The Society of Nursing Home Administrators of New Jersey

April 16, 2026 | 9:00 am – 4:00 pm

AM Session: 9:00 am – 12:00 pm

Topic: Abuse Investigations: The Role of the Administrator, the Director of Nursing, and Human Resources

Speaker(s): ***Sue Lanza, LNHA***

Sue is a Licensed Nursing Home Administrator with 40 years of experience in New Jersey and licensed in Pennsylvania since 2010, as well as an NCCAP-certified Activities Consultant. She is the author of three books, including the textbook, Essentials for the Activity Professional in Long-Term Care, and is a nationally and internationally recognized speaker on dementia care. Along with her team, Sue developed and implemented "The Front Porch™," a certified dementia special care unit for the Saint Barnabas Health Care System. Sue was honored as a recipient of the Madison E. Weidner Lifetime Achievement Award by the New Jersey Activities Professional Association for her significant contributions to the Activities profession. She served on the Editorial board of the Activities, Adaptation & Aging Journal for almost 20 years and is a current board member of the Society of Licensed Nursing Home Administrators.

Claudia Ballin, HR Consultant

Claudia Ballin is an award-winning Human Resources executive and advisor with over 20 years of progressive leadership experience across multi-facility healthcare organizations throughout New Jersey. She partners with executive leadership teams to align enterprise human capital strategy with operational, clinical, and regulatory objectives in highly regulated healthcare environments. Since 2019, Claudia has served as a strategic HR Consultant providing executive oversight and workforce strategy, including consulting throughout New Jersey during organizational transitions, regulatory reviews, and leadership changes.

PM Session: 1:00 pm – 4:00 pm

Topic: AI in Long Term Care

Speaker: ***Tim Hodges, CEO & Co-Founder of Honor Aging***

Tim Hodges is CEO and Co Founder of Honor Aging, which provides consulting and advisory services to health care providers serving the older adult population. He has spent 30 years in the senior care industry in front line and C-Suite positions covering all areas of operations. He recently released his first book entitled, "Underestimated - Unleashing the Power of Hidden Potential" chronicling leadership lessons from his extensive career.

Abuse Allegation
Investigation (NJ LTC)
HR Perspective

Compliance • Safety •
Immediate Response

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Why HR Involvement is Critical

- ENSURES COMPLIANCE
- PROTECTS FACILITY FROM LIABILITY
- ENSURES CONSISTENCY
- PREVENTS DOCUMENTATION ERRORS

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What Happens Without HR

- Poor statements
- Missed timelines
- Inconsistent discipline
- Higher legal and survey risk

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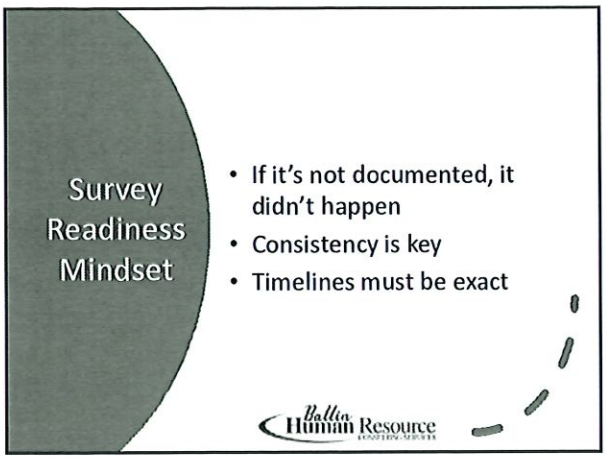
Survey Readiness Mindset
• If it's not documented, it didn't happen
• Consistency is key
• Timelines must be exact
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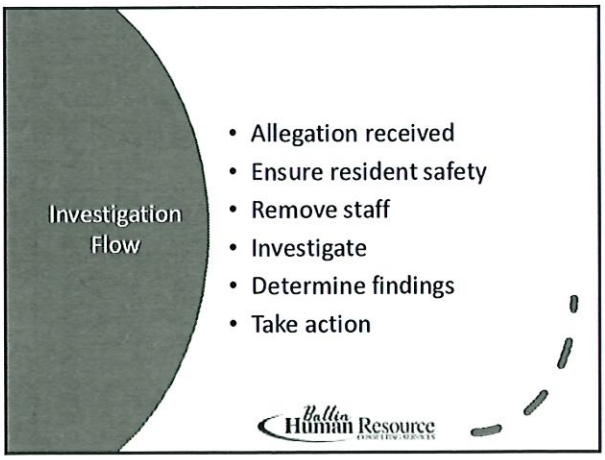
Investigation Flow
• Allegation received
• Ensure resident safety
• Remove staff
• Investigate
• Determine findings
• Take action
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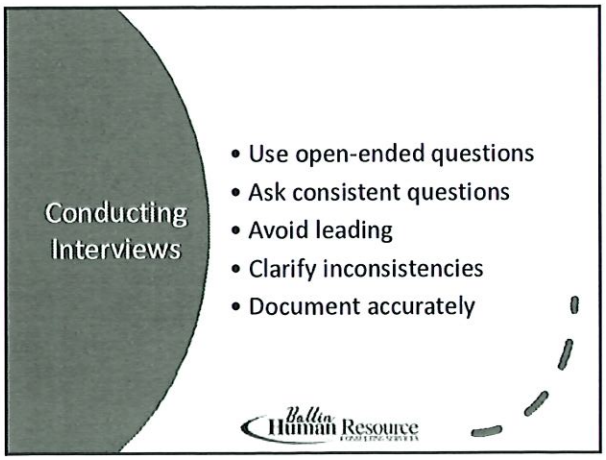
Conducting Interviews
• Use open-ended questions
• Ask consistent questions
• Avoid leading
• Clarify inconsistencies
• Document accurately
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Statements: HR Best Practices
• Date & time
• What happened
• Where it happened
• Who was involved
• Witnesses
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Statements: HR Best Practices
• Read immediately
• Clarify gaps
• Re-interview if needed
• Ask same questions
• Re-enact scenarios
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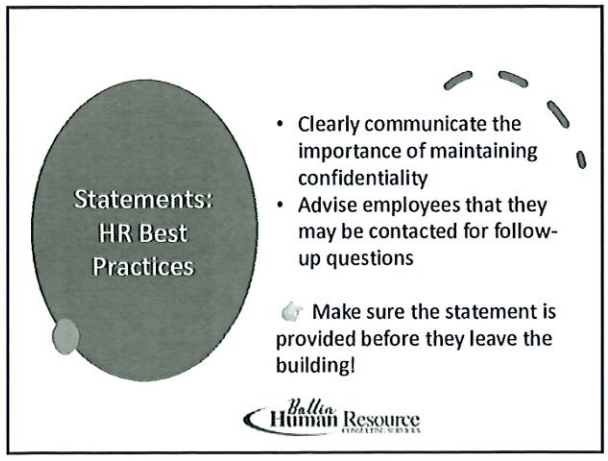
Statements: HR Best Practices
• Clearly communicate the importance of maintaining confidentiality
• Advise employees that they may be contacted for follow-up questions
Make sure the statement is provided before they leave the building!
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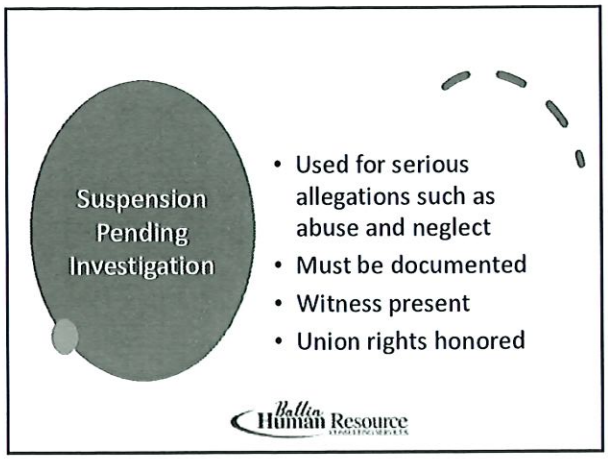
Suspension Pending Investigation
• Used for serious allegations such as abuse and neglect
• Must be documented
• Witness present
• Union rights honored
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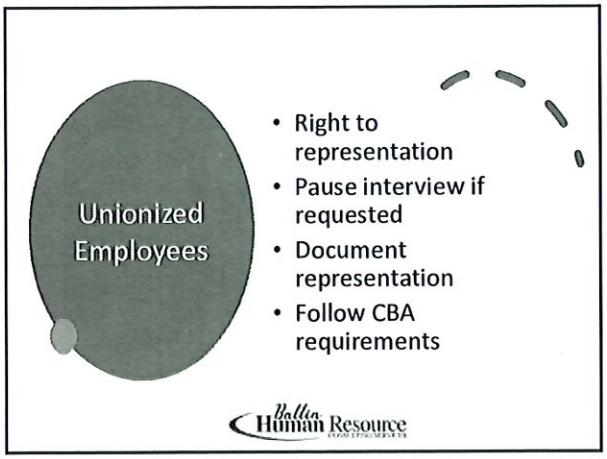
Unionized Employees
• Right to representation
• Pause interview if requested
• Document representation
• Follow CBA requirements
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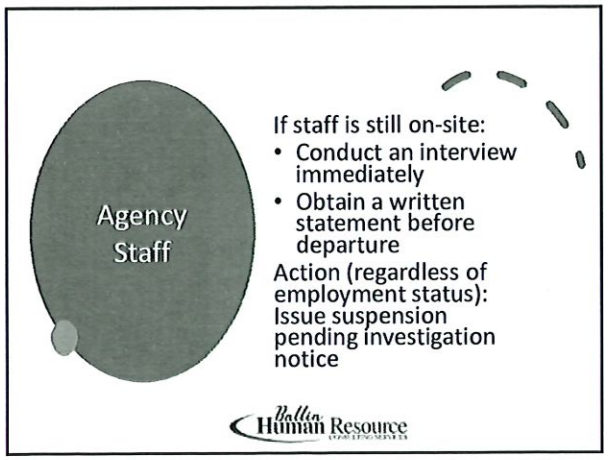
Agency Staff
If staff is still on-site:
• Conduct an interview immediately
• Obtain a written statement before departure
Action (regardless of employment status): Issue suspension pending investigation notice
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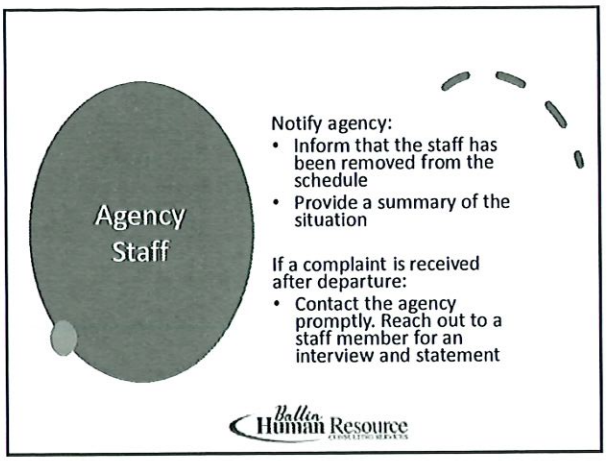
Agency Staff
Notify agency:
• Inform that the staff has been removed from the schedule
• Provide a summary of the situation
If a complaint is received after departure:
• Contact the agency promptly. Reach out to a staff member for an interview and statement
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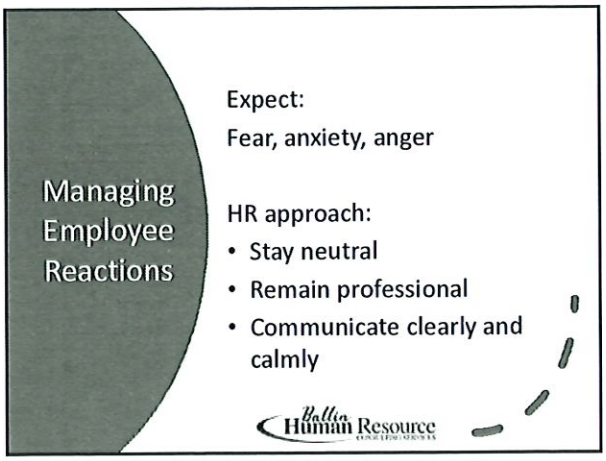
Managing Employee Reactions
Expect:
Fear, anxiety, anger
HR approach:
• Stay neutral
• Remain professional
• Communicate clearly and calmly
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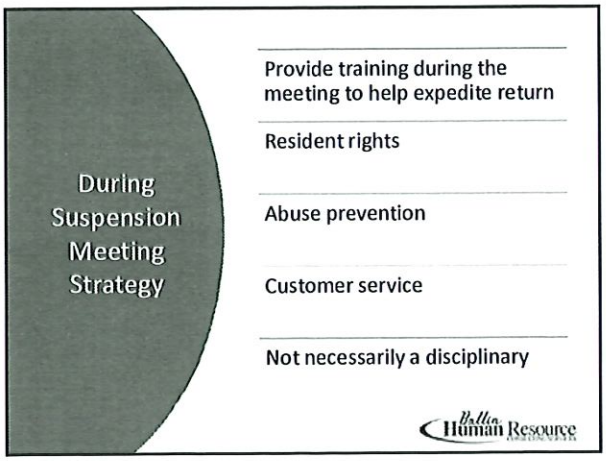
During Suspension Meeting Strategy
Provide training during the meeting to help expedite return
Resident rights
Abuse prevention
Customer service
Not necessarily a disciplinary
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Determining Credibility

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Post Investigation Actions

LOOK FOR PATTERNS | AUDIT EMPLOYEE FILES | BUILD TIMELINE | ENSURE CONSISTENCY

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Determining outcome

- Length of employment
- Prior discipline
- Severity
- Training history
- Consistency

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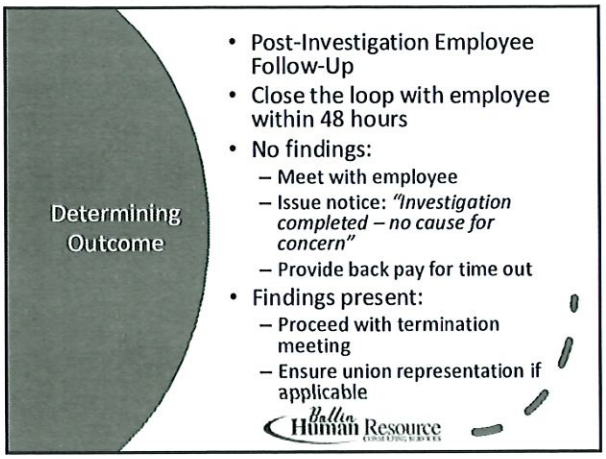
Determining Outcome
• Post-Investigation Employee Follow-Up
• Close the loop with employee within 48 hours
• No findings:
– Meet with employee
– Issue notice: "Investigation completed – no cause for concern"
– Provide back pay for time out
• Findings present:
– Proceed with termination meeting
– Ensure union representation if applicable
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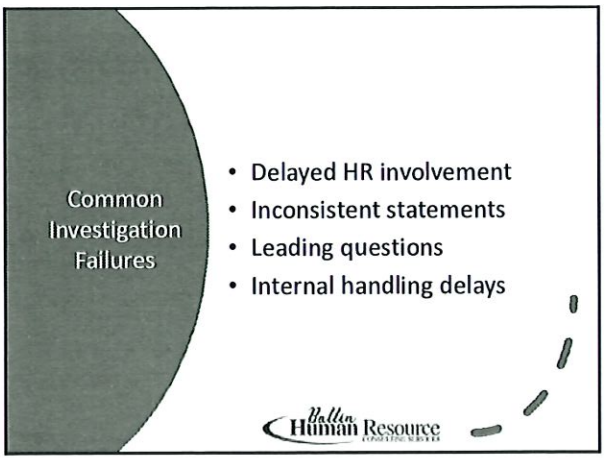
Common Investigation Failures
• Delayed HR involvement
• Inconsistent statements
• Leading questions
• Internal handling delays
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High-Risk Red Flags
Missing documentation
Incomplete files
Unclear timelines
Union rights ignored
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Employee File Compliance (Why It Matters)

HR/Staff Education must maintain:

- Background checks
- License/certification verification
- Disciplinary records
- CN9 – Cullen Forms
- Job Description Acknowledgment
- Abuse training records
- Competency evaluations

☞ Surveyors WILL review these

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Preventing Retaliation

- Zero Tolerance
- Monitor schedules & assignments
- Encourage staff to report
- Follow-up

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HR vs Leadership

HR: Investigation & compliance

Leadership: Safety & operations

☞ Clear roles prevent errors

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Orientation Recommendation
TEACH SPI PROCESS
SET EXPECTATIONS
EXPLAIN EMPLOYEE RIGHTS
REDUCE FEAR AND CONFUSION
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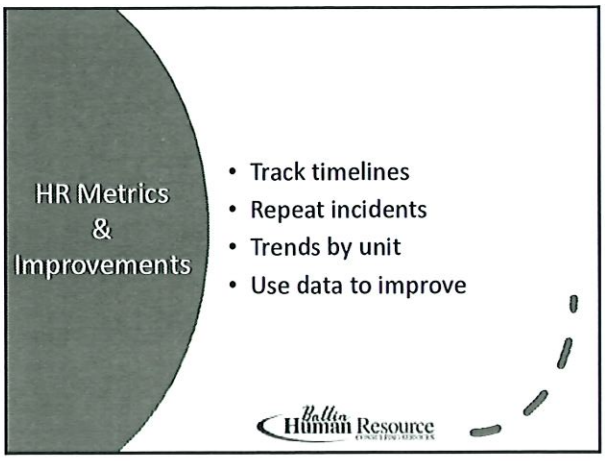
HR Metrics & Improvements
• Track timelines
• Repeat incidents
• Trends by unit
• Use data to improve
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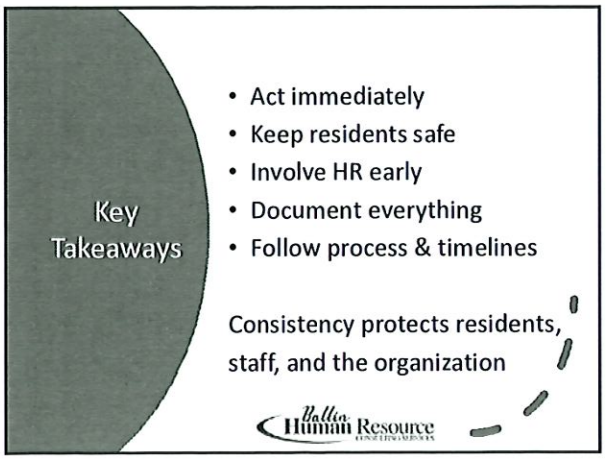
Key Takeaways
• Act immediately
• Keep residents safe
• Involve HR early
• Document everything
• Follow process & timelines
Consistency protects residents, staff, and the organization
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ABUSE INVESTIGATIONS:
THE ADMINISTRATOR, THE DIRECTOR OF NURSING AND HUMAN RESOURCES

Susan E. Lanza, ACC, MHA, LNHA

Thank you!

Susan Lanza, ACC, MHA, LNHA

Consultant Administrator

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Objectives

- **Review abuse recognition and investigations in clinical practices.**
- **Define, identify, develop and apply a protocol for reportable events.**
- **Analyze case scenarios to determine appropriate investigative responses and the role of your team leaders.**

Why are we doing this session?

- **HCANJ Trend Report** (issued in January 2026)* showed
  - Among the Top I/J Tags in NJ:
    - **F 600:** Abuse (Staff to Resident)
    - **F 610:** Investigation Protocol (initiation and investigation thoroughness)

- Hearing (and seeing) out in the field repeated examples of:
  - Misinterpretation of investigation protocol for abuse
  - Not following abuse policy that facility established
  - Many other misadventures in abuse investigations

- *HCANJ Clear Pol Statewide Survey Trends Analysis, Sept 2024 – Nov 2025

Let's Start with the Basics

- What is Abuse/Types of Abuse
  - "What is Abuse" sounds "beyond basic" but ***Abuse Recognition*** is one of the issues that causes some of the deficiencies

- Two Key Documents That Guide Us/Need for Reference:
  - State Operations Manual
  - CMS Abuse Critical Element Pathway

CMS Federal Requirements: Mandatory Compliance Standards Effective February 2025

- **Abuse Prevention & Reporting**
  - Facilities must implement abuse prevention policies and report suspected abuse to law enforcement, licensing agencies, and ombudsmen within required timelines.
- **Staff Accountability & Investigation**
  - Staff must immediately report all suspected abuse to administrators; zero tolerance policy required with investigation protocols for all allegations.
- **Enhanced Oversight & Consequences**
  - Revised surveyor auditing focuses on compliance rigor, documentation accuracy, and corrective action effectiveness; failure to report results in federal survey citations and loss of Medicare/Medicaid certification.

F600: Protect Residents from All Types of Abuse

- **INTENT:** Each resident has the right to be free from abuse, neglect and corporal punishment of any type by anyone.
- **"Abuse"** is defined at 483.5 as "***the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, respective of any mental or physical condition, causes physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology***".

F 607: Develop/Implement Abuse Policies

- **INTENT:** **Facility must develop and implement written policies on abuse**
- ***"requires nursing homes to create, implement, and enforce written policies prohibiting staff, volunteers, and contractors from abusing, neglecting, or exploiting residents. It mandates employee training and the posting of notices regarding employee rights to report suspected crimes without retaliation".***

F609: Timely Reporting of Suspected Abuse

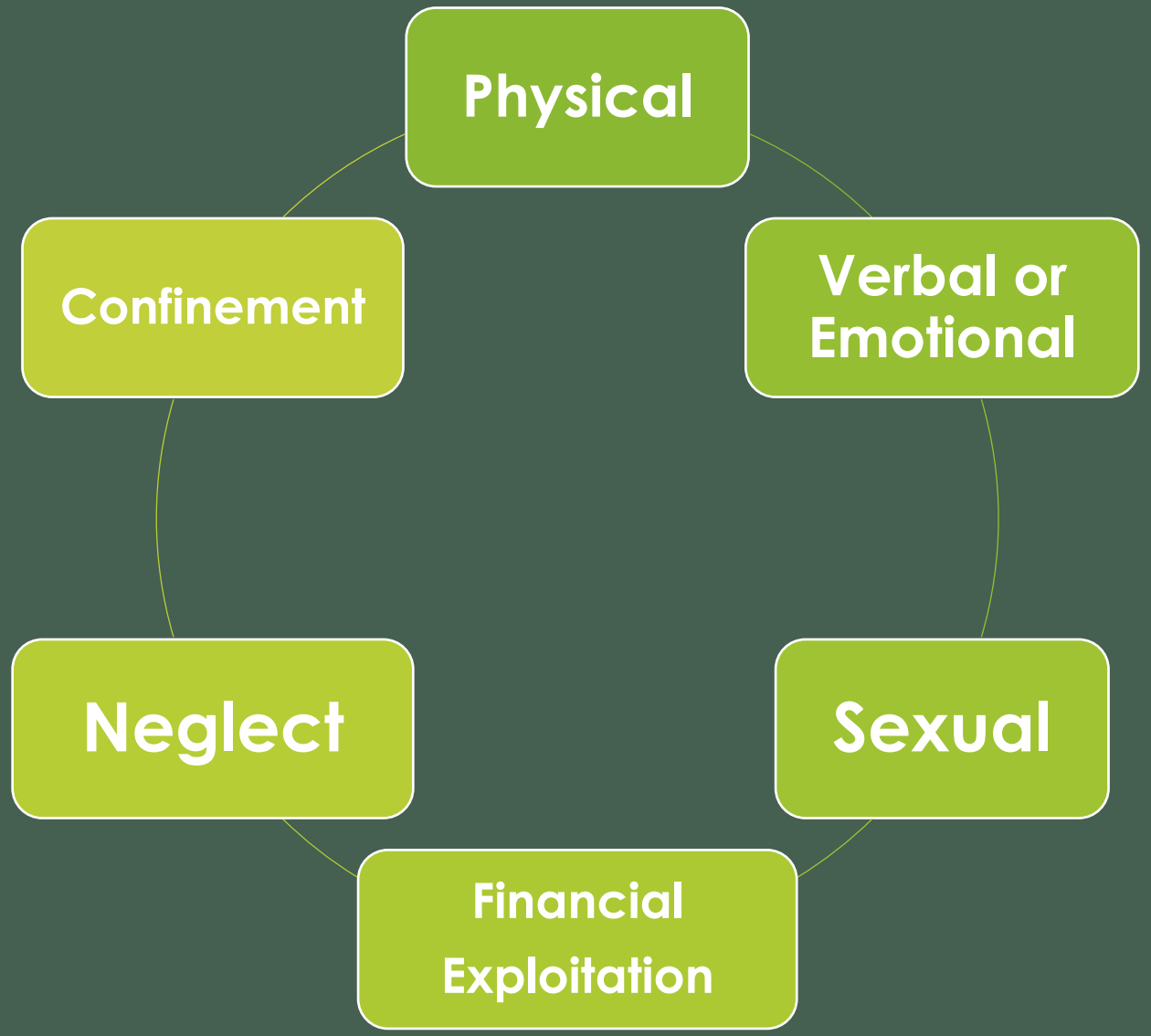
- **INTENT: Facilities must have timely reporting of suspected abuse**
- "*requires long-term care facilities to immediately report suspected abuse, neglect, exploitation, or mistreatment (including injuries of unknown source/property loss) to the administrator and officials. Reporting must occur within 2 hours for serious injuries, and 24 hours otherwise.*"

F610: Respond Appropriately to All Alleged Violations

- **INTENT:** Requires long-term care facilities to thoroughly investigate, prevent, and correct alleged violations of abuse, neglect, exploitation, or mistreatment, ensuring investigations are completed within five working days of the incident and reported to the state agency.

  - **Are there Investigative Protocols being followed?**
  - **Were the Reporting Requirements met?** 2 hours if serious injury/24 hours for others; 5 days total for investigation
  - **Required Documentation:** Evidence must show all alleged violations are thoroughly investigated, including interviews with victims, perpetrators, and witnesses.
  - **Did the facility take the Required Action?**
  - **What has the facility done for Prevention of abuse in the future?**

Types of Abuse



Categories of Resident Abuse: Recognition Framework for Staff

- **Physical Abuse**
  - Non-consensual touching, hitting, or force application to a resident
- **Sexual Abuse**
  - Non-consensual sexual contact or harassment of any kind
- **Verbal or Psychological Abuse**
  - Intimidation, humiliation, threats, or social isolation
- **Neglect**
  - Failure to provide adequate care, food, hygiene, or medical attention
- **Financial Exploitation**
  - Unauthorized use of resident funds or property
- **Resident-to-Resident Abuse**
  - Requires special attention, especially incidents involving dementia-diagnosed perpetrators

Identification and Red Flags: Early Detection Protocol

- **Physical Red Flags**
  - Unexplained bruises, lacerations, fractures, or injuries inconsistent with stated cause; poor hygiene or malnutrition signs.
- **Behavioral Red Flags**
  - Sudden withdrawal, fear around specific staff, emotional distress, personality shifts, or reluctance to speak.
- **Documentation Gaps**
  - Missing medical records, inconsistent incident narratives, or delayed reporting patterns.

Identification and Red Flags: Early Detection Protocol

- **Communication Patterns**
  - Resident reports or threats, family complaints, or unexplained silence about incidents.
- **Environmental Factors**
  - Lack of supervision, inadequate nutrition, social isolation, or unsanitary conditions.
- **Financial & Staff Warning Signs**
  - Unusual account transactions, missing valuables, high staff turnover, or abusive language observed.

Abuse Critical Element Pathway
CMS Form 20059 - Advance Reviews

Review the following in Advance to Guide Observations and Interviews:

☐ Information related to an alleged violation of abuse, such as:

- Date, time, and location (e.g., unit, room, floor) where alleged abuse occurred;
- Name of alleged victim(s), alleged perpetrator(s) and witnesses, if any;
- Narrative/specifics of the alleged abuse(s) including frequency and pervasiveness of the allegation; and
- Whether the allegation was reported by the facility and/or to other agencies, such as Adult Protective Services or law enforcement.

☐ Sources for this information may include:

- Resident, representative, or family interviews, observations or record review;
- Reports from the long-term care ombudsman or other State Agencies;
- Deficiencies related to abuse (CASPER 3 Report); and
- Complaints and facility-reported allegations of abuse, including any facility investigation reports, received since the last standard survey.

☐ Facility's abuse prohibition policies and procedures provided during the Entrance Conference (review only those components necessary during the investigation to determine if staff are implementing the policies as written). Refer to F607.

ACEP- Observations from Shifts

Observation across Various Shifts: Request staff assistance to make observations, as needed. Only if you are a licensed nurse or practitioner can you observe the resident's private areas.

- ☐ Observe whether the alleged perpetrator (staff, other resident, or visitor) is present in the facility. What access does the alleged perpetrator have to the alleged victim and other residents?
- ☐ Describe the alleged victim's reaction, if any, when the alleged perpetrator, or a specific resident(s) or staff person(s) is present:
  - Avoids or withdraws from conversations or activities;
  - Displays fear of, or shies away from being touched; and/or
  - Exhibits behaviors such as angry outbursts, tearfulness, or stress (agitation, trembling, cowering)?
- ☐ Describe physical injuries, if any, related to the alleged abuse, such as:
  - Fractures, sprains or dislocations;
  - Burns, blisters, or scalds;
  - Bite marks, scratches, skin tears, and lacerations with or without bleeding, including those that would be unlikely to result from an accident;
  - Bruises, including those forming shapes (e.g., finger imprints) or found in unusual locations such as the head, neck, lateral locations on the arms, posterior torso and trunk, inner thigh, genital area and/or breasts; and/or
  - Facial injuries, including but not limited to, broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks.
- ☐ Observe and describe:
  - If the alleged perpetrator is a resident, whether he/she displays symptoms, such as
    - Verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating;
    - Physically aggressive behavior, such as hitting, kicking, grabbing, scratching, pushing/shoving, biting, spitting, threatening gestures, throwing objects;
    - Sexually aggressive behavior such as saying sexual things, inappropriate touching/grabbing;
    - Taking, touching, or rummaging through other's property;
    - Wandering into other's rooms/space; or
    - Resistive to care and services.
  - If the alleged perpetrator is staff, whether he/she displays rough handling of residents, appears rushed, dismisses requests for assistance, expresses anxiety, or frustration regarding work and lack of staffing.
- ☐ Observe for possible environmental factors related to the alleged abuse, such as:
  - If in a resident's room, the room configuration, presence of privacy curtains, and the availability of a working call light/call bell;
  - Lighting levels; or
  - Location in relation to the nurse's station, staff lounges, or outside access such as windows, doors, or hallways.
- ☐ For an allegation that a resident was deprived of goods or services by staff, observe for physical/psychosocial outcomes related to care deficits.

ACEP – Victim & Witness Interviews

Interviews: Be impartial, use discretion, and non-judgmental language. Use an interpreter as needed to obtain as accurate information as possible. Attempt to interview the alleged victim and witnesses as soon as possible.

Alleged Victim or Representative and Witness(es) Interview: Conduct private interviews unless the alleged victim requests the presence of another person. Observe the alleged victim's emotions and tone, as well as any nonverbal expressions or gesturing to a particular body area, in response to the questions. Maintain the confidentiality of witnesses and the person who reported the allegation (e.g., change the order of the interviews, location or time), to the extent possible. During the interview with the witnesses, the surveyor may ask him/her to re-create or re-enact the alleged incident, to better understand the sequence of events.

- ☐ For the **alleged victim/resident representative/witness**, ask, as applicable:
  - What occurred prior to, during, and immediately following the alleged abuse?
  - When and where did the alleged abuse occur?
  - Could he/she identify the alleged perpetrator and any witnesses? Who?
  - What was said? What was the tone of the alleged perpetrator's voice or volume?
  - Did you report the alleged abuse? Who did you report it to? What was their response? If not reported, what prevented you from reporting the alleged abuse?
  - Did you report the alleged abuse to any external entities (e.g., police, physician, ombudsman, and other state agencies)? Who did you report it to? What was their response?
  - Do you think retaliation has occurred since you reported the alleged abuse? If so, what actions were taken?
- ☐ For the **alleged victim/resident representative**, document as applicable:
  - Did you suffer any injuries (e.g., bruises, cuts, fractures) from the alleged abuse? Please describe, including the alleged victim's response to the injuries (e.g., pain, new difficulty sitting or walking).
  - Did you go to the hospital or physician's clinic for evaluation and treatment? When and which facility?
  - Do you feel safe?
  - Have there been past encounters with the alleged perpetrator?
  - Have there been past instances of abuse?
- ☐ For the **resident's representative**, ask, as applicable:
  - Have you observed any changes in the alleged victim's behavior, and if so, describe?
- ☐ For an **allegation that a resident was deprived of goods or services by staff, for the alleged victim/resident representative**, ask, as applicable:
  - How do staff respond to your requests for assistance? If staff do not respond, what happens?
  - Do you have any concerns about the manner in which care is provided to you? If so, describe. Did you report this to anyone? If so, to whom, when, and what was the response?
  - Do you feel that you have had any negative changes (e.g., weight loss, pressure ulcers) because of the failure to receive the care that you need?
  - Have you had any changes in medication (e.g., antipsychotics) that may be impacting the care you receive?

ACEP – Perpetrator Interview

Alleged Perpetrator Interview: If the alleged perpetrator is a staff member, the staff member may have been suspended or re-assigned until the facility's investigation is completed and in some situations, the facility may have terminated the employment of the individual. In some cases the alleged perpetrator may not be in the facility or may refuse to be interviewed. If possible, interview the alleged perpetrator in person or by phone even if the alleged perpetrator is no longer working in the facility. In addition, the alleged perpetrator may be a resident or visitor. Interview the alleged perpetrator to determine the following, to the extent possible, and include information regarding inability, if any, to conduct the interview:

- ☐ What information can you provide regarding the alleged abuse?
- ☐ Were you present in the facility at the time of the alleged abuse? If so, where were you at?
- ☐ What is your relationship, if any, to the alleged victim?
- ☐ For an allegation that a resident was **deprived of goods or services**, ask the staff member:
  - How do you respond to the resident's requests for assistance;
  - Have you had any concerns when you have been assigned to this resident? If so, describe. Did you report this to anyone? If so, to whom, when, and what was the response?
  - Have you noticed any negative changes (e.g., weight loss, pressure ulcers) with this resident? If so, describe; and
  - Has the resident had any behavioral symptoms (e.g. combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting the care that they receive? If so, have you reported this? If reported, to whom, when, and what was the response?
- ☐ If the **alleged perpetrator is a staff member**:
  - What is your position?
  - Describe any contact that you have with the alleged victim.
  - Do you continue to have access to the alleged victim? If not, why?
  - How long have you worked in the facility?
  - What type of orientation, training, work assignments, and supervision did you receive?
  - What training have you received related to abuse prevention, reporting abuse, and the facility's abuse policy and procedures?
- ☐ Do you have any other information you wish to share in regard to the investigation?

ACEP – Staff Interviews

Staff Interviews: Interview the most appropriate direct care staff member. Review staff schedules from all departments to determine who was working at the time of the alleged abuse and who may have had contact with the alleged perpetrator or alleged victim. Interview the most appropriate direct care staff member:

- ☐ Did you have knowledge of the alleged abuse? If so, describe.
- ☐ What actions, if any, did you take in response to the allegation?
- ☐ If you're familiar with the alleged victim, have you noticed any changes in the alleged victim's behavior as a result of the alleged abuse? If so, describe.
- ☐ How did the alleged perpetrator and victim act towards one another prior to and after the incident?
- ☐ Did the alleged perpetrator and/or victim exhibit any behaviors that would provoke one another? If so, what actions were taken to address this?
- ☐ If the alleged perpetrator was staff, had the alleged perpetrator exhibited inappropriate behaviors to the alleged victim or other residents in the past, such as using derogatory language, rough handling, or ignoring residents while giving care?
- ☐ If the alleged perpetrator was a visitor, did the visitor exhibit any inappropriate behaviors in the past or have any indication of risk to the resident(s)?
- ☐ Did you report the alleged abuse to any supervisors/administration? Who did you report it to? What was their response?
  - If reported, do you think retaliation has occurred since you reported the alleged abuse? If so, describe. Do you fear retaliation?
  - If not reported, what prevented you from reporting the alleged abuse?
- ☐ Did you report the alleged abuse to any external entities (e.g., police, physician, ombudsman, and other state agencies)? Who did you report it to? What was their response?
- ☐ Have you received training on abuse identification, prevention, and reporting requirements?
- ☐ For an allegation that a resident was **deprived of goods or services** by staff, ask:
  - How do staff respond to the resident's requests for assistance? If staff do not respond, what do they say;
  - Do you have any concerns about the manner in which care is provided to the resident? If yes, describe. Did you report this to anyone? If so, to whom, when, and what was the response;
  - Has the resident had any negative changes (e.g., weight loss, pressure ulcers) because of the failure to receive the care that he/she needs;
  - Has the resident had any changes in medication (e.g., antipsychotics) that may be impacting the care that they receive? Note: Determine if the resident may have received unnecessary medications such as chemical restraints.

ACEP – Other HC Professionals

Other Healthcare Professionals (DON, Social Worker, Attending Practitioner) Interviews, as Appropriate Ask the appropriate personnel:

- ☐ Do you have knowledge of the alleged abuse? If so, describe.
- ☐ When and by whom were you notified of the alleged abuse?
- ☐ Did you conduct an assessment of the alleged victim for potential injuries or a change in mental status? What interventions or treatment (e.g., counseling) were provided, if any?
- ☐ Was the alleged victim assessed and/or treated at a hospital after the alleged incident? NOTE: Attempt to interview the practitioner from the hospital who examined the alleged victim to determine physical findings and mental status at the time.
- ☐ Do you know if the alleged victim's representative and attending practitioner were notified of the alleged abuse? If so, when and what were the responses?
- ☐ If there are discrepancies in injuries based on the alleged victim's description, how was this investigated?
- ☐ Did the alleged perpetrator and/or victim exhibit any behaviors that would provoke one another? If so, what actions were taken to address this?
- ☐ Did you report the alleged abuse to administration? Who did you report it to? What was their response? If not reported, what prevented you from reporting the alleged abuse? Did you report the alleged abuse to anyone else (e.g., resident representative, attending practitioner)?
- ☐ Were any external entities (e.g., APS or law enforcement) contacted? If so, who made the report, to whom, and when?
- ☐ If the **alleged perpetrator was a resident**:
  - Did you conduct any interviews related to the alleged abuse and identify the circumstances of what occurred prior to, during and after the alleged abuse?
  - Does the care plan identify interventions to address any behaviors of the alleged perpetrator?
  - Was the care plan implemented?
- ☐ If the **alleged perpetrator is a visitor**:
  - Was there any indication of a prior history of abuse, aggression, or other inappropriate behaviors?
  - Was there any indication of a physical or psychosocial change in the alleged victim after a visit with the alleged perpetrator, whether onsite or outside of the facility?
  - Did you interview the alleged perpetrator and identify the circumstances of what occurred prior to, during and after the alleged abuse? If so, describe?
  - Were visits from the alleged perpetrator supervised? When and where did visits usually occur?
  - Is access to the alleged victim currently allowed? If so, under what circumstances?
  - What protections have been put in place (e.g., supervision of visits while the investigation is being conducted); and/or
  - Has access to other residents been limited? If so, how?
- ☐ For an allegation that a resident was **deprived of goods or services** by staff, ask:
  - Have you noticed any negative changes (e.g., weight loss, pressure ulcers) with this resident? If so, please describe.
  - How do staff respond to the resident's requests for assistance? If staff do not respond, what do they say;
  - Do you have any concerns about the manner in which care is provided to the resident? If yes, describe. Has staff report this concern to you? If so, when and what did you do;
  - Has the resident had any behavioral symptoms (e.g., combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting care they receive? If so, did staff report this to you? If reported, when and what was your response;
  - Has the resident had any changes in medication (e.g., antipsychotics) that may be impacting the care that they receive? Note: Determine if the resident may have received unnecessary medications such as chemical restraints; and/or

ACEP – Facility Investigator Interview

- If the interventions were not effective in reducing the behaviors, were they revised and if so, what was changed?
- Did the revised interventions provide the needed protections?
- What protections have been put in place at this time?
- Has access to other residents at risk been limited? If so, how?

☐ If the **alleged perpetrator was staff**, ask:

- Did the alleged perpetrator exhibited inappropriate behaviors to the alleged victim or other residents in the past (e.g., using derogatory language, rough handling, or ignoring residents while giving care)? If yes, describe.
- Was there a history of resident/family grievances or problems identified with care delivery or services provided? If so, what was the result of the investigation of the concerns, and describe any disciplinary actions and/or training provided related to the complaints/concerns.
- Did annual performance reviews identify issues with the provision of care, treatment, or other concerns? If so, what was provided to address the concerns.
- How is monitoring and supervision provided regarding the delivery of care and services by the alleged perpetrator?
- Who is responsible for supervising and monitoring the delivery of care at the bedside?

Facility Investigator Interview: If the facility investigated the alleged abuse, interview the staff member responsible for the initial reporting and the overall investigation of the alleged abuse. For some facilities, the Administrator may be the Facility Investigator.

- ☐ When (date and time) were you notified of the alleged abuse and by whom?
- ☐ What information was reported to you related to the alleged abuse?
- ☐ When and what actions were taken to protect the alleged victim from further abuse while the investigation was in process?
- ☐ Describe medical interventions, if any, taken in relation to the alleged abuse, (e.g., hospitalization, transfer to ER, onsite visit by attending practitioner).
- ☐ What steps were taken to investigate the allegation? Can you provide me a timeline of events that occurred?
- ☐ Describe interviews conducted, such with the alleged victim/resident representative, witnesses, alleged perpetrator, and practitioner and what information was obtained.
- ☐ Describe record reviews conducted related to the alleged abuse and what information was obtained.
- ☐ Were there any photographs or videos obtained related to the alleged abuse? If yes, describe.
- ☐ When and who received results of the investigation?

ACEP – Administrator/QAA Interviews

- ☐ Describe any mental assessments that were conducted pertaining the alleged abuse, and any interventions taken to assist the resident (e.g., counseling).
- ☐ If the allegation relates to sexual abuse, describe the immediate actions of the staff, including preserving evidence, providing medical intervention (e.g., transfer to hospital for sexual assault for rape kit), conducting a physical assessment, and reporting.
- ☐ Who did you notify and when (date/time) of the alleged abuse? Was an outside entity informed about the alleged abuse, and if so, when (date and time)? NOTE: If a suspected crime, note the date and time reported. Obtain copies of the outside entities investigations, if available.
- ☐ What actions were taken as a result of the investigation (e.g., for the alleged victim, the alleged perpetrator, other staff, training, policy revisions)?
- ☐ Is there any related information regarding the allegation that may not be included in the investigation report?

Administrator Interview:

- ☐ When (date and time) were you notified of the allegation and by whom?
- ☐ When (date and time) was the initial report reported to required agencies and law enforcement, as applicable?
- ☐ Who was/is responsible for the investigation? Is the investigation completed or ongoing? If completed, what was the outcome? (if the administrator is the facility investigator, use the questions above to determine how the investigation was conducted.)
- ☐ When (date and time)were the results of the investigation reported to you and to the required agencies?
- ☐ When and what actions were taken to protect the alleged victim and residents at risk from further abuse while the investigation was in process?
- ☐ What happened as a result of the investigation?
- ☐ How do you monitor for potential or actual reported allegations of abuse?
- ☐ If the alleged perpetrator is an employee, were there previous warnings or incidents at the facility? If the alleged abuse was verified, describe actions that were taken.
- ☐ How do you assure retaliation does not occur when staff or a resident reports an allegation of abuse?
- ☐ For an allegation that a resident was **deprived of goods or services**, ask:
  - Have staff reported any concerns to you about the manner in which care is provided to the resident? If yes, when, what did they report, and what did you do; and
  - Who is responsible for supervising and monitoring the delivery of care at the bedside?

QAA Responsible Person Interview:

- ☐ How do you monitor reported allegations of abuse?
- ☐ When did the QAA Committee receive the results of the investigation for the allegation of abuse?
- ☐ Did the QAA Committee make any recommendations based on the results of the investigation, such as policy revisions or training to prevent abuse?

ACEP – Victim Interview & Review of Perpetrator's Record

Review the Alleged Victim's Record:

- ☐ Was the alleged victim was assessed at risk for abuse (e.g., as indicated in the RAI, care plan, progress notes from nurses, social services, practitioners)? If so, how did the facility implement interventions to mitigate risks?
- ☐ When (date/time) did the allegation occur? When was it discovered and by whom?
- ☐ When was the resident's representative, practitioner and other required entities notified?
- ☐ Were physical injuries noted related to the alleged abuse?
- ☐ Are there changes in the alleged victim's mood or demeanor before and after the alleged abuse (e.g., distrust, fear, angry outburst, cowering, tearfulness, agitation, panic attacks, withdrawal, difficulty sleeping, and PTSD symptoms)?
- ☐ Are there potential indicators of sexual abuse (e.g., STD, vaginal or anal bleeding, pain or irritation in genital area, bruising/lacerations on breasts or inner thighs, or recent difficulty with sitting or walking)?
- ☐ Was the resident assessed and the care plan revised as needed? What interventions (e.g., first aid, hospitalization) occurred to address any physical injuries or changes in mental status? (Note: If the resident required medical treatment, you may need to contact the hospital and/or practitioner to obtain related medical records for review.)
- ☐ For an allegation that a resident was **deprived of goods or service**:
  - Does the record reflect any negative changes (e.g., weight loss, pressure ulcers);
  - Has the alleged victim had any behavioral symptoms (e.g., combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting the care that they receive? If so, describe; and/or
  - Determine if the alleged victim may have received unnecessary medications such as chemical restraints and if this impacted the care received.

Review the Alleged Perpetrator's Record, if a Resident:

- ☐ What circumstances are documented (date/time) before, during and after the alleged abuse?
- ☐ Is there a previous history of exhibiting any behaviors that would provoke others? If so: Does the care plan address behaviors, if any, of the alleged perpetrator, and include interventions (e.g., monitoring, staff supervision, redirection?
  - Were care plan interventions implemented?
  - If the interventions were not effective in reducing the behaviors, were they revised and if so, what was changed?
- ☐ After the alleged abuse, did staff separate the alleged victim and other residents at risk?
- ☐ What are the plans to monitor and supervise the resident?
- ☐ If interventions were unsuccessful, was the physician notified? Were new interventions implemented?

ACEP – Perpetrator's Personnel File, Other Agency Reports, Start of Critical Element Decisions

- Did the revised interventions provide the needed protections?
- What protections are currently in place?
- Does the alleged perpetrator have limited access to other residents at risk? If so, how?

Review the Alleged Perpetrator's Personnel File, if Staff:

- ☐ Is there any information related to the alleged abuse? If so, describe.
- ☐ Is there a history of other allegations?
- ☐ Were adverse personnel actions taken? If so, describe.
- ☐ Is there information related to any finding of abuse/neglect/exploitation/misappropriation of property/mistreatment?
- ☐ If a nurse aide:
  - Was training and orientation provided related to dementia management, abuse and neglect prevention?
  - Were annual performance reviews conducted? Was there a history of competency concerns? If so, what disciplinary actions and/or training was provided related to performance deficits?

Investigative Report from Other Investigatory Agencies (APS, Professional Licensing Boards, Law Enforcement):

- ☐ Review a copy of the report if another investigatory agency (e.g., APS, Professional Licensing Board, and Law Enforcement) conducted an investigation.
- ☐ What did the other investigatory agency find? Note: deficient practice is not determined based on another agency's investigation.

Critical Element Decisions:

1) Did the facility protect a resident's right to be free from any type of abuse that results in, or has the likelihood to result in physical harm, pain, or mental anguish?
   If No, cite F600

2) Did the facility hire or engage staff who have:
   - Not been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law?
   - Not had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property?
   - Not had a disciplinary action taken by a state professional licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property?
   - Not had a successful appeal of their disqualification from employment?

ACEP – Critical Element Decisions

AND/OR

Did the facility report to the State nurse aide registry or licensing authorities any knowledge of actions taken by a court of law that would indicate unfitness as a staff member of a nursing home?
If No, cite F606
NA, the alleged perpetrator was not staff

3) Did the facility develop and implement written policies and procedures that prohibit and prevent abuse, establish policies and procedures to investigate any such allegations, and include training as required at paragraph §483.95?
If No, cite F607

4) Did the facility develop, implement, and maintain an effective training program for all new and existing staff that includes training on activities that constitute abuse; procedures for reporting incidents of abuse; and dementia management and resident abuse prevention?
If No, cite F943

5) Does the facility's in-service training for nurse aides include resident abuse prevention?
If No, cite F947

6) Did the facility develop and implement written policies and procedures to ensure reporting of suspected crimes within mandated timeframes, annual notification of covered individuals of reporting obligations, posting of signage stating employee rights related to retaliation against the employee for reporting a suspected crime, and prohibition and prevention of retaliation?
If No, cite F608

7) For alleged violations of abuse, did the facility:
   - Identify the situation as an alleged violation involving abuse, including injuries of unknown source?
   - Immediately report the allegation to the administrator and to other officials, including to the State survey and certification agency, and APS in accordance with State law?
   - Report the results of all investigations within five working days to the administrator or his/her designated representative and to other officials in accordance with State law (including to the State survey and certification agency)?

   If No to any of the above, cite F609

8) For alleged violations of abuse, did the facility:
   - Prevent further potential abuse while the investigation is in progress?
   - Initiate and complete a thorough investigation of the alleged violation?
   - Maintain documentation that the alleged violation was thoroughly investigated?

ACEP – Critical Element Decisions

- Take corrective action following the investigation, if the allegation is verified?

If No to any of the above, cite F610

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Dignity (CA), Visitors F563/F564, Notice of Rights and Rules F572, Privacy (CA), Grievances F585, Reporting Reasonable Suspicion of a Crime F608, Accidents (CA), Social Services F745, Behavioral-Emotional Status (CA), Sufficient and Competent Staffing (Task), QAA/QAPI (Task).

Facility Characteristics That Increase Abuse Risk

- Unsympathetic or negative attitudes toward residents
- Chronic staffing problems
- Lack of administrative oversight, staff burnout, and stressful working conditions
- Poor of inadequate preparation or training for caregiving responsibilities
- Deficiencies of the physical environment or lacking supplies
- Facility policies that operate for the benefit of the facility

Pitfalls/Reasons for Common Deficiencies

- Not following your own policy!
  - Biggest issue: is it too vague? Too detailed? Do your staff members understand it?
- Not having an updated policy that reflects what is in the State Operations Manual (SOM):
  - Examples of some missing key elements:
    - Notifications to Admin & DON
    - Timeframes required
    - Key players not involved in investigations
    - Steps missed in the investigation

Pitfalls/Reasons for Common Deficiencies - Part 2

- Staff not reporting things that should be (ex-minor injuries of unknown origin)
  - Or reporting things after the fact
- Staff not having a clear recognition of what is abuse
  - Lack of "Abuse Recognition"
  - Especially ruling out abuse for injuries
  - The "rough handling" issue vs. customer service

Pitfalls/Reasons for Common Deficiencies - Part 3

- Jumping to a "quick and easy" conclusion that fits facility narrative, not the facts
  - Concluding investigation right away or within a few hours is a no-no
    - Must be sufficient look back statements and time taken for all interviews/statements
  - Assuming frequent complaining resident or family is wrong, "always complaining": every complaint requires follow up.
- If unsubstantiated abuse, must be:
  - Remedial education on abuse policy, customer service, etc
  - Proof of monitoring the employee's performance post episode (ex-evaluation, social worker interviews with residents)

Responsibilities of Each Role

Administrator	Director of Nursing	Social Worker	Human Resources
Leads the Team	Often manages the clinical portion of investigation	Validates resident allegations	Coaches team on balanced approach, based on facts
Guides & maintains integrity of the investigation	Usually handles staff interviews and gathering statements	Conducts additional resident interviews	Review of statements & Recommends type of discipline of employee if required
Holds ultimate responsibility	Needs to prioritize fact gathering w/out a rushed conclusion	Reassures residents as needed	Experienced HR can bring a strong/fair voice to the outcome

Administrator Leads the Team By..

- Taking action as soon as notified about the allegation of abuse
- Coordinates action items to be done:
  - Make list of all items needed and delegate to different team members to obtain and by when
    - URGENCY NEEDED!
    - Re-interview of alleged victim by SS
    - List of statements needed & who is obtaining
    - Gather documentation: Ex-Face sheet, copy of assignment sheets, resident census on day of incident
    - If staff involved:
      - HR involved?
      - Was employee removed as required and suspended?
      - Safety of residents maintained?
    - Who is handling reportable?
- Be extremely cautious when delegating parts of investigation: You are responsible!

Mandatory Reporting Timeline and Procedure

- **IMMEDIATE ACTION**
  - **0-2 hours federal / 24 hours state** – Staff witness or suspect abuse → Report immediately to facility administrator. Administrator initiates investigation and secures evidence.
- **CONCURRENT REPORTING**
  - **Within 24 hours** – Submit written report to law enforcement, Long-Term Care Ombudsman, and applicable agencies Provide same information to all agencies for coordination.
- **DOCUMENTATION & PROTECTION**
  - Record all details, injuries, statements, actions taken, and findings. Ensure victim safety and prevent retaliation. Provide support services.
- **FOLLOW-UP & COOPERATION**
  - Maintain investigation timeline, preserve evidence, cooperate with external authorities, and keep administrators informed of progress.

Prevention Strategy: Proactive Systems Design and Staff Competency

- **Comprehensive Staff Training**
  - Implement mandatory abuse prevention, recognition, and reporting training aligned to updated CMS guidance with regular updates and competency assessments.
- **Clear Policies & Standards**
  - Establish written facility standards, resident rights, and reporting timelines that are easily accessible to all staff.
- **Environmental Risk Reduction**
  - Conduct audits to reduce abuse risk factors including isolation, poor supervision, and understaffing issues.
- **High-Risk Prevention Protocols**
  - Develop incident prevention for resident-to-resident altercations with behavioral health support and de-escalation training.
- **Supportive Culture**
  - Create environment where staff feel safe reporting concerns without fear of retaliation; use anonymous hotlines.

Best Practices and Operational Excellence: Implementation Framework

- **Dedicated Compliance Role**
  - Establish compliance officer responsible for reporting coordination, policy updates, and regulatory alignment with CMS requirements; another piece of oversight.
- **Quarterly Staff Training**
  - Conduct competency assessments on abuse types, red flags, and reporting procedures with evidence of completion.
- **Incident Tracking System**
  - Maintain centralized system with audit trails and dashboard reporting for administrator and compliance team members.
- **Peer Review Committees**
  - Analyze reported incidents, identify systemic gaps, and recommend preventive measures; use data for continuous improvement.
- **Utilize Volunteer or State Ombudsman**
  - Solicit safety feedback and strengthen transparency; involve ombudsmen in facility oversight.
- **Mock Drills & Documentation**
  - Schedule regular tabletop exercises to test reporting readiness; document all training, incidents, and corrective actions for CMS survey compliance.

Action Plan: Immediate Steps for Compliance and Protection

- **AUDIT CURRENT POLICIES**
  - Review policies against revised CMS February 2025 guidance and state-specific requirements, especially mandated reporting timelines.
- **CONDUCT STAFF TRAINING**
  - Implement comprehensive training on updated abuse definitions, recognition, and reporting pathways within 30 days with competency verification.
- **ESTABLISH WRITTEN PROCEDURES**
  - Document mandatory reporter protocols specifying agencies, timelines, and documentation requirements; create automated incident tracking system with compliance alerts.
- **IMPLEMENT OVERSIGHT & REVIEW**
  - Designate trained compliance officer, establish inter-agency reporting workflow, schedule quarterly reviews, engage Ombudsman and licensing agencies, and conduct environmental safety audits with behavioral health support protocols.

Artificial Intelligence and Generative AI: An Introduction

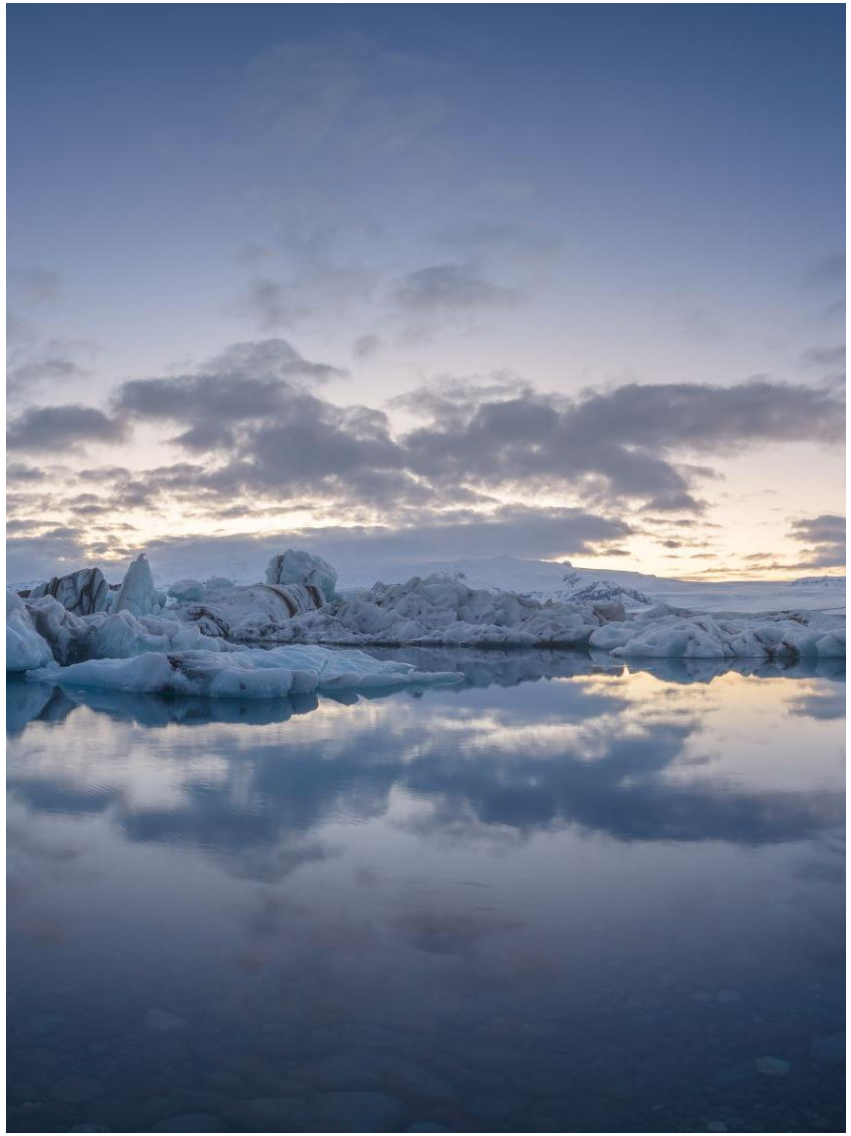
Tim Hodges, CEO

Honor Aging

LNHA Society of NJ

April 16, 2026

Honor Aging
Advancing Senior Care



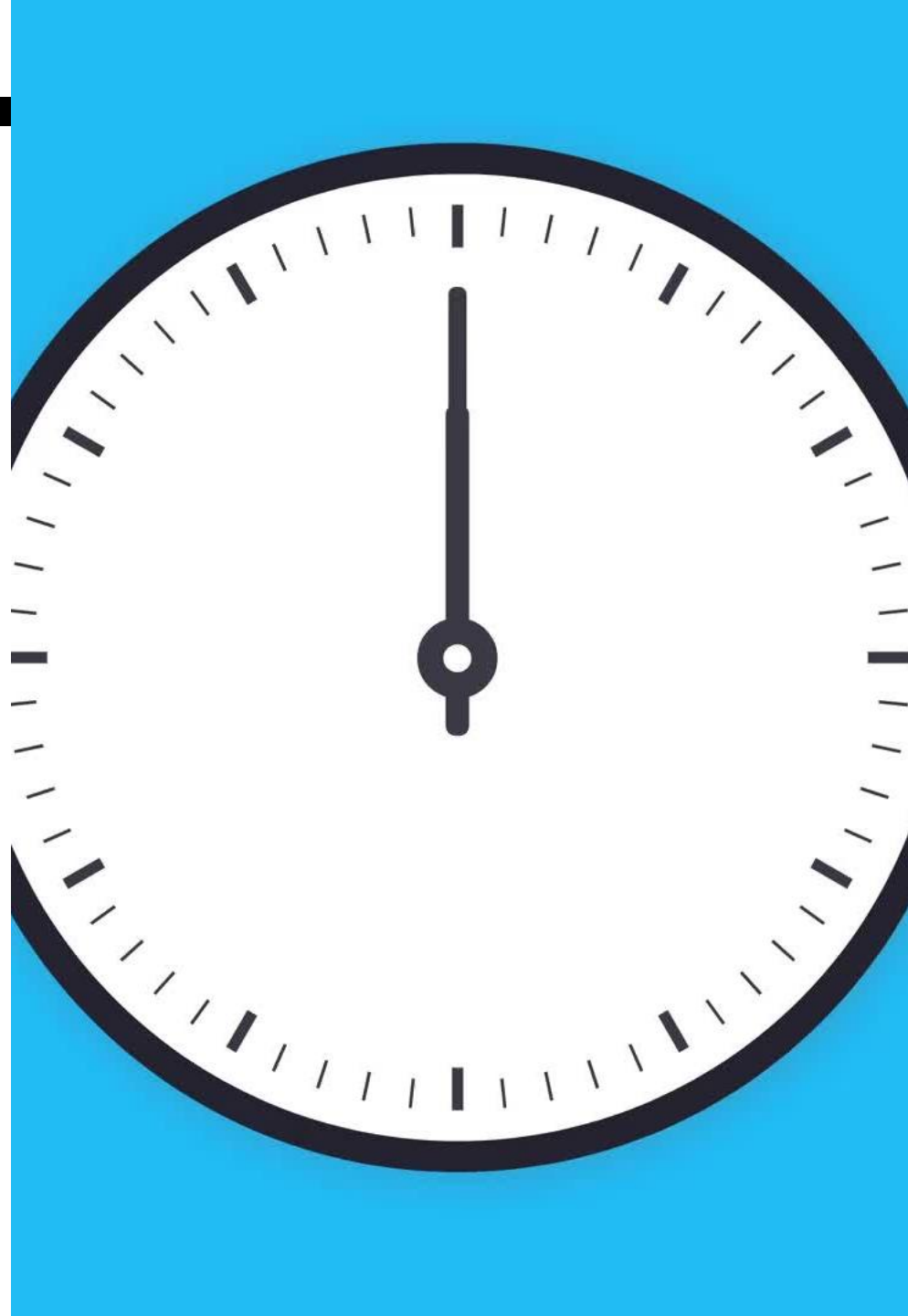
What We Will Cover

- An overview of Artificial Intelligence – what is it, how is it being applied to everyday life
- How is AI impacting healthcare?
- How is AI impacting long term, post acute and assisted living care?
- Specific innovations in LTC
- AI Spotlights
- Group exercises

Time Management...24/7

- 24x7 = 168 Hours
- Work 40 Hours
- Sleep 8 hours a night x 7 days a week = 56
- 96 total hours

...72 hours left for yourself.



What's New…(Ripped from the latest headlines)

- AI Class Action Lawsuit – Navihealth
- CMS Elevate Model
- Federal SFF 2026 Released
- Alzheimer's and Stress
- Healthspan vs. Lifespan, Longevity
- First Dementia Village in US
- Medicare Advantage Rate Increase
- AI – Musk lawsuit XAI, Anthropic / Claude safety restrictions w Pentagon Contract, Sam Altman Open AI harassment

Medicare Advantage and Managed Medicaid Denial Rates for Pre Auth's as of 3/31/26

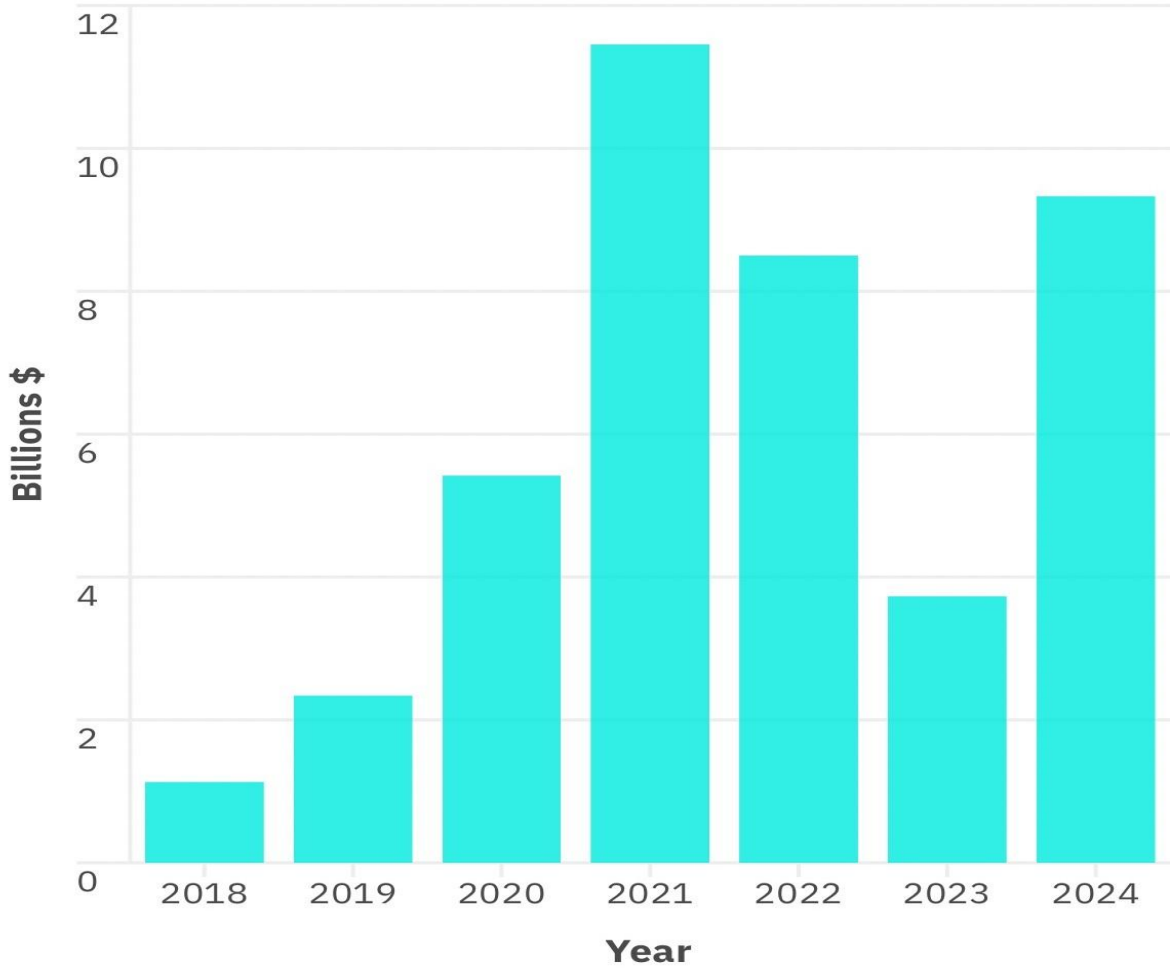
Insurance Company	Denial Rate
• United	12.8%
• Centene	12.3
• Aetna	11.9
• Kaiser	10.9
• Humana	5.8
• Elevance	4.2

***Only 11.5% of denials are appealed**

****81% success rate when pre-auth's are appealed**


PHOTO: AI GENERATED
A 70-year-old woman spent $150,000 of her retirement savings to build a tiny home village in Texas so older women can live affordably and not age alone.

Medical and healthcare - annual private investment in AI



ce: Our World in Data/ Quid via AI Index Report (2025)/ US Bureau
bor Statistics (2025)

AI in Everyday Life.. Generative AI

- Generates follow up tasks and solutions based on information, systems, and intelligence fed into it.
- Chat GPT prime example of Generative AI
- Earlier Examples…IBM Deep Blue – won a chess game in late 90’s against world champion
- IBM Watson, solved problems based on data received and stored in inventory
- Google Search, spell check, auto correct on iphones, Siri, Netflix recommendations, Amazon Recommendations,
- Social Media Feeds
- Autonomous Vehicles

NextGen AI

- Theory of Mind AI
- Self Aware AI
- Colossus 1970 Movie

Consumer Perceptions: AI

93% report at least one concern about AI in Healthcare

4X more say AI makes them trust healthcare less than it does trust healthcare more

Human Touch

Data Privacy

What is artificial intelligence/AI?

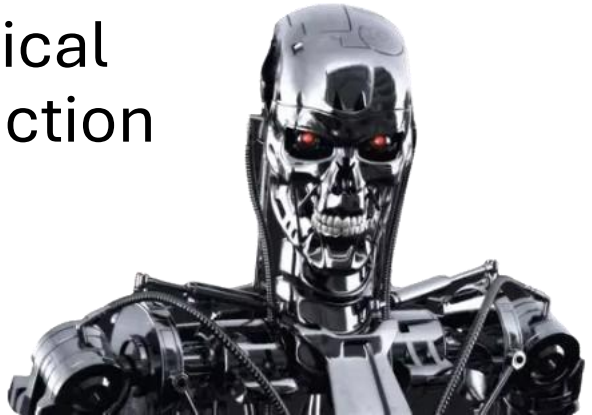
- AI is an umbrella term which refers to **computer programs that can mimic human tasks** like learning, reasoning, and problem-solving.
- Term first coined in the 1950's by Alan Turing who was famous for cracking the Nazi German messages in World War 2. Created the "Turing Test."
- These systems are not "intelligent" in a human sense. While AI has advanced rapidly, it still lacks human-like common sense and reasoning.
- **AI is not sentient**; it lacks awareness and cannot perceive emotions. There is a tendency to anthropomorphize generative AI tools like ChatGPT, but there is no person on the other side.

The GenAI Boom of 2022

- The current hype about AI was sparked by startling leaps forward in two key areas:
  - Text-to-image AI programs (DALL-E 2, Midjourney, Stable Diffusion).
  - AI Large Language Model (LLM) text-generation tools like ChatGPT 3.5.
- ChatGPT gained 100 million users in two months, breaking all previous records for the adoption of new technology.

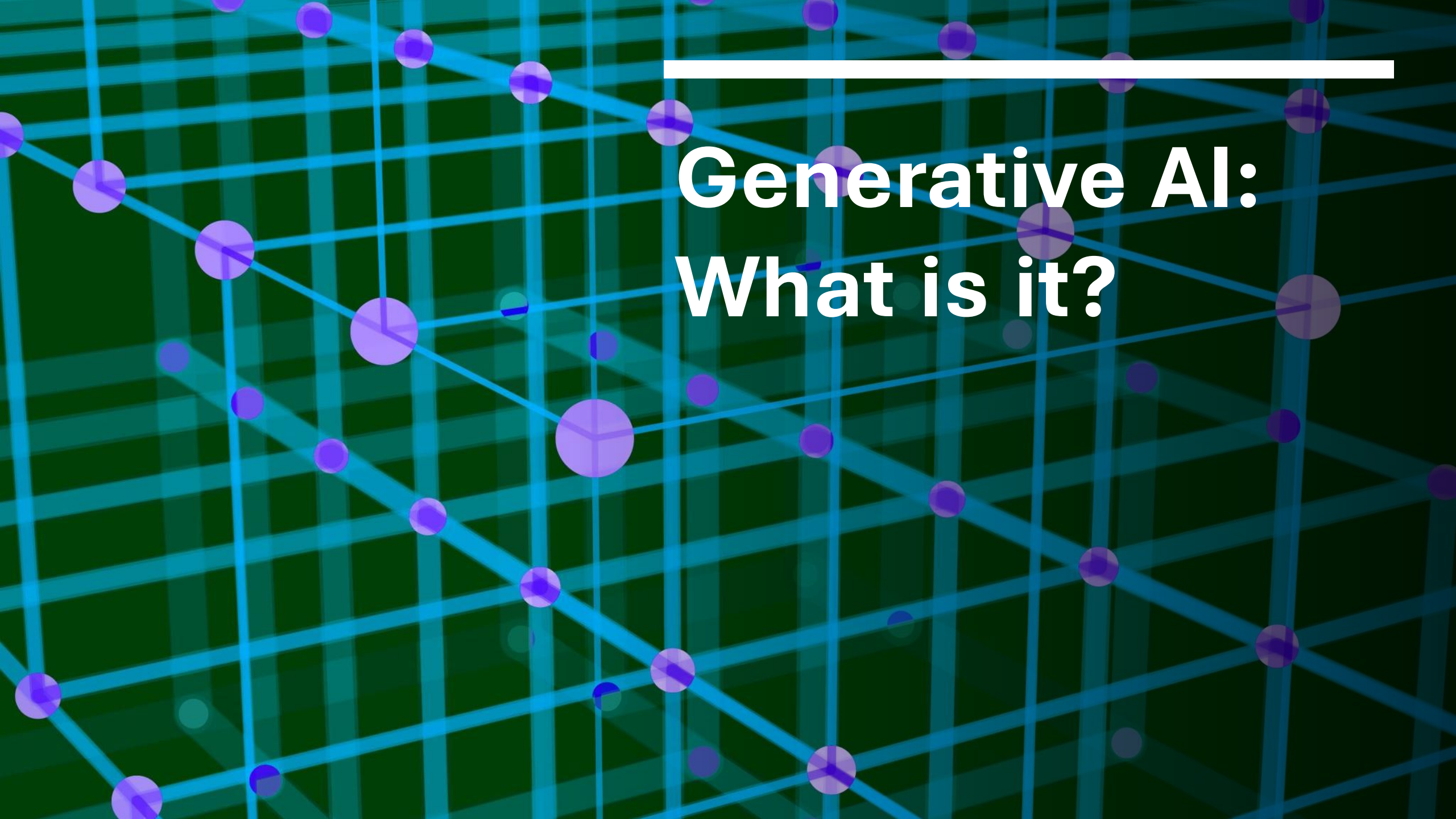
Three Types of AI by Capability

- **Artificial Narrow Intelligence (ANI)**
  - Excels at one specific task. *All current AI is Narrow AI*.
  - Examples: Siri, Netflix recommendations, Tesla's self-driving software.
- **Artificial General Intelligence (AGI)**
  - A theoretical AI with *human-level* cognitive abilities. Still science fiction.
- **Artificial Superintelligence (ASI)**
  - A hypothetical AI that *surpasses human intelligence*. Largely speculative. appearing often in philosophical and theoretical discussions about AI's future, and of course in science fiction books and movies (e.g. the *Terminator* series)



AI Types by Computational Approach

- **Symbolic AI**
  - Programmers hand-code logical rules and facts.
  - Solves problems using logical reasoning.
  - Example: IBM’s Deep Blue chess computer
- **Machine Learning (ML)**
  - Algorithms are trained with data to discover and learn from examples.
  - Makes predictions or decisions without being explicitly programmed.
  - Example: Gmail’s spam detection system.
- **Deep Learning**
  - A subset of ML using multiple layers of “neural networks” to learn complex patterns from vast amounts of data.
  - Generative AI is a subset of Deep Learning.
  - Example: ChatGPT.



Generative AI: What is it?

What is Generative AI (GenAI)?

- A newer subset of AI that ***creates new content*** like text, code, pictures, and music.
- Example:
  - A spam filter *classifies* email (this is not GenAI).
  - ChatGPT *writes a new email* for you from scratch (this is GenAI).

Three Things that Made the GenAI Boom Possible

New algorithms: in particular, transformer architecture (2017) which revolutionized the processing of long text passages

Data explosion: an explosion of digital data which provided the raw material to train GenAI systems (sometimes without permission!)

Computing power: massive increases in computational power made it possible to train GenAI on this vast amount of input data

How GenAI Works

Pre-training: models analyze billions of text examples, learning to predict what comes next

Fine-tuning: models are refined to follow instructions, be helpful, and to avoid harmful content (this work is mostly done by humans)

Deployment: users provide prompts, and the model generates responses based on the prompts and patterns it learned during training

GenAI in Higher Education: Strengths

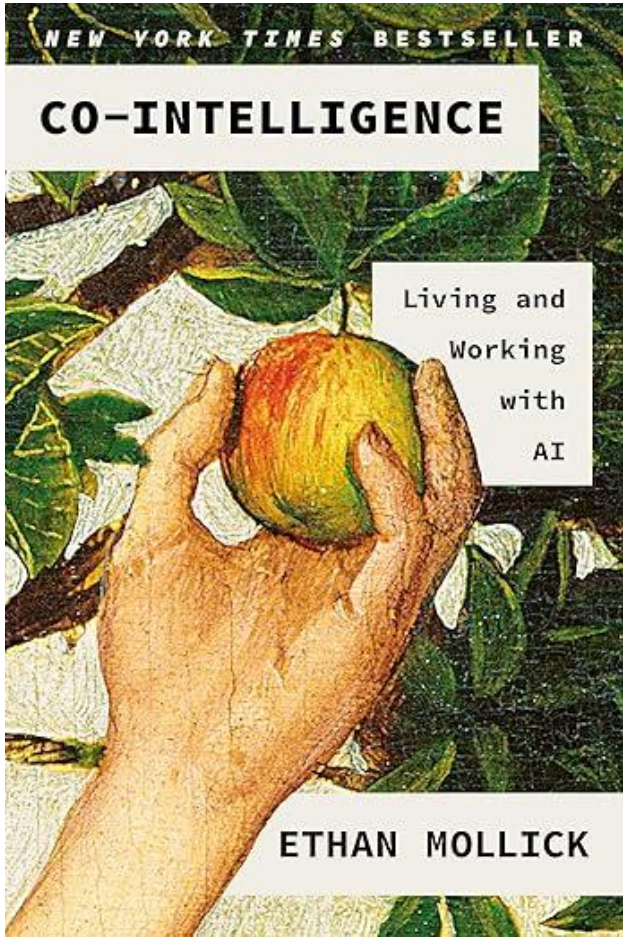
- **Brainstorming & Idea Generation:** Quickly creates quizzes, lesson plan ideas, or examples to spark creativity.
- **Personalized Learning:** Acts as a tireless tutor, providing instant answers and feedback tailored to student needs.
- **Enhanced Student Engagement:** Lets students test ideas, explore scenarios, or even role-play with historical figures!
- **Efficiency:** Offloads more routine work, freeing up faculty & instructors for one-on-one mentoring and research.

GenAI in Higher Education: Weaknesses

- **Accuracy:** Can produce incorrect or fabricated information while sounding confident, so *everything must be verified against authoritative sources*.
- **Bias:** Can reproduce human biases from its training data, underrepresenting marginalized perspectives.
- **Academic Integrity:** Raises concerns about plagiarism, cheating, and the need to rethink student assessments.
- **Learning impact and over-reliance:** Raises concerns about the use of GenAI undermining critical thinking and problem-solving skills.
- **Privacy & Security:** Raises questions about how user data is stored, used, and who owns the output.
- **GIGO (Garbage In, Garbage Out):** Raises concerns about the sources and quality of data used to train GenAI tools. Poor data = poor results.

Some Recommendations to Learn More about Generative AI (GenAI)

- Anthropic (the makers of the GenAI tool Claude) have published an excellent, free online course titled *Introduction to AI Fluency* here: https://www.anthropic.com/ai-fluency/introduction-to-ai-fluency . The goal of this 12-lesson course (which you can use with *any GenAI tool, not just Claude*) is to learn how to collaborate with GenAI systems effectively, efficiently, ethically, and safely.
- A good popular book to read about GenAI is Ethan Mollick's 2024 book titled *Co-Intelligence: Living and Working with AI*.



Concepts from Anthropic's AI Fluency Course: The 4 Ds

- Four core competencies of AI fluency:
  - **Delegation:** deciding what work should be done by humans, what work should be done by AI, and how to distribute tasks between them.
  - **Description:** effectively communicating with AI tools, including clearly defining outputs, guiding AI processes, and specifying desired AI behaviours and interactions.
  - **Discernment:** thoughtfully and critically evaluating AI outputs, processes, behaviours, and interactions (assessing quality, accuracy, appropriateness, and areas for improvement).
  - **Diligence:** using AI responsibly and ethically (maintaining transparency and taking accountability for AI-assisted work).

Ethan Mollick's Four Rules for Using GenAI

- **Principle 1: Always invite GenAI to the table.** You should try inviting AI to help you in everything you do, barring any legal or ethical issues, to learn its capabilities and failures.
- **Principle 2: Be the human in the loop.** GenAI works best with human help; always double-check its work.
- **Principle 3: Treat GenAI like a person (but tell it what kind of person it is).** Give it a specific persona, context, and constraints for better results. For example, you'll get better results from the detailed prompt "Act as a witty comedian and generate some slogans for my product that will make people laugh" instead of the more generic prompt "Generate some slogans for my product."
- **Principle 4: Assume that this is the worst GenAI tool you will ever use.** Generative AI tools are advancing and evolving rapidly.

Three GenAI Tools Recommended by Ethan Mollick

ChatGPT by OpenAI/Microsoft chatgpt.com	Claude by Anthropic claude.ai	Gemini by Google gemini.google.com
Limited free use US$20/month Plus plan	Limited free use US$17/month Pro plan	Limited free use US$20/month Pro plan
GPT 5.3 Instant: quick answers GPT 5.2 Thinking Auto: chats GPT 5.2 Thinking with Extended Thinking: good for work (requires Plus level)	Claude Haiku 4.5: quick answers Claude Sonnet 4.6: good for chats Claude Opus 4.6 Extended Thinking: good for work and hard problems (requires Pro level)	Gemini 3 Fast: chats & answers Gemini 3 Thinking: good for work (requires Pro level; turn on Deep Research from the Tools menu) Gemini 3 Pro: math & code
ChatGPT does use your data in training (but you can turn it off, without loss of functionality).	Privacy focused: Claude does not train future AI models on your data. Seems to be more focus on ethics?	Gemini does use your data in training (you can turn it off, but you will lose some functionality).
Deep Research option for more accurate, in-depth research	Research and Web Search options for more in-depth research	Deep Research option for more accurate, in-depth research
Good at image creation; Study & Learn mode; Shopping Research	Weaker at image & video generation than ChatGPT and Gemini	Best at images (nano banana); Best at video creation (Veo 3.1)

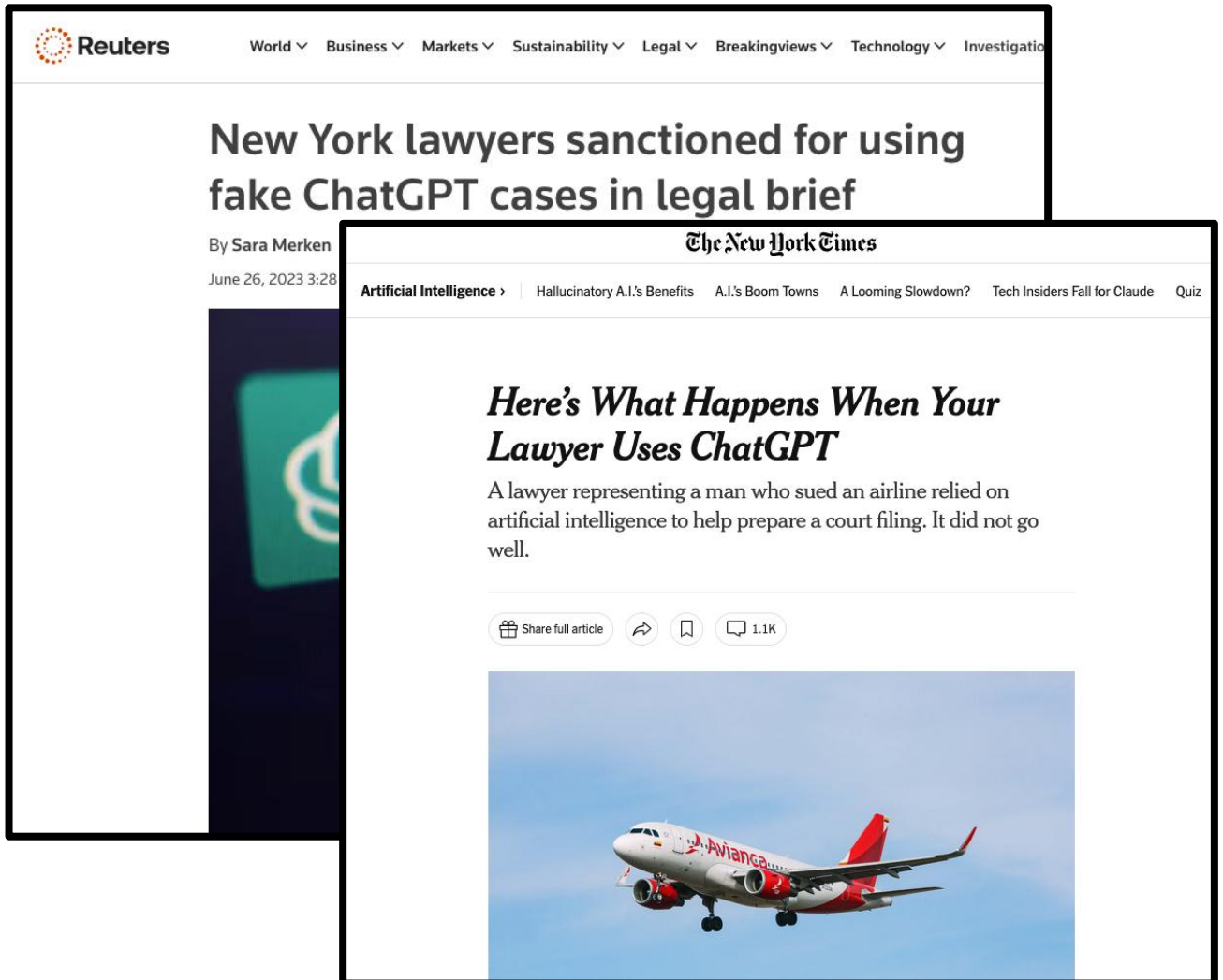
Source: Mollick, E. *A Guide to Which AI to Use in the Agentic Era*. *One Useful Thing* newsletter, Feb. 17th, 2026.

New for 2026: AI Agent Tools

- In the newest Feb. 17th, 2026 edition of Ethan Mollick's AI Guide (https://www.oneusefulthing.org/p/a-guide-to-which-ai-to-use-in-the), he discusses the shift from *chatbots* (where you have a conversation with the tool) to *agents* (where you give a specific, defined task with instructions to the tool, and it goes away and does the task and returns with results).
- For example, Claude Code, OpenAI Codex, and Google Antigravity are all agents aimed at computer programmers. You describe what you want built, and the AI agent goes and builds working code for you.
- Claude for Excel and PowerPoint are specific agents/harnesses inside Microsoft applications. For example, you can tell these AI agents what you want to do with an Excel spreadsheet, and it will try and execute it.
- Simply handing something off to an agent, as opposed to the back-and-forth conversation with a chatbot interface, does ***not*** always give the best result.

GenAI “Hallucinations”: Steven Schwartz, the Avianca Lawsuit, and ChatGPT

- GenAI tools can “hallucinate” by creating Frankenstein-like responses from bits of training data. They might invent non-existent books or articles.
- ***You must double-check and verify any information provided by GenAI against authoritative sources.***
- **Case Study:** lawyers sanctioned for using fake ChatGPT-generated legal cases in a lawsuit.



Tips for Best Results When Using GenAI

- **Have a conversation:** Don’t treat GenAI like a vending machine; engage in a back-and-forth conversation to refine the output.
- **Give it context:** Upload documents or images; provide examples of what “good” looks like to help it understand the pattern or style you want in the output.
- **Be clear about what you want:** Provide details, step-by-step instructions, and specific rules to follow.
- **Ask for help:** If you’re unsure, ask the GenAI tool to ask ***you*** questions to help clarify your goal. You can even ask it for help creating prompts!

Caveats to Keep in Mind When Using GenAI

- **GenAI can be *confidently* wrong!** Always double-check any information you get from a GenAI tool against authoritative sources (*use the UM Libraries!*)
- **GenAI tends to reinforce biases** from the data it was trained on. The companies building these GenAI tools try to correct them to address sexism, racism, homophobia, transphobia, etc., but sometimes these biases can still appear in the responses.
- **Never enter confidential information.** It may become part of its dataset.

The Best Way to Learn is to Use Them!

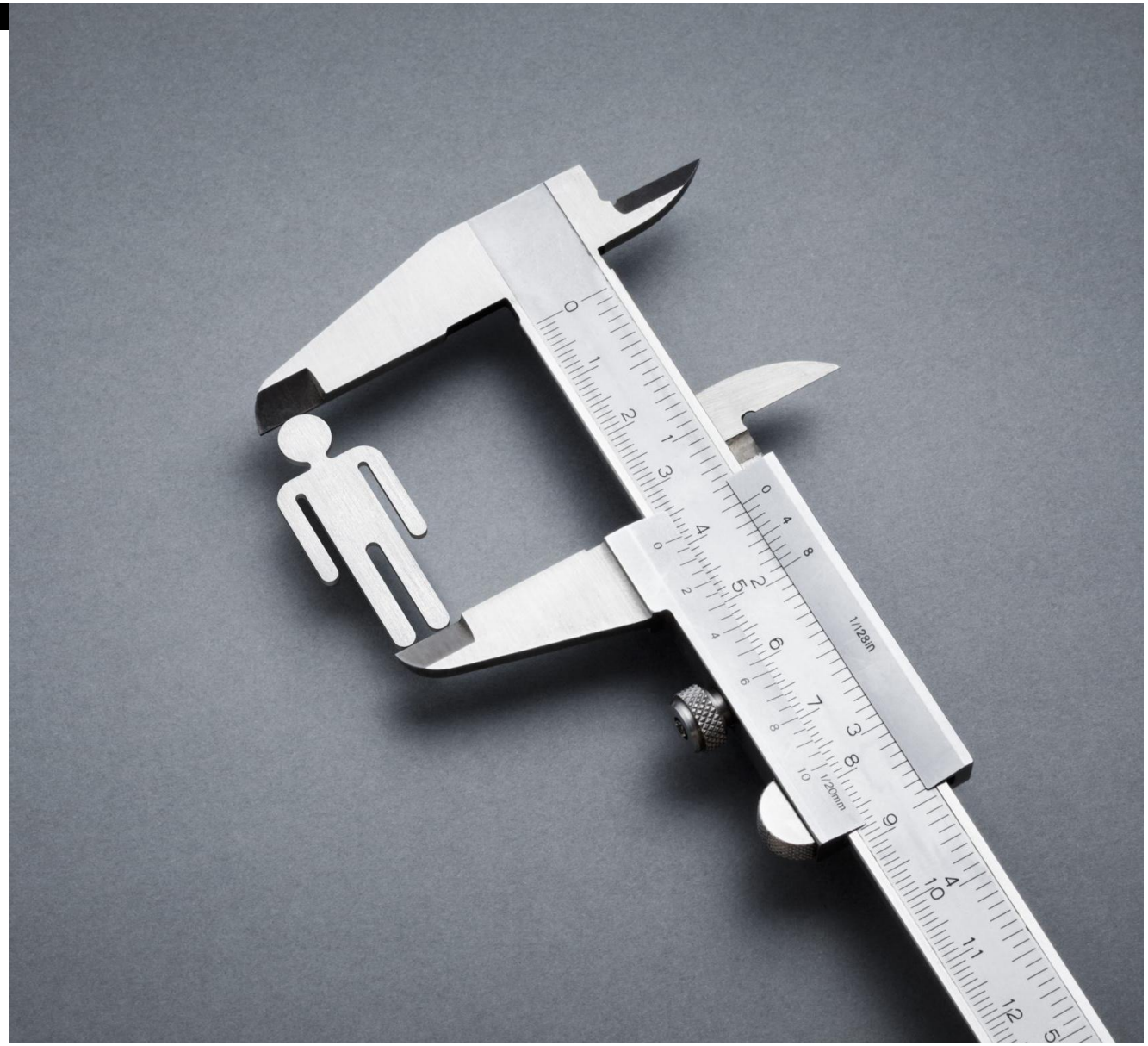
- **Pick a topic you are an expert in.** Engage the AI in a conversation. It will be easier for you to spot incorrect or “hallucinated” response.
- **Pick a topic you know nothing about.** Ask the AI to explain it to you at various levels (e.g. for a six-year-old, for a university student, etc.)
- **Be creative in your prompting.** Tell it what role to take (e.g. comedian) and what output you want (e.g. funny slogans for chewing gum).
- Remember: **These tools are <u>not</u> sentient**; they generate human-like replies based on training, so be aware of the tendency to anthropomorphize them.

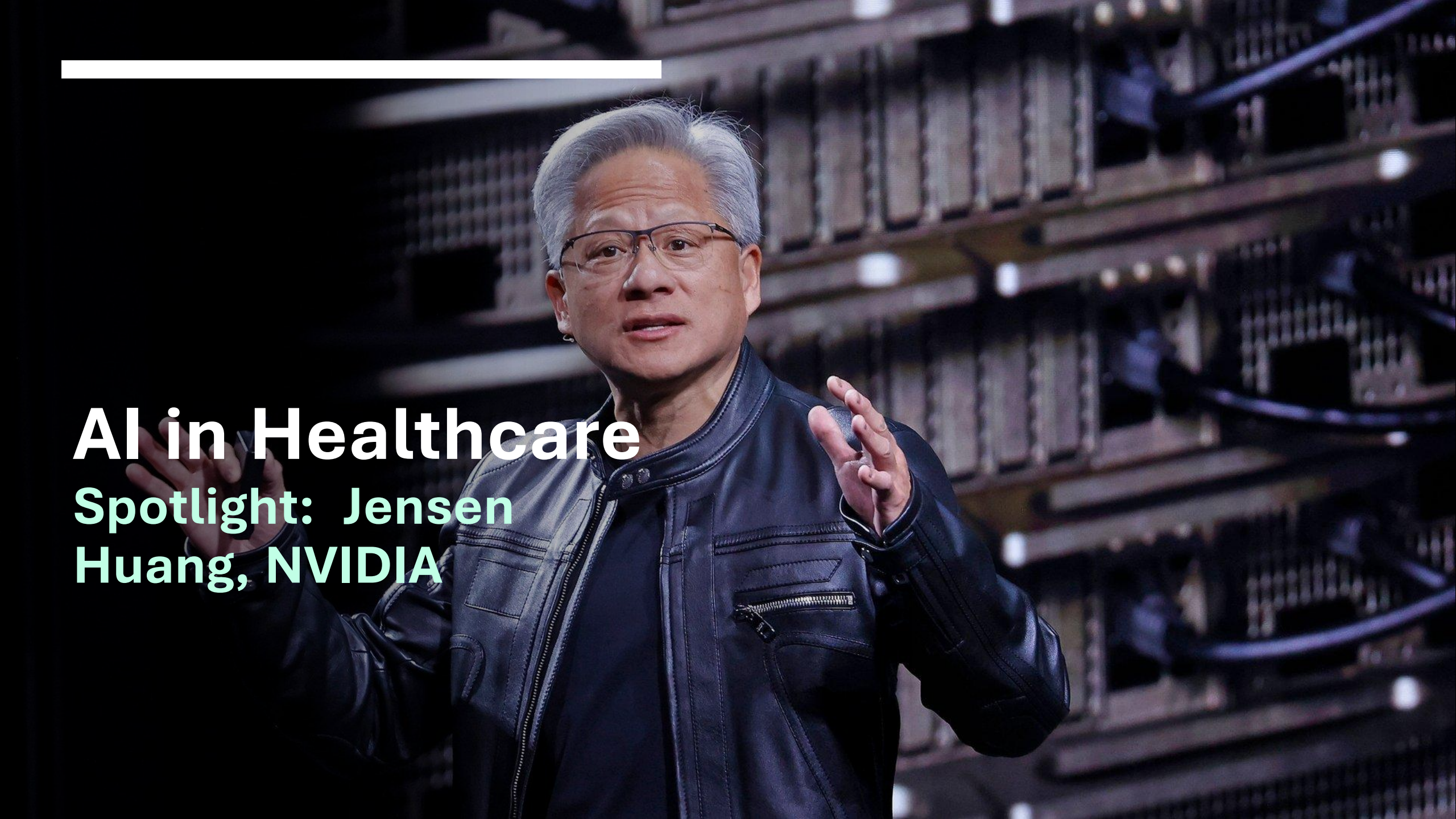
Tips for Staying on Top of AI

- Subscribe to email newsletters and follow AI experts on social media.
- Watch YouTube videos and listen to podcasts on AI topics.
- Read books for broader concepts, but keep in mind that Generative AI only became popular since 2022, and the field is evolving rapidly, so *be sure to find up-to-date information sources*.
- Start an informal discussion group to share ideas.
- **Use GenAI tools to summarize articles and research papers (upload a PDF directly and ask it to write a summary).** This is a real time-saver, and it will help you decide which articles or papers to read in depth.

Source: Hennig, Nicole. *10 Tips for Keeping Up with Generative AI*. https://nicolehennig.com/wp-content/uploads/2025/06/10-tips-genAI-hennig2025.pdf

The key is learning <u>how</u> to use these GenAI tools (*because they are not going away, and they will probably impact your work and your life*) — and <u>learning their strengths and weaknesses</u>.





AI in Healthcare

Spotlight: Jensen Huang, NVIDIA

AI Playbook for Healthcare

The Complete AI Strategy Guide for Clinical & Operational Deployment

Clinical Documentation AI

- Ambient scribing
- Chart summarization
- Coding assistance

Predictive Analytics

- Risk stratification
- Readmission prediction
- Capacity forecasting

Diagnostic Intelligence

- Imaging AI support
- Triage automation
- Decision support systems

Revenue Cycle AI

- Claims automation
- Denial prediction
- Prior authorization

Patient Engagement AI

- Intelligent scheduling
- Chat & triage bots
- Outreach automation

Workflow Automation

- Referral routing
- Intake processing
- Administrative reduction

AI Governance

- HIPAA compliance
- Model oversight
- Audit controls

150+ AI Tools

Epic Cerner Nuance
Olive Innovaccer Suki
TEMPUS Xidoc PathAI
Notable

What's Inside

- 8 deep dives
- 150+ vetted tools
- Deployment frameworks

Get the Full AI Playbook

Artificial Intelligence and The Standard of Care in Post Acute and LTC

Key Ways AI is Transforming Healthcare

- Brain Scans
- Bone Fractures
- ER Admission
- Early Disease Detection

AI in Healthcare: Physician Use of AI..

Spotlight: *Open Evidence*

Artificial Intelligence Companions in Dementia Care

Introducing “Kathy”

Cognitive Atrophy – Can Our Brains Decline Due to Lack of Use??

- Weakened Mental Condition
- Reduced Critical Thinking
- Memory Impairment
- Skill Decline
- Impact on Youth
- Brain Scans

What Are The Benefits of Using AI in Healthcare?

Augmenting Human Knowledge

Reducing Efficiencies

Improving Patient Outcomes

Predictive AI Models

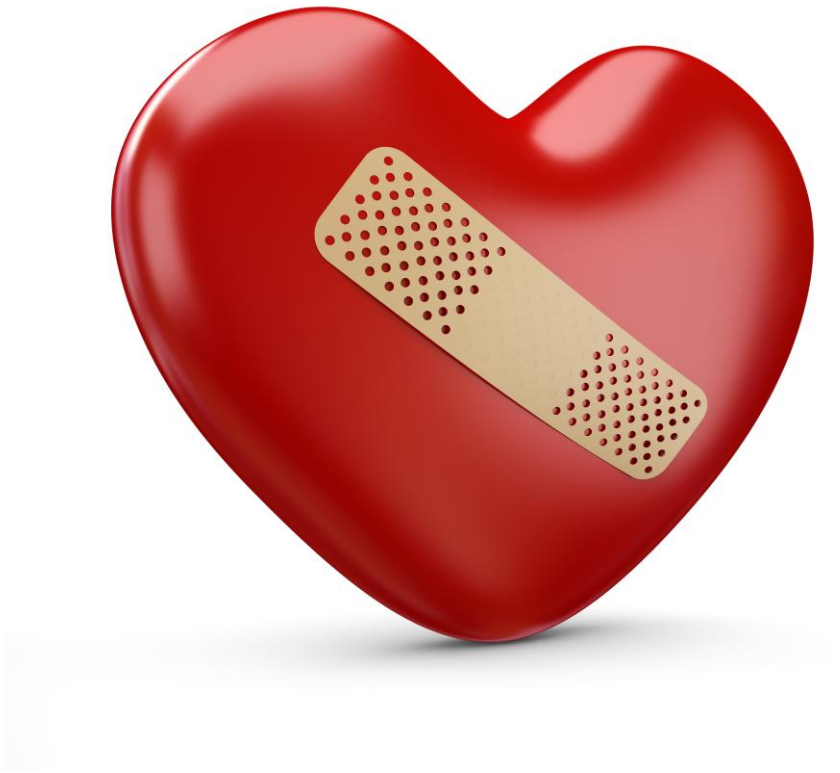
What did AI say about specific nursing home related questions?

- What is a good plan of correction for a Resident who wandered into another Residents Room and began screaming at them?
- What is a good plan of correction for a patient with an unwitnessed hip fracture in a nursing home?

AI Applications in Healthcare

- *Disease Diagnosis*
- *Electronic Health Records*
- *Clinical Documentation – “keyboard liberation”*
- *Drug Interactions*
- *Telemedicine*

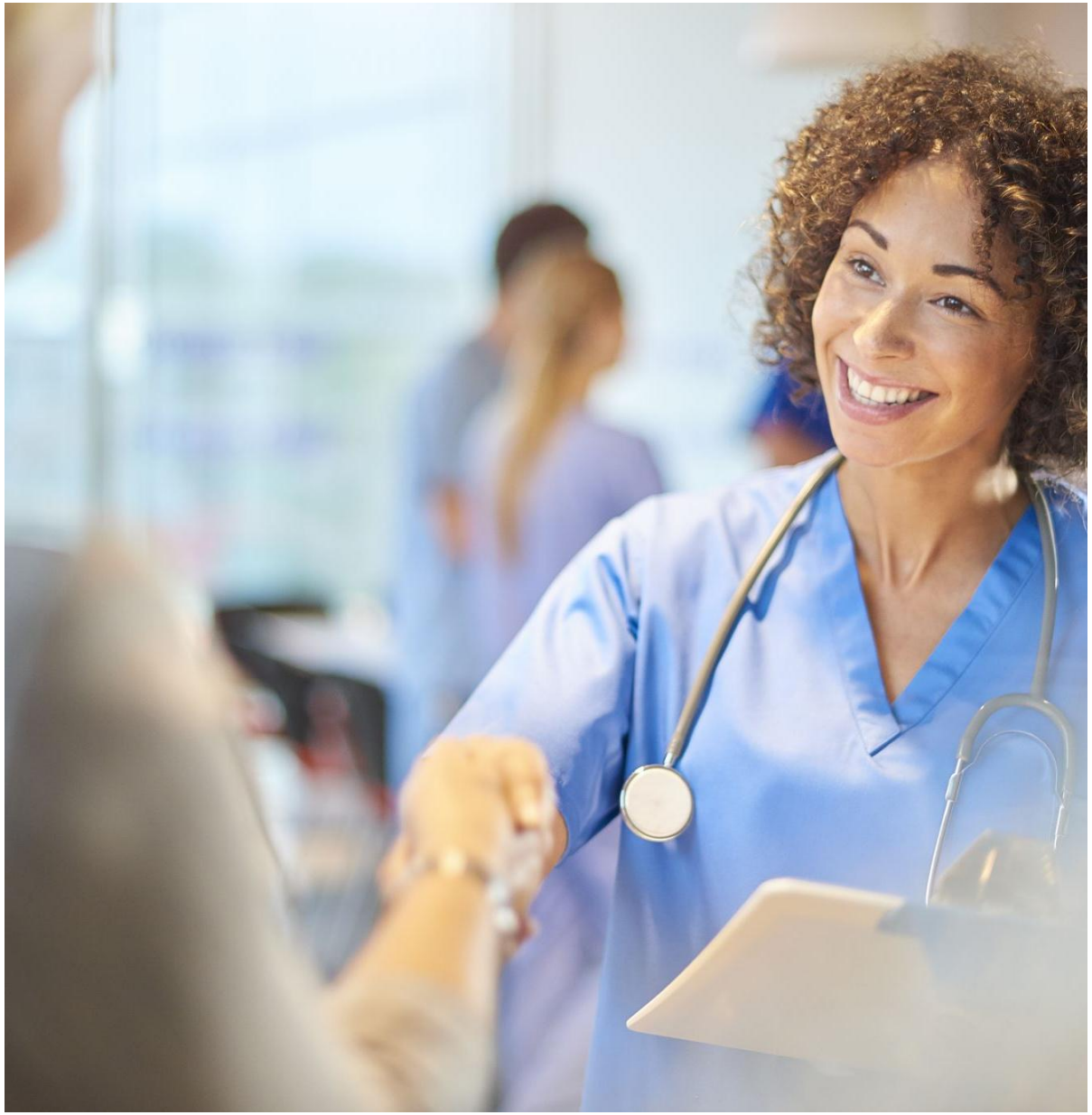
AI Applications in Healthcare (Cont.)



- Cardiovascular
- Dermatology
- Gastroenterology
- Infectious Disease
- Musculoskeletal
- Neurology
- Oncology
- Ophthalmology

AI Lawsuits in Healthcare

- *United Health Group: Nursing Home Predict*
- *Sharp Healthcare and Abridge "Ambient Technology/Scribe"*
- *AI Reliability and Hallucinations*
- *Malpractice and Diagnostic Errors*
- *Key Legal Challenges and Trends*



Current AI Products in Long Term Care

Admissions: Exacare, Saiva AI

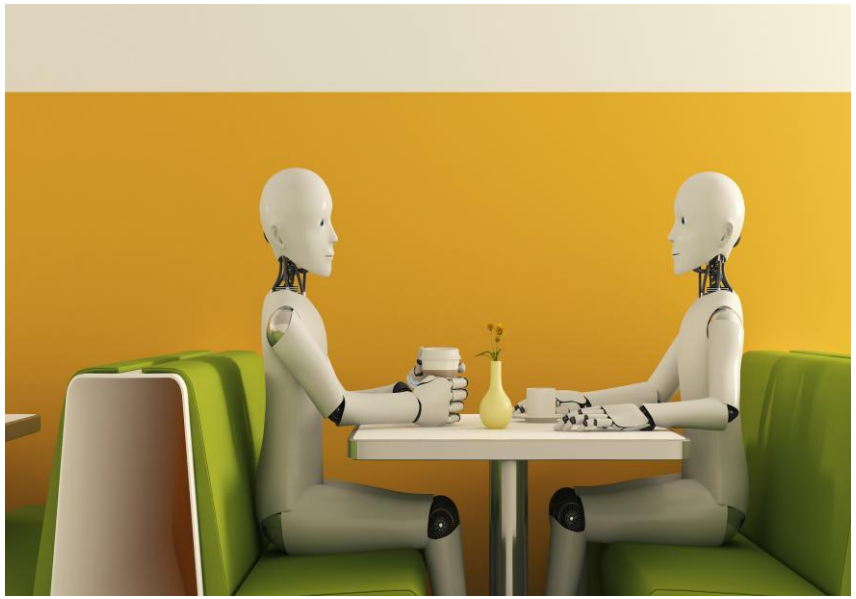
Nursing: TwoFold Health, PCC, Clearpol, Flowtrico, Sensi AI

Environmental: TELS Platform

Documentation: Matrix Care Assist, NetSmart Bells AI

Other PCC AI Products...

Other AI Applications…



Candidate tracking: Products include Eight Fold, SeekOut, Hire EZ, HireVue

- Semantic matching
- Talent discovery
- AI powered ranking of applicants by criteria fit
- Flag top candidates immediately
- Enterprise video interviewing with AI analysis (HireVue) – HireVue is one way interviewing with a bot.

➢ *Tracks eye contact, enthusiasm, smile, speech and expressions on video. Can interview on demand with pre set questions from hiring organization*

What's Next?

- Robot Nursing Assistants and Dietary Staff
- MDS
- Legal Reviews
- Pharmacy consultants
- State surveys completely automated with AI, no more surveyors?
- AI business office…

MOXI

Robotic Arm
For manipulating its environment including doors and elevators

High Speed Wi-Fi
Uses customer's existing Wi-Fi infrastructure

Secure Storage
For transporting a wide variety of healthcare tools and supplies

Artificial Intelligence
Enables Moxi to quickly learn what to do in a new hospital

LED Eye Expressions
A friendly face that nurses and patients look forward to seeing

Safety First Sensors
To insure safe navigation without special infrastructure installed

Easy to Deploy
No servers needed with Moxi's embedded computing and cloud-based software

Benefits of Team Exercise

Fostering Collaboration

Team exercise encourages members to work together and build strong, supportive relationships during fitness activities.

Increasing Motivation and Accountability

Exercising in a group setting motivates individuals to stay committed and consistent, as they feel accountable to their teammates.

Enhancing Communication

Group activities improve communication skills and create a positive environment where everyone helps each other achieve health goals.

Thank you!