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**FOR IMMEDIATE RELEASE**

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**Egyptian Regional Human Rights Authority  
Report of Findings  
Liberty Enterprise, Inc.  
Case #18-10-9018  
September 24, 2019**

The Egyptian Regional Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Liberty Enterprise, Inc. (Liberty) residential services.

- **Inadequate care and treatment due to lack of Qualified Intellectual Disabilities Professional (QIDP) oversight and staff not showering clients resulting in skin breakdown.**
- **Recipients' property was inappropriately restricted.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code and regulations that govern Community Integrated Living Arrangements (CILAs).

Liberty owns and operates three CILA homes which provide residential services to persons with developmental disabilities. To investigate allegations, an HRA team met with administration and staff and reviewed pertinent policies and regulations.

**FINDINGS**

**A. Complaint:** According to the complaint, a potential client was scheduled to visit one of the CILA homes and his guardian informed Liberty that he was allergic to certain smells contained in personal hygiene products, household cleaners and air fresheners. Prior to this prospective client's visit, the owners of Liberty removed all the current clients' scented hygiene products and disposed of them. The hygiene products were all replaced with unscented versions. When the HRA inquired, they were told that restriction of rights forms were not given when personal hygiene products were removed. Some resident guardians complained, and staff tried to intervene but were reportedly told "it was none of their business." Eventually the client was allegedly denied admission because the home was unable to accommodate his needs and the residents could once again possess scented hygiene items.

Another allegation was that staff at one of the homes were not properly showering clients which resulted in skin breakdowns. Also, there is reportedly inadequate oversight by the Qualified Intellectual Disabilities Professional (QIDP). The owners allegedly do not appoint house managers to assist with supervisory duties. When "the state" comes to the homes, the owners reportedly say that certain staff are house managers, but when "the state" leaves, workers are told

that they are not house managers because the owners do not want to give that kind of authority to employees.

**B. Administration:** The HRA met with the Executive Director and the QIDP. Liberty currently owns 3 CILA homes: a 4-bed, an 8-bed and a 5-bed home. At the time of our interview, they had 16 residents and 25 staff. The 4 and 5 bed homes have 1 staff at home during the day and the main home has 2 staff during the day. There is some overlap around 2:00 p.m. and they have “floater staff” during the daytime hours to help with medical appointments, activities and sick residents. Three of the staff rotate between the homes, but for the most part, they have certain staff assigned to certain homes with a couple of call-in staff persons as needed. As for staff training, the administrators explained that if they are already DSP (direct service person) certified, they will perform in-house training and work with staff on the shift which they will be assigned. If they are not already certified, they complete the 16-week DSP course with approximately 80 hours of class time and 80 hours of on-the-job training. Staff are trained on rule 50 annually and follow up meetings on when to contact the Office of Inspector General for the Illinois Department of Human Services (OIG).

Regarding showers for the residents, they have a shower chart where they log when showers are given. Staff provide showers daily, at the times of the recipients’ choice as listed in their care plans. Administration stated that they did have 1-2 residents with skin breakdowns and they were provided medication as treatment. However, the skin breakdowns were due to incontinence, the resident’s weight and the fact that the residents all use wheelchairs. They are rotated from their chairs and have a chart for that as well. The QIDP oversees all 3 homes and stated that he is at each home daily. The other two owners are also at the homes daily. The QIDP’s duties include staff training, paperwork, reviewing individual service plans (ISPs), advocating and overseeing the residents’ wants and needs. He also works with the Independent Service Agency (ISA) on implementation of the care plans that they develop. He explained how the ISPs have recently changed to include more community goals and using activities of daily living (ADL) assessments to informally address those goals. They have annual reviews of ISPs and a review at 6 months if the individual carries a dual diagnosis. They have a community board certified behavior analyst for their residents and they document weekly outcome progress, maladaptive behaviors, bathing, and goals for both medical and community. These are reviewed by the QIDP at least once a month and, when he is in the homes, he reviews charts to ensure that things are being completed as required.

Regarding house managers, administration stated that the day shift staff schedules appointments and other duties that are typically handled by house managers, but they do not have staff with the title of house manager. Administration said they prefer to directly supervise their homes rather than delegate that to others.

When asked about the residents’ personal hygiene items being removed, the HRA was informed that staff changed to unscented laundry detergent and a mopping solution for the visitor with allergies and they also removed the electronic air fresheners. Administration denied ever “giving the ok” to take personal hygiene items away from the individuals.

If guardians or family have concerns, they are informed that they can request a meeting, any time to discuss concerns or they are welcome to contact the owners directly to discuss. The ISA agency gives all residents and/or guardians their residents rights forms and are also asked to inform guardians of their right to request meetings to address concerns. The agency also has a Human Rights and Ethics Committee that is comprised of an ISA worker, a community liaison, a direct care provider, the QIDP and a guardian.

**Staff:**

The HRA visited all three CILA homes on two separate occasions and during different shift times. The HRA also interviewed staff at each home. The first staff person was unaware if any personal hygiene items had been removed from the homes but stated that the clients are given showers daily. They have goal sheets in each chart and hand write activities weekly. The QIDP reviews weekly and they have a typed weekly summary. This staff said there was no lack of communication with the QIDP.

The next staff person stated that the QIDP is not in their home often, does not get individual service plans (ISPs) out on time and shared a story of a time when it took 3 months to get an ISP. This person stated that the QIDP visits their home approximately once a month on day shift but comes in the evenings to pick up patient charts. This person did recall a time around March when the QIDP instructed staff to remove all the "smell good" items from the home including cleaning items, electronic plug-ins and anything else with scent. This included the residents' personal hygiene items, even items that guardians had purchased. The QIDP removed laundry and cleaning items which were taken to another CILA home. The following day staff purchased unscented cleaning and laundry items to replace those removed. This staff person does not recall any restriction of rights forms being given to residents whose personal items were removed. It was staff's understanding that this was due to a visiting, potential client's allergies and when that individual's guardian decided not to place him with the CILA home, the residents were able to obtain scented items again.

Another staff person stated that the staff in the homes track and handwrite Activities of Daily Living (ADLs) for the recipients, baths, programs, outings etc. This is completed daily. The QIDP then reviews those prior to the ISP meetings. This staff has no issues with residents showering in their home. If showers are refused, staff are instructed to call the nurse. There was a former client who had issues with not receiving showers at the main CILA home which resulted in skin breakdowns for the client due to weight. After two years, the resident's guardian moved the person due to staff not showering him/her. The Office of Inspector General was contacted, and staff were instructed to document all showers. If the shower is refused by the resident, staff are to document that as well.

The next staff person stated that three residents are showered nightly and two of them more often when needed due to incontinence. This staff has not witnessed any skin breakdown issues. This staff person stated that the QIDP comes for notes occasionally but is not present very often. This staff person does see guardians occasionally but has not heard any complaints directly from them. This staff did mention that there is a communication book for the house residents and sometimes this staff sees documentation of guardian complaints logged by other staff. When

asked about property being removed this staff stated that recently one resident's phone was taken but it was not documented. The staff do not receive training on restriction of rights forms. This staff also stated that they are not supposed to take any resident's property away and they are instructed to communicate issues to the owners or the QIDP to address them. The residents in this staff person's home choose the hygiene items they want, and staff keep them in stock. This staff had not heard of any hygiene items being taken.

The fifth staff interviewed stated that two residents are only showered every other day due to dry skin issues, but the other residents are showered daily. There is a showering log that is kept and staff initial when residents shower. The QIDP comes to this home about every other day and more often if staff contact him. The QIDP reviews files when he is at the home. This staff had heard no family complaints but if a resident or guardian complain then this person passes the message on to the owners or the QIDP. This staff stated that at the home where he/she worked, there had not been items removed or traded for unscented items, but this staff was aware that they were removed at another CILA due to a peer's allergies, but that person never came to live in the CILA. In this staff's home some residents keep their hygiene items in their room, but some cannot because they waste them. Other items are stored in the restrooms. The residents pick their own hygiene items or tell the staff their requests. Staff use a Wal-Mart card to purchase the items and the items are stored in the cabinet and provided to residents when they need to be replenished. If any residents have allergies, those are handled individually. They do not receive training on giving restriction of rights forms. Staff just calls the owners if they have any questions. The one resident who is not allowed to keep her items with her has a guardian who is aware that her items are kept in the closet and the guardian approves.

The sixth staff person stated that scented items were removed from the home due to a visiting client's allergies. This did not make sense to the staff because the client would still have to attend workshop and other places where there would be scents. The QIDP removed plug ins, scented body wash, dryer sheets etc. and replaced with unscented items. When the laundry detergent and dryer sheets were changed to unscented, things smelled like urine even when washed. This staff stated that no restriction of rights form was provided to residents when items were removed. When staff brought this to the attention of the QIDP his response was "I know how to do my job." This staff stated that they do not have training on restriction of rights, but they do have exceptional medication training. This staff does not see the QIDP in the home very often. When asked for specifics, the staff person stated that in 6-8 months of employment, working all different shifts, this person had seen the QIDP in the home approximately 4 times.

The next staff person stated that showers are documented in nursing notes and they have "skin check and shower sheets" where staff initial when completed. Staff rotate showering and shaving according to the residents' choices. Some residents are independent in both.

The final staff person interviewed stated that restriction of rights forms are not typically completed by staff. If there are any issues they contact the owners or the QIDP who will communicate to the human rights committee and the ISA caseworkers if any restrictions are necessary. This staff person was not aware of any being given yet. If a restriction is necessary, the QIDP will complete the form.

The HRA noticed during the first site visit that one of the CILA homes had approximately 10-12 garbage bags piled up in the garage and there was a strong odor. When staff were questioned about this, the HRA was told that maintenance is supposed to collect trash and take it to the main CILA home where there is a dumpster. Staff explained that two of the three homes do not have garbage pickup. It is common for two weeks or more to pass before maintenance gathers the trash bags from the garage. Guardians have also complained about the trash when they have visited. Staff have mentioned this to the owners and the issue improved briefly but then reverted to not being collected very often. During interviews with other staff from all three homes, the HRA asked about the trash issue. One staff said the trash is picked up from the dumpster on Wednesdays, but they were not aware of how often it is collected from the other homes. Another staff said trash is picked up weekly. The next staff stated that trash is stored in garbage cans in the garage and maintenance collects it twice a week. If they need pick-up sooner, they contact the owners. However, a final staff person questioned stated that trash is not picked up regularly at their home and recalled one time when it was a month before trash was picked up and stated that typically, it is picked up every two weeks. They have at least one trash bag per day that is placed in the garage. This staff did state that one of the owners will perform tasks like pick up the trash when asked by staff.

#### **Showering Documentation:**

Activities of Daily Living (ADL) logs were reviewed for April through August 2018. These logs track bathing, shampooing, shaving and tooth brushing for the 8 individuals at the home. Each resident has a monthly page where staff initial each day that each ADL is completed. In April all 8 were showered daily except for a few days in the month. In May showers were logged daily for most recipients. One individual refused a few times. In June showers were logged daily with some being showered twice a day a few times but others going 1-4 days in the month without showering. In July most residents had daily showers logged. One recipient had 3 refusals and 6 other days where nothing was logged. August documentation showed daily showers for most residents. However, no showers were logged for any residents on August 30<sup>th</sup> or 31<sup>st</sup> which fell on Thursday/Friday and 4 of the 8 residents did not have a shower from August 28<sup>th</sup> through the 31<sup>st</sup>.

#### **Facility Policies:**

The Individual Rights policy states *“It is the policy of this facility to respect and protect the basic human rights of the individuals being supported.”*

The Abuse/Neglect/Exploitation/Assault policy states *“It is the policy of Glen Brook of Vienna, Inc.[sic] to provide a safe environment for the individuals served that is free from abuse, neglect and exploitation...mistreatment of individuals who are being supported is defined as ... willfully depriving an individual of any of his or her rights provided under the Mental Health and Developmentally Disabilities Code [sic], Article I, Section 2-100 through 2-111.”*

The facility also provided copies of the following policies that were signed by staff at the facility indicating they received training on these policies:

- Individual Rights

- Privacy and Confidentiality
- Reporting Abuse and Neglect
- Abuse and Neglect of Individuals
- Rape or Sexual Abuse

**Office of Inspector General (OIG) reports:** The HRA reviewed several OIG reports involving Liberty Enterprises, Inc. One complaint alleged neglect due to a recipient not receiving medical treatment for skin irritations. One staff confirmed the allegation, while the other four staff provided information and documentation showing that the recipient was treated for the irritation. The complaint was unsubstantiated.

Another complaint alleged neglect because an individual only showered twice a week, wears adult diapers and has skin irritation to her stomach. Four staff were interviewed and two stated they do not shower the recipient on their shift because the recipient is scheduled for evening showers. One staff stated she showered this recipient four days per week and more if the recipient is incontinent. The final staff person stated the recipient is showered daily. This recipient also had ointment that was applied for skin issues. This complaint was unsubstantiated.

## STATUTES

The Mental Health and Developmental Disabilities Code (405 ILCS5/2-100) provides that *“No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.”*

Section 5/2-102 guarantees the right to *“adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan.”*

Section 5/2-104 states that *“Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section.*

*(a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission.*

*(b) The professional responsible for overseeing the implementation of a recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm.”*

Section 5/2-201 requires that *“Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to:*

- (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian;*
- (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice;*

(3) the facility director;

(4) the Guardianship and Advocacy Commission, or the agency designated under "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985,<sup>1</sup> if either is so designated; and

(5) the recipient's substitute decision maker, if any.

*The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient's record."*

Regulations that govern CILAs (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) Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular type or level of disability (e.g., an agency that serves only individuals with autism) and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability. No otherwise qualified persons shall be denied placement in a CILA solely on the basis of his or her physical disability. 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 115.230 requires the CILAs to "comprehensively address the needs of individuals through an interdisciplinary process" with input from the resident and guardian.

Section 115.220(e) describes the responsibilities of the QIDP and states "e) A CST member who is a QMRP or a QMHP [aka QIDP] shall be designated for each individual and shall:

1) Convene the CST as required by Section 115.230 to revise the services plan as part of the interdisciplinary process;

2) Assure that the services specified in the services plan are being provided;

3) Assure the participation of team members and necessary non-team member professionals;

- 4) *Assure and document in the individual's record, at least quarterly, that the individual's residence meets environmental standards as specified in Subpart C of this Part;*
- 5) *Identify and address gaps in the service provision;*
- 6) *Monitor the individual's status in relation to the services plan;*
- 7) *Advocate for the individual's rights and services;*
- 8) *Facilitate individual linkage and transfer;*
- 9) *Provide for a written record of team meetings within 30 days after each team meeting;*
- 10) *Assure that information specified by the services plan is included in the individual's record;*
- 11) *Initiate and coordinate the interdisciplinary process as often as specified in the services plan or when required by problems or changes;*
- 12) *Assure availability of a written services plan to all team members; and*
- 13) *Work with the individual and parent(s) and/or guardian to convene special meetings of the CST when there are issues that need to be addressed as brought to the attention of the team by the individual, parent(s) and/or guardian."*

Section 115.230(m) requires a monthly QIDP review of a resident's service plan implementation as part of the interdisciplinary process. "*m) At least monthly, the QMRP and QMHP[aka QIDP] 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; and*
- 3) *Actions are recommended when needed."*

Section 115.250 describes the rights of the residents and requires "*a)1) The rights of individuals shall be protected in accordance with Chapter II of the Code except that the use of seclusion will not be permitted. "b) Employee advisement of the individual's rights and justification for any restriction of individual rights shall be documented in the individual's record."*

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... 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.*

## CONCLUSION

The complaint alleges inadequate care and treatment due to lack of QIDP oversight and staff not showering clients resulting in skin breakdown. Of the staff interviewed, about these issues, five stated there are no showering issues and one staff stated there was an issue at one time and OIG became involved but since then better documentation had been implemented. The HRA



reviewed the OIG reports and they were unsubstantiated. When the HRA reviewed showering logs, it was documented that residents were showered daily for the most part. However, there was an instance in August when showering either did not occur for 4 days or was not documented during that time. Because of lack of documentation regarding residents' showers, this portion of the allegation is **substantiated**. The HRA offers the following **recommendations**:

- 1. Ensure that showering is provided based on resident need and document accordingly.**
- 2. Administration should review showering logs weekly to ensure proper hygiene is being implemented and document that such review occurred.**

The other aspect of this allegation is that there is lack of QIDP oversight of the CILA homes. The staff had conflicting answers about how often the QIDP was in the home, depending on which home's staff were interviewed. Two staff stated the QIDP was in their home frequently while three other staff stated he was in their home infrequently. The QIDP stated he and other administration are in the homes daily. One staff had reported the QIDP arriving later in the evening to pick up charts to review so it is possible that he was reporting to the homes after some staff's shifts had ended. One of the days the HRA visited the homes, several bags of trash, approximately 10-12, were piled up in the garage. The HRA contended that if the QIDP had been visiting the home regularly, the garbage should have been noticed. When staff were questioned about garbage pickup during the second visit, there were again conflicting statements. The main home staff did not report any garbage issues because the dumpster is at that location, but staff questioned there were unaware of how frequently maintenance brought the other homes' garbage to the dumpster. Staff at one of the other two homes reported weekly to bi-weekly trash pickups while staff at the final home reported trash only being picked up every two weeks with one report that a month had gone by before it was picked up. Staff at this home reported at least one bag of trash is carried out to the garage each day. The amount of trash the HRA saw would go along with reports of trash only being picked up approximately every two weeks. Although there was insufficient information to substantiate the amount of QIDP oversight as stated in the complaint, the HRA is concerned about the accumulation of trash which would be a violation of CILA regulations (59 Ill. Admin. Code 115.300) and suggests the following:

1. Administration should either place proper trash storage bins at the two homes without a dumpster or ensure garbage is being picked up at least weekly or provide city trash pick-up at those homes to prevent trash from piling up.
2. Administration should start tracking QIDP visits and oversight to ensure QIDP responsibilities are met and monthly QIDP reviews of service plan implementation are completed consistent with CILA regulations (59 Ill. Admin. Code 115.220(e), 115.230 (m)).

Another allegation was that recipients' property in one of the homes was inappropriately restricted due to a visiting client allegedly having allergies to scented items. Three of the 6 staff interviewed on this issue stated that scented items were removed from the home, one stated they had heard about items being removed and the other two were unaware if items were removed. Staff who said the items were removed stated no restriction of rights forms were given to the residents or guardians. One staff did not know if scented items were removed but did state that a

resident's phone was removed without documentation or a restriction of rights form being given. All staff interviewed about restrictions stated that they are not trained on restriction of rights and are instructed to contact the administration with any issues. The training information provided to the HRA included a policy on Individual Rights but did not discuss restriction of rights. CILA Regulations (59 Ill. Admin. Code 115.250) require that justification for restrictions be documented in the individual's chart. CILA regulations also require that the rights of individuals be protected in accordance with Chapter II of the Mental Health and Developmental Disabilities Code which states that whenever any rights of a recipient are restricted, notice of the restriction shall be given to the recipient or guardian and the facility director and restrictions should be promptly recorded in the recipient's record. Therefore, because it was stated by staff that items were removed from residents, the HRA contends that this is a rights restriction performed without following regulations for rights notice (405 ILCS 5/2-201). Thus, the HRA **substantiates** a violation of resident's rights to property (405 ILCS 5/2-104) and the following **recommendations** are made:

- 1. Staff should be trained on restriction of rights procedures and the issuance of restriction notices to ensure compliance with requirements of the Mental Health Code (et al).**
- 2. Administration should ensure that any restrictions are properly documented in the recipients' charts as required in CILA Regulations (59 Ill. Admin. Code 115.250).**
- 3. In the future, ensure that potential allergy or other issues are addressed through individual treatment planning as required by the Mental Health Code (405 ILCS 5/2-102) rather than restricting property rights of all recipients to address the issues.**

The HRA offers the following suggestion:

1. The Abuse/Neglect/Exploitation/Assault policy mentioned the name of another facility instead of Liberty Enterprises. Policies should be reviewed to ensure that they are specific to those of Liberty Enterprises, Inc.

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## **RESPONSE**

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

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REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 18-110-9018

SERVICE PROVIDER: Liberty Enterprises

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document may be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

No response is included.

JORDAN BROWN  
NAME

QIDP  
TITLE

4/23/19  
DATE

LIBERTY ENTERPRISES INC.

In regards to the Egyptian Regional Human Rights Authority Case #18-10-9018 report of finding involving Liberty Enterprises Inc. After the review of the substantiated finding and recommendations, the Administration with the QIDP has decided to take the following actions in regards to the issues found.

1. LIBERTY ENTERPRISES WILL CONTINUE TO HAVE STAFF FILL OUT SHOWER LOGS AND SKIN CHECKS FOR ALL RESIDENTS. THE QIDP WILL CHECK THE LOGS WEEKLY AND DOCUMENT ON THE LOGS IN MONTHLY NOTE. ADMINISTRATION WILL DO THE SAME.
2. ADMINISTRATION HAS ALREADY PLACED MORE TRASH RECEPTICLES AND WILL CONTINUE TO PICK UP TRASH AT LEAST WEEKLY AND AS NEEDED.
3. ADMINISTRATION WILL CONTINUE TO TRACK AND CHECK QIDP VISITS AND ONSIGHT TO ENSURE ALL RESPONSIBILITIES, CILA STANDARDS AND REGULATIONS ARE BEING MET.
4. LIBERTY ENTERPRISES WILL CONTINUE TO TRAIN STAFF OF RECIPIENTS RIGHTS AND RESTRICTIONS AS WELL AS ENSURING THE INDIVIDUALS THEMSELVES ARE ALSO EDUCATED ON THEM. LIBERTY ENTERPRISES POLICY AND PROCEDURES ABUSE/NEGLECT/EXPLOITATION/ASSAULT POLICY WILL BE UPDATED AND STAFF WILL SIGN OFF ON A SHEET SHOWING THAT THEY HAVE BEEN TRAINED ON THE RIGHTS OF INDIVIDUALS.
5. DOCUMENTATIONS OF ANY RIGHTS RESTRICTIONS WILL CONTINUE TO BE PROPERLY WRITTEN IN PLAN AND REVIEWED QUARTERLY AS WELL AS THROUGH THE HUMAN RIGHTS AND BEHAVIOR MANAGMENTS COMMITTEES AND AGAIN ANNUALLY DURING THE INDIVIDUALS ANNUAL PERSON CENTERED PLAN CST MEETING.
6. LIBERTY ENTERPRISES WILL CONTINUE TO ENSURE THAT ALLERGIES ARE ADDRESSED REGARDING INDIVIDUALS IN THE PLAN AND ALSO UPON COMING INTO OUR HOMES FOR A VISIT.

SINCERELY: JORDAN BROWN QIDP , STEVE BROWN EXECUTIVE DIRECTOR .

Re: HRA CASE NO. 18-110-9018

The Facility Quality Assurance Team meets Quarterly to review all job tasks that are done, the QIDP's job tasks are also reviewed at that time to assure his job is being performed satisfactory. The QIDP does not have a time sheet or time card because his job requires him to work in many different environments at many different times of day, or night . Therefore his job performance is reviewed at those Quarterly meetings.

I am enclosing a copy of the form all Employees are required to sign at the time of their employment to show they have received training on all Client Rights prior to employment.

Thank You

Stephen Brown, Executive Director

RULE 50 REPORTING ABUSE /NEGLECT/DEATH

(CILA,S)

RULE 50 TRAINING IS TO BE DONE WITHIN 10 DAYS OF HIRE

TOPICS INCLUDED

- 1.WHAT CONSTITUTES ABUSE/NEGLECT
- 2.REPORTING REQUIREMENTS
3. TO WHOM TO REPORT AND WHEN
- 4.OIG HOTLINE NUMBER AND WHERE POSTED (1-800-368-1468)

I, the undersigned employee have received and fully understand the information and training on what is and how to report allegations of abuse and neglect. I have been given the opportunity to ask questions and have them answered to my satisfaction.

EMPLOYEE, \_\_\_\_\_

DATE 12/19/18

JOB/TITLE DSP

SUPERVISOR/TRAINER Regina Brown / Jordan Brown

**Safety and QIDP Quality Assurance Committee Minutes:**

DATE: 4/15/19

TOOK PLACE: LIBERTY HOUSE.

**INCIDENT ACCIDENT REPORTS:**

TOTAL: LIBERTY -

LAKEVIEW -

BAINBRIDGE -

DISCUSSED:

CHANGES:

**MEDICATION ERRORS:**

TOTAL: LIBERTY

BAIN

LAKEVIEW

DISCUSSED:

CHANGES:

PATTERNS:

**EMERGENCY DISASTER DRILLS:**

DISCUSSED:



CHANGES: -

HOME SFETY ISSUES:

ADDRESSED:

CHANGES:

QIDP:

MONTHLY NOTES: *ALL COMPLETE*

ISP'S/ANNUALS/PCP/IMPLEMENTATION STRATEGIES: *ALL COMPLETE*

ASSESSMENTS: *ALL COMPLETE*

6 MO REVIEWS: *ALL COMPLETE*

BIP'S: *ALL COMPLETE*

BMC/HRC: *ALL COMPLETE*

CHARTS IN ORDER: *ALL GOOD*

ISSUES ADDRESSED: *NONE.*

Safety & Quality Assurance Committee-Quarterly Review 4/15/2019

James M. Hill USC/QIP/SLCS  
Jordan Brown OIPD  
Mandy Deaver ADSP  
Lynne Brown-Emm. Div  
Patricia Brown-Emm. Div

Safety and QIDP Quality Assurance Committee Minutes:

DATE: 7/1/19

TOOK PLACE: LIBERTY HOUSE

INCIDENT ACCIDENT REPORTS:

TOTAL: LIBERTY  
LAKEVIEW  
BAINBRIDGE

DISCUSSED: -

CHANGES:

MEDICATION ERRORS:

TOTAL: LIBERTY  
BAIN.  
LAKEVIEW

DISCUSSED: -

CHANGES:

PATTERNS:

EMERGENCY DISATER DRILLS:

DISCUSSED: -

CHANGES:

HOME SFETY ISSUES:

ADDRESSED:

CHANGES:

QIDP:

MONTHLY NOTES: *ALL COMPLETE*

ISP'S/ANNUALS/PCP/IMPLEMENTATION STRATEGIES: *ALL COMPLETE*

ASSESSMENTS: *ALL COMPLETE*

6 MO REVIEWS: *ALL COMPLETE*

BIP'S: *ALL COMPLETE*

BMC/HRC: *ALL COMPLETE*

CHARTS IN ORDER: *ALL COMPLETE*

ISSUES ADDRESSED: *NONE*

James Miller ISC/OIDP SACS  
Jordan Brown OIIDP  
Mandi Deane AOSP  
Lyle Brown EMDM  
Rick Deane SACS

**TABLE OF CONTENTS**

INTRODUCTION FROM SELF-ADVOCATES ..... 2

RIGHTS GUARANTEED TO PERSONS WITH DISABILITIES ..... 3

DIVISION OF DEVELOPMENTAL DISABILITIES MISSION STATEMENT: ..... 3

RIGHTS OF INDIVIDUALS RECEIVING SUPPORT IN ILLINOIS: ..... 4

THE EVOLUTION OF HUMAN RIGHTS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES ..... 5

RULES AND CODES ..... 7

ROLE OF AN ADVOCATE..... 8

    WHAT IS AN ADVOCATE? ..... 8

THE RIGHT TO DIGNITY AND RESPECT THROUGH POSITIVE INTERACTIONS ..... 9

SAMPLE EMPOWERMENT WORKSHEET ..... 10

THE RIGHT TO INTIMACY..... 11

THE RIGHT TO PRIVACY ..... 12

FREE ACCESS TO THE TELEPHONE ..... 12

THE RIGHT TO FREEDOM OF MOVEMENT..... 13

THE RIGHT TO FREE ASSOCIATION ..... 13

CULTURAL COMPETENCY AND CLIENT RIGHTS INFORMATION..... 14

    DISCUSSION ACTIVITY: CLIENT RIGHTS, CULTURAL COMPETENCY AND STAFF/AGENCY RESPONSIBILITIES ..... 15

THE CHOICE MAKING PROCESS AND PERSONAL FREEDOMS ..... 16

GUARDIANSHIP ..... 17

    DUTIES OF A GUARDIAN INCLUDE:..... 17

TYPES OF GUARDIANSHIPS..... 18

BEHAVIOR MANAGEMENT COMMITTEES (BMC) AND HUMAN RIGHTS COMMITTEES (HRC) ... 19

    WHAT IS A BEHAVIOR MANAGEMENT COMMITTEE (BMC)?..... 19

    WHAT IS A HUMAN RIGHTS COMMITTEE (HRC)? ..... 19

BMC AND HRC ROLE RELATED TO BEHAVIOR TREATMENT PLANS..... 20

ACTIVITY - LOSING AN IMPORTANT THING IN YOUR LIFE..... 21

A FEW WORDS ABOUT RISK ..... 22

    ACTIVITY: READ AND DISCUSS THE DIGNITY OF RISK:..... 24

HUMAN RIGHTS SCENARIOS FOR DISCUSSION ..... 25

    HUMAN RIGHTS SCENARIO 2:..... 25

    HUMAN RIGHTS SCENARIO 3:..... 25

    HUMAN RIGHTS SCENARIO 4:..... 25

    HUMAN RIGHTS SCENARIO 5:..... 26

RULE 50 REPORTING ABUSE /NEGLECT/DEATH

(CILA,S)

RULE 50 TRAINING IS TO BE DONE WITHIN 10 DAYS OF HIRE

TOPICS INCLUDED

- 1.WHAT CONSTITUTES ABUSE/NEGLECT
- 2.REPORTING REQUIREMENTS
3. TO WHOM TO REPORT AND WHEN
- 4.OIG HOTLINE NUMBER AND WHERE POSTED (1-800-368-1468)
5. CLIENT RIGHTS

I, the undersigned employee have received and fully understand the information and training on what is and how to report allegations of abuse and neglect. I have been given the opportunity to ask questions and have them answered to my satisfaction.

EMPLOYEE \_\_\_\_\_

DATE 9/1/19

JOB/TITLE OSP

SUPERVISOR/TRAINER Jordan Brown

