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10 years ago I opened Wroten & Associates with a team of 7 talented professionals who were willing to follow my dream. Through the decade our law firm has grown and today we employ 30 dedicated team members in a law practice designed to meet the unique needs of long term care professionals,

hospitals, allied care, and physicians in every aspect of their business enterprise. It has been an amazing journey filled with hope, challenge, and success. Lots and lots of success! Inside these pages you will find Wroten & Associates' quarterly newsletter, part of our free educational outreach. We also invite you to join in our monthly educational webinars where you'll get an hour of continuing education credit in the comfort of your own office at no charge. On September 8th & 9th Wroten & Associates is honored to join you and the rest of our healthcare community in Scottsdale, AZ as a sponsor of the annual DRI Nursing Home/ ALF Litigation Seminar. I look forward to meeting up with all of our friends and meeting some new ones. Welcome!

Partnering with Outside Counsel Provides Certain Protections in Investigations



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Something unexpected happened. You have a nagging feeling that a lawsuit, an administrative action or a regulatory investigation may follow. As a responsible leader, you want to engage all your efforts and be robust in your assessment and analysis of the situation. Time is of the essence so you jump right in and start interviewing witnesses, gathering and preparing documents. You sketch a time line of events. You then draft

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COVER STORY

Partnering for Protection

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an e-mail chain to all managers and relevant consultants to off-load what you have learned. You explain the situation and identify those staff members and others that you have interviewed and what they said. You share your analysis and conclusions. Finally, you present your plan of action. Now, it is there in print, in the hands of your key people and quite possibly discoverable in the context of litigation and government investigations.

The list of concerns that keep you awake at night can be long. A sampling of circumstances that trigger your superhuman management powers include: unusual incidents, an attorney request for medical records or notice of intent to sue letter, complaints from a referring or treating physician or a quality investigation by an insurer, troubling grievances by staff or patients, allegations of abuse, threats of whistle-blower action, employee claims of harassment, threatening family members, business cards of investigators or attorneys placed discretely on your employees' windshields or a drive by from the Department of Justice.

Stop. Breathe. You do not have to travel this path alone. In fact, bringing your counsel on board at the earliest possible moment may provide you the peace of mind you are seeking as you attempt the herculean task of reaching resolution independently. You are not a weak leader by calling for assistance.

Evidentiary privileges are statutory creations born of the legislature and applied by the courts. A recent California Court of Appeal decision highlights the importance the legislature placed on the attorney-client privilege and work product doctrines. The ability to bring an attorney into the fold, to direct the investigation, conduct and document witness interviews, formulate

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LEGAL UPDATE

HIPAA Violation Results in \$650,000 Settlement & Corrective Action Plan for Business Associate



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The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) recently announced its settlement with a business associate, Catholic Health Care Services of the Archdiocese of Philadelphia (CHCS) for failure to perform risk analysis and risk management as required under the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. (See 45 C.F.R. §164.308(a)(1)(ii)(A) and (B)).

CHCS is a nonprofit corporation that provided management and information technology services as a business associate to six skilled nursing facilities. In February 2014 the OCR received separate notifications, as required under the Breach Notification Rule, from each of the six

nursing homes regarding a breach of unsecured electronic protected health information (ePHI) involving the theft of a CHCS-issued employee iPhone that was unencrypted and was not password protected. In April 2014, OCR commenced its investigation of CHCS compliance, a mere seven months after the HIPAA Omnibus Rule extended the HIPAA Privacy and Security Rules (and exposure to related penalties) to business associates.

The information on the iPhone was extensive and included social security numbers, information regarding diagnosis and treatment, medical procedures, names of family members and legal guardians and, medication information of 412 nursing home residents. At the time of the incident, CHCS had no policies addressing the removal of mobile devices containing ePHI from its facility or what to do in the event of a security incident. OCR also determined that CHCS had no risk analysis or risk management plan.

In determining the resolution amount, OCR considered that CHCS provided unique and much-needed services in the Philadelphia region to the elderly, developmentally disabled individuals, young adults aging out of foster care and, individuals living with HIV/AIDS. OCR will monitor CHCS for

two years not only as to compliance with HIPAA but also compliance with extensive Corrective Action Plan obligations that involves: risk analysis and risk management; development, implementation and proof of distribution/education of personnel of policies and procedures to be reviewed and approved by OCR; reporting to OCR workforce members who fail to comply with policies and procedures (Reportable Events); providing to OCR copies of business associate agreements and management services agreements with all covered entities; and proof of training to OCR (and the security training materials) of all workforce members who have access to ePHI.

Significance: This announcement shows that OCR is serious about taking a strong enforcement action and imposing severe penalties against business associates for failure to implement safeguards as required under the HIPAA Privacy, Security and Breach Notification Rules. This settlement continues OCR's expansion of its enforcement focus on business associates. All mobile devices need to be addressed, not just iPhones but iPads, laptops, tablets and all other mobile electronic devices, including thumb drives. 

TECH ROUNDUP

OCR Settlement and Update



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Two recent settlements with HHS' Office of Civil Rights ("OCR") illustrate just how serious the OCR is about enforcement of safeguards on mobile devices such as iPhones, iPads, tablets and laptops that contain PHI. As discussed in Patricia Scidmore's article, one of these notable settlements involved an iPhone that contained PHI. Of concern is that the investigation targeted Business Associates and the OCR's press release stated that "Business associates must implement the protections of the HIPAA Security Rule for the electronic protected health information they create, receive, maintain, or transmit from covered entities." This includes an enterprise-wide risk analysis and corresponding risk management plan, which are the cornerstones of the HIPAA Security Rule." Visit <http://www.hhs.gov/sites/default/files/chcs-racap-final.pdf> for the full text of the Settlement Agreement.

Providing PHI to Potential Business Partner Yields \$750,000.00 Settlement

An orthopedic clinic agreed to a settlement after it provided PHI of 17,300 patients to a potential business partner that did not have a business associate agreement with. Visit <http://www.hhs.gov/sites/default/files/raleigh-orthopaedic-racap.pdf> for the full text of the Settlement Agreement.

Where Are The Breaches Occurring?

Covered Entity Type	Total	Percentage
Business Associate	266	17.1%
Health Plan	195	12.5%
Healthcare Clearing House	4	0.3%
Healthcare Provider	1093	70.2%

Location of Data	Total	%
Hacking/IT Incident, Unauthorized Access/Disclosure	196	12.6%
Improper Disposal	58	3.7%
Loss, Unauthorized Access/Disclosure, Unknown	138	8.9%
Other	91	5.8%
Theft	719	46.1%
Unauthorized Access/Disclosure	325	20.9%
Unknown	9	0.6%
Grand Total	1558	

Location of Breached Information	Total	%
Desktop Computer	135	8.7%
Desktop Computer, Electronic Medical Record	3	0.2%
Desktop Computer, Email, Laptop, Network Server	22	1.4%
Desktop Computer, Laptop	20	1.3%
Desktop Computer, Network Server	13	0.8%
Desktop Computer, Other Portable Electronic Device	8	0.5%
Desktop Computer, Paper/Films	7	0.4%
Electronic Medical Record	77	4.9%
Email	122	7.8%
Laptop	279	17.9%
Laptop, Other	28	1.8%
Network Server	186	11.9%
Network Server, Other	4	0.3%
Other	150	9.6%
Other Portable Electronic Device	136	8.7%
Paper/Films	368	23.6%

HIPAA Enforcement Fast Facts

132,556 - Total number of HIPAA complaints since April 2003 Compliance Date.

59% - % of complaints not eligible for case enforcement.

18% - % of investigations that required corrective action to be taken upon resolution.

8% - % of complaints where investigation determined that there as no violation.

\$36,639,300.00 - Total dollar amount of HIPAA settlements

EMPLOYMENT LAW

Calculating Overtime Just Got Trickier for Some Employers



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Calculating overtime owed to employees can be a tricky business. The 9th Circuit Court of Appeals has just added one more consideration. In *Flores v. City of San Gabriel* (14-56421 /14-56514) the court held payments given to an employee who foregoes healthcare coverage, often known as “cash in lieu of benefits” plans, must be included when calculating an employee’s regular rate of pay and resulting overtime rate.

The Fair Labor Standards Act (FLSA) requires that employees be paid one and one-half times their regular rate of pay for all hours worked over forty hours in a workweek. California’s Labor Code additionally requires overtime for all hours worked over eight hours in a day and on the seventh day worked in a workweek. To calculate an overtime rate, an employer must

know what to include in an employee’s regular rate of pay.

The FLSA defines regular rate of pay to include all remuneration for employment except certain payments excluded by the Act itself. Payments which are not part of the regular rate include:

- Expenses incurred on the employer’s behalf,
- Premium payments for overtime work or the true premiums paid for work on Saturdays, Sundays, and holidays,
- Discretionary bonuses,
- Gifts and payments in the nature of gifts on special occasions, and
- Payments for occasional periods when no work is performed due to vacation, holidays, or illness.

Stated another way, payments that are not tied to the hours worked by an employee or the amount of services the employee performed are excluded when calculating an employee’s regular rate of pay. Don’t forget that includes vacation, holiday and sick pay.

When examining the issue of cash provided to an employee when that employee opts not to sign up for employee benefits the Ninth Circuit

stated that a payment may not be excluded from the calculation of an employee’s regular rate of pay if it is “generally understood as compensation for work, even though the payment is not directly tied to specific hours worked by an employee.” In the case of *Flores v. City of San Gabriel* the court reasoned that the cash provided to employees who did not sign up for medical benefits was compensation for work and needed to be included in calculations to determine each employee’s regular rate of pay for the purposes of calculating and overtime rate.

And just as a reminder, there are several other common types of payments which must be included when calculating an employee’s regular rate of pay. They include attendance bonuses, retention bonuses and shift differentials. That \$25 gift certificate given to an employee for perfect attendance during a holiday week must be including in the employee’s total pay for the week for the purpose of calculating a regular pay rate and resulting overtime rate. And that \$1500 retention bonus payable when the employee remains on the job six months must be included in the employee’s total pay for the six months for the purpose of calculating the employee’s overtime rate in any given week. Happy calculating. 

LEADERSHIP INSIGHT

Leading by Example



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Leaders are leaders not because of the position they hold or the title printed on their business cards, they are leaders because of what they do. Leading by example is one of the most critical leadership practices. Did you know the physiology of the human brain causes people to imitate what they observe? Leading by example means taking risks; doing what is necessary and in many cases doing what no one else is doing! A leader who is positive and encouraging models those qualities for others to follow. By setting a positive example the leader is doing what he or she expects their followers to do.

Let’s face it, if we have respect for those who lead us, we are more likely to do what they do.

There are numerous ways that you can lead by example. Modeling **positive behavior** by a person in authority whether it be a manager, supervisor, mother, father, or teacher will have a major positive impact on all your relationships and will create a more productive team and thus, potentially more successful relationships and a more successful organization. Your **attitude** is a significant factor. Attitude is contagious. As a leader your attitude matters more than anything else.

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LEADERSHIP INSIGHT

Leading by Example

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You set the tone! Others are looking to you and will model the attitude that you project. An effective leader must also have an **awareness** of his or her actions and how those actions impact those around them. So be aware of what you are doing at all times.

"Leadership is about making others better as a result of your presence and making sure that the impact lasts in your absence." - Sheryl Sandberg

Set an example by making yourself **accessible**. This means stop talking too much and **ask questions** to stimulate input from others. Excellent questions promote information clarity, learning, and connection. Being accessible includes maintaining clear lines of

communication with the people who work with you. This will allow you to point others in the right direction and can only be done if you talk with people, share ideas and respond with clear and concise communication. Of course, effective communication always includes **active listening**. Listening is an important behavior because it not only allows for information to be successfully shared, but it demonstrates to the other person that you are interested in their thoughts, the information or facts that they are sharing and in who they are.

A leader should be **fully engaged** and willing to embrace what may be different, uncomfortable or new. It is known that leaders who are open to new ideas and change are more effective than those leaders who are not. Being open to others' ideas invites participation and improves the quality of relationships between the leader

and those being led. Strong leaders **provide direction**. You can do this by demonstrating your proficiency and expertise by offering suggestions and directions for people who may be having trouble completing a task or project. Be sure to give concrete directions, check in periodically and provide additional direction if required.

Remember, leading by example in personal and working relationships enhances the quality of meaningful interaction, support, team work, productivity and is a powerful tool that can enhance all aspects of your personal and professional life. 🌟

Additional information can be found on Marilynn W. Allemann's website and blog:

www.MWAExecCoach.wordpress.com

Please contact Marilynn W. Allemann directly at mwallemann@hotmail.com with any questions.

POLICY INSIGHT

Safe Sexual Expression - Beyond Talking About It



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Sexuality does not vanish into the dusk of our fleeting youth or exit stage left as we make our grand entrance into the Golden Years. Happy and healthy sex lives often transcend the passing of decades and milestones of the aging. For some, the excitement and romance of a new relationship unfolds in the bingo halls and activity rooms of assisted living facilities and nursing homes. Sexual expression is the term used to encompass not only sexual activity but the way we communicate our sexual being to others.

Humans of all ages experience sexuality as a means to express sensuality, passion, caring, loyalty, vitality, and a sense of being wellbeing and feeling alive. Older adults in particular are often reticent to

raise this aspect of their holistic wellness as a topic of conversation. Men and women alike may have remnants of cultural, social or religious stigma that prevent them from openly expressing their thoughts or desires related to sexuality. There is a fear the subject will be met with judgments leaving them feeling undignified, disrespected, shamed, and dirty.

Sexual performance worries, passing of a spouse or partner, and health challenges are very real and serious concerns for long term care residents. Sexuality in elders and those with chronic illness is misunderstood and often neglected in our society. Long term care providers are uniquely situated to address this important aspect of their residents' lives. Ignoring it however, prevents open dialogue about appropriate sexual expression and behavioral concerns including disinhibition and cognitive barriers to consent.

A resident leaves their familiar surroundings and routine when they move from their home into a long term care setting. For many, they remain close with their partner or spouse. Their relationship continues despite their physical separation but their intimate relationship does not have end by virtue of the fact that one requires the added support of a long term care setting. When spouses move into the facility together, separating them may deprive them of the loving touch of their long-time mate and the

comfort of the warmth of their partner next to them.

Lesbian, Gay, Bisexual, and Transgender

LGBT residents not only must face their health decline causing them to seek the support of an assisted living facility or nursing home, they may face unnecessary and inequitable challenges in maintaining their sexual expression. Limited research exists for this population which has historically been underserved thus providers have little or no appreciation for their cultural concerns and need for support.

An elder who is LGBT may find it difficult or impossible to overcome the social labeling under which they lived. They may have been victimized as a result of their sexual expression and divorce themselves from that essential part of their being. Until December 1973, homosexuality was a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM); listed alongside over 100 neurotic, psychotic and character disorders. Classifying sexual behavior as a disorder ascribes a stigma and pathology, much like having diabetes, leprosy, or cancer. Removal of homosexuality from the DSM was important but did not repair the decades of mislabeling LGBT elders were faced with. Furthermore, although homosexuality was removed as a diagnosis, it was essentially re-characterized under a new diagnosis of sexual orientation disturbance and would remain in

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COVER STORY

Partnering for Protection

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assessments and recommendations is vital to maintaining effective risk management and compliance programs.

A June 8, 2016 decision of the Court of Appeal of California in *City of Petaluma v. Superior Court (Waters)*¹ highlights the benefit of pre-litigation, attorney-led investigations. In *City of Petaluma*, Andrea Waters, the first and only female firefighter and paramedic for the *City* was hired in 2008. She took a leave of absence from her position in 2014. Thereafter, she filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) alleging that she was the victim of sexual harassment and retaliation. According to the *City*, this was their first notice of any concern. She voluntarily resigned her position shortly after the *City* received the EEOC complaint.

The *City*, consistent with their practice and policy, investigated her complaint. They retained outside counsel to conduct an impartial investigation of the claims. By utilizing this outside counsel they sought to protect the investigative report, notes and analysis under attorney-client privilege and work product doctrine. The outside attorney provided the *City* with a written report marked as confidential and attorney-client privileged.

During the course of subsequent litigation, Waters sought to get a copy of the report claiming that the investigation was not privileged and even if it was privileged, the *City* had waived any privileges by placing the investigation at issue. The trial court concurred and ordered the report to be disclosed. The *City* appealed the trial court's order.

In its ruling, the Court of Appeal opined that the attorney-client privilege provides a privilege to the client of an attorney, "to refuse to disclose, and to prevent another from disclosing, a confidential communication between client and lawyer..."² This privilege exists "to safeguard the confidential relationship between clients and their attorneys so as to promote full and open discussion of facts

and tactics surrounding legal matters."³ This absolute privilege precludes the attorney from disclosing confidential communications, even if they are highly relevant to a dispute.⁴

Criteria For Assertion of Attorney-Client Privilege

There must be an attorney-client relationship. The client must have engaged the attorney, directly, or through an authorized representative, for the purpose of engaging or lawyer or securing legal service or advice.⁵ A confidential communication between the client and attorney means "information transmitted between a client and his or her lawyer in the course of that relationship and in confidence" and may include "a legal opinion formed and the advice given by the lawyer in the course of that relationship."⁶ Investigation steps taken before an attorney-client relationship has been established do not fall under the attorney-client privilege.

Attorney Work Product Doctrine

The attorney work product doctrine⁷ is designed to allow attorneys to investigate the favorable and unfavorable aspects of cases and to prevent attorneys from taking undue advantage of the attorney's effort.⁸ This doctrine creates a qualified privilege against the discovery of general work product and an absolute privilege against disclosure of the attorney's writing that include impressions, conclusions, opinions, or legal theories.⁹ Recorded witness interviews conducted by attorneys or their employed investigators are afforded qualified work product protection.¹⁰ Witness statements may be afforded absolute protection if disclosure would reveal "attorney's impressions, conclusions, opinion, or legal research or theories."¹¹ A court must determine that denial of discovery would unfairly prejudice the party seeking discovery or result in injustice in order for the work product to be discoverable.¹²

Waiver of Attorney-Client Privilege and Work Product Doctrine

When privileged communications or work product are shared outside the attorney-client relationship, the privilege may be waived if the disclosure is inconsistent with the goals of maintaining the communications or work product under the seals of confidentiality. Strict confidentiality is a critical element to preserving these protections.

When to Initiate that Attorney-Client Relationship

Issues arise day in and day out and you handle them. On occasion a situation takes you by surprise and your instincts tell you "this might be big". There is no fixed rule as to when to engage outside counsel to manage an investigation. You may have access to in-house counsel if you are part of a larger, more complex organization. Following is a list of triggers that may inspire thought and conversation on when to bring in counsel. This is not definitive but merely illustrates some questions to consider whether your organization has experienced the type of event that warrants at least a consultation with your counsel to determine whether an attorney-directed investigation is prudent.

- There was an unanticipated serious injury or death.
- An eloped patient/resident has not been located.
- Call, letter, or request for records from an attorney.
- Request for records from family member listing "legal" as the reason for the request.
- A governmental agency has requested multiple billing and/or patient or staff records outside of a standard audit or survey.
- An employee has threatened to or made a report to EEOC or labor board.
- An employee has complained internally about sexual harassment or retaliation.
- A governmental agency has escalated their investigation.
- The incident is likely to attract media attention.
- A staff member threatens a whistleblower action.
- Documents or records are missing.
- Staff report an attorney or investigator contacted them. 

¹ *City of Petaluma v. Superior Court (Waters)* (2016) Cal. App. LEXIS 532

² *Evidence Code* § 954

³ *Costco Wholesale Corp. v. Superior Court* (2009) 47 Cal.4th 725, 732

⁴ *Ibid*

⁵ *Evidence Code* § 951

⁶ *Evidence Code* § 952

⁷ *Code of Civil Procedure* § 2018.010

⁸ *Code of Civil Procedure* § 2018.020

⁹ *Wellpoint Health Networks, Inc. v. Superior Court* (1997) 50 Cal.App.4th 110, 120

¹⁰ *Coito v. Superior Court* (2012) 54 Cal. 4th 480

¹¹ *Id.*

¹² *Code of Civil Procedure* § 2018.030

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- AUGUST 11, 2016 / 2:00-3:00 P.M.**
(PST) **Sex, Drugs & Rock n' Roll: Patient Relations, Alternative Medicine and Patient's Rights (Part I)**
Presented by: Andrew R. Quinio, Associate
- September 15, 2016 / 2:00-3:00 P.M.**
(PST) **Sex, Drugs & Rock n' Roll: Patient Relations, Alternative Medicine and Patient's Rights (Part II)**
Presented by: Andrew R. Quinio, Associate
- October 13, 2016 / 2:00-3:00 P.M.**
(PST) **Protecting the RCFE from Litigation**
Presented by: Laura K. Sitar, Shareholder
* Continuing Education ONLY provided to RCFE and Attorneys for this session.
- November 10, 2016 / 2:00-3:00 P.M.** (PST) **Restraining Orders and Evictions: What You Need to Know**
Presented by: Stephen R. Hunter, Senior Associate and Ryan J. Anderson, Associate
* Continuing Education approval is being applied for.

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POLICY INSIGHT

Safe Sexual Expression

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the DSM until 1987. For current long term care residents, and for those who are yet to come, there is an extensive history of labeling and diagnosing what they have experienced to be normal sexual expression as a disease or disorder. It is important, therefore that LGBT residents are acknowledged in sexual expression policies and in staff training materials such that their rights to sexual expression will be preserved.

Particularly for aging and disabled residents, institutional providers have the opportunity to provide acceptance, understanding and accommodation for LGBT residents' sexual expression. Consistent with the requirement to treat all residents with respect and dignity and honor their individual rights, facilities and their staff have the opportunity to bring safety and solace where some have never before experienced it.

Begin the Discussion

Recognizing that residents continue to have sexual needs is the first step in addressing sexual expression in your facility. Open the dialogue to staff members. Discuss the fact that residents are sexual beings who long for companionship, affection and touch like they do food and water. Reframe the once-taboo topic and ease the discomfort often felt by staff. Focus on the benefits for the residents rather than the obstacles. Heightened self-esteem, improved depression, and distraction from pain are just a few of the potential benefits of sexual expression.

Sexual expression is not restricted to sexual intercourse. Handholding, candlelit dinners, or dressing up for movie night and sitting next to that special someone are examples of activities that soothe a desire to be noticed and feel special. Staff

may feel burdened when asked to accommodate social needs of residents. Monitoring for safe sexual expression in consensual activities as opposed to non-consensual activities may feel onerous for caregivers. Assist staff in addressing these feelings and challenges to pave the way for an effective program.

Consideration must also be given to distinction between consensual activities of older adults with cognitive or physical conditions and non-consensual sexual behaviors and how to appropriately address them appropriately. Each situation must be evaluated considering the unique individuals involved. Engaging physicians and psychiatrists in the conversation will be necessary at times. Outline the circumstances when sexual activity is prohibited. Finally, dialogue around the terms of a sexual policy and how it will be introduced to residents and families must occur.

Sexual Expression Policies

Developing a policy that balances residents' rights¹, staff duties and varying attitudes about sexual activities of older adults can be daunting. As a result, good intentions at the outset may not be enough to get the policy drafted, delivered, and executed. Setting a drafting and implementation schedule at the outset will aid in seeing the effort to the end. "It always seems impossible until its done." - Nelson Mandela

Sexual expression policies arise from the fundamental belief that safe sexual expression is normal, desired and expected in a setting that embraces their residents with respect and dignity. Written materials, including those shared with residents and staff, need to reflect this foundation for the policy.

Safe sexual expression policies will necessarily identify those situations when sexual activity is not approved. Sexual activity must be consensual: non-consensual acts are prohibited. Unlawful sexual activities, such as those with a minor are likewise

prohibited. Other circumstances not approved may include acts with a risk of sexually transmitted disease or injury and public display of sexual acts. Determining capacity to consent to sexual activity is possibly the most daunting task in creating this policy. Capacity to consent fluctuates in some elderly, particularly those diagnosed with dementia or cognitive impairment due to other conditions. In those situations, as with residents who have physical conditions that may impair their ability to safely engage in sexual activity, consultation with their physician should be undertaken. In some situations professional counseling may be indicated and incorporated into the care plan.

Involvement of family members or legal representatives responsible for a cognitively impaired residents may be appropriate. The facility does not; however, shed its responsibility to respect the choices and rights of the cognitively impaired resident when working with others to design a sexual expression plan.

Staff may need assistance to address their own embarrassment or discomfort related to sexual expression of the residents as it will be incumbent upon them to be aware of sexual expression amongst the residents. Role playing, shadowing and mentoring will be necessary for some staff to ease their discomfort. They will be required to address privacy needs and confront unacceptable behaviors. Effective training for staff is an essential component for effective safe sexual expressions policy implementation.

Designing and implementing a sexual expression policy takes time and effort but is increasingly important as a means to address residents' rights. Wroten & Associates is available to assist you in developing or reviewing your policies, staff training and implementation. 

¹ e.g., see 42 USC §1396r(b)(1)(2); 42 CFR §483.10; 22 CCR §72527(a)(b); and Health & Safety Code §1569.269(a)

OUR PEOPLE MAKE THE DIFFERENCE

W&A Has the Expertise and We Like to Share

AHLA



Shareholder, Kimberli Poppe-Smart has recently co-authored the Risk Management section of the newest American Health Lawyers Association (AHLA) publication, "Representing Hospitals and Health Systems Handbook, First Edition".

The AHLA is leading health law to excellence through education, information, and dialogue, the American Health Lawyers Association (AHLA) is the nation's largest, nonpartisan, 501(c)(3) educational organization devoted to legal issues in the health care field with 13,000 members.

For more information on this publication and Wroten & Associates please visit our website at www.wrotenlaw.com or email Kimberli Poppe-Smart at kpsmart@wrotenlaw.com today.



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