) must be directed to the Intake Supervisor immediately and added to the report and in an Alert Note in the designated electronic system of record. Intake Supervisors will follow standard operating procedures established within ADSD's safety policies for threats to agency personnel. If immediate danger to the client is indicated in the report, the APS Intake Supervisor may call 911 or local law enforcement for a medical evaluation or a welfare check.

When APS Intake receives a report of concern related to a client or POI who are known or suspected to have SMI, details must be obtained to evaluate the severity and whether treatment is in place. An Alert Note must be entered within the designated electronic system of record. The APS Intake SWS will review the intake report to determine eligibility. APS Intake SWS may request the Mental Health Counselor (MHC) to contact the RP to provide resource information and/or to elicit more information.

2012.3 INTAKE PROCESS TO INVOLVE LAW ENFORCEMENT

APS Intake staff will provide the RP with the phone number and physical address of the appropriate local law enforcement agency and request the RP contact law enforcement in instances of:

- Client self-reporting, other than self-neglect;
- Allegations of sexual abuse;
- Injury due to allegations of abuse, neglect, isolation, or abandonment, or immediate risk (regardless of placement); or

- Client is deceased.

APS Intake staff are required to document the request and the RP's response in the designated electronic system of record. In addition, APS must contact the local law enforcement immediately following any reports of alleged sexual abuse.

Intake Specialists must notify the APS Chief and Intake Supervisor immediately after entering any report, in the designated electronic system of record, received by law enforcement.

2012.4 ALERT NOTES

All safety concerns identified by the RP will be added to the report and as an Alert Note. This note entered into designated electronic system of record identifies any safety concerns for the client or APS staff, as well as any threats, intimidation, or physical harm to Investigators. When a case record is viewed in the database, Alert Notes immediately pop up within the designated electronic system of record as warnings. These warnings must be reviewed with a supervisor prior to scheduling or completing any face-to-face visits.

2012.5 INTAKE DOCUMENTATION AND SUBMISSION TO SUPERVISOR

Intake Specialists must search the designated electronic system of record for the client to prevent duplication of records and/or open cases. Any prior reported history with APS, OCL, or DS must be indicated on the Intake Form narrative in the designated electronic system of record.

Upon completing the intake, the Intake Specialist will upload all required documentation in the designated electronic system of record, to include but not limited to the missing data report, APS client functional details, and any other applicable report attachments (if received). The designated electronic system of record will timestamp all reports processed and automatically submit the report to the Intake Supervisor or designee for review and assignment.

2013 PROCESS FOR DETERMINING ELIGIBILITY

Intake Supervisors review the APS intake reports and all associated documentation the same day they are submitted, but no later than the next business day (with exception of extenuating circumstances) to determine eligibility.

2014 CRITERIA FOR SCREENING OUT

Reports are screened out by the Intake Supervisor and may be referred out based on the criteria below:

- Report that the vulnerable adult has died because of abuse, neglect, isolation, or abandonment. The Intake Supervisor will follow up with the reporter and advise them to report the incident to their local law enforcement agency.
- Incidents that occurred on Tribal land should be referred to Tribal Police and Tribal Social Services.
- Calls pertaining to complaints or concerns with Long Term Residential Care Facilities such as concerns around billing, dignity and respect, discharge issues, food concerns and environmental issues are directed to the Long Term Care Ombudsman Program. Identified reports of alleged abuse are screened into APS for investigation (See section 2015).
- Reports outside of APS statutory authority, to include but not limited to not meeting Nevada residency, is under 18, is not an older or a vulnerable adult (NRS 200.5092), or the reported allegation does not meet criteria of an allegation as defined by law for APS to investigate. The Intake Supervisor will follow up with the reporter and will also make necessary reports to other agencies of authority as applicable.
- Information and Resource (I&R) calls for individuals who need information regarding local resources for vulnerable adults are answered by the Intake Specialist and routed to Social Worker of the Day (SWOD), or Supervisor of the Day (SOD) (if necessary) to provide I&R to agencies appropriate agencies to support the client's physical, emotional, social, and economic well-being. This includes, but is not limited to, resources for financial, legal, transportation, housing, in-home care, long-term care, and other needs.

The Intake Supervisor will refer reports screened out to the SOD for a secondary review to confirm the decision. Disagreements on whether the report meets the criteria for an investigation are directed to the APS Program Manager for final determination. All information regarding the decision to screen the case out must be documented in the designated electronic system of record within one (1) business day of receipt of the intake.

2015 CRITERIA FOR SCREENING IN

Reports determined to meet APS statutory authority and criteria by the Intake Supervisor, SOD, or APS Program Manager are assigned for investigation. This includes cases where:

- The incident occurred on Tribal land and does not involve Tribal Members.
- A new report is made by the RP, involving a new allegation, client, or POI.
- Additional allegations are made on a prior case, resulting in a new report.

When the APS Intake SWS assigns a report involving SMI, they must email the notification of case assignment to the Social Worker (SW), SWS and MHC.

2020 INVESTIGATIONS/CASE MANAGEMENT

APS services include investigation, evaluation, and arrangement or referral for other services to alleviate and prevent further maltreatment while safeguarding the civil liberties of the vulnerable population. Protective services are confidential and provided upon consent by the individual or guardian.

Services provided include, but are not limited to, emergency food, emergency placement assistance, and capacity assessments by a licensed geriatric psychiatrist.

APS Investigators make referrals to (not all inclusive): law enforcement, forensic medical and financial specialists, guardianship, Bureau Health Care and Quality Compliance (HCQC), Long Term Care Ombudsman Program (LTCOP), OCL.

2021 CASE INITIATION

When calculating case initiation due dates, the first business day following case assignment is considered the first day. If the initial attempt to meet with the client is unsuccessful, another visit must be attempted no later than five (5) business days after the assignment.

2021.1 PRIORITY LEVEL ONE

If the report indicates an emergency where an immediate response is necessary, it is marked as Level 1 (priority). Level 1 reported investigations must be initiated by face-to-face contact with the client the same day or within 24 hours of assignment.

2021.2 PRIORITY LEVEL TWO

If the report does not indicate an emergency where an immediate response is necessary, it is marked as Level 2. Level 2 reported investigations must be initiated by a face-to-face contact within three (3) business days of assignment (NRS 200.5093).

2022 INITIATION EXCEPTION CRITIERIA

When critical staffing shortages reach the identified threshold (≥ 60%), the APS Chief holds the authority to implement exception criteria for case initiation and case assignments and will notify the assigned region in writing. The notice of exception criteria must identify the implementation date, region authorized and must establish the end date of the exception not to exceed 180 days authorization.

When the exception criteria are reached, initial phone contact may be implemented as follows:

- Case initiation may include phone contact with the client to make an appointment for the initial face-to-face visit. The initial phone contact must still be completed within the established timeframe of three (3) business days. APS staff must adhere to policy requirements regarding initiation timelines and initial face-to-face visits.
- Upon review of the report, the intake supervisor will note the appropriateness of a phone initiation.
- If the investigator is unable to reach the client by phone, an unannounced visit is required by the 5th business day from when the report was received.
- Investigators will staff with a supervisor if the client has agreed to a visit and the visit will be outside the five (5) business days of the report.
- When calling the client, the Investigator should identify their basic needs (e.g., food needed etc.,) to be prepared for the visit with all necessary resources.
- To ensure the client recalls the prior conversation and provide opportunity for the client to reconsider APS involvement, there is a requirement for two (2) contacts of “refusal”. The Investigator will need two (2) refusals over two (2) separate phone calls for a face-to-face visit. The Investigator must follow up with a refusal letter. The case must remain open for five (5) business days after the refusal letter is sent.
- If the client is living with a POI, an unannounced visit is required. Initial phone contact is not appropriate in this situation.
- Self-Neglect cases, where the primary concern is SMI and/or suicidal ideation, will remain assigned to the Investigator; however, the MHC (See Section 2024.1) may initiate and complete all necessary documentation for the case with approval from the APS Manager.

2023 FACE-TO-FACE VISITS

Face-to-Face visits to include interviews, observations, case assessment and further case planning. All face-to-face visits are required to be documented by the APS investigator in the designated electronic system of record.

A visit is deemed “unsuccessful” if allegations are not discussed, needs of the client are not discussed, client refuses the home visit, client requests the APS Investigator returns at another time, APS is unable to locate the client; or client is deceased.

All open cases must have a monthly face-to-face visit with the client. A phone call is allowable in lieu of face-to-face visit with approval from the supervisor in certain situations (e.g., client is awaiting guardianship, APS staff are waiting on financial statements or medical records and POI is not living with the client, or the client is no

longer at risk of further maltreatment). Approvals must be documented in the designated electronic system of record.

2023.1 SUCCESSFUL VISIT

The outcome of a visit is deemed "successful" when the visit between an APS Investigator and a client is completed and the investigator has discussed the allegations and needs with the client.

The APS Investigator will document the interview with the client, their observations of client and environment including client's memory and understanding of report of concern, any noted concerns or needs and interviews with any other participants at the visit in the "Result of Contact" section of the electronic system of record. In addition, documentation of a brief summary of the visit with observations of the client's memory, Release of Information (ROI) details, plan outline and summary of visit related to reported allegations and/or additional needs of the client are documented in the "Findings" section of the electronic system of record.

2023.2 UNSUCCESSFUL VISIT

All unsuccessful visits must be noted in the designated electronic system of record as a case note labeled "attempted visit".

2024 INVESTIGATIONS INVOLVING SERIOUS MENTAL ILLNESS

When an investigation involving SMI is received, the APS SW must review the Alert Note, prior APS reports/investigations, consult with their SWS and MHC, and staff the case with their supervisor before initiating the investigation.

To reduce harm, de-escalate or minimize agitating psychiatric symptoms for individuals in mental distress, APS will initiate investigations with the clients via phone when investigations involve clients and/or POIs living in the home, that are known or suspected of having SMI.

2024.1 MENTAL HEALTH COUNSELOR REVIEW

Referrals to MHCs must be considered in cases that:

- Involve clients or POIs that have known or suspected SMI;
- Involve caregivers of clients with known or suspected SMI and need support;
- Receive a Multidisciplinary Team (MDT) meeting referral; or
- Involve clients that have frequent involvement with APS without resolution.

When an MHC receives a referral, they must assist with evaluation of client and/or POI's needs, evaluate cognitive capacity concerns, complete referrals on client's behalf, and document case activities.

MHCs can assist with statewide referrals and intake calls that do not require MHC to complete a home visit, on an as needed basis.

2024.2 INVESTIGATION REASSIGNMENT

At any time if an Adult Rights Specialist (ARS) determines a case is complex or involves a known or suspected SMI, the ARS must contact their supervisor for the case to be transferred to an APS Social Worker.

2035 INDIVIDUAL RIGHTS & APPEALS (RESERVED)

2040 ELECTRONIC RECORDS

APS staff maintain all reports, information, investigation details and determinations within a designated electronic system of record. All documentation must be entered within three (3) business days of the event.

The APS investigator will select the outcome of the visit using the appropriate drop-down options in the designated electronic system of record.

2041 CASE NOTES

Case notes must be documented within the designated electronic system of record when any correspondence occurs between APS and another party involved. Documentation must be written in the third person, objective, relevant to the investigation, and free from judgment and emotion.

First and last names must be used when possible and individual relationships with the client for each party must be identified. Acceptable abbreviations are those listed on the approved abbreviations list (APS-ER-JA-01) and must be spelled out prior to initial use.

2050 QUALITY ASSURANCE & COMPLIANCE (RESERVED)

2060 PROVIDER INFORMATION (RESERVED)

2070 BILLING AND FISCAL MANAGEMENT (RESERVED)

2098 AUTHORITY

NRS 200

2099 ACRONYMS & DEFINITIONS

Abandonment: Desertion of a vulnerable adult in an unsafe manner by a caretaker or other person with a legal duty of care, or withdrawal of necessary assistance owed to a vulnerable adult by a caretaker or other person with an obligation to provide services to the vulnerable adult (NRS 200.2092 (1) (a)).

Abuse: Willful infliction of pain or injury on a vulnerable adult; OR deprivation of food, shelter, clothing, or services necessary to maintain the physical or mental health of a vulnerable adult; OR infliction of psychological or emotional anguish, pain, or distress on a vulnerable adult; disregarding the needs of the vulnerable adult; harming, damaging, or destroying any property of the vulnerable adult, including pets; OR nonconsensual sexual contact with a vulnerable adult; or permitting any of the acts described to be committed against a vulnerable adult (NRS 200.2092 (2)(a-c)).

Abuse, Neglect, Exploitation (ANE): Abbreviated term for abuse, neglect, and exploitation.

Alert Note: A note entered into the designated electronic system of record identifying any safety concerns for client or APS staff, as well as any threats, intimidation, or physical harm to Investigators; must be reviewed prior to any face-to-face visits.

Allegation: Any expression of dissatisfaction or concern, real or perceived, by or on behalf of an individual, relating to the health, safety, welfare, or rights of a vulnerable adult.

Bureau of Health Care Quality and Compliance (BHCQC): Agency that protects the safety and welfare of the public through the promotion and advocacy of quality health care through licensing, regulation enforcement, and education.

Client: An individual who has been found eligible for APS services.

Collateral Contact: An individual who may potentially bear information useful to an investigation; someone determined to be explicitly or inherently connected to an allegation.

Complex Cases: Cases that include but are not limited to: Poly-Victimization, Multidisciplinary Teams (MDT), multiple medical conditions, Law Enforcement (LE) involvement, SMI aggressive person(s) of interest, and/or person(s) of interest with SMI.

Emergency: A circumstance in which a vulnerable adult is at immediate risk of death, serious physical injury, or immediate, serious harm.

Emotional (Psychological) Abuse: Infliction of psychological or emotional anguish, pain or distress on an older person or a vulnerable person through any act, including,

without limitation:(1) Threatening, controlling or socially isolating the older person or vulnerable person; (2) Disregarding the needs of the older person or vulnerable person; or (3) Harming, damaging or destroying any property of the older person or vulnerable person, including, without limitation, pets (NRS 200.5092).

Exploitation: Any act taken by a person who has the trust and confidence of a vulnerable adult or any use of the power of attorney or guardianship of a vulnerable adult to: a) obtain control, through deception, intimidation, or undue influence, over the vulnerable adult's money, assets, or property, or b) convert money, assets, or property of the vulnerable adult with the intention of permanently depriving the vulnerable adult of the ownership, use, benefit, or possession of their money, assets, or property (NRS 200.5092 (3)).

Family: Group of persons of common ancestry, or a group of people united by certain convictions or a common affiliation or by legal action.

Forensic Financial Specialist: Reviews complex financial records in order to substantiate or unsubstantiate the allegation of exploitation.

Forensic Medical Specialist: Provides expert opinion and review of complex medical cases; including, but not limited to, identifying neglect and abuse, wound development and care, cases involving multiple diagnosis, medication issues and injury identification in order to substantiate or unsubstantiate allegations of abuse or neglect.

Harm: Pain, mental anguish, emotional distress, hurt, physical or psychological damage, physical injury, serious physical injury, suffering, or distress inflicted knowingly or intentionally.

History: Information about whether the client has a previous case or Information and Referral with APS.

Home Visit: Visit conducted by APS Investigator to initiate a case and/or check on client.

Information and Referral (I&R): Calls determined to be appropriate for outside agency supports not necessary for screened in process.

Initiation: The first face-to-face attempt to meet with a client, required within three (3) business days of the report.

Intimidation: Communication through verbal or nonverbal conduct which threatens deprivation of money, food, clothing, medicine, shelter, social interaction, supervision, health care, or companionship, or which threatens isolation or abuse.

Investigation: The process of fact-finding as to whether adult maltreatment has occurred. This is done by interviewing the client, the person of interest, and collateral contacts of information. It may also involve reviewing relevant documents (e.g., bank statements).

Isolation: Preventing an older person or a vulnerable person from having contact with another person by: (a) Intentionally preventing the older person or vulnerable person from receiving visitors, mail or telephone calls, including, without limitation, communicating to a person who comes to visit the older person or vulnerable person or a person who telephones the older person or vulnerable person that the older person or vulnerable person is not present or does not want to meet with or talk to the visitor or caller knowing that the statement is false, contrary to the express wishes of the older person or vulnerable person and intended to prevent the older person or vulnerable person from having contact with the visitor; (b) Physically restraining the older person or vulnerable person to prevent the older person or vulnerable person from meeting with a person who comes to visit the older person or vulnerable person; or (c) Permitting any of the acts described in paragraphs (a) and (b) to be committed against an older person or a vulnerable person (NRS 200.5092 (a-c)).

Law Enforcement (LE): Agency which completes the actions and activities of compelling observance of or compliance with established federal and state laws and regulations.

Mandated Reporter: Someone who is required by Nevada Law to notify a particular state or local agency when the person, in his/her professional or occupational capacity, knows or has reason to believe that an older or vulnerable person is being abandoned, abused, exploited, isolated, or neglected.

Mental Illness: Clinically significant disorder of thought, mood, perception, orientation, memory, or behavior which seriously limits the capacity of a person to function in the primary aspects of daily living, including, without limitation, personal relations, living arrangements, employment, and recreation. The term does not include other mental disorders that result in diminished capacity, including, without limitation, epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or other substances or dependence upon or addiction to alcohol or other substances (NRS 433.164).

Multidisciplinary Team: The organization of one or more teams to assist in strategic assessment and planning of protective services, issues regarding the delivery of service, programs or individual plans for preventing, identifying, remedying or treating abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons (NRS 200.5098 (2)).

Neglect: Failure of a person or a manager of a facility who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his or her care to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person or vulnerable person (NRS 200.5092 (5)).

Office of Community Living (OCL): A combination of services provided by ADSD in the community that allows a vulnerable adult to live independently at home.

Older Person: A person who is 60 years of age or older (NRS 200.5092 (6)).

Ombudsman (OMB): An Adult Rights Advocate required by the Older Americans Act that provides services to residents of nursing homes, board and care homes, and group homes.

Person of Interest (POI): An individual who may potentially bear information useful to an investigation; someone determined to be explicitly or inherently connected to an allegation; an individual thought to have committed a crime.

Poly-Victimization: Exposure to multiple types of violence or victimization such as sexual abuse, physical abuse, neglect, exploitation, bullying and exposure to family violence.

Preponderance of Evidence Standard: The standard used to evaluate allegations of abandonment, abuse, neglect, isolation, or exploitation; if 51% or more of the available information indicates that the allegation is valid, it is substantiated.

Protective Services: Services provided by APS either with the consent of the vulnerable adult or guardian, conservator, or by court order, if that adult has been abused, neglected, isolated, exploited, abandoned, or is in a state of self-neglect; protective services may include: An intake system for receiving and screening reports; Investigation of referrals in accordance with statutory and policy guidelines; Protective needs assessment; coordination and referral to community resources for services; Short-term, limited services including emergency shelter or respite when family or other community resources are not available to provide protection.

Release of Information: Document signed or given verbally by the client or their authorized representative that allows Adult Protective Services to obtain information about a client during the investigation of their case.

Reporting Party (RP): The person who contacts Adult Protective Services with a report.

Self-Neglect: The failure of a vulnerable adult to provide food, water, medication, health care, shelter, cooling, heating, safety, or other services necessary to maintain their well-being due to mental or physical impairment.

Serious Mental Illness (SMI): A person who is at least 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders, as adopted by reference in NAC 433.050, other than a substance use disorder, intellectual or developmental disability, irreversible dementia or a disorder caused by an alcohol or other substance use disorder, which interferes with or limits one or more major life activities of the adult. (NAC 433.040(1))

Serious Physical Injury: A physical injury or set of physical injuries that seriously impair a vulnerable adult's health, was caused using a weapon, involves physical

torture, or causes serious emotional harm to a vulnerable adult, or creates a reasonable risk of death.

Subsequent Report: An additional report made on a case that is already open.

Substantiated or Substantiation: A finding or findings, based upon a preponderance of the evidence, that there is a reasonable basis to conclude that abuse, neglect, or exploitation occurred. If more than one allegation is made or identified during the investigation, any allegation determined to meet the criteria for substantiation requires a case finding of “substantiated”.

Unsubstantiated: A finding based upon a preponderance of the evidence that there is insufficient evidence to conclude that abuse, neglect, or exploitation occurred.

Vulnerable Adult Abuse: Abuse, neglect, exploitation, isolation, or abandonment of a vulnerable adult.

Vulnerable Person: A person 18 years of age or older who suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living (NRS 205.4629).