



---

**FOR IMMEDIATE RELEASE**

---

## HUMAN RIGHTS AUTHORITY – CHICAGO REGION

REPORT 19-030-9017  
Addus Homecare, INC.

### INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation into a complaint of potential rights violations in the services provided to a client at Addus Homecare, INC (Addus). Addus was founded in 1979 and is a nationwide provider of comprehensive home care and support services.

Addus's service area, in Illinois, is divided between two offices, one in downtown Chicago and one the southside of Chicago. The Chicago service region of Addus provides services to roughly 7,200 clients monthly. All services rendered occur in the community in which the client resides and are provided regardless of the diagnosis.

The complaint the HRA accepted for investigation is that the provider did not render all agreed upon services in accordance with the service plan. Substantiated findings would violate protections under the Illinois Administrative Code for the Department of Human Services Home Services Program (89 Ill. Adm. Code 677.100, 684.10 & 686.200).

The HRA met with the agency's service coordinator, agency director, and the operations manager to discuss the potential rights violations. The HRA also held a telephone conference with two direct care workers and a field supervisor regarding the complaint. Relevant policies were reviewed as well as the patient's records with proper authorization.

### COMPLAINT SUMMARY

It was reported that a client was approved by the State of Illinois Department of Human Services – Division of Rehabilitation Services (DRS) to receive homemaker services. The services were contracted to occur daily in the client's residence. The DRS forwarded the service contract to the provider, Addus. It was reported that initially Addus consistently provided workers for daily homemaker services, however at some point the services became sporadic, then finally non-

existent. According to the complaint, the client requested a male healthcare aide, but was unable to successfully rectify this with the service provider and it resulted in a decline in condition.

## FINDINGS

### *“Addus” Record Review*

The record indicates that the client was approved for services in the beginning of July 2018. The service contract was faxed to Addus mid-July of 2018 by the DRS. The services commenced twelve days later, with no set end date. Per the record the client is required to receive help with the following activities: eating, bathing, grooming, dressing, transferring, incontinence, preparing meals, laundry, housework, outside home (transferring and shopping), and being alone. Each service has an associated hour requirement for each day of the week, ranging from a quarter-hour to four hours and twenty-five minutes daily.

The record includes a “service report” that list all the dates and times a health care aide came to the client’s home to provide services. The “service report” illustrates that a health care aide was present daily from the end of July to the beginning of October. Per the record, the client was without a health care aid for three weeks in October. Services resumed at the end of October and continued consistently until the end of November. The record reflects that the client received services reliably from December until termination. When the health care aide was present all associated hours were met.

The record also includes a “patient note report” which details interactions between the DRS, the client and Addus staff. The notes detail that the client called twice and requested a male health care aide. The notes also illustrate that the client called to notify the service agency about inconsistent health care aides roughly nine times over the course of the service term.

The final part of the record is the “exception visit reports”, which require the client’s signature as a verification that the health care aide provided the services pursuant to the service plan. The reports cover the end of July and continue until the services were terminated in February 2019. The client signed off on all dates that an aide was present in the home, there are no signatures for the three-week period when an aide was not present.

### *Site Visit and Staff Interviews*

The HRA conducted a site visit to Addus on October 16, 2019. During the site visit the HRA asked the staff present how the agency acquires new clients. The agency director stated that the client “creates a contract with a case manager at DRS or the Illinois Department on Aging (IDOA).” She furthered that the DRS or the IDOA then contracts with Addus or similar agencies to provide care, depending on the needs and location of the client. Once contacted, Addus has “fifteen days to start services with client.”

During that time Addus contacts a health care aide to see if they would be willing to accept a new client. The Agency director explained that finding a worker for consumers/clients who have fewer allocated hours in their service is sometimes a challenge. The director continued to explain that when clients have service plans with over thirty hours in a week, it is easier to establish service with a health care aide to those clients. She furthered that if a client is having an issue with the assigned healthcare aide, it is harder for the facility to find an immediate fill-in for that time frame, if service hours are missed.

The HRA asked the staff about the grievance process for when a client needs, or the service plan is not being met. The agency director explained that the service coordinator is the first point of contact for client complaints. If the issue cannot be resolved, then the next point of contact is the service coordinator's supervisor. Finally, if there is still no suitable solution then the issue is forwarded to corporate. She informed the HRA that most complaints are handled at the service coordinator level.

The HRA asked the director if there was a complaint filed by this client. The director explained that the client requested a male worker and the agency attempted to find one. She continued, "aides are not required to transport individuals in their own vehicles but can help with small errands on public transportation." The director informed the HRA that the client requested transportation which is not a service that Addus provides due to liability concerns.

She then indicated that some complaints are not necessarily valid for Addus to handle. She gave examples of changing bandages, administration of medication and providing physical therapy. She informed the HRA that the requirements for health care aides are "the ability to lift fifteen pounds and provide non-skilled care." The director then informed the HRA that staff are trained to refer clients to DRS or IDOA case managers for issues of more skilled related care. This referral is made because direct care Addus staff are neither required nor trained to provide these services.

The HRA asked the staff how they monitor the attendance of the health care aides. All staff present stated that, "[aides] are required to call in" if a shift is going to be missed. The service coordinator stated that field supervisors or quality assurance specialist are required to visit roughly fifty clients a week and assess the attendance and quality of the aides' services. The agency director concurred and added that a quality assurance specialist selects clients randomly with the goal of seeing every family at least once a quarter.

The HRA then asked the staff to describe a typical turnaround for replacing an absent aide. The agency director stated, "... turnaround time for replacing a worker varies, but two weeks is on the longer end." She continued, "... fill-ins are used to provide the service" during the time the client is without a worker.

The HRA then questioned why the client was left without services for a three-week period. The staff reported that this client, during the three-week period, requested for a family member to

become the healthcare aide. The staff stated they informed the client that DRS prohibits family members from becoming aides. The staff also reported that the client continually requested an aide that was a male. Finally, the staff mentioned that the client refused any worker that was not male, but later accepted female aides, thus prolonging the replacement time.

### *Phone Conference*

On October 23, 2019 the HRA conducted a subsequent telephone interview with two health care aides that provided direct care to the client. During the interview the HRA asked the workers what the process is for missing an assigned shift. The workers responded that they are required to call the supervisor before the shift occurs. One worker indicated that she had missed several days due to personal reasons but did call the client and the supervisor. Neither worker indicated that the client had communicated an issue with their punctuality or services.

The HRA asked the workers if the client mentioned any other grievances with their work. The workers informed the HRA that the client was pleasant but traditionally requested services outside of the service plan. They expounded that the client, "... requested laundry for other members of the household, cleaning rooms for other members of the family and washing dishes for the entire home." The workers, both female, finally stated that the client continuously requested a male direct care worker.

### *Policy Review*

The HRA reviewed the company's policy on punctuality and attendance for field staff and personnel. The policy states that "Employees are expected to be at their designated place of work on time as scheduled." It furthers that "... whenever possible, an employee is required to notify his or her supervisor at least two hours before the scheduled start time if he or she expects to be absent, and to notify the [supervisor] at least 30 minutes prior to the scheduled shift if he or she expects to be late (tardy)."

This policy meets some of the requirements set by the Administrative Code as it does provide documented procedures to address staff absences and tardiness, however it misses the crux of the Code's intentions. The Code mandates that all Homemaker Service Providers "... (b)(4) have documented procedures to cover unexpected absences and emergencies to ensure services will be provided in an adequate and safe manner to all individuals served ..." (89 Ill. Adm. Code 686.200) Addus's policy does not address unexpected staff absences nor does it create remedies to ensure services will be provided to consumers in the event of a staff absence.

The HRA then reviewed Addus's policy on client complaints (#8.12). The policy was last updated in September of 2019. This policy ensures the investigation and resolution of client complaints. The policy dictates that all complaints are documented in the case notes and gives a fifteen-day time line for the service agency to follow up with the client. It furthers that any complaint that alleges abuse, neglect or exploitation will be directly reported to Adult Protective Services and the Illinois Department of Public Health. Finally, the policy has a complaint form and a complaint

log that is used to detail and track each client complaint - in accordance with Code requirements which stipulate that each Home Service Agency must "...(b)(5) have written procedures to respond to customer and counselor complaints regarding services." (89 Ill. Adm. Code 686.200)

Lastly, the HRA reviewed Addus's New Client Welcome Book. The book notifies the client that Addus does not determine the amount or types of services the client will receive; the book notifies the client that the services were determined by the service coordinator (in this case the DRS). The welcome book also informs the client of their rights, the grievance process, and who to notify in case of worker absence, tardiness and dissatisfaction. This Welcome book, although not a policy, is in line with the Administrative Code as it requires that all "customers of the Home Services Program have the right to basic safety; information; choice, participation and self-determination; dignity and individuality; redress grievances ... in securing his/her rights." (89 Ill. Adm. Code 677.100)

## CONCLUSION

*The provider did not render all agreed upon home healthcare aid services in accordance with the service plan causing a client's decline in condition.*

The Administrative Code stipulates that customers of home services programs have the right to choice. The Code then defines choice as the following:

...(c)(1) the right to participate in the planning of his/her services; (2) the right to make choices about aspects of his/her services; (3) the right to choose providers and schedules to the extent practicable and consistent with HSP rules and procedures, including, but not limited to, overtime and the number of hours a provider may work in a given day or week; (4) the right to receiving reasonable accommodation of his/her needs and preferences; (5) the right to include anyone he/she chooses to participate with him/her in the service planning process; (6) the right to be provided with sufficient information to make informed decisions; (7) the right to be fully informed in advance about any proposed changes in care and services, and to be involved in the decision-making process regarding those changes to the extent practicable; and (8) the right to refuse services and to receive an explanation of the consequences of doing so.

The Code states that all services to a customer must meet an unmet care need as listed in a service plan, "... b) be developed with Customer participation, provided in a manner that reflects the individual's choices, when applicable, and address his...needs..." (89 Ill. Adm. Code 684.10 (b)). "Services provided through HSP to a Customer must be: 1) safe and adequate ..." (89 Ill. Adm. Code 684.10 (c)).

The client requested a male worker at some point during the services. Addus stated that the client subsequently refused the arranged services. The record however, contains no documented support of this refusal nor any efforts by the agency to substitute the arrangements for the lapsed period. Although the HRA cannot determine whether there was a decline in

condition, there is substantial evidence that the service provider failed to carry out the required daily services, pursuant to the service plan, for a three-week period in October of 2019. The complaint is substantiated.

#### RECOMMENDATIONS:

1. Add information about fill-in healthcare aids (*in the event of a staff absence*) to the New Client Welcome Book. Include a number for the client to contact and an explanation that fill-ins are not guaranteed but reasonable attempts will be made to secure one.
2. Provide all services pursuant to the agreed upon service plan.
3. Document all client refusals, attempts at securing fill-in healthcare aides or other substitutions and client grievances in the “patient note report.” Train all staff to do so.
4. Revise the policy on punctuality and attendance to address unexpected absences and emergencies consistent with Administrative Code requirements. Train all staff on expectations should they miss a shift.

#### SUGGESTION

1. The agency should update the “patient note report” with documented notes on attempts at securing fill-in healthcare aid workers. If a fill-in cannot be found or reached, the agency should notify the client and document this in a note as well. The agency should train all staff to do this.
2. Work towards adopting an internal policy that addresses the procedures for contacting and securing fill-in healthcare aide workers. Train employees on this policy and include it in the new hire packet.