



FOR IMMEDIATE RELEASE

**Egyptian Regional Human Rights Authority
Report of Findings
Skystar Residential
Case #18-110-9015
February 25, 2020**

The Egyptian Regional Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation concerning Skystar Residential (Skystar) Community Integrated Living Arrangement (CILA) Homes.

Recipients received inadequate care and treatment.

If found substantiated, the allegation represents violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2 et al.) and regulations that govern Community Integrated Living Arrangements (CILAs) (59 Il Admin Code 115 et al.).

Skystar homes are located in DeSoto, IL and provide residential services to persons with developmental disabilities. To investigate allegations, an HRA team met with the recipients, family, guardians, home staff, administration, the service coordinators for the recipients and other agencies involved in oversight of the CILA homes. The HRA also examined, with consent, the recipients' records and reviewed pertinent policies and other documents.

COMPLAINT STATEMENT

According to the complaints received, recipients' basic needs were not being met and there were safety concerns due to 1:1 supervision not being carried out properly. The complaints also alleged inadequate treatment planning because a recipient's PICA issues were not being addressed. PICA is defined as the persistent craving and compulsive eating of nonfood substances. Another allegation was inadequate medical treatment due to one recipient's swollen jaw and another recipient's weight loss and failure to medically address a leg/hip wound.

FINDINGS

Guardians: The initial complaint presented to the HRA involved a non-verbal recipient who was having issues with face swelling and purplish drainage which had gone unresolved for several months. The guardian was questioned about this issue in April 2018 and stated that she had been in communication with other entities involved in the recipient's care such as the Independent Service Coordination (ISC) agency, quality management and crisis prevention. It was her understanding that Skystar was scheduling appointments, but issues were unresolved for several months. An magnetic resonance image (MRI) of the resident's head was scheduled due to the facial swelling, but it had to be rescheduled because the resident was to be sedated but had eaten breakfast, so he could not be given the MRI. Antibiotic medications and steroids had been prescribed for the facial swelling, but no improvement had been noted. The guardian expressed concern that the recipient might be in pain and that this issue would impact his behavior negatively and affect his appetite and health. The guardian wanted to diagnose the cause of the issue rather than just continuing

prescriptions of antibiotics. In addition to this medical issue, there was concern about the living conditions in the home. The residents do not attend day training and do not have enrichment activities, adequate clothing or bedding in the home. Staff do not seem to be adequately trained to properly conduct 1:1 supervision of the individuals who require that level of care. As a result, there have been injuries to the residents and property in the home. This recipient also suffers from PICA behavior and recently had issues of ingesting a button and plastic from his depends even though his treatment plan calls for 1:1 staff supervision. Another concern dealt with a bedside commode located in the recipient's room due to the restroom being unusable during a remodel. After the remodel was complete, the bedside commode remained in the recipient's room, but the guardian was not sure for how long.

Approximately 5 months later, in December 2018, another complaint was received which alleged another recipient had significant weight loss since being placed at Skystar and that he had a wound on his leg/hip that was not healing. It was unclear whether medical attention was being sought for the wound. The HRA spoke with this recipient's guardian and was informed that the recipient's medical history includes an eating disorder, however at his previous placement, his weight was maintained. Since arriving at Skystar in June 2016, the recipient had lost approximately 17 pounds that he has been unable to gain back. The recipient is approximately 5'10" tall and 2 years ago weighed 97 pounds, at the time of the investigation, his weight was 80 pounds. The guardian had been told that adequate food was not being provided to the day training facility. The CILA nurse had documented that the recipient was eating but was still losing weight. The guardian had requested that the resident be referred to a physician for a consultation and it was recommended that a feeding tube be placed, which the guardian refused because of the resident's young age and history of removing tubes. Skystar had reported that the resident was taken to a dietician, but the guardian was unaware of the outcome at the time of our interview. The guardian had reportedly requested a medication review which was eventually completed after approximately 6 weeks, but no changes were made. The latest request by the guardian was for the recipient's thyroid to be checked. The guardian was still awaiting that referral. Another issue discussed was that a puss filled leg wound was not healing, which was preventing the recipient from attending day training. It was unclear what, if any, medical attention was being sought for that wound. When the guardian spoke with the independent service coordinator (ISC) for the recipient, she was told that the ISC was unaware that his weight was now under 80 pounds as the nurse at Skystar had not reported that to her. The HRA asked if Skystar involves the guardian in treatment meetings and she replied that there were a couple occasions when they had meetings without telling her, but over the past couple of months they had been better about communicating with her.

The HRA spoke with guardians for other individuals in the home. One guardian reported that she also had received notification that adequate food was not provided to day training. A meeting was held with Skystar administration to discuss the issue, the meeting escalated and the owner/Qualified Intellectual Disabilities Professional (QIDP) allegedly became verbally assaultive towards the guardian and there was little to no resolve. The guardian eventually moved her ward to another home. This guardian also shared that another ward who recently transferred from Skystar to another CILA home had a stage 2 decubitus ulcer when discharged from Skystar. The guardian shared photographs of the ulcer with the HRA. The HRA spoke with a third guardian about the allegation that was received regarding lack of food in the homes. When this guardian inspected the homes the day the complaint was received, she found very little food. She took photographs showing a few food items in the freezer and pantry but not enough food to feed all the individuals in the home for more than a day or two. The quality management inspector who was there that same day investigating the allegation, reported to the guardian that the homes are required to have 2-3 days worth of food on hand and at the time the facility did not meet that requirement. Skystar's explanation was that the menu is completed for 4 days at a time and they grocery shop for each

menu every 4 days when the new menu is received. The HRA did not receive follow up communication directly from quality management as to the outcome of the investigation. The guardian also informed the HRA that another ward who had recently been discharged from Skystar had substantial medical issues that the receiving CILA home was addressing with several different specialists. These issues included; pelvic/uterus cysts that were being tested for cancer after she had not seen a gynecologist for a couple of years while under Skystar's care, a decubitus ulcer on her bottom even though she had a special bed to help prevent ulcers, inability to fully evacuate her bowels resulting in feces oozing under pressure from around her G tube and a G tube that required removal and replacement. Photographs were shared with the HRA showing a black G tube that was removed next to a clear plastic one that replaced it.

Crisis Prevention: In April 2018 the HRA interviewed representatives from the crisis prevention agency that provides services to residents of Skystar and discussed concerns they may have. The crisis prevention agency staff stated the recipients with frequent constipation have a bowel movement (BM) tracking form. This form is not always being completed and the concern is that an individual may not get appropriate treatment when needed. Each shift has its own form instead of just one main form used for all shifts like other facilities. There are also several different binders for data collection and therefore data is not being properly documented/collected. There were concerns with 1:1 staff not being properly trained to carry out 1:1 supervision. Some 1:1 staff leave the recipients in their rooms alone where they are not in sight. As a result, recipient 1 in this complaint "destroyed" his wooden bed frame and this crisis representative could not understand how that happened while the recipient was on 1:1 supervision. All the residents in this home sleep on mattresses on the floor because the recipients tear up their beds. The representative also recalled one incident when they visited and the 1:1 staff for one individual had to leave work to get her car fixed and the other staff were in the kitchen cooking for the duration of the visit, which was approximately 1 hour 45 minutes. During this visit, the crisis representative was the one who provided 1:1 supervision for this recipient while the one staff person in the home was cooking. She noted dirty depends on the recipient's floor, clothes all over the floor and at least 6 plastic pieces of more than 1" on the floor. When staff was questioned, the response was that they cannot clean the room due to 1:1 staff duties, which leave no time to clean. Another concern was that the environment is not enriched; there are little to no activities in the home for the individuals that must remain home all day. Recipient 1 enjoys car rides and taking walks and others in the home enjoy just being outside. The individuals need outside areas to enjoy but most homes do not even have outside furniture. The home recipient 1 lives in has a large fenced in yard that cannot be utilized because of the yard and household trash in the area and individuals in the home have PICA issues. The house manager is not available to go on outings and staff cannot drive the agency vehicles, so outings do not happen very often. The only time the individuals go out is for physician appointments. Skystar bought a few infant teething toys based on the crisis agency's recommendation of the need for environmental enrichment, but then complained about the cost of the items. Upon visits to the home the toys are inspected and are often dirty and left on the floor. Recipient 1 often chews on his clothes for oral stimulation and crisis intervention staff have told the home staff to redirect him to toys but that is not happening consistently. The floors in the homes are dirty and recipients are given other peers' items to use instead of buying new items for each resident. When this agency has spoken with staff about concerns over cleanliness of the homes, staff blame it on cooking and state that they cannot clean and cook at the same time. This agency also recommended a mirror for recipient 1 since he enjoys looking at his reflection. Skystar purchased a mirror but it was hung so high on the wall that he could not see his reflection and there were nails sticking out of the frame. This agency along with guardians and ISC representatives make recommendations to the owner/QIDP (qualified intellectual disabilities professional) of the facility but the recommendations are not implemented. When the agencies attempt to speak with the Owner/QIDP he interrupts, escalates and does not listen to recommendations. This agency has

offered to train staff but Skystar administration would not accept the offer. Later, they did allow a training to be completed but the nurse and owner/QIDP were not present for the training and staff were “rude and obstinate.” This agency had made recommendations for appropriate staff coverage and engagement, more sensory items in the home and also recommended to implement an “at home” day program, however none of those recommendations had been implemented.

Administration: In April 2018, the Owner/QIDP and Nurse were interviewed at the agency’s office. There were 3 small dogs in the office and the owner/QIDP was smoking during the interview and HRA’s chart review. There were frequent interruptions from staff and others coming into the office and the dogs running in and out of the door and urinating on the floor. The HRA was informed that Skystar Residential consists of 6 CILA homes and employs approximately 40-47 staff. Some staff have been with the agency since it opened 14-17 years ago, some since 2008, some since 2014, and some had recently been added in November 2017 for recipient 1. There is one house manager per home and direct care staff are primarily assigned to a specific home but are trained in all the homes. They normally have 2 staff per shift and 1 staff for “non-primetime” hours. This can be adjusted according to the need. They have over 4 residents who have an extra staff for “primetime” hours. Recipient 1 came from a short-term stabilization home in the Northern region. He lives in a 3-bed home with individuals who all function in the profound range of intellectual disabilities and are non-verbal but ambulatory. Recipient 1 has 1:1 staff supervision during waking hours of 6:00 a.m. until 7:00 p.m. Sometimes there are 3 staff in the home, and sometimes there are 4 depending on training schedules, etc. If the 1:1 staff seems stressed, the other staff are told to relieve the 1:1 briefly. Recipient 1 sleeps all night and staff conduct visual checks every 2 hours or more often if needed. Staff report that when more staff from other agencies come into the homes it upsets the residents because it is a small 3-bedroom home. The other 2 residents have lived in the home 3-7 years and recipient 1 has been there since January 2018. All 3 seem to get along fine in the house together but there is minimal interaction between them. Recipient 1 is on 1:1 supervision at the request of crisis prevention, he was on 2:1 supervision at his prior home. However, the QIDP did not think it was necessary currently. He has a history of self-injurious behavior (SIB), PICA, he picks at sores and throws himself on the floor. He used to eat his Depends but now staff has “potty trained” him and he only wears Depends at night or when he attends outings. If he is in his room resting staff will monitor but they can go in and out of his room. He has not had any falls since the accessible restroom was installed.

According to Skystar administration, the recipient does have a “chronic swollen jaw”. While living at his prior placement, the resident had some dental work done but he still needs more. They were told he needed sedation dentistry, so they have taken him out of town to an oral surgeon in the metro east area. The surgeon requested a CT (computerized tomography) scan to see what was causing the swelling. The CT scan showed nothing but inflammation. He was given intravenous (IV) steroids and antibiotics. His jaw improved after that but then swelled again. He would not let anyone look in his mouth, so his primary care physician ordered an MRI (magnetic resonance image) under sedation which had been scheduled for the following week. The following chronology was given regarding treatment for the jaw issue since his admission in January 2018 through the interview date of April 20, 2018:

- 2/15/18 Dental Checkup-was given Amoxicillin
- 2/20/18 Sedation dentistry/oral surgeon in metro east area, recommended CT scan which was completed the same day at a local hospital. Results were inconclusive, only showing inflammation. Ordered antibiotics and steroid.
- 2/21/18 was the Primary Care Physician (PCP) follow up and the swelling was down but there was dark drainage from the area. 2 days later the jaw was swollen again. PCP ordered sedation for MRI, tried Ativan at first but was not enough, he needed anesthesia. Skystar was told it would be a 3-hour procedure to do an MRI to determine the cause of the

swelling, suspected it had to do with his sinuses or teeth. The procedure was scheduled for 4/26/18.

- 2/22/18 cultures taken from PCP came back positive and he was prescribed Keflex
- 3/19/18 again saw PCP for swelling and was given more antibiotics.

Regarding the PICA issue of swallowing buttons, the HRA was told that it was the first PICA incident they have had and have always caught it before. The recipient is easily redirected when he attempts PICA. He passed some buttons in his stool and the guardian requested X-rays and CT scans and 2 more buttons were found. The physician said to wait two weeks and return if they had not passed. The buttons were not regular shirt buttons and it was the administration's belief that the buttons came from a "chew toy" that the behavior analyst had given him. The recipient did not have a lack of appetite and no complaints of stomach pain. When asked about a behavior intervention plan, the HRA was told that one had not yet been written because the behavior analyst was still collecting data and the crisis intervention agency was still involved and monitoring as well. In preparation for his arrival, the carpet was removed from the home, so it would be easier to keep things off the floor by sweeping. The previous provider had viewed this home and pointed out areas that would need to be changed and suggested carpet removal. The home staff also conduct visual sweeps of the home regularly. Staff also now have data collection sheets where they put a check mark when he is "mouthing" something.

The recipient was not attending day training workshop at the time of the interview. He had just been at the home a few months and they wanted him to have an adjustment period before introducing day training. His prior home said that he was not appropriate for day training, but they had decided to send out packets to see. The agency was discussing changing an old office into an activity center for the residents who stay home all day to go to. The HRA was informed that staff take him on walks at least every other day, depending on the weather. The behavior analyst had recommended a chair swing and the agency was planning on purchasing when the weather is nicer. The QIDP takes the recipient out to eat or on van rides monthly and other staff do shopping with him or take him to local restaurants.

Regarding the bedside commode, it was utilized during a remodel of the restroom in the home that was happening to make the restroom accessible because falls were occurring. The bedside commode was taken to another home and emptied. The residents also showered at another home during the 2-day remodel process and used baby wipes while at home. One of the 2 commodes was left in the home while they were "potty training" the recipient for approximately one week after the remodel. It was emptied immediately upon use due to his PICA behavior.

Direct care staff were trained by the recipient's prior home staff. Suggestions from crisis prevention and the behavior analyst were also given and would be implemented. Written communication logs are read by staff at the beginning of each shift. Staff have not changed since the recipient's admission in January.

Second interview: The HRA conducted a second drop-in investigation after several attempts to schedule one had gone unanswered. This investigation was to focus on the second complaint that was received which involved similar issues of lack of adequate care and treatment. The environment in the office during this visit was like the first visit, there were small dogs inside the office and another bigger dog outside jumping on the door. The office was filled with cigarette smoke and the nurse and owner/QIDP remained in their offices while the HRA inspected the chart. Telephone calls were answered over speaker phone, so the conversations were heard by everyone who was in the office, including the HRA, other staff and at one point a delivery person. The nurse was questioned about this recipient's weight loss and leg wound. The nurse stated that the recipient

had seen a dietician and his weight is charted weekly. She stated that he is diagnosed with a documented eating disorder. He was placed on Megace medication to help with weight gain, but it cost \$600 per bottle and Medicaid would not pay for it. He was placed on generic medication but was switched back to name brand because he lost weight on the generic. The recipient is provided as many Ensure shakes as he wants. The nurse stated he had a medication review, and nothing was changed. The HRA attempted to question the nurse about his leg injury and treatment, but she became frustrated with the questioning and told the HRA that *“you have reviewed this chart before nothing has changed.”* However, the HRA had not reviewed this chart previously, only the chart of recipient 1. The owner/QIDP remained in his office the entire time and he did not speak to the HRA. After this recipient’s chart was reviewed, the HRA visited each of the 6 homes again to see if there had been any changes since the initial visit 8 months prior. The home visits are detailed later in this report

Independent Service Coordinator (ISC): Two ISCs were interviewed in July 2018 with guardians’ consent. Between the two ISCs, they visit 4 of the 6 Skystar homes and have been involved with Skystar since 2004. Some concerns shared with the HRA are as follows. Recipient 1 was not always given a 1:1 staff person so a complaint was filed with the owner/QIDP and within 2-3 days he would have more staff coverage but, the ISCs had to “stay on him” to have the 1:1 continue. When ISCs would discuss the recipient’s needs with the direct care staff, staff would state they know nothing about individuals in the home, the staff were “just put there.” Staff did not receive training upon the admission of recipient 1 and staff were overwhelmed and did not know how to properly care for him. Staff did not know what signs to look for that might indicate urinary tract infections or other medical issues. The recipient had fallen multiple times in the restroom, hit his face/head numerous times, and had bruises and bumps from the falls. The ISCs were particularly concerned at the number of injuries he had since admission because he was supposed to have a 1:1 staff with him. When he fell in the restroom, staff said they “just could not catch him in time.” When asked if medication could contribute to the falls, the ISC stated she was unsure because he had not had a medication review, however, individuals do not typically have medication reviews when they first move. The ISC stated that typically new recipients see a psychiatrist within 30 days of admission and regulations say that quarterly reviews are required. The ISC stated that Skystar does take recipients for quarterly psychiatric reviews and Skystar does typically take clients to medical appointments regardless of the location of the provider.

The recipient also had serious PICA behaviors and was eating his feces and plastic from his Depends when he first arrived. The ISC was aware of one time when crisis prevention came to the home and the recipient did not have his 1:1 staff. When staff in the home was questioned about this, they said that his 1:1 staff had to leave, and it was not their job to watch the recipient. They did not have enough staff coverage when that staff person left because the remaining staff person in the home was cooking. The crisis intervention staff put a plan in place and trained staff, after that the incidents decreased but then Depends were still found within his reach upon subsequent visits which posed a PICA risk. The crisis intervention training is the only training that the ISC is aware that the staff have had and stated that since that training care has improved, and staff seem to understand their job and expectations better now. The ISC explained that the Department of Human Services award letters are specific as to what needs are to be met for each individual. The ISC stated that the facility nurse is overworked. In addition to her nursing duties, she attends meetings for the clients, hires and terminates staff and does QIDP work along with clerical/office duties, therefore she does not have time to train the direct care staff on medical needs.

Other entities such as state guardians and ISCs did not know the recipient was at the facility until they visited the home for other residents. As a result, funding was not set up for 1:1 staff supervision ahead of time. The Owner/QIDP had visited the recipient for 4-6 months before moving him and when asked by the ISC why he did not notify ISC or the guardian of the recipient’s

admission, his response was *“it wasn’t my job to tell you who is coming or what I am doing in my business.”*

When asked about day training and activities, the HRA was told by the ISC that the recipient has very challenging behaviors and even with a 1:1 staff with him, the day training facilities cannot meet his needs. There are 3 different day training facilities that serve Skystar residents and there are little to no activities in the home. The ISC was unaware if the recipient had been taken on walks or van rides. The recipient requires extra staff, and because the agency does not have a driver, if there are 2 clients and they both have 1:1 Supervision, outings requiring a car are limited. The ISCs review logbooks and there is not much activity noted.

Another concern mentioned was that bags of dirty clothes are left for days at some homes for the laundry service to collect them because there are not washers and dryers in all the homes. One home has multiple washers and dryers and the facility hires a full-time laundry staff to gather and wash clothes for all the homes and return them. Parents had complained to ISCs that other peers were wearing clothes that parents had purchased for their children. When brought to the attention of the owner/QIDP, he stated that was not true. When asked if the owner/QIDP responds favorably to guardian and ISC input or suggestions, the HRA was told that in most cases he does but not in the case of recipient 1. The ISC recalled an incident in February when the owner/QIDP was disrespectful on the phone with her and during a meeting where guardians were present. On the telephone he yelled, cursed and told the ISC that he was tired of ISC’s and guardians’ threats. The ISC stated she had no idea what he was referring to. He told her that he would have a lawyer across the table from her and her boss and no one can touch him because *“the Department of Human Services loves him and applauds him for taking these people.”* The ISC stated he was not as explicit in the meeting as he was on the telephone but did yell and was very rude and disrespectful to the guardians.

The HRA inquired about the owner’s role as a QIDP and how he handles the responsibility. The HRA was informed that things have declined the past few years after a leadership change. The owner/QIDP has had to learn how to run things and become more involved. He travels “all over” to get more people and open more homes. He refuses to hire a QIDP and says that he can be the QIDP. However, most QIDPs are in the homes, document case notes, and write and implement behavior plans. This owner/QIDP is not very involved and does not write case notes. Behavior Analysts write the behavior plans. He does take clients to appointments and he seems to know the clients. He does employ a few house managers but only after the ISCs insisted. There is little to no supervision over the clients (ie dirty clothes, laundry laying everywhere, clients are dirty). There is little staff supervision and not a lot of staff support per staff reports to the ISCs. There are some staff that have been with the agency for a while, but they need training too.

The HRA questioned about the bathroom remodel and portable toilet in the first recipient’s room. The remodel was necessary after another resident flooded the floor with the bathtub and the floor buckled. The remodel took approximately 2 days. During that time, two portable toilets were brought into the home for staff and resident’s use. The ISC was not sure how waste was disposed. After the model was completed, the crisis intervention team found the toilet in the recipient’s room, but it was clean at that time. They requested that it be removed, and it was removed later that day. The ISC stated that the owner/QIDP usually responds quickly to requests when brought to his attention.

When questioned about the face swelling issue of recipient 1, the ISC stated that dental work has taken care of the swelling and it was almost resolved at the time of our interview. The ISC believed Skystar administration was trying to schedule appointments to get medical issues resolved but it

took from March to June. The physicians could not figure out what the cause was, and the ISC was not sure what the final determination was or if the cause was ever “pinpointed.”

When asked about whether the Office of Inspector General had ever been contacted regarding abuse or neglect allegations, the ISC replied that there were at least 10 open cases currently from various services agencies, guardians, family and staff. After the HRA became involved in April, the Department of Human Services completed a survey/inspection and there were several findings which caused the agency’s licensure to be placed under review and new admissions were put on hold until the issues could be resolved. Increased monitoring of the homes was requested of ISCs and the other agencies became involved for additional oversight of the homes.

Another ISC was interviewed in January 2019 regarding allegations that involved the second recipient. This ISC visits individuals at multiple Skystar homes and has for approximately 5 years. The ISC had concerns with the aesthetics of the homes, inattentive staff, 1:1 staff not as active/involved with recipients as they should be, issues with recipient’s odor/lack of cleanliness and the lack of community outings. Recipient 2 has higher needs than his peers. He has been there since 2016 and does not eat well due to an eating disorder and sometimes he will eat large portions but sometimes he will not. Some examples of other behaviors he exhibits are headbutting, spitting, pinching and digging at other people’s arms during meals, even when a preferred food is offered. The ISC stated that his behaviors are addressed in his Independent Service Plan (ISP). He is provided longer meal times for staff to feed him and staff step away from feeding when he is grabbing at their arms. He has high calorie shakes that he is offered which he seems to like and has caused some weight gain. Megace was prescribed to stimulate his appetite and he has gained some weight but loses it again. It was also discussed at his ISP to give him food that is preferred rather than only the house menu items. He is offered the menu items first, but they have alternatives to offer him if he refuses menu items. Some of his preferred foods are pizza, chicken nuggets and noodles. It was discussed in an ISP meeting the possibility of outsourcing to short term medical to see if care could be done differently but the administration was not open to that idea. The recipient does not typically cause problems with peers. He had similar problems with eating at his previous placement, but he maintained his weight. He has seen a nutritionist and had a medication review. No medications he is on are known to cause lack of appetite, but they are going to start liquid iron supplements and change his benefiber administration to night time to help with weight gain. They have not checked his thyroid previously, but the nurse was supposed to schedule that for some time in January. The ISC knows of another peer that has also lost some weight since being placed at Skystar. The ISC stated that the home sends plenty of food to the day training facility. Sometimes the recipient will only drink his shakes and other times he will eat the food sent.

The ISC was not sure if staff were trained prior to the arrival of the recipient but sometimes staff from the prior placement train the new staff. She has witnessed staff conflicts at times and staff had stated to her that they are only assigned to one individual and they will not help with others in the home. The ISC admitted that providing 1:1 for one individual can be a “handful.” There is not a lot of staff turnover at the facility but there is frequent absenteeism. Staff are assigned to specific homes unless there is an emergency and they are needed elsewhere. The staff at day training wear gloves to protect their arms when feeding the recipient but home staff do not like the gloves and just feed him at arm’s length. The ISC does not feel like staff block his head-butting behavior enough.

When asked about activities, the ISC stated that the recipient is sometimes taken on van rides, he likes to throw a ball and rock in a chair but is not very active. She is required to visit individuals twice a year, but she staggers her visits between individuals on her caseload, so she is in the homes 4-5 times per year and conducts chart reviews as well. Sometimes there is missing documentation but when she brings it to the attention of the nurse, she addresses it with staff and then faxes

documents to the ISC. Skystar administration does typically address issues when brought to their attention, but often the blame is shifted to others. One example given was a recipient whose nails were overgrown to the point of curling. When brought to the nurse's attention, she stated that it was the house manager's responsibility to maintain the client's nails.

When questioned about the Department of Human Services survey, the ISC stated that she has been at the homes while the surveyors were present, and they spoke with her then and she answered their questions, but they have not contacted her otherwise. She is unaware if the surveyors spoke with other ISCs who visit the homes. Since the survey, the home aesthetics have improved some, staff are more attentive and there has been some staff re-training which was required by the Department of Human Services. However, the recipients are still not in the community often. The owner/QIDP does not typically conduct direct observations in the homes. The supervisors/house managers oversee most of the recipient's care and reports to the owner/QIDP. This practice often results in staff feeling like they are attacked. The owner/QIDP will take recipients to appointments occasionally, but does not oversee very much, he mostly leaves that to others.

The HRA also asked the ISC if she has contact with the recipient's guardian and if she had received complaints or concerns from his guardian. The ISC has discussed concerns about weight loss with the guardian and concerns relating to Skystar not communicating with the guardian. The ISC has told the guardian that she would assist her in finding an alternative placement if that is her wishes, but the guardian refuses stating that no one else will take him because he is such a high risk and it took them 3 years to find this placement with Skystar. The ISC always sends her visiting notes to Skystar administration, the guardian and the day training facility. Until receiving the ISC's visiting notes, the guardian was unaware that he was losing weight again and contacted Skystar administration to discuss the issue. Administration questioned the ISC agency as to why they told the guardian about his weight loss.

Day Training (DT) Facility: The HRA conducted a site visit to the DT facility to inquire about food being sent and behaviors of recipient 2. The HRA spoke with a behavior analyst (BA) and the DT staff assigned to the room where the recipient attends day training. The recipient was seated towards the back of the room away from peers and seemed content. It was close to the end of the day, so most peers were preparing to leave for the day. The BA said that the recipient does well with feedings when staff take frequent breaks with him and walk away when he appears agitated. The staff return a few minutes later and usually the recipient will eat again. There are some days that he will only drink his protein shakes regardless of what interventions are attempted. Staff also wear long sleeves during feeding to minimize scratches when he becomes frustrated. Staff assigned to the room said they do not typically have problems with the recipient negatively interacting with peers. If he seems to be overstimulated, staff give him a space in the back of the room away from others where he can sit quietly, and he typically calms and returns to the group when he is ready. The home usually sends adequate food for the recipient and they keep shake mix at DT for him for when he will not eat what is sent. There have been times when the shake mix has run out, but it is usually replenished in a day or two. The DT staff tries to notify the home when they have approximately 1 week supply left so that the home has adequate time to replenish the shake mix. The day HRA visited, the home had sent a hamburger helper type main course along with carrots. However, the DT had received a complaint in January 2019 that staff were not receiving pay checks and were having to buy food for residents in the homes because there was not adequate food. This was also reported to the OIG and it was being investigated.

Independent Service Coordination (ISC) Administration: In February 2019 the HRA interviewed administration from the ISC agency to inquire if any complaints had been reported to them and what the outcome was. The HRA was informed that this agency had been involved with Skystar since it opened. ISCs will report concerns to them from time to time, but the issues did not

seem to be any worse now than in the past. However, they did point out that ISCs are only required to be in the homes twice a year now. One issue they were notified about was issues with clothes not being washed promptly or clothing returned to the homes in a bulk delivery, which limited clean clothing for recipients. The ISCs had also noticed and reported the condition of the homes being in disrepair over the last few months. Recently, a complaint was received that there was not adequate food in the homes. One of the supervisors contacted Skystar administration to discuss and was assured that there was food in the homes. ISC Administration did speak with a DHS representative about this issue and the ISCs checked on residents and reported that there was some food in the homes. It was their understanding that the OIG was also investigating as well as licensure and quality management representatives, who visited the homes to ensure recipients were not in immediate jeopardy. ISC Administration was uncertain the outcome from all the investigations. The HRA asked what the procedure was when one of their ISC workers report concerns to them. Administration stated that if it is an abuse or neglect issue the ISC contacts the OIG. If there are other concerns, the ISCs discuss them with the provider and if the issue is not resolved, they report to ISC Administration and if still unresolved, the Department of Human Services Network Representative is notified of the unresolved concern. When asked how Skystar administration responds to issues that are brought to their attention, the HRA was told that they are slow to respond, and it typically takes several calls. The issues are then “somewhat addressed” and the owner/QIDP usually minimizes the concerns and does not think there is a problem. ISC Administration had not received any complaints that recipients were not receiving adequate medical treatment. The HRA asked if there had been any issues involving the two recipients in this case that had been reported to the Department of Human Services (DHS) Network Representatives or other oversight entities. ISC Administration was not sure if there had been and stated they would check and let the HRA know. A few weeks later, ISC Administration provided the HRA with the ISC’s detailed case notes regarding the recipients in this case. There was no evidence that any issues were reported to DHS. The following ISC notes were pertinent to this investigation.

ISC Notes regarding recipient 1: On 1/24/18 a guardian contacted the ISC after visiting the home and “*was appalled at the home itself. She doesn’t believe it’s appropriate for the individuals living there.*” That same day the ISC documented her first weekly visit with this recipient and documented that staff were “*being very demanding and curt with him. He walked from his bedroom to the bathroom without any clothes on as witnessed by this ISSA...staff stated they had not had any training on [recipient] and how to care for him. There is a question as to whether or not he is 2:1 supervision. His behaviors certainly warrant 1:1 supervision.*” The next day this ISC documented a call to the ISC Executive Director to inform him of the situation at the home. On 2/1/18 the transferring ISC contacted this ISC regarding the personal plan and other documents for this recipient and they discussed the guardian’s concerns with this placement. Another visit was documented on 2/7/18 and documented that he was chewing on his shirt sleeve which was “soaked” before staff put a short sleeve shirt on him. The ISC also documented a “very foul odor” in his bedroom and staff informed her that the resident urinates and defecates in his room and will eat his feces if staff are not supervising him at all times. He will also eat his Depends and stated that “*staff are having a difficult time caring for [recipient] he’s difficult to keep up with.*” She also documented that the recipient had a mattress on the floor for his bed but no sheets, blankets or pillows. On 2/8/18 this ISC documented that she and the executive director of the ISC agency visited the home. She documented that they were short staffed that day and this recipient “*is to receive 1 to 1 supervision at all times.*” The crisis prevention agency indicated that he should always be within arm’s length of staff. However, staff state that this is not always possible. On 2/14/18 the ISC attended the 30-day review and it was noted that he had several falls in the restroom and it was documented that “*... his face was swollen with his eyes nearly swollen shut and his face was bruised.*” The ISC documented that the physician requested a CT scan be completed. A 2/27/18 note documented contact from the crisis prevention representative who visited the home

and stated that the recipient *“did not have a 1:1 staff and she ended up being his 1:1 and the dirtiness of the home including a Depend with BM in it in [recipient’s] room, which had a foul odor.”* This ISC documented that she forwarded the email to the executive director of the ISC agency. On 3/29/18 the ISC documented contact from the behavior analyst (BA) after her visit to the home. *“She indicated that his face seemed swollen and he did not seem to be himself...”* The BA copied the Skystar owner/QIDP and questioned if he had or would be examined by a doctor. On 4/19/18 the ISC documented contact from the guardian regarding buttons being found in the recipient’s stool. The OIG was contacted and the ISC sent an email to her supervisor, the quality assurance representative and the executive director of the ISC agency, to notify them of the situation. On 5/21/18 the recipient was moved to another home owned by Skystar. On 6/6/18 a note documented that the CT scan was scheduled for 6/19/18 and that his face remains swollen. There were no further notes from the ISC regarding the outcome of the CT scan.

ISC Notes regarding recipient 2: On 5/4/18 the guardian contacted the ISC following a visit to the home because the staff were unaware of shake supplements for the recipient and there were none located in the home for him. The ISC spoke with the owner/QIDP who agreed to provide shake mix to prepare for the recipient on days he is off work and on weekends. 1/11/18 telephone conference was held with DHS, crisis prevention and the ISC. Some issues were the guardian requesting shakes over food items, self-injurious behavior (SIB), 1:1 staff not being consistent, and broken scales used at CILA home. They also discussed whether a state-operated developmental center (SODC) is appropriate and the ISC did not think at this time that level of care was necessary but instead suggested that more activities would improve behavior. It was also reported that crisis prevention staff were going to provide staff training but it had not yet been scheduled. Upon review of all the notes, it was discovered that the recipient’s weight was checked at the hospital beginning in January 2018 and ending by the end of March 2018. The Nurse at Skystar stated that *“the hospital is too much for him.”* On 11/22/17 a quality management representative contacted ISA Administration and informed that she had observed the recipient eating and believed that Skystar was doing the best they could and noted how combative recipient 2 is during mealtime. The suggestion was to have him taken to the hospital for more accurate weight checks as he is noncompliant, and weights might not be accurate. Another suggestion was providing mitts for the recipient to wear during meal times, but a guardian’s approval would be needed for that rights restriction. 11/1/17 ISA Contacted OIG due to concerns over weight loss of recipient 2 due to possibly not receiving enough food to maintain weight. On 1/10/17 ISA notes documented guardian concerns of weight loss, the need for a new helmet, hair being too long, lack of communication with guardian about weight checks and guardians purchasing nutritional shakes and at times waiting a month for reimbursement from Skystar. ISA attempted to address the shake reimbursement issue with Skystar to resolve, but Skystar refused to obtain a credit card to purchase shakes online directly. ISA notes dated 09-13-16 documented guardian concerns that recipient 2 was 96 pounds upon admission on 6/3/16, by 6/30/16 he weighed 85 pounds and on 9/7/16 weighed 83 pounds. This was attributed to Skystar stopping Benicalorie, super cereal and Isalean shakes that previous placement was using to keep weight up. The guardian was also concerned about a recent visit to the home when there was only 1 staff present for 3 recipients. It was noted that this was the third time they had witnessed this. During this visit, they were told additional staff would arrive, but they waited 40 minutes for another staff during which time recipient 2 sat in feces which was all up his back waiting for the second staff person to arrive to assist cleaning him. When staff arrived, the other 2 recipients were left alone with recipient 2’s guardian while staff cleaned recipient 2.

Record Review Recipient 1:

The nurse’s note dated 1/17/18 stated the recipient was admitted and has many scars and marks from SIB and that he *“requires a 1-1 during waking hours. Behavior plan in home and information*

regarding [recipient] and verbal instructions given.” A 2/2/18 nursing note documented that the recipient was taken for a psychiatric appointment and “no new orders [were received.] After appointment he ate at McDonalds and did well. Staff had reported that client had black eye. Writer noted the top eye lid of R eye bruised no other bruising noted.” A 2/6/18 nursing note documented that “Staff reported that client fell while in shower and has scratch and bruise on L side of face.” A 2/13/18 nursing note stated that “Staff called and reported that client had scratches on both hip areas and buttocks. Staff feel areas are from him pulling at depends. Staff also said L jaw is swollen.” A 2/15/18 nursing note documented that the recipient was taken for a dental appointment due to left side facial swelling. “Dr. ordered Amoxicillin 500 mg TID X 10 days for swelling of jaw said he needed an appointment for sedation dental care.” The 2/20/18 nurses note documented that he was seen for sedation dentistry appointment “they recommended an oral surgeon in St. Louis MO. Surgeon ordered CT scan feels jaw may need to be drained in an OR sitting. Client brought back to [hospital ER] for CT scan. CT scan done with sedation. ER Dr said CT scan showed inflammation and to continue antibiotics. Gave IV antibiotics and steroid. Guardian informed.” The note the next day documented that the “swelling of L jaw has gone down a lot. Eating without issues.” On 2/22/18 it was documented that the “ER doctor called and said blood cultures came back positive and Dr. stopped amoxicillin and ordered Keflex 500 mg Q 6 hrs x 10 days. Guardian informed.” Another nurse’s note dated 3/19/18 stated that the recipient saw his primary physician for a routine visit and the “Dr ordered antibiotics and prednisone for swelling of face. Dr. unable to look in client mouth.” A 3/22/18 nursing note documented that staff called and “reported that client has some bloody drainage coming from mouth. Unable to look in mouth unable to get client to rinse mouth.” A 4/11/18 nursing note documented that another call was placed to the physician to schedule an appointment as the drainage was now yellow. The physician said he could be seen the following morning. A 4/12/18 nurse’s note stated “staff called me last pm that there were 2 buttons in the shower floor they believe the client passed them in his stool. Ask staff to do visual swept of house every hour to 1 ½ hour to check for any items on floor. To check clothes and remove buttoned shirts. Saw [physician’s PA] for runny nose also inform of poss. passing of buttons. Was given Flonase for URI and Prednisone for swelling of cheek. Ice to cheek for 15 mins 2 times a day. Writer attempted ice and client very resistive with it.” Another note on 4/14/18 documented that jaw swelling had gone down some. On 4/18/18 the nurse documented that she spoke to 1:1 staff who said he had no buttoned shirts in his room. The nurse again tried to apply ice to his jaw and he threw the ice pack. A 4/19/18 nursing note documented that the “Guardian very concerned of ingestion of items. Asking that X ray of chest and stomach be done. Called Drs office and they said they will let Dr. know. Called office later and said just take client to ER for X Rays. Taken to [hospital]...E.D. just called and said X ray of chest was clear. Abd X ray showed 2 buttons in GI bowel tract. CT scan was clear no blockages. Staff called me and said they remembered the buttons they were on a chewable that the behavioral lady brought in. Dr. told staff that client should pass buttons in the next 2 weeks. Told evening staff to monitor stool. [recipient] resting in bed after ER visit.”

Staff communication logs dated 2/4/18 through 4/20/18 were reviewed for recipient 1. The first few notes documented that he socialized with staff, he read books, watched television and that he ate 100%. On 2/6/18 during 6:00 a.m. to 7:00 p.m. shift it was documented that the recipient “had snacks, shower, ate dinner 100%, messed up his whole room, kept taking depends off eating them. Refused to look at book, kept throwing himself to floor in his room, living room and bathroom, nonstop. He hit his head in bathroom on tub. Wouldn’t keep no depends on at all.” The next few notes stated that the recipient did very good, slept well, with no issues. On 2/9/18 it was documented during the 9:00 a.m. to 7:00 p.m. shift that the recipient “had a good day” and went on an outing to the park “for about an hour.” The 2:00 p.m. to 9:00 p.m. shift staff person documented that the recipient “grabbed my hair and pulled it about 5 times the first hour I was here, he also was very handsy with me. After about an hr. and a half he settled down. He was

redirected about 25-30 times to 'hands up'.” On 2/12/18 the 6:00 a.m. to 12:00 p.m. staff person documented that the recipient *“was fine, I finally got him to use the toilet on his own for once, fed himself this morning, ate 100% no issues...he took a nap for about 2 hrs.”* On 2/18/18 an outing to the dollar store was documented and stated *“He did not get out of the van, but he seemed to enjoy the ride...no issues or behaviors [recipient] and I walked from our house to the Jr High. I did have on his gate belt which he needed. [recipient] walks really well had no issues, sometimes you have to guide, or he will start to wonder off.”* A staff note on 2/19/18 from the 12:00 to 7:00 p.m. shift documented that he had been toileted three times but still had an accident, but it was noted that the recipient *“does not need depends on.”* A late entry on 2/25/18 documented that the recipient went with the owner/QIDP *“on an outing”* from 4:00 until 7:00 p.m. and that he *“seemed fine when he got back.”* From 2/25/18 through 4/20/18 there were 5 entries documenting where the recipient went on a walk with staff. On 3/14/18 it was documented that the recipient went on a walk but *“decides he wanted to flop down in the street, so we turned back and came home. [recipient] seemed down today he came in from short walk and laid down. Ate 100% of his dinner no major issues.”* A staff note on 2/28/18 12:00 to 9:00 p.m. shift documented that the recipient *“was woke when I arrived at noon. He was interacting with behavior analyst. She brought toys that [recipient]seemed to enjoy. [recipient] ate 100% of his meal he had no issues [recipient]laid down after he received his 7:00 p.m. meds.*

A 2/20/18 staff note documented that he went to a medical appointment and was very sleepy and hungry upon return. The 4/1/18 staff note from 12:00 to 9:00 p.m. shift stated that the recipient *“seemed fine when I arrived. He was in his room laying down. I got him up he had a large bm and was showered [recipient]had a piece of plastic bag in his bm. We have to make sure [recipient] is being watched because he will eat things that he shouldn't. [recipient] fell in the shower he struggles to get his bottom cleaned. I learned today you have to turn off the shower to fully clean [recipient] he seems to be afraid of the running shower with his back facing the water.”* On 4/11/18 on the 12:00 to 9:00 p.m. shift it was documented that *“he had no major issues, he did have buttons in his bm staff has to make sure he is watched to make sure he's not eating buttons.”* On 4/12/18 the staff note stated that the recipient had a *“great day today besides eating his bm.”* On 4/15/18 it was documented that staff attempted to place a cold compress on his left jaw for swelling but *“he was not having it.”* On 4/16/18 6:00 a.m. to 1:00 p.m. note stated that the recipient *“was still sleep when I arrived, once he got up he received breakfast 100%, a shower and we watched tv until about [sic] then I had med class.”* However, the 12:00 p.m. to 7:00 p.m. shift staff note stated that the recipient *“was in his room when I arrived, he was asleep with no clothes and no staff in site [sic]. He had not been fed and his bed was soaked and wet. [recipient] was changed and fed and now seems to be fine. No major issues.”* On 4/17/18 the 9:00 p.m. to 9:00 a.m. shift staff person wrote *“[recipient] was fine, ate 100%, no issues.”* However, the 6:00 a.m.-1:00 p.m. shift staff person wrote *“[recipient] was asleep still upon my arrival, I guess he tore his bedframe apart while I was at med class, but once he woke up he was showered and fed. We then sat and tried to watch tv before I had to go to my med class. No issues.”* A staff note dated 4/19/18 documented that the recipient was taken to the doctor that day and was there from 1:00 p.m. until 6:00 p.m. and the recipient did well. On 4/20/18 it was documented that staff are to *“check toilet every time he has a BM to make sure no more buttons come out for next 2 weeks.”*

Individual Service Plan (ISP): The 30-day review dated 2/14/18 was reviewed. The recipient's diagnosis is listed as *“Profound MR, ADHD, Mood Disorder, Constipation, CP”* His overall age equivalent is listed as 1 year 1 month with communication being at 9 months. The recipient is non-verbal. He had a physical examination on 2/13/18; dental examination on 2/15/18 (referred to sedation dental); psychiatric evaluation on 2/2/18; ICAP on 2/14/18; and a visual exam on 1/25/18. It was noted that psychological exam *“not found in packet.”* The community integration goal is for the recipient to participate in at least 4 community outings each month. Some ISP

recommendations are for the recipient to “engage in activities for very short periods of time...has a history of little initiation to engage in activities and staff will offer frequent choices of activities for [recipient] to engage in.” There is an informal program which states that “cannot do very much independently, and staff will supervise him at all times in order to keep him safe and acclimated to his environment.” Formal programs are listed for community integration which state the recipient will “take a walk with staff in the community at least twice a week.” For PICA it states the recipient “will reduce PICA behavior to 5 incidents per day for 3 consecutive months.” There are no details listed as to how this is to occur.

The Emergency Department (ED) Notes dated 2/20/18 stated that the lab called to report that the “speciation on the blood culture as streptococcus.” The CT result dated 2/20/18 documents the following impression “*edema especially along the left face. Etiology uncertain. However, considerations would include a generalized edematous state or an atopic reaction. A traumatic etiology for some regions could be considered. There is no definite dental etiology identified. Correlate Clinically.*” Regarding “swallowed foreign body” ED notes dated 4/19/18 stated that “has passed several buttons in his stool recently, and his guardian wanted him brought to the emergency department to evaluate if he had any other radiopaque foreign bodies able to be seen on x-ray...CT Abdomen findings 1 cm radiopaque foreign object resembling a button seen in the right side of the colon...X-ray Abdomen 1 cm foreign body (likely a button) in the left lower quadrant 2” The ED Course notes stated that on-call surgeon was consulted and reviewed the CT findings and “concur these are most likely chronic, and not acute findings. I discussed with the accompanying individuals in the room, and they feel safe and comfortable to taken [sic] home at this time. They agree to follow up with his primary physician within the week and with the surgeon within 2 weeks. Agree to and voice understanding to the usual and customary return indications. Additional verbal discharge instructions are provided and discussed.”

Primary Care Physician notes: The recipient was taken on 4/9/18 to establish care. The note states that reported issues are “behavioral issues and sometimes throws himself down due to assumed anger. Has frequent falls and or throws himself down. Nonverbal. He has established care with [psychiatrist] he has been seen by him already, they are trying to get him in to see [neurologist] for neurology. [another neurologist] was full. No recent medication changes that they know of, but we do not have records to review. He is on iron twice daily unsure why, he eats well with vomiting or choking. Has some scarring on right side of scalp, unsure if this is old or new, some bruising to left side of face from recent fall...swelling around left eye due to recent fall. He reports facial swelling...soft tissue swelling and trauma but reports no joint swelling. Left facial swelling due to recent fall. He reports bruising; left facial with small laceration...” The plan was to “schedule CT scan to evaluate facial trauma and swelling. Check baseline labs today. Obtain old records and records from [psychiatrist] for my review. Continue iron for now until labs reviewed, will stop if no clear indication as this may be contributing to constipation. Supervisor reports they are altering the bathroom patient uses to increase open space to try and help prevent further falls. Follow-up in 3 months for regular recheck or sooner if needed based on results. Continue all current meds at this time, adjust if needed when records reviewed.”

Record Review Recipient 2:

Nursing assessments from the recipient’s prior placement were reviewed and on 3/25/16 his weight was 90.4 pounds on 6/3/16 his weight was logged as 93.9 pounds. However, his Annual History and Physical Examination dated 3/25/16 documented a weight change as a 12 kg (or approximately 26 pounds) decrease over the year. The recipient is 5’7” tall.

Nutritional progress notes while at Skystar dated 1/23/17 documented that the dietician ordered double portions at all meals and shakes twice a day; eggs/oatmeal served as extra or alternative and 2500 calories daily to be offered. The 5/5/17 note documented the following weights: April at 95 pounds, March at 90 pounds, February at 85 pounds, January at 85 pounds and December at 87 pounds. The plan was to continue double portions and Ensure Clear only at his request, continue all diet orders and give known preferred items. The 10/3/18 note stated that the recipient's ideal body weight range is 128-156 pounds. His weight in September was 82 pounds and it was noted that weekly rate checks were 85, 89.6 and 88.9 pounds. The new intervention as of 9/8/18 was that Megace, an appetite stimulant, was started. This note also documented that the recipient had a *"non-pressure wound-started as a bite per wound care ongoing visits to wound for treatment – area stable current with 2 courses of antibiotics completed."* Feeding/meal instructions noted are for double portions at all meals and Ensure clear to be given as desired. The recipient must be fed, except finger foods, and staff should allow 40 minutes at each meal. It was noted that since the Megace was started his consumption improved to greater than 76% of food items. A note on 10/24/18 documented a telephone consultation with a nurse from wound care who reported *"shown improvement at yesterday's visit."*

Upon admission on 6/3/16, the recipient's weight was 93.9 pounds according to his face sheet. Weight records from May 2017 through December 2018 were reviewed. The recipient was weighed weekly, the following is his weight in pounds at the beginning of each month:

- May 2017 – 91
- June 2017 – 95
- July 2017 – 90
- August 2017 – 88
- September 2017 84
- October 2017 – 80
- November 2017 – 80
- December 2017 – 88
- * January 2018 – 83
- * February 2018 – 84
- * March 2018 – 85
- * April 2018 – 84
- * May 2018 – 84
- * June 2018 – 85
- * July 2018 – 85
- * August 2018 – 85
- * September 2018 - 80
- * October 2018 - 85
- * November 2018 - 89
- * December 2018 - 85

The observation notes from the recipient's day training facility regarding his eating habits dated June 2017 through December 2018 were reviewed. In 2017 most days he at 25% of his meal. He refused to eat 6 meals and was absent 8 days. In 2018 most days he drank 100% of his shake and ate 25% of his meal. In August his meal intake increased to 40-50% of his meal. In September and most of October his meal intake increased again to 75-100% of his meal plus 100% of his shake. From October 12th through the end of November his meal intake decreased to around 30% of meals except for 5 days. There was one documented refusal and he was absent 10 days.

Regarding the hip injury, primary care physician (PCP) visit notes dated 8/19/18 document that the recipient was seen for a *"bug bite on his right hip that was found today."* The notes documented that a culture swab was taken from the area stating it was *"strongly suspicious of staph. Pt has 2 other small pustular areas on same leg which area [sic] likely evolving staph infections."* The area was described as approximately 5 cm in size. The following day he was taken for a follow up appointment for wound care and the outcome was to *"continue antibiotic...refer to wound care."* The recipient was seen by wound care on 8/28/18. His wound was debrided, and he was prescribed Mupirocin antibiotic ointment. He was seen weekly at wound care to follow up and monitor. The 9/19/18 visit summary stated that the injury was noticed on 8/18/18 which was thought to be a spider bite. He was evaluated by his PCP and started on Doxycycline for concern of MRSA (Methicillin-resistant Staphylococcus aureus) infection and was referred to wound care for further management. MRSA is defined as infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections. *"They switched Doxycycline to a different antibiotic based on the wound [illegible] results. Care giver is not aware*

of the name of the antibiotic. They were dressing the wound with Duoderm...8/20/18 [culture swab] is positive for staph." Weekly follow up visits with wound care continued through at least 11/6/18 at which time the note was "wound is decreasing in size with no signs of infections. Return appointment in 2 weeks." On 9/25/18 the recipient was also taken for an x-ray of his right hip. The results were "no fracture or dislocation. No cortical destruction to suggest osteomyelitis. The hip joint is normal. There is [sic]area of ulceration or wound about the right lateral hip superficial soft tissues."

Treatment Planning: The 30-Day Review dated 6/30/16 showed the recipient's weight was 84 pounds. However, there was no documentation as to what his weight was upon admission on 6/3/16. The guardian's signature was on this review form under "unattended" with a signature date of 11/10/16. The day training 30-day review dated 10/24/16 listed a program to implement beginning 11/1/16 for the recipient to eat 25% of his meal, no weight was listed on this document. The annual review dated 4/5/17 listed the recipient's weight as 93 pounds. He was taking Benecalorie twice daily for weight gain. A nutritional assessment was done on 1/23/17 and the recommendation was to continue to offer food frequently during waking hours. This form listed the guardian as a telephone participant and her signature date was 4/26/17. The day training annual dated 4/5/17 documented that the recipient was "making progress on current objective" to eat 25% of his meal 50% trials with hand over hand assistance for three consecutive months. It stated he consistently eats 25% of his lunch daily and has a protein shake every day that he finishes. His eating goal was increased to 25% of meal 90% of the time at his 6-month review dated 10/12/17. The recipient's 6-month ISP review dated 10/12/17 listed his weight at 80 pounds. The nurse's input on the ISP stated that he had been weighed weekly and "has been 80 pounds for some time very hard to get a good weight as he always moves about. Scales move from 80 to 83 pounds. He is offered food hourly has [sic] A picky eater if doesn't want food he will throw food." The guardian was not listed as a participant in this ISP and it did not contain her signature. The behavior intervention plan (BIP) dated 12/7/17 updated 1/22/18 listed target behaviors for physical aggression, SIB, PICA and Drop to Floor. The BIP stated that the recipient is on 1:1 supervision to prevent and block SIB and requires "assigned 1:1 staff should be within arms-reach of [recipient] AT ALL TIMES to minimize self-injury." The copy of the BIP obtained by the HRA did not contain any signatures. The Discovery Tool dated 3/26/18 documented health concerns as "primary medical concerns are with his weight and the instability of maintaining weight for long periods of time. [Recipient's] weight typically fluctuates between 80-95lbs. He will go through periods of eating well and barely eating at all. His meals are prepared in double portions with nutritional supplemental shakes. [recipient] will eat as he pleases and when he wishes. The majority of time, it will take staff over 30 minutes to feed [recipient] due to him grabbing, pinching or scratching staff. Staff oftentimes utilizes a glove or wears long sleeve clothing to alleviate the injury to their skin from the deep scratches." The annual review dated 4/4/18 listed the recipient's weight as 84 pounds. A nutritional assessment was completed 1/29/18 but does not state who completed the assessment. The recommendation was to continue to offer food frequently during waking hours. The nurse's input stated that he was going to be seen by a dietician on 4/6/18. The guardian was not listed as a participant, but her signature was on an approval form dated 5/15/18 and she had hand written that protein shakes are to be given daily at home and in day training. A personal plan dated 3/26/18 completed by the ISC included the guardian's signature dated 4/13/18. The Health and Wellbeing section stated, "is medically stable throughout the year, unless it is concerning his weight." The 6-month review dated 10/11/18 listed his weight at 85 pounds. The nurse's input section was verbatim to the 4/4/18 review including stating "going to see dietician on 4/6/18."

Medical Visit Notes: On 2/23/18 the PCP sent a letter to the facility requesting an earlier appointment with the recipient to check his weight and review his labs because his labs were

“looking a little worse and he did not keep f/u with dietician.” The PCP saw the recipient on 3/21/18 for a weight check. The recommendation was to begin seeing a dietician again on a more regular basis because he was still not gaining weight and also to discuss psychiatric medications to see if there is something that could assist with weight gain. On 3/23/18 the Psychiatrist completed a medication review per staff request due to PCP concerns about weight. The outcome was that medications currently prescribed typically increase appetite and cause weight gain. The recommendation was to continue the same medications and for staff to monitor closely and call with concerns. On 4/6/18 the recipient was seen by his PCP for malnutrition. The recommendation was to continue with high calorie meals and shakes daily along with Ensure/Benefiber daily. On 7/11/18 the recipient was seen by his PCP for *“decreased appetite/behavior change;”* the outcome was to continue current medications/diet, dietary supplements and to have blood tests. The outcome of the blood tests was high Depakote level and the psychiatrist adjusted medication.

Site Visit Summaries: The HRA visited all 6 homes in April 2018 and several concerns were noted which included environmental, programmatic and medical issues. All the residents in the homes were in the moderate to profound range of intellectual disability. Some environmental concerns noted were beds that consisted of thin vinyl covered mattresses on the floor with no box springs or bed frames and no sheets, blankets or pillows on the mattresses. This was found in 3 of the 6 homes (on at least 10 beds). Some bedding in the closets was still in the packaging. The HRA was told by staff that this was because the residents “just take it off.” One mattress was propped against the wall and staff told the HRA that the resident does not sleep on it and chooses to sleep on the floor instead. Some of the mattresses were in poor repair with springs sticking out of them. This was found in 3 of the 6 homes. One of the back yards was full of trash such as rubber gloves, shower chairs, broken mattresses, chairs and bedframes. There were no blinds or curtains on the windows of most of the homes, some had tint on the windows. All the homes had holes in the walls, but some were patched with boards over the drywall. Most homes had a wooden picnic table as the dining table and some of the living room furniture appeared to be broken. The refrigerator in one of the homes was in a closet and another home locked the kitchen door. One of the homes had a smoke detector that was broken and hanging from the wall with exposed wires. There was no hand soap in the restroom in some of the homes. Some programmatic concerns noted include a home without enrichment supplies other than a milk crate of infant toys shared by the residents for oral stimulation. Staff reported that one individual in the home enjoys sitting outside, however there were no chairs or benches on the porch. During HRA’s visit, the individual went out to the deck and sat on the ground and played with the infant toys from the milk crate while staff sat on the deck railing. Another individual was pacing the house with his 1:1 staff and it was reported that he enjoys looking at himself in the mirror. The only mirror the HRA saw in his room was too high on the wall for him to see his reflection and the frame had nails sticking out of it. The HRA asked why it was so high and was told because they were afraid he would break the mirror. The HRA was told an unbreakable mirror had been purchased but not yet installed. One individual is on 1:1 supervision during the day, but staff explained that if he takes a nap during the day then the 1:1 is excused from being at the resident’s side. At night, no 1:1 is utilized and the HRA was told that there is one staff person on duty from around 8:00 p.m. until 6:00 a.m. while there are 3 individuals in this home. It was reported that recently, one of the individuals “destroyed” his wooden bed frame even though he was on 1:1 supervision. The HRA was informed this was the third frame he had broken.

The HRA was informed that a licensure survey was conducted in the homes a few days after the HRA visit and several deficiencies were noted which correlated with HRA’s findings. The deficiencies included: monthly QIDP notes were not always completed, no evidence that the QIDP invited team members to the individual support plan meetings, no quarterly statements that homes meet environmental standards and no documentation that the agency had completed quarterly

inspections of the homes. Additional issues included PICA not included as a diagnosis for recipient 1, some recipient records lacked physical or dental examinations dated less than 12 months prior to admission, no annual physical examination for 2016 or 2017 for recipient 2, 6 month reviews not being completed, some individual service plans (ISP) were not completed for individuals, no smoke detectors in some homes, in 3 of 6 homes there was no toilet paper or soap in the restrooms, mattresses on the floor, no dressers in rooms, not many clothes, holes in the walls and doors, no furniture sheets or personalization in the bedrooms, general upkeep and cleanliness issues, broken shower and floor tiles, no shower curtains in some homes, kitchen and living room chairs mismatched and in disrepair, no evidence of fire drills being completed and training of staff either not being completed or not completed in a timely fashion.

The HRA conducted a drop-in visit to the 6 homes again in December 2018. During this visit, the HRA noted some improvements to the environmental issues previously discovered but still had concerns. One of the homes still had mattresses without bedding, some closets without any clothes and a wooden picnic table as the dining table. The one home where trash and broken furniture/household items were found in the yard was no longer being utilized and residents had been moved to a different home which was in better repair than the previous one. Some homes had blinds and curtains, but others still did not. The HRA did note that there was film/tint on the windows to ensure some level of privacy. The broken furniture in most of the homes had been removed or replaced. Two of the homes still had a urine odor. The smoke detector was still hanging loose from the wall with exposed wires. Some homes had personalized décor in the bedrooms such as stickers on the walls or border, but others did not. One of the homes had 4 vacant beds however the 2 female residents were still sharing a bedroom and a broken radio was observed in this room with plastic parts from it still on the floor. While visiting this home, a staff person delivered several bags of freshly laundered clothing. Upon inquiry, the HRA was told that laundry is washed daily, but it had been several days since this home's clothing had been picked up from the home where laundry is done, which is why there were so many bags delivered that day. Other homes still had wooden patches on the walls and one home had a panel type "patch" on a wall with exposed nails next to a bed. The HRA still had some programmatic concerns such as lack of active programming tools/items for the individuals who did not attend day training. There were no chairs or benches outside, but it was cooler weather during this visit. One individual was asleep in his room on a mattress with no sheets or bedding except for a comforter type blanket. Staff informed the HRA that this individual is still on 1:1 supervision, however no staff was in his room while he napped. This is the same individual who had previously broken his wooden bed frame.

The Office of Inspector General (OIG) Investigations: The HRA found 17 OIG reports regarding services at Skystar being investigated as of August 2018. The issues under investigation included 6 neglect, 8 physical abuse, 1 sexual abuse and 2 death investigations. At the time of this report, 4 of those investigations were still outstanding. Of the remaining 13 investigations, 9 were unsubstantiated and 4 had been substantiated for physical abuse and/or neglect. According to the reports, one issue involved staff failing to provide appropriate 1:1 supervision on the bus transporting to day training for recipient 2 resulting in SIB "*due to his preoccupation with his cell phone.*" The OIG recommended that Skystar implement a policy prohibiting cell phone use by staff during work hours to ensure they are completing their duties and supervising the individuals. The second recommendation was to ensure staff are appropriately trained to supervise and care for recipient 2 as well as hands-on, practical instruction regarding care. The employee involved in this allegation was terminated from employment. Another report also documented that the employee involved in a substantiated physical abuse allegation was terminated from employment because of the allegation. Another substantiated abuse report documented that the staff person's "*rough manner*" resulted in recipient 2 being agitated at day training and a marked increase in SIB was noted over a normal day. The report indicated that the staff person "*has been assigned to another*

CILA within the agency” since the allegation. One report which was unsubstantiated included recommendations to address the late reporting by staff of physical and mental abuse and to address the agency “practice of lifting an individual by his/her pants or shorts. Although no behaviors resulted, such an action could be perceived as demeaning. The agency should consider other means of lifting individuals in a more dignified manner.” Other unsubstantiated reports contained recommendations for Skystar to “purchase an oxygen saturation monitor for the care and maintenance of their clients’ health,” for the agency to train new and current staff on recognizing precursors to behaviors and train them in crisis prevention strategies to “provide staff the appropriate means for intervening with clients with intense behaviors.” Another allegation of neglect involved staffing issues in which one staff was left alone to care for 7 individuals who exhibited behaviors and others who required two-person/Hoyer lifts for at least 2 hours until the next shift began. Staff also reported not being trained on emergency evacuation procedures. This allegation was also unsubstantiated because CILAs do not have a minimum ratio of clients to staff. In general, staffing should be “adequate for the needs of the individuals present, accounting for supervision needs, personal care, mobility, etc.” There were no issues with individuals present during the two hours, none of the individuals required 1:1 supervision and no behaviors were observed. “Therefore, the totality of the factors indicates that there is no credible evidence to support the allegation.” The investigation into lack of food in the homes was unsubstantiated after the OIG interviewed staff from one of the homes. The neglect allegation involving weight loss of recipient 2 was unsubstantiated.

STATUTES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to *“adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient.”*

The Code (405 ILCS 5/2-112) states that *“Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect.”*

Regulations that govern CILAs (59 Ill. Admin. Code 115.100) state that *“a) The purpose of the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135] is to license agencies to certify living arrangements integrated in the community in which individuals with a mental disability are supervised and provided with an array of needed services. b) The objective of a community-integrated living arrangement is to promote optimal independence in daily living and economic self-sufficiency of individuals with a mental disability.”* Array of services is defined as *“A range of activities and interventions designed to provide treatment, habilitation, training, rehabilitation and other community integrative supports.”* Community integration is defined as *“On-going participation in community life including at least the following: The amount of time spent out of the living arrangement in generic (non-disability) related activities such as church, Y.M.C.A., Y.W.C.A., education, library, clubs, shopping and amusements. Participation in family activities and celebrations such as holidays, birthdays, reunions, communication (telephone and mail) and vacations.”*

CILA Regulations (59 Ill. Admin. Code 115.200) describe the community-integrated living arrangement (CILA) as *“a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. The individual or guardian actively participates in choosing an array of services and in choosing a home from among those living arrangements available to the general public and/or housing owned or leased by an agency...b) The CILA agency or service provider associated with such agency must provide a*

reasonable accommodation for such persons, unless the accommodation can be documented to cause the agency or other service provider an undue hardship or overly burdensome expense.

c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate. Individuals are recognized as persons with basic human needs, aspirations, desires and feelings and are citizens of a community with all rights, privileges, opportunities and responsibilities accorded other citizens. Only secondarily are they individuals who have a mental disability.

d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent. CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process”

Section 115.220 requires CILAs to provide services through a Community Support Team (CST).

“a) The CST shall consist of the QMRP or QMHP, as indicated by the individual's primary disability, the individual, the individual's guardian or parent (unless the individual is his or her own guardian and chooses not to have his or her parent involved, or if the individual has a guardian and the guardian chooses not to involve the individual's parent), providers of services to the individual from outside the licensed CILA provider agency, and persons providing direct services in the community...c) The CST shall be directly responsible for:

1) Modifying the services plan based on on-going assessment and recommendations...

7) Assisting the individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords;

8) Providing personal support and assistance to the individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities;

9) Providing assistance to the individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services...

11) Assisting individuals with activities of daily living through skill training and acquisition of assistive devices...15) Assisting individuals to access transportation.”

Section 115.230 requires the CILAs to “*comprehensively address the needs of individuals through an interdisciplinary process.*

a) Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual with input from the resident and guardian...e) The agency shall assure that each individual receives an initial assessment and reassessments that shall be documented in the individual's record and the results explained to the individual and guardian...4) Initial assessment for individuals with a mental disability shall include:

A) A physical and dental examination, both within the past 12 months, which shall include a medical history... m) At least monthly, the QMRP and QMHP shall review the services plan and shall document in the individual's record that:

1) Services are being implemented;

2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet the individual's needs....”

Section 115.300 governs environmental management of CILAs and requires the following “*b) For individuals who choose to reside in living arrangements owned or leased by an agency, the licensed agency shall insure that buildings containing owned or leased living arrangements shall comply with locally adopted building codes as enforced by local authorities and the applicable chapters of the editions of the NFPA 101, Life Safety Code (National Fire Protection Association, 1991), as cited in the rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100 and any local fire*

codes that are more stringent than the NFPA as enforced by local authorities or the Office of the State Fire Marshal...c) Each living arrangement shall meet standards as identified in local life/safety and building codes. Living arrangements specified in subsection (b) of this Section shall also meet the following additional standards:

1) Each living arrangement shall have a smoke detection system which complies with the Smoke Detector Act [425 ILCS 65]...

3) There shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort and compliance with this Part.

4) Bath and toilet rooms

A) At least one bathroom shall be provided for each four individuals. A bathroom shall include a toilet, lavatory, and tub or shower.

B) Bathrooms shall be located and equipped to facilitate independence. When needed by the individual, special assistance or devices shall be provided.

C) Bathing and toilet facilities shall provide privacy.

5) Bedrooms...

D) Each bedroom shall have...

ii) A fire-graded mattress and box spring that is suitable to the size of the individual which provides support and comfort, if beds are provided by the agency...

E) Bedrooms shall maintain a dry and comfortable environment...

6) The agency shall ensure that:

A) Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control.

B) Living arrangements shall be free from vermin.

C) Waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases..."

Section 115.320 outlines the administrative requirements and says

"c) Agencies funded by the Department shall meet the following general program requirements for all funded services:

1) Service setting

Services shall be provided in the setting most appropriate to the needs of and reflecting the preferences of the individual. This may include the individual's home, the agency, or the community. All settings shall be used innovatively in order to reach the target populations...

6) Compliance with life safety standards and requirements. All program facilities shall be in compliance with applicable State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements....B) All services shall be provided by appropriately trained employees, operating under the supervision of qualified clinical professionals...d) Training

1) Direct service employees and any other compensated persons with responsibility for direct care of individuals served shall demonstrate competence in training areas listed in subsections (d)(1)(A) through (M) as a part of an orientation program. Anyone specified in this subsection (d)(1) without previous experience in direct service to individuals shall receive training and demonstrate competence prior to unsupervised responsibility for direct service unless trained employees are on site and available for on-the-job training. Direct service providers as specified above who have completed training in the below mentioned areas, and demonstrated competence as documented in their records, shall not be required to repeat that training as part of their orientation. Anyone specified in this subsection (d)(1) who has not demonstrated competence shall receive training until he or she can demonstrate competence in the following areas, as recorded in his or her records. All direct service employees and any other compensated persons, regardless of staffing model, shall receive training and demonstrate competence as documented in employee records in the following training areas:

A) Cardiopulmonary resuscitation (CPR), Heimlich maneuver and first aid;

- B) Concepts of treatment, habilitation and rehabilitation including behavior management, normalization, age appropriateness and psycho-social rehabilitation depending on the needs of the individuals served or to be served;*
- C) Safety, fire, and disaster procedures;*
- D) Abuse, neglect and unusual incident prevention, handling and reporting;*
- E) Individual rights in accordance with Chapter II of the Code and maintaining confidentiality in accordance with the Confidentiality Act;*
- F) The nature and structure of the individual integrated services plan;*
- G) The type, dosage, characteristics, effects and side effects of medications prescribed for individuals. The agency shall assure that there is sufficient training in this area to provide coverage during expected and unexpected absences of caregivers by others who have been determined competent;*
- H) Screening for involuntary muscular movement, which may be indicative of tardive dyskinesia;*
- I) Development and implementation of an individual integrated services plan;*
- J) Formal assessment instruments used and their role in the development of the services plan;*
- K) Documentation and recordkeeping requirements with reference to the services plan;*
- L) Other training which relates specifically to the type of disability or treatment and intervention techniques being used specific to individuals living in CILAs geared toward assisting employees to execute objectives obtained in the services plans..."*

f) Quality assurance

- 1) There shall be a written quality assurance plan and ongoing activities designed to review and evaluate services to individuals, operation of programs and to resolve identified problems.*
- 2) The agency's quality assurance program shall be the basis for annually certifying to the Department that individuals are receiving appropriate community-based services consistent with their services plans, that all programs and services are supervised by the agency and comply with this Part.*
 - A) If a certified CILA does not continue to meet standards, the agency shall correct deficiencies within 30 days; or*
 - B) If deficiencies in a certified CILA cannot be corrected within 30 days, the agency shall withdraw certification of the CILA program in question and notify the Department. The agency shall remain responsible for those individuals who live in or lived in the affected CILA."*

CONCLUSION

The complaint of inadequate care and treatment was due to allegations that recipients' basic needs were not being met and safety concerns. The safety concerns were due to the poor conditions of the homes, inadequate 1:1 supervision, a recipient's PICA issues not being addressed, and inadequate medical treatment for a recipient's swollen jaw and another recipient's weight loss and leg/hip wound. During the first site visit, the HRA found substandard living conditions in the homes as detailed above in the site visit summary. A few days following the HRA's visit, the Bureau of Licensure and Accreditation under the Department of Human Services also completed a site visit to the homes and found several licensure violations. The HRA conducted several interviews with representatives from other agencies who have contact and oversight of the individuals living in the homes, including staff from a ISC agency, crisis prevention agency, day training facility and guardians for the individuals. All of whom were interviewed had documentation corroborating the HRA findings regarding the living condition of the homes. The HRA conducted a second visit 8 months later and noted some improvement to the homes, but there were still unresolved issues. CILA regulations require that CILAs be maintained in such a way that affords safety and basic comforts (59 IL ADC 115.220). Regulations also state that buildings shall comply with locally adopted building codes, bedrooms shall include fire-graded mattress and box spring and maintain a comfortable environment and living arrangements shall be safe and clean.

Additionally, the regulations state waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases and each living arrangement shall have a smoke detection system (59 ILADC 115.300). The HRA found violations in all these requirements therefore this portion of the allegation is **substantiated**. The HRA makes the following **recommendations**:

- 1. Skystar administration should ensure that all requirements for the living conditions of the homes are met as required by CILA regulations including, but not limited to, ensuring that all recipients have mattresses and box springs in their bedrooms as well as sheets and pillows. To ensure privacy is being protected install some type of window coverings. The agency must ensure furniture in the common areas are in good repair and that there is adequate seating in the living and dining areas for all recipients in the homes and ensure all homes have working smoke detectors, soap and shower curtains in the restroom.**
- 2. The QIDP should ensure that living arrangements are inspected quarterly and document accordingly as required in CILA regulations (59 IL ADC 115.300).**
- 3. Ensure that maintenance workers are prompt in responding to repairs needed in the homes and that the repairs are compliant with applicable and that trash and broken furniture are disposed of properly to ensure compliance with State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements as also required in CILA regulations (59 IL ADC 115.320).**

The HRA also offers the following suggestion:

1. Administration should consider hiring additional maintenance staff or removing the additional duties from current maintenance staff to ensure that living environments are kept in compliance with local standards and requirements under CILA regulations.

Another portion of the complaint was that 1:1 supervision was not adequately administered, and PICA issues were not addressed. The HRA was informed that recipient 1, who receives 1:1 supervision, had “destroyed” his wooden bed frame, eaten plastic from his depends and ingested buttons. Staff communication logs and nursing notes confirmed these incidents occurred. Staff notes dated 4/16/18 from the 6:00 a.m. to 1:00 p.m. shift stated that the recipient was asleep upon staff arrival and that they watched television until the staff person had to leave for a medication class. However, the note did not state what time the staff person left. The 12:00 p.m. to 7:00 p.m. shift staff note stated that the recipient *“was in his room when I arrived, he was asleep with no clothes and no staff in site. He had not been fed and his bed was soaked and wet.”* On 4/17/18 the 9:00 p.m. to 9:00 a.m. shift staff person wrote *“[recipient] was fine, ate 100%, no issues.”* However, the 6:00 a.m.-1:00 p.m. shift staff person wrote *“[recipient] was asleep still upon my arrival, I guess he tore his bedframe apart while I was at med class, but once he woke up he was showered and fed.”* The recipient’s ISP stated that staff must supervise him at all times to keep him safe and acclimated to his environment. The ISP also states that the recipient should have 1:1 supervision “during waking hours.” According to crisis intervention and ISC staff, 1:1 supervision should be at all times, not just waking hours. Regarding PICA behavior, the ISP states the recipient *“will reduce PICA behavior to 5 incidents per day for 3 consecutive months.”* However, there are no details listed as to how this is to occur. ISC staff stated that recipient 1 was not always given a 1:1 staff person so a complaint was filed with the owner/QIDP and within 2-3 days he obtained more staff coverage, however the ISCs had to “stay on him” to have the 1:1 continue. The direct care staff also expressed concerns over the lack of training on individual needs and care for the recipient when he first arrived. CILA regulations (59 IL ADC 115.200) state that services shall be oriented to the individual and shall be designed to meet the needs of the individual. CILA regulations (59 IL ADC 115.320) also require that *“all services shall be provided by appropriately*

trained employees, operating under the supervision of qualified clinical professionals.” The Mental Health Code also requires adequate treatment planning (405 ILCS 5/2-102). The HRA finds that this allegation is **substantiated**. The following recommendations are made:

- 1. Staff, ISCs and Crisis Intervention staff all expressed concern over lack of training on resident care. Crisis Intervention offered to train staff and eventually did, but there was a delay in receiving approval from administration. The QIDP should ensure that all staff are properly trained on how to care for individuals prior to their arrival at Skystar and ensure that continuing education is offered to staff especially as individuals’ needs evolve and change. Staff training should be properly documented.**
- 2. The ISP for recipient 1 did not mention specifically how goals for PICA would be met and there was no behavioral intervention plan in place to guide staff. There was confusion among staff as to how 1:1 was defined and whether that meant continuous or only during waking hours. The practice seemed to be inconsistent and/or intermittent 1:1 supervision despite recommendations from other professionals as to how to properly carry out interventions. The ISP for recipient 2 stated that he could feed himself “finger foods” but there was no definition as to what is considered a “finger food.”**
- 3. The QIDP should ensure that ISPs are reviewed monthly as required by CILA regulations (115.230) and document when monthly reviews occur. The QIDP should ensure that ISPs are specific in defining how staff are to assist individuals in working toward goals, ensure that BIPs are in place where needed and that staff are educated on how to properly care for each individual’s needs. This should include a definition for “finger foods” in the ISP of recipient 2. Additionally, if the proper treatment means staff must work together to care for an individual, then staff should do so rather than just provide care for the individual for whom staff are assigned 1:1. The House Manager and QIDP should ensure this is occurring.**
- 4. There was documentation that the scales in the CILA home were broken, therefore weight checks may not have been accurate for recipient 2. The resolution was to take the recipient to the hospital for accurate weight checks. That practice stopped approximately 3 months after it began because “the hospital is too much for him [recipient].” Skystar should purchase new scales for the home to ensure adequate and humane care and treatment is provided as required (405 ILCS 5/2-102) by having proper weight documentation. This could also alleviate anxiety the recipient has over frequent trips to the hospital for weight checks.**

The following suggestion is also made:

Staff notes surrounding the incident of the bed frame being broken by the recipient were inconsistent and staff who were questioned could not provide an explanation as to why the recipient was able to destroy a wooden bed frame while he was on 1:1 supervision in a small CILA home. Staff should be trained on proper documentation and the QIDP should ensure that pertinent information is present in staff communication logs to maximize consistency in caring for the residents. Specific documentation forms utilized by other agencies should be explored to ensure accurate and consistent documentation.

Another allegation involved inadequate medical treatment for a recipient’s swollen jaw. On 2/6/18 the recipient fell in the shower and bruising to the left side of his face was noted. On 2/13/18 swelling to the left jaw was reported to the nurse. On 2/15/18 nursing notes document that recipient 1 was taken to the doctor for left side facial swelling. Antibiotics and an appointment with sedation dentistry was ordered. On 2/20/18 the sedation dentistry facility ordered an oral surgeon and a CT scan which was completed that same day which showed inflammation. Steroids were given, and the

order was to continue antibiotics. The recipient was taken again in March and April for unresolved facial swelling and another CT scan was ordered. ISC notes dated 6/6/18 documented that a CT scan was scheduled for 6/19/18. The HRA did not obtain documentation past this point, but upon follow up with the guardian, the HRA was notified that this CT scan came back normal, but the problem persisted. Eventually, the recipient was taken in April 2019 for dental surgery. Although this issue has been ongoing for 15 months, upon review of Skystar records, the HRA found that there was continuous care and multiple appointments with specialists to determine the cause for the swelling. According to the guardian, the recipient is currently being monitored following the dental surgery in hopes that this will resolve the issue. This portion of the allegation is **unsubstantiated**. The HRA offers the following suggestion.

1. There was no documentation showing that Skystar was in contact with the recipient's guardian following each appointment to keep the guardian apprised. The nurse should ensure that guardians are kept informed of medical appointments and outcomes and are given the opportunity for input into the recipient's care. Contact with guardians should be documented in nursing notes.

Other guardians and family members expressed concern to the HRA about lack of communication from Skystar and stated they must contact the ISC to receive information about the recipients. One example given was that there have been times when Skystar had treatment meetings without notifying the guardian. Upon review of records, the HRA found that some treatment plans documented guardian participation and signature and others did not. Some treatment plans documented the guardian's name as "unattended" with a guardian's signature present later. One treatment meeting was held in June and the guardian's signature was dated 11/10/16. There was no documentation showing when the treatment plan was sent to the guardian. Another review dated 10/12/17 did not list the guardian as a participant and did not contain the guardian's signature. The Mental Health Code requires treatment plans to be developed with the input of the guardian (405 ILCS 5/2-102). Section 115.230 requires that CILAs "comprehensively address the needs of individuals through an interdisciplinary process...with input from the resident and guardian." The allegation of lack of guardian communication is **substantiated** the following **recommendation** is made:

- 1. The QIDP should ensure guardian notification of all treatment planning meetings. If a guardian cannot participate in a treatment meeting the QIDP should ensure that the outcome is promptly communicated to the guardian to allow for input into the treatment of the recipient.**

Another allegation of inadequate care was due to a recipient's weight loss while at Skystar and a leg/hip wound that was not properly treated. According to the complaint, since arriving at Skystar, recipient 2 had lost approximately 17 pounds. His weight upon admission to Skystar on 6/3/16 was 96 pounds. By 6/30/16 he weighed 85 pounds and on 9/7/16 weighed 83 pounds. His weight records show that his weight since admission has consistently remained below 90 pounds. The day training providers (DT) were interviewed and informed the HRA that Skystar provides shake mixes that remain at DT for the recipient and he usually drinks 100% of those. There have been times when there has been a lapse of a few days because DT ran out of shake mix before Skystar replenished it. DT typically notifies Skystar a week prior to running out. Documentation also showed that following a visit to the CILA home around 5/4/18, the guardian contacted the ISC because the staff at the CILA home were unaware of shake supplements for the recipient and there were none in the home. Other documentation showed that Skystar had taken the recipient to a dietician and a medication review had been completed. It was determined that his medications typically cause appetite increase, not decrease. The treatment plans contained goals for him to eat 25% of his meals and it was noted that he was making progress towards that goal. This was confirmed by DT meal documentation. The recipient was also receiving supplements for weight gain which seemed to be helping him maintain weight, though he had not gained back to his

admission weight. On 2/23/18 the PCP expressed concern to Skystar over the recipient's weight and his blood panel results "looking a little worse." It was noted that he did not keep a follow up appointment with the dietician. He was seen two months later by the PCP for malnutrition. The recommendation was to continue with high calorie meals and shakes daily along with daily supplements and frequent food offerings. There were other concerns months later that were brought to the attention of the HRA regarding lack of food in the homes. The HRA received mixed responses to inquiries. A guardian had taken pictures that were shared with the HRA showing very limited amounts of food in the homes. However, the OIG findings regarding this allegation were unsubstantiated and contained documentation that the quality management had determined that there was food in the homes. Although there was some indication that there may have been an occasional lapse in shakes being provided for recipient 2, documentation showed that Skystar was providing follow up care, except for a missed dietician appointment, and that the recipient was offered food more frequently as well as alternatives when he was not interested in the food items on the menu. There was some indication that the amount of food in the home was insufficient, but Skystar's response was that was because of a 4-day menu being followed and groceries are bought when the new menu is provided to the agency. This allegation is **unsubstantiated**. The HRA offers the following suggestions:

1. Based on interviews and documentation, there was lack of consistency between DT and the CILA home as to how to feed the recipient. DT wore long sleeves or gloves to protect staff's arms from the recipient pinching and scratching during mealtimes and gave frequent breaks during mealtimes. However, home staff did not document doing either of these things and did not document food intake as the DT had done. The HRA suggests that home staff ensure that mealtime routines are consistent with DT routines and home staff should document food and supplemental shakes intake.
2. The guardian mentioned that she was fronting money for the recipient to have the shakes he preferred which had to be ordered online. The concern was brought to the attention of the ISC who communicated that concern to the QIDP. Skystar administration refused to utilize a credit card to purchase shakes directly online which sometimes caused a delay in the recipient receiving his shakes. No further documentation was found on how or if this issue was resolved. The HRA suggests that Skystar be more open to working with guardians to resolve issues and when necessary utilize a human rights and ethics committee to resolve disputes. The supplemental shakes are a basic nutritional item that was well documented as necessary to maintain the recipient's weight. The dietician had ordered shakes for the recipient and they should be provided by Skystar not the guardian.
3. The CILA homes should have at least 2 days' worth of shelf stable food and water on hand in addition to the food items needed for the menu to ensure residents are properly cared for in case of emergency.

Documentation regarding the hip/leg injury of recipient 2 stated that it was the result of a bug or spider bite in August. The recipient was taken to the PCP and then to wound care weekly for treatment. He was also prescribed antibiotics which were administered, and X-rays were also done. The wound was healing at the time of last documentation obtained by the HRA. This portion of the allegation of inadequate medical care is **unsubstantiated**.

Regarding the complaint that community integration goals were not being met, recipient 1 has a formal program listed in his ISP for community integration which states the recipient will "take a walk with staff in the community at least twice a week." The HRA found documentation where this

goal was met in February. However, when looking at the months of March through April, only 5 instances were documented of outings for this recipient. The HRA was also informed that because the agency does not have a driver, and if there are 2 clients and they both have 1:1 supervision, outings requiring a vehicle are limited. CILA regulations (59 Ill. Admin. Code 115.200) state that CILAs “shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process.” Section 115.220 requires that CILAs provide personal “support and assistance to the individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities.” Section 115.100 defines community integration. This allegation of lack of community integration is **substantiated**. The HRA makes the following **recommendation**:

- 1. Skystar should provide adequate staff levels to meet the needs and goals listed in the recipients’ ISPs including community integration as defined in regulations (59 IL ADC 115.100). The QIDP should ensure that an array of services are being provided as defined in section 115.100. Accommodations should be provided for staff to implement requirements of ISPs including community integration and activities in the home.**

A final concern brought to the HRA’s attention was that bags of dirty clothes have sat for days at some homes waiting for the laundry service to pick them up because there are not washers and dryers in all the homes. During the HRA’s visit to the CILA homes, approximately 8-10 bags of clean laundry were delivered to the home the HRA was visiting where only two recipients were residing. The Code (405 ILCS 5/2-102) requires adequate and humane care and services and CILA regulations (59 ILAD 115.200) require that “*c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual*” and to provide an “*array of services to fit needs.*” The HRA finds violations in these requirements and makes the following **recommendation**:

- 1. The QIDP/House Manager should ensure that laundry is being picked up and returned within 48 hours to ensure clients have enough clean clothing in the home. The laundry staff should document when laundry is picked up and delivered at each home.**

The following suggestions are also offered:

1. To ensure compliance with CILA regulations regarding assisting individuals with ADLs (115.220) Skystar should assess individuals in all homes and document in ISPs whether ADL goals should include assisting in some laundry duties. If it is determined that some individuals could participate in laundry goals, incorporate trips to the main home to do laundry or consider purchasing washers and dryers in other homes to allow participation in their own house.
2. Telephone calls via speaker phone have the potential of violating resident confidentiality and the agency should refrain from this practice.
3. Although the smoking and the presence of pets occurred in the agency office, the HRA questions the extent to which consumers as well as visitors might access the office; the HRA suggests that the agency be mindful of its business atmosphere and professional presentation.
4. Facility staff and administration should be mindful of its interactions with entities visiting the homes and making mandated visits. The HRA makes its visits as an attempt for the agency to have an opportunity to share its side of the situation; by not communicating with the HRA during its visits, the facility forfeits this opportunity.

5. Facility administration should be mindful of keeping staff who have substantiated abuse findings and the resulting impact this has on the individuals served.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

To: Human Rights Advocacy Commission

9/11/19

From: Skystar Residential Services, Inc

Since the time that the Commission was here and made your report, many positive changes were made by Skystar and all the State surveys and reports were coming back positive I did not know I still had to report back to the Commission. Sorry for the misunderstanding. The following is the written response to the conclusion of your report.

The home which was sited the most on ██████████ St. was immediately closed the residents move to ██████████ ██████████. The new was approved by DHS. DHS had the same complaints about the following:

- 1) All residents must have mattresses and box springs as well as bedding

This was immediately corrected and has not been sited by DHS.

- 2) Provide privacy in the common areas by installing some kind of window covering

This has been completed by tinting and frosting the windows and as not been sited by DHS

- 3) All furniture should be in good shape

All furniture has been replaced and has not been sited by DHS.

- 4) That all homes have working smoke detectors

The home that did not have a working smoke detector was closed and now on sites have working smoke detectors and have not been sites by DHS.

- 5) The QIDP should ensure that quarterly site inspections should be completed

The site inspection have been revised and completed as well as a weekly inspection that looks at overall cleanliness of the homes. This areas has not been sighted by DHS.

- 6) Ensure that maintenance workers are prompt to completing repairs.

This area was addressed by providing work orders at each home which are filled out and given to maintenance. All areas of concern has been remedied and has not been sited by DHS.

- 7) The QIDP should ensure that all staff are properly trained on how to care for a resident prior to their arrival and ongoing staff training has been documented

A system has been developed for new resident to be trained to staff and all training to staff will be properly documented.

- 8) Although PICA was mentioned as being a past problem, it was not demonstrated by the individual.

However since it was mentioned the Behavior Specialist provided staff on guidelines as to staff response if PICA behaviors were observed.

9) The commission indicted that there was staff confusion as to !! duties.

This confusion was explained by the behavior Specialist verbally as well as specifically detailed in the Behavior Plan.

10) The ISP did not include a definition of "finger foods"

This issue was completed by the Dietician providing staff with details of how finger foods should be defined and this has been added to the ISP.

11) The QIDP ensure that the ISP is reviewed monthly

A new format for monthly Q Notes has been put into place which reviews all areas of the ISP. Also documentation for individual goals have also been reformatted to ensure that staff completely understands how to assist residents toward their goals.

12) There was reports that scales were broken and not giving accurate weights

New scales were purchased and weights are being completed by on staff member weekly to ensure that weighing each individual is weighed the same way every time.

13) There was no documentation showing that Shystar was in contact with the guardian following each appointment

The nurse has developed a system of documentation that tracks communication with guardians regarding appointments and keeping the guardians apprised. Contacts with guardians will also be documented in the monthly Nursing Notes.

14) The QIDP should ensure guardian notifications of all treatment planning meetings.

The QIDP will ensure that guardians are informed of all treatment meeting and will always provide a means for guardian input.

15) There was a lack of consistency between DT and home with regards to feeding an individual who tends to pinch and scratch during being fed.

There has been no set way as to how to feed this individual Staff have come up with there own ways of dealing with the behavior. Documentation has been put into place to monitor food intake. This individual has also been moved to a calmer environment and appears that his behaviors has decreased since the move. The QIDP has video of the individual not showing any behaviors during mealtime. All food intake as well as supplemental shakes are documented.

16) The guardian mentioned that she was fronting money for shakes purchased on line.

This is true, these purchases were being paid by the guardian, the bill was then sent to the agency and the cost was reimbursed. However, the guardian felt that the reimbursement was not being done in a timely manner. The recipient was not drinking what the guardian was providing so the QIDP went to the local GMC for the supplement He has been drinking this supplement and the guardian has been pleased with the result.

17) CILA homes should have at least 2 days worth of food and water incase of an emergent.

All homes now have more than 2 days worth of food and water in case of an emergency. This has not been sited by DHS.

18) The agency should provide adequate staff to include community integration.

The agency has hired additional staff to ensure that residents are provided community integration activities. This was not sited by DHS.

19) The QIMP should ensure that laundry is picked up and returned within 48 hours.

The agency has now purchased washer and dryers for each home so this has been taken care of.

The following are the responses to the final suggestions that were offered:

- 1) Since the agency does not write the ISP and the document is called something else in regard to the individual ADL would be included in the discovery tool and addressed in the implementation strategy. If noted in the implementation strategy it would be included in the Outcome Strategy.
- 2) The agency will refrain from using speaker phone.
- 3) If by chance a consumer needs to access the office the dogs will be put into a room and smoking would not be allowed while they are in the building. All other visitors that may have a problem with the dogs and smoking, they will be offered other locations to meet.
- 4) We as a staff have never had an interaction with HRA before and wasn't aware has to how to respond. However, all staff was available incase questions were needed to be answered.
- 5) To my knowledge the agency has never kept an employee that has had a substantiated abuse finding.

It is my hope that this fulfills the expectations of your agency. If you have further questions, please feel free to contact me. I apologize for the confusion and not responding earlier.

Thanks for your input. Skystar is striving to become the best agency we can be.

Sincerely



Randall Duncan, MS, QIDP

Executive Director

In Response to HRA request for information on the following subjects

- HRA request #2 for maintenance information: Skystar will ensure adequate completion of maintenance request by reviewing per maintenance task, completion of request and by authorized personal signing off with date.
- HRA request #3 regarding staff training: We have created a new in-service sheet, the sheet will display the training topic, date, the trainer name, the length of the training, per revised plan, staff will be trained on implementation strategies and behavior plan) and [REDACTED] [the QIDP] will attend meetings and sign service sheet.
- HRA request #4 & #5 regarding PICA monitoring of [REDACTED]: Monthly data sheets being sent to BCBA monthly. Training with signatures from staff- how to properly carry out behavior plan, including PICA monitoring and how to carry out 1:1 with [REDACTED]. Even though there is no dx's of PICA, [REDACTED] has a history of mouthing objects.
- HRA request #6 regarding format for monthly Q notes: Q note being sent for [REDACTED] that is formatted with the new requested format.
- HRA request #7 regarding communication with guardians: The guardians are sent emails letting them know when meetings are scheduled, telephone calls to inform them of medical issues and concerns.