



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #20-090-9009
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 staff restricting visitation, food and participation in community events because the recipient's refusal to participate in day training. Also, staff will not answer telephone calls from the recipient.**

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 served thirty-two residents in ten CILAs with three residents in each house. The agency currently has twenty-seven clients active in a day program, five are not in day program, three are working with a service provider on community employment, and one works in competitive community employment. 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 complaint alleges that a service recipient at Help at Home has been trying to find community employment. In the meantime, Help at Home has wanted a service recipient to attend day program at another local disability service provider. The service recipient does not want to attend day program at the identified agency due to lack of work and because they would be "just sitting around." The service recipient has refused day program and Help at Home staff are reportedly restricting her from having company,

coffee, snacks and will not let her access the community since she is refusing to attend day program. A Help at Home service recipient has also been allegedly told to not contact the main office and the service recipient tried to call but no one is answering her calls. Per the complaint the QIDP, the Behavior Analyst (BCBA) and the agency administrator are refusing the service recipient the treatment and communication.

Interview with staff (3.11.20)

Help at Home does not receive funding for a group at-home day program setting. They have applied for At-Home day program funding from the Department of Human Services (DHS) for one client that is not involved in this complaint. The agency encourages their residents to attend a day program setting. The agency works with three providers in the local community that provide a community workshop day program. The clients are offered a choice as to which program they would like to attend. The agency then has the client (or guardian) sign a consent to refer them to the identified day program. The Help at Home Qualified Intellectual Disability Professional (QIDP) then completes the referral packet for the individual and sends to the day program agency. One community day program provider that they use requires their clients to attend a 6-week job preparation class before they can be linked with community services. If a person refuses to attend day program, that is their choice, but they risk losing their funding for day programming, so the agency tries to engage and support community workshop goals. If a person is home during the day because they do not want to attend day program, they would not have a structured routine in the house. Transportation is arranged by Help at Home for clients to attend day program.

All Help at Home clients that are prescribed psychotropic medication must have a Behavior Plan written with their Individual Service Plan goals. Help at Home does not complete the Individual Service Plan or identified goals. This is completed by the Pre-Admission Screening (PAS) Agent on a yearly basis. The PAS Agent is to invite all members of a client's team to attend this meeting. The rule is thirty-day notice for a meeting but that does not typically happen. If a client wants someone to attend this meeting, the client would notify their PAS Agent who would send the meeting invitation.

The Behavior Plan is completed by a Board Certified Behavior Analyst (BCBA) that is on contract with the agency. The Behavior Plan is written to target and improve a variety of behaviors. Rights restrictions are usually written into these plans. An example of a rights restriction would be to have all sharp objects and chemicals locked in the CILA due to safety concerns. The Behavior Plan is written with the goal of minimizing behavior triggers and keeping the service recipient and others in the CILA setting safe. Staff are trained on all clients' behavior plans on a yearly basis. The BCBA could amend the plan at any time. When an amendment takes place then it is written with consultation of the team. Any original Behavior Plan or Behavior Plan amendment would go through the Help at Home agency's Human Rights Committee. The client also signs the plan in agreement.

The agency does not refuse visits to the service recipients. If a service recipient wants to visit with someone: family, friend, church member, then they are able to do so. This is the same for phone calls. The houses all have phones and several clients have their own cellular phones.

The agency does not restrict snacks. If a service recipient wants a particular food item, then they are allowed to buy it and can keep it in their room if they choose. The individuals also have access to snacks in their home. They do try to encourage healthy choices but cannot restrict diets. A few of the Help at Home individuals have doctor's orders for a certain diet but the agency still does not restrict food.

The individual in this case does not attend day program on a regular basis. She has been referred to a local day program provider but really wants community employment. She must attend six-week orientation classes for her to access community employment through the local day program. She does not like attending this program and was attending on a trial basis. She then stopped attending and stays at home most days. She does leave the house on a regular basis to go out shopping, to the bank, attend church events, and she will spend time at the Help at Home Administrative office. The service recipient has had a change with her QIDP in the last six months. She has a new Help at Home QIDP that works well with her. This service recipient has had three new PAS agents in the last six months which has been difficult for her. She had her Individual Service Plan meeting on 6/20/2019 and has goals listed to cook stovetop meals, walk daily, schedule her own medical appointments, and choose community integration activities. She does not have a day program goal as she really wants community employment. She has signed her ISP and Behavior Plan. She is also working with the Blind Bureau for support with cooking and community employment.

The service recipient does not have anything restricted. She has snacks regularly that she keeps in her room. Staff often take her out in the community to buy a snack of choice, as well. She does have a behavior plan that will need to be amended due to increases in aggressive behaviors. This addendum can be written at any time. The agency staff involved in this meeting spoke to the behavior changes with which the service recipient has been struggling. The day the agency suspects is being investigated by the HRA was a miscommunication between nursing staff and the service recipient in the month of February. On this day, there was a behavioral incident in the house with the service recipient and another housemate who lives in the CILA. The behavior intervention strategies for this client are to "leave her alone" and remove other housemates from the space, if necessary. This same day the service recipient had a scheduled doctor's appointment and was to be going out for coffee with nursing staff but had been threatening her housemates. The BCBA instructed everyone to wait for the service recipient to "calm down" before taking her in the community and then reapproach her when she is calm. Per the BCBA, the service recipient called nursing about their scheduled appointment for coffee and nursing told the service recipient that she could not go out for coffee because she is not attending day program. This was incorrect

information relayed by nursing to the service recipient. This miscommunication triggered behaviors in the service recipient. The service recipient has a behavior plan in place for staff to use in response to such behaviors. The BCBA attempted to speak with the service recipient about the situation and clear up the communication issue but she refused to speak with her.

Complaint #1- Inadequate treatment, including staff restricting visitation, food and participation in community events because the recipient's refusal to participate in day training. Also, staff will not answer telephone calls from the recipient.

The HRA reviewed the Service Recipient's chart record provided by Help at Home (HH). The chart information provided had records for September 2019- early March 2020. The complaint incident took place in mid-February 2020 based on the site interview process and reviewing the case record. The Help at Home agency contracts with another provider, to provide support services for individuals who have significant negative behaviors that require a trained staff intervention laid out via a Behavior Plan. The HRA reviewed a document for this service recipient that does not have a formal title but is used for this service recipient's Behavior Plan. This plan was created December 2019 and updated in March 2020. The information provided in this plan indicates that the service recipient likes "going out for coffee, talking on the phone, 1:1 time with staff, and going on car rides". This plan also has a section titled Target Behaviors and Goals with four targeted behaviors: Verbal Aggression, Provoking Peers/Bullying, Non-Compliance and Physical Aggression. Specifically she has following defined for verbal aggression "1. Verbal Aggression: Any instance in which [Service Recipient] uses language directed at someone in a threatening or harmful manner. Including profanity, yelling/raising her voice above a normal conversation level. Goal not met for 2020. Goal: [Service Recipient] will display 3 or fewer episodes of verbal aggression a week for 6 consecutive months by 11/08/20." The section titled Rights Restrictions lists several restrictions in place due to a risk to the service recipient. The HRA did not observe any restrictions specific to the service recipient's use of the telephone or who she is able to call, food choices, access to the community or a negative consequence for choosing to not attend a day program.

There is an HH Incident Report (Unusual Event) form dated 2/12/20 completed by house staff that documents a behavior by the Service Recipient beginning at 4pm. The description of the event is "I walked in the house [Service Recipient] asked me did I say stop calling the phone, which is my phone, so she said black [expletive] and white [expletive] can, she kept going on and on until she went to sleep."

The HH Monthly Summary form completed by the HH QIDP that manages the Service Recipient's case for the month of February 2020 documents that the Service Recipient met the following outcomes that are addressed in her person-centered service plan. This form confirms that the Service Recipient participated in cooking meals for herself, planned four meals for herself, purchased hair products this month, and walked for 20 minutes this month. One of her outcomes is "[Service Recipient] schedules her own medical appointments and counseling sessions in order to maintain these

independent skills. Objective: As needed, [Service Recipient] will schedule doctor and counseling appointments with Help at Home staff assistance as needed. Progress/Summary: [Service recipient] scheduled three appointments this month.” Under the section titled Medical/Health Issues it documents she participated in 7 appointments. She refused a psychiatrist appointment on 2/13 and then her psychiatrist appointment had to be moved. There is also a section pertinent to Day Program on this document and has the following information “[Service Recipient] had a trial visit back at [Local Day Program] the 11th-21st, she attended the 11th then refused to return and ended her trial. She will still meet with her job coach once a week to keep looking for a community job!”

The HRA reviewed Help at Home (HH) document titled Employee Daily Narrative and Timesheet that documents the service recipient talking on the telephone on 10/2/19, 12/17/19, 12/19/19, 12/21/19, 12/23/19, 12/24/19, 12/25/19, 1/15/20, 1/29/20, 2/13/20, 2/14/20, 2/17/20, 2/20/20, and 2/29/20.

10/2/19 HH Employee Daily Narrative and Timesheet documents “...went to doc appt, went to the office and also went to cash check, on the phone at the table. ...”

12/1/19 HH Employee Daily Narrative and Timesheet documents “...[Service Recipient] was sitting at the table when I arrived, she left with church family to church and out for lunch. She watched a movie with housemates when she got home. She talked on the phone. No concerns.” 12/5/19 same type of form in the narrative states “[Service Recipient] sitting at the table when I arrived. She talked on the phone with several different people. ... She talked with people from behavioral health. ... She got a call from her mother. She was upset because her mom was asking for personal info. Manager on call was notified. No concerns.” 12/6 “... went to go eat with a friend. ...” 12/7/19 “... went to a birthday party. ...” 12/8 “...out with church family. ...” 12/9/19 and 12/10/19 “... talked on the phone. ...” 12/11/19 “...went with staff to a basketball game. ...” 12/12/19 “... on phone. ...” 12/13/19 “ ... talked on the phone with multiple people. ...” 12/15/19 “...her church family picked her up at 8:30am. She got home at 1pm, her birthday party started at 1pm. No concerns.” 12/16/19 “... [Service Recipient] talked on the phone. ...” 12/16/19 “she went with church at four. ...” 12/22/19 “[Service Recipient] was waiting to get picked up when I arrived, she got picked up at 8:30am, she got dropped back home at 4:30pm. ...” 12/25/19 “...with church family. ...”

2/11/20 HH Employee Daily Narrative and Timesheet documents the QIDP transporting the Service Recipient to a local day program provider for her first day. 2/23/20 HH Employee Daily Narrative and Timesheet documents “went to church and out for lunch. Talked on phone. Ate 100% spent time in room.” 2/26/20 HH Employee Daily Narrative and Timesheet documents “2:15pm, I took her to get hair stuff and we went to Salvation Army. Great day. ...”

The agency Help at Home contracts with another provider to provide support services for individuals who have significant negative behaviors that require a trained staff intervention. The HRA reviewed a document for this service recipient that does not have a formal title but is this service recipient’s Behavior Plan. This plan was created

December 2019 and updated in March 2020. The information provided in this plan indicates that the service recipient likes “going out for coffee, talking on the phone, 1:1 time with staff, and going on car rides”. This plan also has a section titled Target Behaviors and Goals with the following “1. Verbal Aggression: Any instance in which [Service Recipient] uses language directed at someone in a threatening or harmful manner. Including profanity, yelling/raising her voice above a normal conversation level. Goal not met for 2020. Goal: [Service Recipient] will display 3 or fewer episodes of verbal aggression a week for 6 consecutive months by 11/08/20.” The section titled Rights Restrictions lists several restrictions in place due to a risk to the service recipient. The HRA does not observe any restrictions specific to the service recipient’s use of the telephone, food choices, access to the community or a negative consequence for choosing to not attend a day program.

The HRA reviewed the Behavior Consultant Monthly Consumer Behavior Report for the month of February 2020. This document is used to review monthly behaviors that are targeted by a behavior plan. The Target Behaviors are: “ 1. Verbal Aggression: Any instance in which [Service Recipient] uses language directed at someone in a threatening or harmful manner. Including profanity, yelling/raising her voice above a normal conversation level. Goal: [Service Recipient] will display 3 or fewer episodes of verbal aggression a week for 6 consecutive months by 11/08/20. 2. Provoking Peers/Bullying: Any written, verbal or physical intimidation or gesture that is intended to inflict emotional injury. This is done through teasing, threatening, taunting, insulting, vocal reflexes (overly dramatic sighing or snickering), very loudly announcing a peer’s personal issues on the phone with or other ways to insult another’s intelligence. Goal: [Service Recipient] will display 3 or fewer episodes of provoking peers/bullying a month for 6 consecutive months by 11/8/20. 3. Non-Compliance: Any time [Service Recipient] does not complete a programmatic request that she was prompted to complete after staff has prompted her three times with each prompt given after waiting five minutes after the previous prompt. This includes refusing staff redirection, medications, medical orders, or attending and participating in workshop curriculum. Goal: [Service Recipient] will display 1 or fewer incidents of non-compliance a week for 6 consecutive months by 11/8/2020.” Further along on this document there is a summary on how well the Service Recipient was doing and responding to the Behavior Plan. The summary indicates that “Behavioral data was not obtained from Help at Home. [Service Recipient]’s case manager [HH QIDP] reports she did not have data to collect from staff. Progress notes were requested but as of 3/11/2020 have not been made available for clinician to review. No graph will be available for review. [Service Recipient] missed her psychiatry appointment this month and it has been rescheduled for 3/24/2020. This month, [Service Recipient] began her trial at [Local Day Program]. Though she was unsure about it, and voiced she only wanted to do career counseling, she began the process on 2/11/2020. On 2/12/2020, [Service Recipient] quit her trial. Her housemate was home for personal reasons and symptoms of her Borderline Personality began to emerge. [Service Recipient] expressed that staff will not pick her up or take her to work and she began to threaten her peers and staff. Clinician advised management staff that while she is escalated and making threats towards others to limit the amount of 1:1 outing she is having with them (ex. Coffee outings). This was then inappropriately relayed by Help at

Home's nursing staff to her that she could not go out due to refusing workshop. When clinician and QIDP attempted to clarify she escalated further and refused to talk to both."

HH Monthly Summary for the month of December 2019 under the section titled Community Integration reads "During the month of December [service recipient] spent a lot of time out in the community, from coffee dates, lunch dates with her god sister, she went to a cookie bake day with her church family, spent every Sunday going to church, went to the local Christmas program. [Service Recipient] also went Christmas shopping, and enjoyed her Christmas day! One thing she was excited for was getting her hair done for her birthday!" This same form has a section titled Day Program and states "[Service Recipient] does not currently attend a day program. She would like to have a community job and has been working on filling out applications. [Service Recipient] has decided not to attend [local counseling program] and we have been working all month on getting her into [Day Program Provider]. ... will know more in January."

HH Monthly Summary for the month of November 2019 under the section titled Community Integration documents "During the month of November [Service Recipient] has been continuing to attend church on Sundays with her church family. She also worked on some Christmas shopping and stated planning her birthday next month. [Service Recipient] went out many places this month to eat and also coffee dates! She met with her pastor this month which she enjoys a lot!" This same document under the section titled Day Program notes "[Service Recipient] does not currently attend a day program. She would like to have a community job and has been working on filling out applications. [Service Recipient] has decided to not attend [local counseling program] and we have been working all month on getting her into [Day Program Provider]." HH Staff Communication notes written by house staff on 11/5 "...went shopping. ..." 11/6, "Great day, took [Service Recipient] to see her pastor. ... then took [Service Recipient] to Bath & Body Works." 11/9 "... we took [house members] shopping. ..." 11/14 "... house members went for coffee. ..." 11/15 staff took house members out to eat at a local restaurant. 11/19 "... [Service Recipient] went to dr. appointment and to the office for cleaning supplies. ..."

HH Monthly Summary for the month of October 2019 under the section titled Community Integration documents "This month [Service Recipient] attended church every Sunday then went out with church friends before returning back home. She also went shopping for hair products, groceries, went to goodwill, and the Halloween store. She also went out to eat many times this month included McDonalds, Avanti's, Culvers, Starbucks, and Dunkin Donuts. [Service Recipient] enjoyed going to the Halloween dance." This same document under the section titled Day Program documents "[Service Recipient] does not currently attend a day program. She would like to have a community job and has been working on filling out applications. [Local counseling program] which is completely free and gets her out of the house. [Local counseling program] consists of everyday learning and coping skills, fun activities and outing, socializing. She is still working with [Job Coach] with [Day Program Provider]. On 10/27 "... [Service Recipient] went to church and lunch with a friend. ...". On 10/8 "... [Service Recipient] went out today with other staff DD to hair store to spend money. ..."

Help at Home Supported Living Policy defines the agency mission values as the following “**Mission Statement** The Mission of Help At Home, LLC is to create a system of care for individuals with disabilities that provide: Supporting individuals for living in the community. Supports for attaining independence. Opportunities for achieving personal goals. Individuals have the right to receive services and support in their own communities regardless of the level of support needed. **Our values** We believe that human relationships are the foundation for growth and change. Individuals have the right and a responsibility to be active participants in developing their personal plan and goals. We are committed to finding positive solutions for both the individuals we serve and their families. Individuals have the right to live independently within the community and to develop relationships which will help them realize their full potential; we encourage growth, change and innovation through our support teamwork.”

Help at Home Supported Living Policy defines Prohibiting Violations of Individual Consumer Rights Section 3.1

“Help At Home, Inc committed to protecting individuals. It is the policy of Help At Home, Inc that employees will not: (1) Abuse, neglect, exploit, or mistreat an individual or (2) Violate an individual consumer rights Practices prohibited under this policy include the following: (1) Corporal punishment inflicted by the application of painful stimuli to the body, which includes: (A) forced physical activity (B) hitting (C) pinching (D) the application of painful or noxious stimuli (E) the use of electric shock (F) the infliction of physical pain (G) Visual or facial screening (H) Overcorrection (I) Negative Practice (J) Contingent exercise (K) Corporal Punishment (2) Seclusion by placing an individual alone in a room or other area from which exit is prevented (3) Verbal abuse, including screaming, swearing, name-calling, belittling, or other verbal activity that may cause damage to an individual consumer self-respect or dignity. (4) A practice that denies an individual any of the following without a physician’s order: (A) Sleep (B) Shelter (C) Food (D) Drink (E) Physical movement for prolonged periods of time (F) Medical care or treatment (G) Use of bathroom facilities (5) Work or chores benefiting others without pay unless: (A) The provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates (B) The services are being performed by an individual in the individual consumers own residence as a normal and customary part of housekeeping and maintenance duties (C) An individual desires to perform volunteer work in the community.

It is the policy of Help At Home, Inc that any employee that is aware of any incidents as described will report them immediately to their supervisor or an officer of the company. In situations involving abuse, neglect, and exploitation, mistreatment of an individual consumer or the violation of the individual’s rights employees of Help At Home, Inc are required to:

Individuals’ rights will be restricted when restriction is required to protect the Health and Safety of an individual and others. Any rights restrictions will be submitted to the Human Rights committee for review. The Committee will make recommendations for the restorations of the person rights. Employees will: 1.

Adhere to internal reporting processes and report incidents directly to their supervisor and/or the Residential Director ; **and 2.** Report any violation of a consumer's rights. Individuals' rights can be restricted, and only when restriction is required to protect the Health and Safety of an individual and others. Any right restrictions that do not affect the individual or any others health and safety will be submitted to a Human Rights committee for review. This would also require the consumer to have a behaviorist and a formal behavior plan. The Committee will make recommendations for the restorations of the person rights. Any staff that notices a consumer that exhibits a behavior that needs a form of restriction and does not have a behavior plan will immediately speak with their supervisor."

Help at Home Policy on Behavior Management Section 3.12 last revised 7/3/18 states "Employees of Help at Home, LLC shall assist with creating an environment where our consumers have control and make choices regarding their life and lifestyle. Staff shall encourage and provide support to consumers to achieve their goals and objectives. ...Help at Home, LLC staff are responsible for assisting with shaping and encouraging appropriate behavior when consumers exhibit challenging behaviors. Positive behavior techniques shall be used consistently, both in everyday interactions and formal behavior program development. The following techniques are approved to increase new skills and to shape appropriate behavior while simultaneously decreasing maladaptive behaviors: positive reinforcement, shaping, task analysis using forward chaining, task analysis using backward chaining, graduated guidance, token economy, modeling, schedules of reinforcement, and fading. Combined with the techniques listed above the following techniques may be used when decelerating inappropriate behavior: extinction, differential reinforcement, and simple restitution/restoration. Before using any of the three above techniques a Behavior Program must be written and approved by the Supervisor. One on one services will be defined within the individual's person centered plan and the QIDP/Program Coordinator will implement the plan."

Help at Home Policy on Telephones Section 1.3 "It is the policy of Help At Home, LLC that each branch office have a business telephone number that must be manually answered during normal business hours. The Residential Director /QIDP shall set up a voicemail system, with an appropriate, professional outgoing message, that may be used when all lines are busy during normal business hours. After normal business hours, during weekends and on holidays, the telephone shall be answered by the on call supervisor which will inform the Residential Director with any emergencies or issues. The Residential Director will contact the Area Director for assistance and guidance to assist with the emergency. The Area Director will inform the State Director of any emergency and if needed will initiate the emergency plan. It is the responsibility of the Residential Director /QIDP to ensure that office staff checks for messages regularly and at a minimum of twice in the morning and twice in the afternoon. Help At Home, LLC prohibits the use of telephone devices or services that block or restrict incoming calls. Additionally, Help At Home, LLC prohibits the forwarding of office phones to cell phones or personal phones during normal business hours unless in the case of Emergency and/or Severe Weather. All Help At Home, LLC staff answering the phone must greet

the caller by identifying the Company and give their name—all in a courteous, polite manner, speaking slowly and clearly.”

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

“(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. ... 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 **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)** address personal property as follows: “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. ...”

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.”

Complaint #1 Conclusion

The complaint allegation of *Inadequate treatment, including staff restricting visitation, food and participation in community events because the recipient’s refusal to*

participate in day training as well as staff not answering telephone calls from the recipient is found **unsubstantiated**. The HRA was unable to locate any evidence in the record that the service recipient's visitation, food, and access to community rights were restricted in any of the ways described within the complaint allegation. The HRA even saw several dates when the individual was participating in community outings. The HRA also found no evidence that the staff do not answer the individual's telephone calls. The HRA also saw documentation of the individual speaking on the phone, although it's unknown who the person she was speaking to was.

In this case, the one area of concern with treatment planning, the HRA observed in the record, which was also disclosed during the site visit, that during a phone call the service recipient made to nursing staff, the same day she quit her day program, nursing staff indicated they would not be able to take the service recipient out for coffee due to her refusing to go to day program. This appears to have been miscommunication between the service recipient and nursing. Once the BCBA learned of this miscommunication, on the day of the event, she provided education to the nursing staff that her Behavior Plan should be followed. This was evident in the Behavior Consultant Note dated 2/12/2020, "[Service Recipient] quit her trial. ...Clinician advised management staff that while she is escalated and making threats towards others to limit the amount of 1:1 outing she is having with them (ex. Coffee outings). This was then inappropriately relayed by Help at Home's nursing staff to her that she could not go out due to refusing workshop. When clinician and QIDP attempted to clarify she escalated further and refused to talk to both. ...", Although the HRA did not find that the facility was actually restricting based on where the recipient is working, there is major concern that this was even communicated to the recipient and the HRA questions the culture of a facility where staff could even believe restriction based off where the individual works to be an option. Also, with these types of miscommunications, the HRA has concerns about recipients' ability to rely on staff interactions consistent with behavioral plans.

The HRA does make the following **suggestions**:

- Continually train all Help at Home staff via team meetings on the best way to verbally interact with this service recipient based off her Behavior Plan to prevent future misunderstandings that potentially trigger her to escalate to physical outbursts.
- Schedule community outings with the client in advance so she is aware of when she is able to go into the community for her shopping trips.
- Educate this service recipient on Help at Home, LLC Consumer Grievance Policy 3.4 to help mitigate any future service plan concerns brought up by the service recipient. Possibly add this as a mitigating step in her formal Behavior Plan.

RESPONSE

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