



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #19-090-9014
Help at Home

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations involving services at Help at Home. The allegations were as follows:

1. Inadequate treatment, including resident not allowed to go to store or use Link card with staff, resident not allowed to have Link card, resident not allowed to schedule own physician's appointment.
2. Communication violation.

If found substantiated, the allegations would violate the Department of Human Services regulations regarding Community Integrated Living Arrangements (CILA) (59 Il Admin Code 115) and the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100). Help at Home operates CILAs in thirteen states. The agency opened in Peoria, Illinois in November 2018. At the time of the interview, the agency serves thirty-one residents. The facility employs approximately fifty employees in the local area, including three nurses, three Qualified Intellectual Disability Professionals, direct support staff, and management.

Complaint Statement

The allegations state the QIDP (Qualified Intellectual Disabilities Professional) told a Help at Home consumer that she cannot go with staff to the grocery store and use her Link card and she is no longer allowed to possess her card. Allegedly the consumer is not allowed to use her link card with staff anymore. The Help at Home consumer can only go to the store with the QIDP assigned to her CILA. Another Help at Home staff eventually told the consumer she can go to the store with other staff. The allegations also state that the consumer is no longer allowed to make a physician's appointments on her own. Additionally, it is alleged that staff told the consumer that she needs to get a job at a local day program provider, as the house does not have a first shift anymore. The

consumer does not want to work at the identified day program provider. Allegedly, the consumer is also restricted from communicating with certain agency staff, specifically a staff member who was one of the QIDPs that started at the facility. Other staff would not assist the consumer (who has vision issues) in signing the release for HRA. The facility also has not had toilet paper for the last three days (as of 12/13). The facility staff have also failed to take the consumer to scheduled physician's appointments. Additionally, the allegations state the facility staff have refused to assist the consumer in cleaning up her vomit making her clean it up after missing the toilet.

Interview with staff (4.11.19)

Staff explained that the agency started with three group homes and increased to ten CILAs in Peoria, with four host homes. Nine of the houses are in Peoria and one in East Peoria. The facility also has one CILA in Bloomington and two in Leroy. The agency had recently held a meeting and determined that the houses are well staffed but could use two more full time direct support persons (DSP) in two of their houses. The agency has three QIDPs that work in the Peoria office, and their case load size is ten, twelve, and nine individuals. QIDP staff visit the houses once or twice a week and twice a month forms and checklists are being completed. The agency encourages clients to be as independent as possible. One Help at Home staff completes the scheduling; that person is the "program scheduler" for staff who work in the ten houses. Employees clean homes, pass meds, and assist individuals with whatever needs they have such as cooking meals and transporting to outings and work. The DSP staff often attempt to engage the consumers in daily activities such as meal planning and meal preparation. The frequency of engagement depends on the home since some individuals decline participation and others want to participate. Chores and tasks are not formally implemented into the home, unless it is in consumers' treatment plans.

For individuals who require behavioral interventions they have written Behavior Plans. Help at Home contracts with a separate provider to write these behaviors plans. They are considered a "specialized support team" (SST) and visit the houses on a regular basis to create behavior plans for consumers. The QIDP does not write the behavior plans, they are completed by the outside provider. Most consumers of Help at Home have behavior plans due to psychiatric medications. If they transferred from a previous agency with a plan, then it is being used. The legal guardian is involved with approving the behavior plan. The Board Certified Behavior Analyst (BCBA) and QIDP reviews data that staff track and then they monitor the consumer in the home. This consumer moved to Help at Home from another agency that discontinued services in the local area on November 2018 and has received services from her Board Certified Behavioral Analyst (BCBA) for a long time. The two have a good relationship but the consumer "fires" and "rehires" her often. The consumer is known to call her BCBA several times a day and the BCBA meets with her weekly. The BCBA visits with the consumer and then contacts the QIDP and lets her know how the visit went. Help at Home staff are to be trained on consumer behavior plans. This is usually done at scheduled team meetings

with the house staff by the Behavior Analyst. If staff are unavailable due to scheduling, then the BCBA will go out to the house and train one on one. The QIDP is included with initial training with staff. The BCBA has worked with all the Help at Home staff. The QIDP makes a point to not discuss the Behavior Analyst when the consumer calls the QIDP to tell her that the Analyst was fired. Help at Home did not know how often the Behavior Analyst is required to see her. An Illinois Department of Human Services (DHS) Rate sheet is used to determine rates and how often they see clients.

A risk assessment is completed for clients. Some consumers do have a psychiatric diagnosis. If someone has a dual diagnosis then the following tests are completed by the QIDP: Specific Level of Functioning Assessment (SLOF), and the Inventory for Client and Agency Planning (ICAP). An assessment is never completed to determine if a consumer can use the telephone, but they always have access to a phone in the house. The phone privilege is never restricted. The PAS (Preadmission Screening Agent) agent, is CISA (Central Illinois Service Access) and completes this process. The consumer contacts the PAS agent frequently. The CISA worker had to set a scheduled time for the consumer to call due to her excessive calling. This scheduled call time is weekly; every Monday at 1pm.

Many consumers of Help at Home do require medication and the staff are expected to train on how to pass medication before they can give out prescribed medications. DSPs are trained to pass medication every eight-hour shift. Nursing completes CBTA (Competency Based Training Assessments) training on site. A nurse watches staff pass medication from beginning to end, and when done correctly they pass the training. The medications are monitored by nursing. Many of the consumers have scheduled blood draws due to their medications. DSPs are to only pass the medications at the correct times on the medication recording sheet. Staff are to monitor when consumers take their medications. The nursing staff at Help at Home are new to the agency. One nurse began in January 2019, another nurse started March 2019 and the third nurse started with the agency in April 2019. When Help at Home opened there was an agency nurse from Bloomington that was assisting in the Peoria area. The Director of Nursing for Help at Homes travels from Springfield to the Peoria area. Nursing explained the DSP training for medication passes. They stated that the instruction starts with reviewing the client's nursing books, and then a nursing assessment is completed, approved and signed by the nurse. The nurse that is assigned to train the new nurses have them job shadow her to meet the clients and day staff. Caseload sizes for the three nurses are 12, 11, and 11. All nurse trainers have been through DHS training. The case managers have helped a lot with training and background information on the consumers. The QIDPs informed the nurses about medication needs with the residents. All the consumers are consistent with taking medications. Occasionally someone will refuse to take their medications from one staff, but then they will agree to take it from another staff on shift. Nursing sees the clients, "quite a bit" and at a minimum, weekly. There is a primary nurse trainer for CBTA which is a DHS training that is mandatory and specific to medication administration. Before taking CBTA the staff must complete a side effect

worksheet to understand what side effects are caused by what medications and what to watch for in the person taking the medication. The nurse trainer provides the training for each house and specific to the medication lists involved with those individuals who reside there. If a person has an appointment, from feeling sick, the clients would go to prompt care after speaking with the nurse and any staff can transport them to this appointment. If they need an appointment with their primary care physician, nursing would schedule the initial visit. Nursing also schedules vision, dental, and psychiatry appointments. If a client is employed and has a scheduling conflict and is unable to go to a scheduled medical appointment, then it is rescheduled. If a client prefers to work rather than attend a specific scheduled appointment than Help at Home makes sure to meet the request. The agency policy for meeting the needs of a consumer who is unwell and feeling sick starts with the DSP contacting nursing if there is fever and vomiting. Some consumers are completely independent and will call and ask for a nurse when they are not feeling well. There are some great self-advocating clients and attentive staff. Sometimes doctors appointments are missed due to behavioral issues in the house, or staff have missed the scheduling paperwork in the home. The Help at Home system for communicating scheduled appointments to staff involve the following steps: nursing prints out a consultation form and puts it in a clear plastic box at the house, staff retrieve the form with the cover sheet and return the completed medical appointment document to the nurse. If a client has a legal guardian that is designated through the legal court systems, it is the QIDP's responsibility to always notify the guardian and asks if they want to attend the scheduled appointment. The QIDP emails or texts the contact and sends the upcoming dates of appointments. Another case example is a guardian schedules the appointment and takes the person to appointments. The QIDP, that participated in the site visit, provided an example of how she has transported a client to Chicago to see a psychiatrist. Ten or twelve clients do not have personal supports. Help at Home schedules and takes consumers to appointments that they need. The consumer involved in the complaint has some community supports through church and has a sister. This consumer also has an Individual Service Plan (ISP) goal to schedule her own appointments. Help at Home denied that this consumer has ever been refused to schedule her own doctor's appointments. The QIDP has requested that the consumer inform staff/nursing when an appointment has been made. There have been breakdowns when the consumer did not communicate the scheduled appointment and then she misses the appointment. She did miss an appointment because she scheduled without notifying staff. The consumer is legally blind in both eyes. When walking in the community staff are to offer her their arm and verbally tell her what is in her path. She does not usually need assistance. The consumer uses her own flip cellular phone. She knows the number pad on the phone. She has phone numbers memorized, like the facility office. She uses the home phone the most. The phones in the house are in the living room and she has a cordless phone in her bedroom. There has been a discussion with the Behavior Analyst about putting a phone restriction in the behavior plan, but she does not have anything formally implemented at this time. The consumer's use of the phone can be excessive. An example of this is her PAS worker has a weekly scheduled phone call with her

because she calls obsessively. She stays in the master bedroom which has a bathroom. The consumer picked her own room during her first visit to the residence. She has grab bars to assist her with getting in and out of the bathtub. The only areas of assistance that she is identified to need assistance with is for meal preparation and medications. She does her own laundry with staff help with the buttons.

Help at Home staff informed the HRA of the reporting practice/policy for house staff to notify nursing of any incidents of vomiting. Staff have observed the consumer gagging herself to vomit by sticking her fingers down her throat. The consumer has said she did this to make staff clean it up. The QIDP expressed the expectation that if you can clean up your own bodily fluids, you clean vomit. Staff explained the consumer is missing the toilet and vomiting on the floor, toilet and tub. During the site visit interview, staff had a conversation with the consumer about vomiting in the toilet where she was informed that she needs to vomit in the commode. Staff explained that no one has been rude to the consumer when addressing the area of need. Ultimately it is staff's job to help the consumer clean-up in a situation such as this. If the consumer throws up she will clean it up and if she is unable to, she will ask for help. Staff are to document in the house notes about her vomiting. The consumer's vomiting is tracked with case notes not a separate tracking sheet for vomiting. The consumer does have a medical diagnosis of a hiatal hernia and issues with GERD (gastroesophageal reflux disease) and is noncompliant with diet recommendations which could cause her to have emesis after meals. This consumer also has a mental health diagnosis of borderline personality disorder. Staff were not sure if the vomiting was considered behavioral and identified as an area of need in her behavior plan. Since the consumer has been told she has to clean the vomit, it has stopped. She has not had a meeting with her ISP team yet; these are required yearly, and the PAS agent schedules the meeting. The consumer is scheduled for hernia surgery next month. Her last examination with her primary care doctor was on 3/27/19 and her last annual examination was 11/16/18, right after admission to Help at Home. Per nursing, the severity of the hiatal hernia was not known when she was hired in March. The consumer was the one who notified staff that she has the hernia. The client was seeing a gastroenterologist before she came to Help at Home and was established with a physician prior to her move. The agency had scheduled a follow-up visit in December 2018 when the consumer moved to a Help at Home house. She was recently scheduled for an appointment. She is currently scheduled for surgery to repair the hiatal hernia. Staff involved in the site visit did state that when they were reviewing records for the consumer, they saw that she had an order for physical therapy (PT) from June 2018 with no follow-up. Once the order for PT was discovered staff scheduled for her to begin the recommended PT. The staff reported that the only appointment, to their knowledge, that has been missed was the one for the physical therapy. The consumer had made the appointment and she did not communicate it to the staff to be documented on the appointment calendar.

The direct support staff assigned to her residence are familiar with this consumer. One of the direct support staff members has been there since she moved in the house, in

November 2018, and the other has been there since January 2019. The other three staff are new. One staff was familiar with her from living at another agency CILA. The consumer is home all day and does not attend day program, by her choice. The client has never been restricted from using the phone to call her physician. If staff told the consumer that she could not use the phone, it would not go well with the consumer since she is very independent. The consumer is not restricted from talking to any person or staff members. The consumer can have any visitors.

For new clients the agency applies for the LINK card on their behalf. The QIDP completes the application or renews it. There is a green financial binder that the LINK cards are kept in, at the house, in the zipper pouch. When staff or resident use the card, it is documented on the form and the receipt is placed in the pouch. When staff go shopping with clients usually the staff use the card and carry the card. If individuals want to use the card to pay, they can. Once the purchase is made the receipt and card are returned to the zipper pouch and put back into the closet. In December 2018, there was a meeting with CISA where Help at Home staff were told the LINK card is part of a client's third-party payment per DHS rules. The consumer had self-advocated and reported to CISA about the LINK card needing to be kept in one location in the house. There was a past concern that the consumer was selling LINK card money to staff. There was confusion about this being a current issue with this agency or a situation that took place prior to her Help at Home admission. Due to the concern, the QIDP stated she would take her shopping to make sure she was using funds appropriately. She now shops with staff. The consumer refuses to provide the LINK card to the agency. CISA, the QIDP and the BCBA met with the consumer about the LINK card and explained agency policy, but the consumer still has the card. Staff are supposed to call the LINK card number every day and document the balance. The consumer refuses to do this.

In the past there was an allegation of staff misusing her LINK card. The QIDP stated the concerns of selling the LINK card to staff were reported to OIG, but they did not take the call. The consumer is still in possession of the card. It was never confirmed that the consumer had sold the LINK card. It was only a possibility that she was selling the card to agency staff. Help at Home did not perform an investigation and the consumer denied selling it. The consumer had a history of selling her LINK card to staff at her previous agency. Help at Home staff are not sure if it happened since they took over for the consumer's care. The consumer's Dad sends her money in the mail. The allegation occurred in December soon after the facility opened. If the consumer wants to use her LINK card for a certain item she notifies staff of the amount on the card and tells them what she would like, then asks if she has enough money to make the purchase. Staff will take the card and return it when she asks.

This consumer had a job at a local day program provider but was discharged due to her behaviors. She says she wants to work. Help at Home staff have applied on her behalf and taken her to a job fair with local area day program providers and several other local area employers. Help at Home has also reached out to a local agency that would

provide employment for her due to being legally blind but has no further information at this time. She did attend a day program for one month but stopped. Efforts continue to be made by the facility towards her returning to a day program. She does not want to go and will not be forced to. The one potential day program provider has put several conditions in place for her to return, such as daily attendance. Another provider said they would assist her with a job after she completed the counseling appointments/community employment training program at their day program. The consumer attended the employment training program for two days and then refused to attend further. Another local day program provider declined her admission. She has one other employment option due to her functioning level, but no job opportunities have presented themselves to her. She has attended job fairs, and the agency staff will encourage her to return. Some Help at Home residents attend at home day program, but this might not be the best fit for the consumer. Help at Home staff are going to try and apply for at home day program funding for her if she is unable to find work at a local day program. At the time of the meeting staff were not sure if the application had been completed. The consumer is home all day.

The consumer lived at an agency which ceased operating and moved to Help at Home. Help at Home opened five houses at the same time in November and the consumer's admission packet was completed by either the Area Director or the Residential Director until the agency was staffed with a QIDP. Now, the QIDP is responsible for completing the admission packet. The admission packet has: inventory checklist, consumer rights, consents for signing, a hot water training form and nursing has a section that is completed 1:1 with client. The consumer's Individual Service Plan meeting has not been held at Help at Home, but her paperwork was changed to identify the new placement provider. The Individual Services Coordinator is supposed to complete the meeting within 30 days but this meeting has not taken place. It was discussed that the agency should be reaching out to the ISC agency to facilitate updating the ISP and documenting their efforts.

The agency employs two house managers at Help at Homes and these individuals are responsible for five houses each. They check house paperwork to assure completion and take other documents to/from house. The managers also "float" and fill in shifts when necessary. These two staff are authorized to grocery shop for the CILA homes but staff do not shop without the consumers. Staff explained there have been no instances of houses not having toilet paper.

The client has a medical diagnosis of low vision and is legally blind she has a cell phone and her own house phone in her room that she is able to use unassisted. The QIDP or other staff help her move the consumer's hand to assist her with signing her name on various documents. The QIDP will read paperwork to her and they are taking over as representative payee and she signed with assistance. The QIDP did not complete the admission packet with her, someone else did this. Help at Home staff were unable to share what type font she is able to read, if any. Staff give her mail and she will request

help if she needs them to read something to her. She isn't afraid to ask for help. They may need to add support interventions to her ISP due to her low vision being a medical diagnosis and to ensure staff are supporting her needs. The grievance procedure is located in the admission packet. The agency does have a Behavior Management Committee/Human Rights Committee located in Springfield. The Area Director and Residential Director provide training for staff, but the QIDP is responsible for providing training on the clients to the direct support staff of the houses.

Complaint #1- Inadequate treatment, including resident not allowed to go to store or use Link card with staff, resident not allowed to have Link card, resident not allowed to schedule own physician's appointment.

The HRA was provided case record documentation to review. This consumer moved to a home owned and operated by Help at Home on November 27, 2018; prior to that date she was living at a different home that had been managed by a company that is no longer serving the local area. Help at Home took over management of the houses that had been owned by the defunct company until they were able to establish their own CILAs. Based on the records reviewed it was noted that the resident is actively engaged with house staff. A detailed review of the Employee Daily Narrative and Timesheet and a few Staff Communication notes that house staff had used in error, documented discussion about using the phone on: 11/7/18 through 11/27/18, 12/7/18-12/31/18, 1/1/19-1/31/19, 2/1/19, 2/5/19-2/27/19, 3/2/19-3/6/19, 3/8/19, 3/11/19, 3/12/19, 3/14/19, 3/15/19 and 3/26/19-3/29/19.

On 11/28/18 an Employee Daily Narrative and Timesheet documents, "consumer states she 'can't wait' for a phone in her new cila—wants braille in the new home so she can move around more independently." This was never followed-up on by agency staff and this request for braille to be placed in the house was never completed. On 12/5/18 an Employee Daily Narrative and Timesheet form documents the consumer cancelling and rescheduling a doctor's appointment. On 1/17/19 an Employee Daily Narrative and Timesheet document a doctor's appointment being cancelled and staff assisting her in rescheduling. There are also several nursing progress notes for the month of April 2019 that document the consumer making a call to her assigned nurse to discuss how she was feeling and upcoming medical appointments.

An email correspondence from April 2018 was reviewed by the HRA which documented that the consumer participated in an ISP meeting on 12/13/18 with her CISA worker, Behavior Analyst and her QIDP. During this meeting the QIDP brought up concerns with the consumer's history and misuse of the LINK card and allegations of selling it to agency staff. The consumer became upset and let staff know that no one is taking her LINK and that she understands how to use it. This email note also documents that the consumer states how she uses the LINK card and she shares the grocery responsibilities for the house with the other housemate. On 12/13/18, the HRA reviewed an Employee Daily Narrative and Timesheet document completed by Help at Home agency house staff that was on shift at the house, after the ISP meeting. This note documents the consumer's reluctance in giving up her link card and being upset about something from the day before.

Her Implementation Strategy Plan (ISP), that was amended 1/9/19, is strength based and notes that she has “fairly good money skills and enjoys shopping for hair products and clothing.” It also states, “she could possibly be vulnerable to financial exploitation due to being legally blind and she requires supervision when making purchases in the community to ensure that she receives correct change back.” The goals also state that the consumer is, “always accompanied by staff when making purchases in the community.” In the health and wellbeing section it is noted that the consumer schedules her own medical appointments and counseling sessions to maintain these independent skills. This same document also identifies her strengths in communication, she has her own cell phone and utilizes it daily to remain in contact with friends, family, and staff. The rights restriction section of the ISP does not document restricted access to her LINK card.

The HRA also noted instances on the Employee Daily Narrative and Timesheet form of this consumer vomiting or staff documenting that she was forcing herself to vomit. Of the eighteen instances of staff documenting the consumer being sick, only three instances appear to have been reported to nursing based on the documentation provided, (11/26/18, 12/11/18, 2/16/19). It was also written in four of the Employee Daily Narrative and Timesheet notes that the consumer cleaned up her own bathroom due to missing the toilet (12/22/18, 2/20/19, 2/21/19, 3/20/19).

Specific to the allegation that the consumer was not permitted to schedule her own medical appointments, the documentation on the Employee Daily Narrative and Timesheet provided by the agency on 1/17/19 documents when the consumer received a letter to reschedule a doctor’s appointment and the house staff documented that they assisted her with calling the doctor’s office and rescheduling the appointment. Nursing notes document that the consumer is active with her involvement with medical care and calling the nurse if she is feeling unwell or has an appointment need. The Nursing Progress Note and Medical Visit Summary forms document the consumer attended medical appointments on several different days since her admission to the agency.

Help at Home Policy on the Rights of Consumers (3.3) states the agency will ensure individuals always have phone access to incoming/outgoing calls which could be local or long distance and in privacy.

Help at Home Policy on Infection Control- Standard Precautions, handling of infectious waste and biohazardous materials Section 10.2-states “for the cleaning of blood and bodily fluid spills shall be cleaned according to the blood borne pathogens training. Spills of bodily fluids must be cleaned immediately with disposable cloths and gloves, which shall be properly disposed. If practical, the area shall be treated with a bleach solution, using one-part bleach to twenty parts water. This should be left in contact with the affected surface for ten minutes, then cleaned with detergent and hot water and dried thoroughly.”

Help at Home Policy for employee responsibilities regarding consumer care (Section 3.15) states, “Staff is responsible for supporting individuals in achieving their

goals and objectives. Staff shall assist the consumer in obtaining their goals and objectives as outlined in the Person-Centered Plan and ISP”.

Help at Home provided a document titled, “Financial Program Contents;” this document lists what the agency tracks for its financial data of its residents. This list has the following items noted specific to this case: EBT Counting Sheet and Benefit Notices (SSI Letters, Food Stamp Letters, Medicaid, etc). The agency does not have a written policy on tracking of the LINK card and uses the DHS: CILA Individual Rate Determination model that defines, “Third Party Payment”. Neither of these documents indicate where the LINK card shall be kept and/or with whom.

DHS: CILA Individual Rate Determination Model policy provided to the HRA by the Help at Home agency defines “Third Party Payment” and states: “that portion of the individual CILA rate that is reimbursed by funding sources other than the Department of Human Services...the Third Party Payment is comprised of ‘Earned Income,’ ‘Unearned Income,’ ‘HUD Assistance,’ and the ‘Food Stamp Credit.’”

The **Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102)** states,

2-102. (a) A recipient of services shall be provided with 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 facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.

The **Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103)** states the following about resident's rights to communication. Mail; telephone; visits § 2-103. Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available.

The **Mental Health and Developmental Disabilities Code (405 ILCS 5/2-104)** “Personal property; restrictions; discharge states, 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. 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. 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.”

Complaint #1 Conclusion

The HRA concludes that the allegation of inadequate treatment is **SUBSTANTIATED**. The agency acknowledged overlooking an order for physical therapy in January 2019 but connected the consumer to physical therapy for her ankle in February 2019 and her first appointment was in April 2019. The consumer's ISP documents that “unmet medical needs” is an area of risk due to the consumer making appointments and not notifying staff. The HRA also has concerns of the house staff following Help at Home policy to comply with facility standards and cleaning up any bodily fluids, such as vomit in the house. According to Help at Home policy bodily fluids should not be left up to the consumer to manage and is a responsibility of direct support staff to clean up when necessary. With regard to the consumer being restricted from using the LINK card, based on documentation reviewed, it does not appear that this is the case. The consumer refuses to give staff her LINK card and she keeps the card with her. Staff have followed the agency policy of tracking the balances on their agency forms.

The HRA makes the following **RECOMMENDATIONS**:

- Train direct support staff in all Help at Home CILAs that it is an expectation of employment to support and assist consumers with cleaning up the area after a bout of illness.

The HRA makes the following **suggestions**:

- Help at Home staff should always report any bouts of vomiting to the nurse. This consumer has documented incidents of vomiting on several occasions and also a noted a ten pound weight loss that was not followed-up on each time it occurred.
- Help at Home staff should review side effects of consumer medication and implement this into the Implementation Strategy Plan for educational purposes to help the consumer understand her medications and provide a prompt for staff to educate the consumer on her medications.
- The agency should review this consumer's ISP and/or ask the consumer what her preferred method of communication is due to her low vision.
- The agency should modify her residence and have braille placed about the home as the consumer requested on 11/28/18.
- The agency should modify this consumer's bathroom with a darker toilet seat, so she is able to have a better idea as to where the toilet is when she is feeling unwell.
- Update the Risk Issues Identification Tool to document the history of vomiting and how staff should address this area of need, especially if an accident happens while using the bathroom.

- LINK card usage. Although there is a note that documents a strong reaction from the consumer when discussing her maintaining possession of her LINK card and the agency policy to try and safeguard it in the house, the consumer continued to keep the card on her person. The agency has a checklist that is to be completed by house staff, but there should be a clearly written Help at Home policy that can be used to train the house staff on how to handle these cards.
- If behaviors of selling LINK care surface, the treatment team should review and consider the need for developing a related behavior program.
- Ensure that ISPs for newly admitted clients occur in a timely manner.
- If not already pursued, consider a client referral to the Illinois Division of Rehabilitation (DRS) for employment assistance.

Complaint #2 – Communication violation.

On 12/13/18 a Direct Support Staff (DSP) on first shift documented on the “Employee Daily Narrative and Timesheet” an interaction with the consumer. This staff arrives to the house at 11:30am but does not note her “Time In” until 12:00pm on the documentation. The DSP staff then documents an interaction with the consumer that happened at 11:30am, but she does not write the note until noon, her clock in time. The note in summary states, “...She asked me to assist her with some paperwork from the Human Rights Department. I explained that I wasn’t on clock yet...”. The information proceeds to indicate that the consumer became angry at this staff. The HRA reviewed further documentation that begins at 12:00pm written by this same staff in a different area of documentation. Staff wrote in the “Staff Communication Note” on this same day, 12/13/18 and summarily states, “She asked me to assist her with some paperwork that came in mail from the Human Rights Department. I asked her what does she want assistance with because I wasn’t on the clock yet. She got angry and called ‘OIG’ and Human Rights. Gave them my full name and said I refused to help her. Some guy from the Human Rights came by to assist her. But explained to her the paper’s she needed to sign were old that came in mail and she would get a new set of complaint papers in mail. He left...”

It is noted in this individual’s Risk Issues Identification Tool that one of her identified behaviors is “calling EMS or law enforcement (i.e. unnecessary calls to or create situations to cause other to call). The consumer has a history of calling 911 in attempt to get non-preferred staff removed from the home during a shift. This has also occurred when staff are attempting to redirect a peer’s behavior. Local police have spoken to her about the appropriate use of 911.”

An amended Personal Plan dated 1/9/19 has one section of her Critical Life Area of Health and Wellbeing noting, “she schedules her own medical appointments and counseling sessions in order to maintain these independent skills.” One of her Outcomes listed on this same plan states, “...schedules her own medical appointments and counseling sessions in order to maintain these independent skills.”

The HRA found no documentation that indicated this individual was refused access to a phone or had a rights restriction in place as to what staff she is able to call. During the site visit it was mentioned that this individual has a scheduled call time with her PAS agent due to excessive calling.

Help at Home Policy for employee responsibilities regarding consumer care (Section 3.15) states, "Staff is responsible for supporting individuals in achieving their goals and objectives. Staff shall assist the consumers in obtaining their goals and objectives as outlined in the Person Centered Plan and ISP".

Help at Home Policy on the Rights of Consumers (3.3) states consumers are entitled, "to have the opportunity to communicate, associate and meet privately with persons of the individual's choosing. To have phone access at all times to incoming/outgoing calls which could be local or long distance and in privacy. To have the means to send and receive unopened mail. To have the right to open their own mail."

Standards and Licensure Requirements for Community Integrated Living Arrangements (59 IL Admin Code 115.250) concerning **Individual rights and confidentiality** are in place "...to ensure that individuals' rights are protected and that all services provided to individuals comply with the law, agencies licensed to certify CILAs shall assure that a written statement, in a language the individual understands, is given to each individual and guardian specifying the individual's rights. All individuals enrolled in the Medicaid DD Waiver shall be given a written copy of DHS Medicaid Home and Community-Based Services DD Waiver, Rights of Individuals a) Employees shall inform individuals entering a CILA program of the following:

4) Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., the Department's Office of Inspector General, the agency's human rights committee and the Department. Employees shall offer assistance to individuals in contacting these groups giving each individual the address and telephone number of the Guardianship and Advocacy Commission, the Department's Office of Inspector General, the Department, and Equip for Equality, Inc."

Compliant #2 Conclusion

The allegation of communication violation is **UNSUBSTANTIATED**. Although the staff did not assist the consumer because she was not on the clock, Rule 115 (59 IL Admin Code 115.250) states that staff is to "offer assistance to individuals in contacting" advocacy groups, but in this instance, it was assistance in reading a letter, not "contacting the HRA." With that being said, the HRA **suggests**:

- Staff should arrive for their shifts as close to the designated time as possible. A thirty minute early arrival seems excessive. Individuals who live in Help at Home CILAs have a right to expect Help at Home staff to assist and support them with their requests when they see staff in their home.
- Help at Home staff should be trained on Rule 115 which states a service provider's role in supporting a resident with contacting an advocacy program.
- Help at Home should develop a policy in compliance with the Rule 115 on services provided to individuals who are hard of hearing or vision impaired.

Specific to the allegation that the consumer was not permitted to schedule their own medical appointments, the documentation provided by the agency mitigate this as evidenced on 1/17/19 when the consumer received a letter to reschedule a physician's appointment and the house staff documented that they assisted her with calling the physician's office and rescheduling the appointment. Nursing notes also indicate that the consumer is active with her involvement with medical care. Lastly, no documentation reviewed indicated this consumer was restricted from calling Help at Home staff.

RESPONSE

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

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 19-090-9014

SERVICE PROVIDER: -- Help at Home

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 will 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.

Morgan Ginnow / Jessica Verardo
NAME

Area Director, Residential Director
TITLE

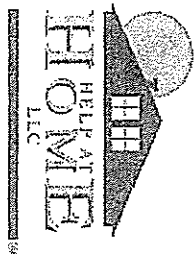
9/6/19
DATE

Help at Home response to HRA case # 19-090-9014,

This initial report was made in December 2018, one month after Help at Home took on about 20 new clients due to an agency abruptly closing in November 2018 in Peoria. This transition was hard on clients as well as administrative staff and we were and still are working hard to fulfill our client's desires and assist our clients to be as happy as possible in their homes. Since the initial investigative report the client has completed most of the HRA recommendations independently with staffs support as the client requests. The following recommendations have been completed since the investigative report:

- Client has contacted DRS herself and is working with them to find employment
- Client has contacted the blind bureau herself and has hand Braille put on the microwave, she said she may want it on her cell phone and she will request that from them if she wants it on one of their visits but other than that she does not want any more Braille.
- Client has not had vomiting issues since the hernia surgery but she did say a darker toilet seat would help her- Help at home has assisted with a darker toilet seat and asked client if any other accommodations would be helpful- she said no and that she can do everything else fine.
- Help at Home staff already review side effects of medications, all side effects are always kept in their medical books at the houses.
- Help at Home reviewed the clients preferred method of communication and it is the telephone.

STONWOOD



Help At Home, LLC

Training Agenda

Date: 9/13/19

Trainer: Morgan Grunow

Qualification: QIDP

Training Agenda:

Review of Universal precautions Policy

If client is unable to or refuses to clean up after a bout of illness, it is the expectation that the DSP on shift will clean up the area.

Please sign below indicating you have read and understand the information above.