



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY – PEORIA REGION
REPORT OF FINDINGS

Case #23-090-9010
Sevita

INTRODUCTION:

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

- 1. Inhumane treatment**
- 2. Inadequate communication**
- 3. Inadequate treatment planning**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100) and Department of Human Services Community Integrated Living Arrangement (CILA) regulations (59 Il Admin Code 115). The HRA also reviewed, with authorized written consent, the service recipient's record.

In October 2021, Sevita took over operations of six CILA homes in the Peoria area. The agency serves several counties. Each CILA home has between two and three adults with disabilities living in the CILA. The agency employs staff for each house. The Direct Support Professionals (DSP) work in the homes 24 hours per day and provide supervision. The DSPs work shifts of 7am-3:00pm, 3pm-11pm, and 11pm-7am. Sevita employs House Managers. Currently, two houses of the six have the same manager. There is one Qualified Intellectual Disabilities Professional (QIDP) for the Peoria area. This person also oversees homes in Bloomington. The QIDP has thirty-one cases as of the day of the site visit. Those participating in the site visit were unable to share what a QIDP caseload size should be per DHS regulations. The agency employs two Registered Nurses (RN) for five homes. They also have an on-call rotation to access to all agency nurses 24 hours a day. Those in the site visit were unable to identify how many individuals served by the agency have legal guardians through probate court. They were

able to confirm the service recipient involved in this case has a legal guardian. Sevita staff reported that the direct support personnel CILA ratio per DHS regulation is 1 staff to 3 individuals or 2 staff to 4 individuals.

Complaint Statement

The complaints allege that a resident of a CILA was not allowed to return to the CILA house after being around a person who had possibly had covid. The service recipient reportedly was made to stand in a garage when the temperature was around 28 degrees until they could be picked up. They allegedly were in the garage for 4-5 hours. Guardians are unable to contact the CILA home directly as staff are continually leaving the phone on fax as per the complaint. The complaint also alleges that an Individual Service Plan (ISP) is not being followed; a resident is not allowed to cook for themselves, staff are not providing day program activities nor actively searching for day program services, and guardians' concerns are not adequately addressed by staff.

Interview with staff (3.21.2023)

The HRA began the interview discussion with the first allegation of "Inhumane treatment" and discussed the part of the allegation involving the service recipient standing outside in the garage during cold weather due to possible covid exposure. The agency follows Center for Disease Control (CDC) guidelines. The Program Director receives an email every day that provides information on the local Covid-19 community transmission rate. If the transmission rate in the community is considered high then masking in the shared spaces of the homes is required. If a resident is symptomatic for Covid-19, then the nurse can use a home Covid rapid test. The agency has preferred to use the primary care physician for testing. If a person is positive for the virus, then they are mandated to follow the standard quarantine guidelines. The protocol for a positive case is to have the person quarantine. After five days they no longer have to quarantine but would be tested again, and wear a mask for the remaining five. Others living in the home would not be impacted or expected to quarantine due to exposure. Visitors would be asked to wear a mask.

To communicate Covid-19 directives to staff, the information would be written on a whiteboard that is in a shared space of the house. This same whiteboard would also be used to communicate if someone living in the home tested positive. The board is supposed to also have daily information on the community transmission rate. The Program Director is responsible for checking the local health department's routine email to determine the county transmission rate. No one living in the house has underlying medical conditions that would consider them to be high risk to virus exposure but two of the three individuals, which includes the service recipient, do smoke cigarettes which could make them at higher risk of severe Covid-19 complications.

The CILA where the service recipient resides has a garage that the men that live in the home use as a "man cave" space. They will go out in the garage and smoke cigarettes. The individuals spend a lot of time in the garage. When it is cold, it is not uncommon for

them to use the space to smoke. To stay warm they wear their coats and to keep the space warm they would use a space heater. It is a garage and not insulated. Those staff involved in the visit did not know if it was against CILA regulations to use the garage as a space for smoking or using a space heater. There have been no issues reported with this arrangement. There are two individuals that smoke in the home. The garage is not used as a space where people are made to stay outside of the home. This is the men's own space to use how they see fit and they would not be restricted from using it.

During the interview for the first allegation, Sevita staff, which also included nursing, explained that the service recipient for this case did test positive for Covid-19 during late fall 2022. The nurse explained that the service recipient has lots of visits outside of the CILA. The service recipient goes to his parent's home on the weekends. He has a girlfriend that he visits regularly at her house, as well. In November 2022, the service recipient's girlfriend had ridden the bus to the CILA and reported she was positive and symptomatic for Covid-19. Due to this, she was not allowed into the home. The service recipient was allowed into the home as he had no symptoms. He was not expected to wait in the garage. When the nurse learned that the girlfriend was positive for Covid-19, she tried to make arrangements for someone to pick her up. The service recipient's guardian was contacted and she agreed to pick them both up. The service recipient returned to the house on a Saturday and tested positive for Covid-19 on a Monday. The nurse did not know what staff would have told his girlfriend to wait in the garage and/or where she needed to wait. After the service recipient returned from a weekend visit, he tested positive for Covid-19 on 11/21/22.

In response to the "Inadequate Communication" allegation, each of the CILA homes have a landline telephone. The three men that live in the home also have their own cellular phones. The CILA does have a fax machine that shares the same telephone line. The phone cord has to be connected to the fax machine to be used. It would then need to be switched back into the landline phone. The fax machine is not used very often, if ever, and staff involved in the site visit have never observed house staff using the fax machine. Those in the site visit do not know why anyone would unplug the phone line to the fax machine. Nursing would occasionally use the fax machine if a medication administration record (MAR) needed to be sent somewhere right away. The individuals that live in the house do not answer the phone. The phone would not be able to be used for the short time it takes to send a fax. The phone and fax machine are not the same device. Timesheets are never faxed. DSP time is entered into a computer.

The agency does have a fax machine policy that explains how to use it. Staff are not to use the fax machine for personal use. If someone did use the fax machine, they would need to switch the line back to the phone. Even if someone was trying to call the house during this time, family and guardians have access to the house supervisor's cellular phone number. The QIDP phone number is also available. The QIDP in the visit did explain that she uses her personal cellular phone for work related communication. The agency does not provide her with an agency cellular phone. She will not take calls on her personal cellular phone from the legal guardian for this service recipient. She has recently blocked her phone number since it is her personal phone. The guardian can

contact her using her desk phone number or through email. The service recipient also has his own cellular phone that people use to communicate with him.

The HRA discussed the final allegation of "Inadequate Treatment Planning". The service recipient has resided at the house since 2018. He has had a Discovery Meeting that is facilitated by the Individual Service Coordinator (ISC). This is a contracted provider through Department of Human Services that secures the CILA funds. The last person-centered planning meeting was very recent and his annual meeting was held in January 2023. The legal guardian attended the meeting over the telephone. The Person Centered Plan is written by the ISC. The Behavior Plan is written by a Behavior Specialist that is contracted by DHS to provide the service. The QIDP does not write the ISP. The QIDP at the agency is responsible for implementation of the plan and monitoring the individual goals. The QIDP would be responsible for training house staff on a person's plan. The house staff would document goals and communicate regularly about the individual's progress. Goals also change yearly, especially if they have been achieved. It is common for individuals to have a Behavior Plan. It is not uncommon for individuals to have a goal to attend day program. The Behavior Specialist would train house staff on the Behavior Plan. This training would be scheduled by the QIDP. The house staff have not been trained on this service recipient's ISP or Behavior Plan as of today's meeting.

The service recipient had goals from 2022 to become independent, to take medications and have alone time. This service recipient does have a Behavior Plan. He is 32 years old. He is described by staff to be a "jokester and prankster" and is diagnosed with traumatic brain injury, neuro disorder, situational mental health and epilepsy (controlled). This service recipient also drinks excessively and returns to the house drunk. He has had a cooking goal in the past but does not have one recently. He would still be able to cook in the house even if it was not a formal goal. The service recipient had worked in the community in the past. He has been banned from his last day program provider due to his behavior. He had previously harassed his employment specialist and they will not allow him to be on the property. He has also had community employment in the past but it does not last long. He lost his last job due to drinking and being intoxicated before his shift. He was also "overly friendly" with female coworkers. The agency has referred him to another local day program but he has not been accepted. The service recipient's guardian has not talked about his need for substance abuse treatment. The service recipient will not communicate with staff about his drinking. The guardian will buy him alcohol. The guardian is aware of the day program plan.

His 2023 goals are still being created and one of them is cooking. The staff involved in the site visit were aware of the service recipient being denied the opportunity to cook due to safety reasons. He had arrived home intoxicated and was not allowed to cook due to being inebriated. He had placed tin foil in the microwave and it blew up in the microwave. If he is sober, he could cook. He has free access to the kitchen and could cook and eat whatever he would like. All of the individuals in the home do. This drinking incident was documented in the shift notes and in his staff communication log. The QIDP has not discussed the service recipient's drinking with him. At the most recent meeting, the agency provided documentation to the Behavior Specialist on the agency's

grievance process. The Behavior Specialist was going to give it to the guardian. No one attending the site visit has had recent communication with the legal guardian.

FINDINGS

1. Inhumane treatment

The HRA requested the service recipient's chart records or staff communication log used in the CILA that document the service recipient having Covid-19 in November 2022. The HRA was not provided with the requested staff communication log used in the group home. The HRA reviewed the service recipient's document titled "Illinois Mentor Monthly Summary" for November 2022. This document is used to summarize health and welfare issues for a person receiving services from the agency. Under the section titled "Medical/Health/Issues" the HRA observes "N/A". There is no date or signature found on the form, so the HRA is unsure when the document was completed. The HRA also observed the Monthly Summary for December 2022. Under the section "Medical/Health/Issues" it documents a date for a visit with his psychiatrist. There are no signatures on the form to indicate when the form was reviewed with the service recipient or completed by the agency's QIDP. Nothing on either Monthly Summaries provided indicate the service recipient was positive for Covid-19 or exposed during a visit or had to wait in the garage due to a visitor reporting symptoms of Covid-19.

The HRA reviewed a document titled "Covid-19 Booster Vaccine Consent Form" this consent was signed by the legal guardian and gave consent for the service recipient to receive the Covid-19 vaccine. There is no date next to the legal guardian signature. This consent is documenting the service recipient receiving the first two doses of the COVID-19 vaccine (primary series), not the recommended 2021 third dose which is considered a booster dose to the primary series. The HRA followed-up with the dosing of this vaccine and was informed by the agency that the vaccine consent form was from their pharmacy and there was no documentation that he received the third booster dose. The dosing guidelines on the CDC website from March 19, 2021, for the primary series, the Center for Disease Control's Website "COVID-19 Vaccine Second-Dose Completion and Interval" guides the scheduled doses: "It is recommended interval between doses is 21 days for Pfizer-BioNTech and 28 days for Moderna; however, up to 42 days between doses is permissible when a delay is unavoidable."

The HRA reviewed "The Mentor Network" policy titled "Covid Procedures" that was the previous company's policy that owned the CILA that is now known as Sevita. There was no date observed on the policy. There is a page titled "Visitor Screening" and explains "Visitors are not allowed to enter any of our programs/offices before going through a screening and risk assessment. Best practice is to limit non-essential visitors, when possible, in the programs." This policy further explains how staff should respond if an individual has had direct exposure. This guidance provided is "For individuals who have had 'direct exposure' or a high risk exposure, the recommendation is to treat the person as if they likely have contracted Covid-19 immediately: isolate the individual if possible, utilize enhanced PPE when interacting with the individual, increase monitoring for the

individual for signs/symptoms, consult with primary care provider for testing and to increase disinfecting of the site. All unvaccinated individuals that have had direct exposure should quarantine for 14 days from the date of the exposure.” This policy also directs staff to contact the Quality Improvement Manager, right away and email the Employee Relations Manager. There is a form found within this policy for individuals living in an agency group home. It is titled “Individual Covid-19 Daily Symptom Screening Form” with a date of 9/10/2021 at the bottom. This is where staff would track an individual for symptoms of Covid. If an individual develops symptoms the guidance on the form states “they may not attend out of home program today”. Further along the form explains “If the individual refuses to participate in the screening, document ‘R’ where applicable and notify a supervisor immediately.” There is also a form titled “Visitor Screen” with three questions “Have you had any of the below symptoms, even if mild, in the last 14 days? Have you come in contact with anyone testing positive for Covid-19 or showing the symptoms even if mild, in the last 14 days? Temperature over 100.0?” The form concludes with “If any questions are a ‘yes’ please instruct the visitor to leave, and a visit can be facilitated at another time.”

The HRA reviewed the facility’s updated Covid-19 information with a date of 10/07/22. The section is titled “Covid-19 Escalation Protocol Changes-Effective Immediately” and explains changes to the Covid escalation process. The processes are “1) Escalate COVID cases for individuals, employees, mentors, and other contractors as we do currently. 2) Follow the updated Escalation Protocol. 3) Email (email address) the change of status if hospital/facility or death. 4) Mask exception policy (required). 5) CMS and state mandates remain in effect. 6) Continue entering cases in IMS per the recent guidance from Quality Improvement Manager. 7) Signage about self-screening, universal precautions.” The HRA reviewed a section titled “Internal Guidance for Coronavirus Disease 2019”. Number 10 explains the staff response for a person with “DIRECT contact with a presumed/confirmed positive case of Covid-19” as “a. Individual is fully vaccinated. 1. No quarantine required. B. Individual is unvaccinated 1. Follow a 14-day quarantine period. 2. Monitor for symptoms and contact HCP (Health Care Provider) and follow medical instructions provided. 3. May return to day program after the quarantine period if they are symptom free during quarantine period. 4. Consider the necessity of future medical appointments (based upon level of risk) for the next 14 days. 5. A negative test results does not eliminate the need for 14-day quarantine.” There is also a disclaimer on this policy “This guidance document is for internal use only and may change and be updated frequently.”

The HRA reviewed guidance provided from the facility dated 7/23/21 titled “Recommended Best Practices and Alternate Methods For the Use of Personal Protective Equipment (PPE)” and defines Direct/Close Contact as “Close contact is defined as follows: a) being within approximately 6 feet of a person with Covid-19 (such as caring for or visiting the Covid+ person; or sitting within 6 feet of the person) for a cumulative total of 15 minutes or more during a 24 hour period starting from 2 days before the person’s illness onset (or if asymptomatic, 2 days prior to test collection) b) having unprotected direct contact with infectious secretions or excretions of the person (e.g., being coughed on, touching used tissues with a bare hand, urine, feces).

The Illinois Department of Human Service's most current guidance for the time period being reviewed in 2022 was found on the public website and reviewed by the HRA, "Suggested Covid-19 Guidance for Small Congregate Care Settings – March 31, 2022" provides the following direction for visitors to the home, where eight or less unrelated individuals live. In summary, the guidance was based off whether a person was vaccinated, unvaccinated or immunocompromised in some way. The transmittal explains the following **"Screening for Visitors: Visitors should be screened upon arrival. Everyone must be screened upon entry, and individuals excluded with (emphasis added) 1. A positive COVID-19 test in the past 5 days. 2. Signs or symptoms of COVID-19. 3. Exposure to someone with COVID-19 in the past 5 days if the visitor is unvaccinated OR not boosted. Individuals can be screened on arrival or with an electronic system prior to arrival. All visitors should wear a well-fitting face mask and perform hand hygiene. ... Visitation There should be no restriction on visitation without a reasonable clinical or safety cause (emphasis added)."**

The agency provided a previous company's policy. The Illinois Mentor policy titled "I.D. Home and Community Based Services (HCBS) Policy" dated March 1, 2023, on "Personal Visitors" explains "IL Mentor will facilitate people served by having visitors in their home by doing the following: ... 4. IL Mentor does maintain the right to limits to people visiting the home during safety concerns. Example, Covid cases in the home, or the high risk of person being served, or staff being exposed to Covid. At these times IL Mentor will follow recommendation by CMS indication standards and the company's best practice standards." Further along, the agency also has a policy section titled "Prohibited Techniques" that clearly states, "Illinois Mentor Community Services and Mentors are expressly prohibited from using the following techniques: ...Denial of entry to the residence; temporary suspension of the individual from the home, unless approved by the Program Director or his/her designee."

COMPLAINT #1 CONCLUSION:

The service recipient had received two doses of the Covid-19 vaccine in January and February 2021, but would be considered unvaccinated per DHS policy due to not receiving the recommended 2022 booster dose. He subsequently, tested positive for Covid-19 in November 2022. It was explained in the site visit, and although requested, no supporting documentation was provided by the CILA home provider, that the facility does not document incidents around the facility homes. The service recipient had a visitor who was screened for the virus prior to entry into the home. The screening revealed the visitor was symptomatic for Covid-19. The visitor was not allowed to enter the home due to being symptomatic. According to staff at the site visit, the visitor had taken public transportation to the group home and did not have transportation back to their home. The service recipient and his roommates use a garage as a "hangout" area that has a space heater. The service recipient chose to wait outside, in the garage, with his visitor until staff were able to find transportation. Based on the DHS guidance "Suggested Covid-19 Guidance for Small Congregate Care Settings – March 31, 2022" on visits and Covid-19 prevention in small congregate care settings, which states "There should be no restriction on visitation without a reasonable clinical or safety cause". Agency policy effective

March 1, 2023, states “4. IL Mentor does maintain the right to limit people visiting the home during safety concerns. Example, Covid cases in the home, or the high risk of person being served, or staff being exposed to Covid. At these times IL Mentor will follow recommendation by CMS indication standards and the company’s best practice standards.” The clinical or safety cause for denying entry into the home was based on the visitor having symptoms of Covid-19. Due to lack of evidence that the allegation occurred or did not occur, the HRA finds the complaint **unsubstantiated**.

The HRA does make the following suggestions:

- The HRA is concerned that the facility does not have documentation regarding this incident, whether it be in the house logs, progress notes, nursing notes, etc. Although the HRA had no findings with this complaint, they **strongly suggest** that the facility begin documenting incidents in the home in an effort to monitor the facility and residents in the facility.
- The HRA also **strongly suggests** that the facility investigate this incident to assure that, regardless of the Covid symptoms, a recipient and visitor are not made to quarantine in a location that is potentially dangerous due to freezing temperatures. Once the incident is investigated, the HRA suggests the facility create a plan on how to handle situations like this in the future.
- Improve group home staff’s documentation for visitors to the group home.
- In this case the Covid-19 vaccine consent form documents the service recipient being given both doses of the Covid-19 vaccine primary series (2 shots) but did not receive a third booster dose. The consent form clearly reads if receiving the Pfizer/Moderna vaccine the second dose is to be given six months after the first dose. This same form also reads if giving the Johnson & Johnson vaccine the second dose should be given two months after the first dose. It appears to the HRA that the wrong vaccine consent form was used by the pharmacy and signed by the guardian. The agency should communicate with their pharmacy to ensure appropriate forms are being used to document vaccine information.

FINDINGS:

2. Inadequate communication

The agency did not provide the HRA with any documentation that notes when staff may use the fax machine. There was an instance, described by the nurse attending the site visit, where the fax machine could be in use when nursing was visiting the home and the nurse to fax orders to the pharmacy, but this was a rare occurrence. The agency does not have a written policy on how fax and telephone lines are to be used by staff.

The HRA reviewed a document titled “Illinois Mentor IDD Adult Program Individual Rights” that is provided to the individuals receiving adult services from the agency. On

this form it communicates to the individual or guardian “You have a right to talk on the phone (Be respectful about how long you use it.)”

The HRA reviewed agency policy that relates to the complaint as “I.B. Individual Rights and Grievances Policy” effective January 2021, and revised January 2023 has a section on rights and one bullet point explains the following rights of individual residing in a Sevita home as “Being able to have unmonitored communication with family, peers, and members of the community through visitation and by telephone call (except when court ordered).”

The HRA reviewed the “Employee Information Guide” used to communicate with new employees. The section titled states: “Company Computer, Telephone, Fax, Mail and Shipping: Employees should know that Sevita has the right to and will monitor the use of its computer, telephone, and other equipment and Sevita recognizes that there may be an occasion when it is necessary to make or receive personal communications at work. Personal communications are permitted during work time if they do not interfere with the performance of your job. Abuse of this privilege is subject to disciplinary action.”

The HRA reviewed the DHS Rights of Individuals form used to communicate rights to a person receiving services through the “Medicaid Home and Community-Based Services Developmental Disability Waivers” there is a section titled “Mail/Phone Calls/Visits: You have the right to communicate with other people in private, without obstruction or censorship by the staff. Communication by these means may be reasonably restricted, but only to protect you or others from harm, harassment, or intimidation.”

Title 59: Mental Health Chapter I: Department of Human Services Part 115 Standards and Licensure Requirements for Community Integrated Living Arrangements Section 115.200 Environmental Management of Living Arrangements mandates “ 8) The CILA agency shall develop, implement, and maintain a disaster preparedness plan which shall include disasters and/or public health crises, be reviewed annually and revised as necessary, and ensure that: F) An operational telephone that is accessible to individuals and staff, is available with a list stating the telephone number of the CILA site, the nearest poison control center, the local police, the local fire department, the Department's Office of Inspector General (OIG), and emergency medical personnel or an indication that 911 is the appropriate number to call.”

The **Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103) Communication** mandates “Except as provided in this Section, a recipient who resides in a ... developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone, and visitation. (a) 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. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items. (b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director.”

COMPLAINT #2 CONCLUSION:

The HRA finds the allegation of inadequate communication **substantiated**. The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103) mandates that a service recipient be able to receive unimpeded communication. The DHS CILA regulation **115.200 Environmental Management of Living Arrangements** mandates that the home have an “operational telephone that is accessible to individuals and staff” as part of emergency planning. The agency stated they do not have a formal written policy on how staff are to use the group home phones or a fax machine.

The HRA does recommend:

- The agency needs to create and implement a clear plan on how fax machines are to be used by employees. This policy should also clearly communicate the expectation that an “operational” landline always be available for individuals living in the home.
- Provide evidence to the HRA that an agency policy has been created.
- Train staff on this policy.
- Provide evidence to the HRA that agency staff have been trained on the policy.
- The 2021 email record between the QIDP documents the QIDP telling the Custom Employment Specialist to “block” the house phone number and cellular phone number from calling them. The HRA disagrees that this should ever be a recommendation from the service provider. The State of Illinois DHS Rights of Individuals Medicaid Home and Community-Based Services Developmental Disabilities Waivers form clearly states “Mail/Phone Calls/Visits: You have the right to communicate with the other people in private, without obstruction or censorship by the staff. Communication by these means may be reasonably restricted, but only to protect you or others from harm, harassment, or intimidation.” If the individual needs to be placed on a restriction for a “reasonable” amount of time due to obsessive/inappropriate calling, then a Rights Restriction should be completed and reviewed by the agency’s Human Rights Committee. The service recipient should then have a Revision to their annual plan coordinated by the QIDP and the necessary interdisciplinary team members. Having the QIDP recommend blocking a house phone number impacts other individuals living in the home being able to access this provider. Recommending blocking any type of phone numbers is practically a permanent end to communication between the service recipient and providers and should not happen.

The HRA makes the following suggestion:

- During the site visit the QIDP reported that she must use her personal telephone for business work as the agency does not provide her with a cellular phone. She has blocked the guardian from calling her personal phone. The QIDP reported

that the guardian can still contact her through her office number and email. The HRA strongly suggests the agency provide cellular phones to staff and develop an expectation that the phone is always answered during working hours or scheduled on-call/emergency afterhours. If the agency reimburses the QIDP for any part of her cellular phone bill due to using it for work purposes, then she should not be allowed to block guardian phone numbers from calling.

FINDINGS:

3. Inadequate treatment/service planning

In June of 2021, the HRA reviewed an email communication in the service recipient's record between the QIDP and the Custom Employment Specialist, that documents the service recipient being closed from services from a local vocational provider due to inappropriate communication. It is unknown what was stated by the service recipient but the email discussion between the QIDP and the Custom Employment Specialist is about a comment being made to the Employment Specialist that was reported to the police. The Employment Specialist also emailed about the service recipient continuing to call her from a "restricted" phone number and asking the QIDP to tell him to stop calling her due to the inappropriate text that she had received. The QIDP responded by apologizing for the behavior, agreeing that the comment made was inappropriate. The QIDP also provided the service recipient's cellular phone number and house phone number to the Employment Specialist suggesting to block those phone numbers.

The HRA reviewed the Discovery Tool completed by the ISC for the service recipient's annual review with a date of 1/27/22. The tool shows that the service recipient, legal guardian, ISC, BCBA, QIDP and another staff from the agency were invited to the meeting. It is unclear to the HRA if all members of the interdisciplinary team attended the meeting. The Discovery Tool was signed by the ISC on 2/18/22.

The HRA reviewed the Annual Personal Plan for the service recipient with a date of 4/7/22. This year's personal plan did not have cooking or vocational/employment listed as one of his outcomes/goals for the year. The HRA does observe signatures of the interdisciplinary team members: QIDP, ISC, and Legal Guardian in the signature section of the document with the same date.

The HRA was not provided with the service recipient's 2022 Implementation Plan or Service Plan Tracking Sheets for this year. The HRA does not see any documents noting the ISC or Sevita agency facilitated a meeting to document revisions to the 2022 plan. The HRA is unsure what outcomes the service recipient was working on for the 2022 service year.

For the current 2023 year, it appears to the HRA that the case management record for the service recipient has been updated. The Discovery Tool was completed on 1/18/23 and the ISC noted under the section titled "Special Things to Know" it was documented that the service recipient "cooks well". On 4/6/23 the HRA observes the service recipient's

most recent Personal Plan has a section titled "Identified Outcomes" that explains what goals the service recipient would like to work on for the year. The HRA observed an identified outcome to "prepare dinner for himself so that he can be more independent." The Outcome is written in the following way "(Service Recipient) prepares dinner for himself so that he can become more independent". The section titled "Service/Support" documents who is responsible for supporting the service recipient with this goal and it is written as "24-Hour CILA/IL Mentor-Sevita". The "Amount/Frequency/Duration" that this goal is to be tracked by agency staff is written as "1xweekly/Home/Ongoing". Sevita is documented by the ISC to have received this plan on 4/10/23. The QIDP signed off acknowledging receipt of the plan on 4/10/23. An Implementation Plan was completed by the agency QIDP on 5/1/23. It was sent to the legal guardian on 5/8/23 by the QIDP. The legal guardian responded to the QIDP via email on 5/10/23 in a replay that states, "Signed thank you". In 2023 it appears the Service Recipient's record was up to date. The HRA observes a Discovery Tool and Person-Centered Plan received by the QIDP on 4/10/23.

The HRA was provided with Illinois Mentor/Sevita Policy II. F titled "Individual Service Planning" effective October 2021 and revised in January 2023. This general policy explains the "Comprehensive Individual Service Planning is done for each person served. An implementation strategy plan is completed by Il Mentor for each person receiving services. Il Mentor uses a Person-Centered Planning and inclusive approach to the service planning process, which focuses on the individual in the context of his/her current needs and strengths. Il Mentor encourages the participation of persons with whom the person identifies as important to their future. This policy outlines the process and Il Mentor's role in development of the Implementation Strategy Plan. Individual Service Coordinator (ISC), external case managers, set up of the initial and annual Discovery Plan with the individual's guardian, and Illinois Mentor QIDP (Case Manager or Program Director). The ISC writes the personal plan, discovery tool, and the QIDP writes the Implementation Strategy Plan."

The policy section titled "Specific Standards" provides guidance to the agency staff. The section titled "Planning" explains "In preparation for the development of the Implementation Strategy Plan, a review is completed upon admission and annually for each individual. The review includes: Individual and guardian preferences for services, goals and objectives; Risk assessment including the Inventory for Client and Agency Planning (ICAP) is completed evaluating strengths, skills and deficits as related to personal responsibility, interpersonal relations, activities of daily living and educational/vocational interests;" The section title "Implementation Strategy Plan Development" provides the following guidance to agency staff: "The Implementation Strategy Plan is developed within 30 days of the commencement of services unless otherwise required by local regulations, contract, or type of service. The ISC sends the QIDP (CM/PD) a copy of the Discovery Tool, Personal Plan, and Provider Signature Page. The Provider Signature Page is signed and returned to the ISC within 10 days. CM/PD has 20 days to get the Implementation Plan written, signed by the Guardian and back to the ISC. The Plan is signed by the Community Support/Interdisciplinary team members and copies are provided to the individual, the legal guardian, and other planning

team members as applicable. The Implementation Strategy Plan is based on assessment results and reflects the individual's and/or guardian's preferences as indicated by a signature on the plan. The Implementation Strategy Plan identifies services and supports to be provided and by whom, and states goals and objectives. Goals and objectives shall: Be measurable, have clear steps for completion, identify a time frame, and have an employee/role assigned responsibility. Specific goals and objective plans are outlined in the iServe Action Plan ... The Implementation Strategy Plan shall address goals of independence in daily living, economic self-sufficiency, and community integration at minimum." Further along, the section titled "Implementation Strategy Plan Implementation" guides the employee in the following way: "the Program Supervisor/QIDP will review the ISP and shall document in the individual's record that: services are being implemented, goals, objectives and services continue to meet the individual's needs; or require modification or change to better meet the individual's needs; and that actions are recommended and taken as needed. The Community Support Team shall review the ISP at least annually for individuals with progress or regress on. The plan will be revised or modified as appropriate. All services provided in the Implementation Strategy Plan, provided by Illinois Mentor Community Service, inc. will be provided by or under the supervision of the QIDP (CM/PD) based on the individual's disability. A complete, signed copy of the Implementation Strategy Plan will be kept in the individual's home and in the local IL Mentor office with the QIDP. All Direct Support Professionals (DSPs) will receive an orientation to the content of the Implementation Strategy Plan, the goals and objectives and their role in implementation of strategies to meet the goals and objectives of the plan and will maintain records of the individual's progress towards the goals and objectives as outlined." The policy has a section titled "Implementation strategy Plan Review Meetings" and explains "In addition to scheduled periodic reviews, the QIDP may convene an Individualized Plan review meeting for any of the following reasons: The individual is at risk of significant harm (in this case, the planning team should be convened as soon as possible; telephone/virtual communication may be utilized if an in person meeting is not practical); There has been a significant life change for the individual, such as the death of a friend or family member or loss of a job; ... The individual, legal guardian or provider requests a change in service or program termination; At the individual's request; or for any other reason that is in the best interest of the individual."

Title 59: Mental Health Chapter I: Department of Human Services Part 115 Standards and Licensure Requirements for Community Integrated Living Arrangements Section 115.230 Person-Centered Planning states: "a) CILA agencies licensed to provide CILA services shall comply with Person-Centered Planning requirements as outlined in 42 CFR 441.301(c)(1) through (c)(3) and in 59 Ill. Adm. Code 120. b) CILA agencies licensed to provide CILA services shall comprehensively address the needs of individuals through the development of an Implementation Strategy for each individual as it relates to their Personal Plan. 1) Within 20 calendar days of the provider's dated signature on the Personal Plan, an Implementation Strategy using Form IL462-4470 provided by the Division, shall be developed that: A) Is based on the Personal Plan developed by the ISC agency and assessment results; B) Includes the participation of the individual and guardian and the ISC as necessary; C) Reflects the

individual's and guardian's agreement as indicated by a signature on the Implementation Strategy; D) Addresses outcomes identified in the Personal Plan that the CILA agency agreed to support; and E) Identifies services and supports to be provided by the CILA agency that agreed to support the individual to attain skills or achieve outcomes identified in the Personal Plan. 2) The individual and guardian shall be given a copy of the Implementation Strategy and subsequent updates. 3) The Implementation Strategy and subsequent updates shall become a part of the individual's record. 4) At least monthly, the QIDP shall review the Implementation Strategy and shall document in the individual's record whether: A) Services are being implemented as identified in the Implementation Strategy; B) Services identified in the Implementation Strategy continue to meet the individual's needs or require modification or change to better meet the individual's needs; C) Outcomes are being supported as specified in the Personal Plan and Implementation Strategy; and D) Progress is being made toward outcomes as identified in the Personal Plan and Implementation Strategy. If there is no progress made, CILA agencies must document barriers and/or reasons why progress was not made. 5) The QIDP shall sign and date the monthly record. 6) Updates shall be made to the Implementation Strategy as the Personal Plan is modified, or more often if warranted by a change in functional status or at the request of the individual or guardian. CILA agencies must provide the individual, guardian, and ISC with updated copies of the Implementation Strategy. 7) All services specified in the Implementation Strategy, whether provided by an employee of the licensed CILA agency, consultants, volunteers, or sub-contractors, shall be provided by or under the supervision of a QIDP, as appropriate, based on the individual's primary disability. 8) The CILA agency must ensure that current copies (digital or paper) of individuals' Personal Plans and Implementation Strategies are kept at the individuals' residences. The CILA agency must also ensure that DSPs (including employees, contractual persons, volunteers, and host family members) are knowledgeable about the individuals' Personal Plans and Implementation Strategies, are trained in their implementation, and maintain records regarding the individuals' progress toward the outcomes identified in the Personal Plans and Implementation Strategies ... The Implementation Strategy shall be modified in accordance with the Personal Plan changes. The QIDP shall be responsible for monitoring the individual's transition and for documenting the individual's progress toward intermittent supervision and supports. B) The Implementation Strategy must state the periods of time and restrictions on activities when at home, and locations and time frames for accessing the community. C) The CILA agency must document the results of the assessment regarding the individual's skills necessary to ensure their safety, and this must be part of the individual's record. The CILA provider shall also provide the assessment results to the ISC responsible for updating the Personal Plan.”

Title 59: Mental Health Chapter I: Department of Human Services Part 115 Standards and Licensure Requirements for Community Integrated Living Arrangements Section 115.320 Administrative Requirements requires: “c) General program requirements: CILA agencies funded by the Department shall meet the following general program requirements for all funded services: 1) Recordkeeping Cumulative case records including a Personal Plan and Implementation Strategy shall be maintained for each individual. Individuals' records 1) The CILA agency shall ensure the

confidentiality of individuals' records in accordance with the Act and shall ensure safekeeping of all records against loss or destruction. 2) The CILA agency shall maintain a chronological record for each individual. Records shall be accessible at the program site at which individuals are being served. A) Each entry shall be legible, dated and authenticated by the signature and title of the person making the entry. B) Corrections shall be initialed and made in such a way as to leave the original incorrect entry legible. C) When symbols or abbreviations are used, the CILA agency shall provide a legend to explain them which shall be standardized throughout the CILA agency. 3) On an individual's entry into the CILA agency, the following information shall be obtained, recorded, and updated as necessary in the individual's record: ... B) If applicable, the court appointed guardianship order; C) The name, address and telephone number of the legal guardian or the person to be notified in case of an emergency; ... E) Prescribed medications, reactions and side effects to medications, allergies to foods, other medications, and substances; ... 4) The following shall be entered in the individual's record during the period of service: A) Written informed consent by the individual or guardian to participate in a CILA; B) Prior service history; C) Personal Plan and Implementation Strategy as specified in Section 115.230; D) Assessments and reassessments as specified in Section 115.225; E) Documentation of approval to use special procedures and the results of their use; and F) Monthly documentation of the individual's progress towards the outcomes recorded in the Personal Plan and reflected in the Implementation Strategy. The documentation must be signed and dated by the QIDP. 5) Electronic signature or computer-generated signature codes are acceptable as authentication of record content. A) In order for a CILA agency to employ electronic signatures or computer-generated signature codes for authentication purposes, the CILA agency must adopt a policy that permits authentication by electronic or computer-generated signature."

59: Mental Health Chapter I: Department of Human Services Part 115 Standards and Licensure Requirements for Community Integrated Living Arrangements Section 115.220 Services and Supports mandates "a) The CILA agency shall develop and maintain a Provider Support Team for each individual served. The makeup of the team shall include a QIDP and a DSP; a nurse, or other professionals (such as occupational therapist or speech therapist) when necessary; and other staff as consistent with the individual's Personal Plan and Implementation Strategy. The provider support team shall: 1) Be responsible for all service functions required to support the outcomes of that area of the individual's Personal Plan for which the CILA agency has responsibility, including the development of the Implementation Strategy; 2) Provide care and supervision based on the known and assessed needs of the individual; 3) Help the individual participate in an array of community support services, as chosen by the individual and guardian tailored to their needs; 4) In collaboration with the ISC, provide or arrange for direct service in the community or in other facilities, such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities, based on the assessed needs of the individual and when the facilities permit; 5) Be available to support the individual on a 24-hour basis. 6) Advocate on behalf of individuals; 7) Assist individuals to obtain and maintain safety and basic comforts within the CILA setting; 8) Provide on-going services to ensure the maintenance of the

individual's living arrangement during times of absence, such as paying the rent and utilities; 9) Assist the individual in developing community supports and relationships as indicated in their Plan, with non-paid persons in the community, e.g., neighbors, volunteers, and landlords; 10) Provide personal support and assistance to the individual in gaining access to vocational training, employment opportunities, educational services, legal services, and leisure recreational, religious, and social activities as indicated in their Plan; 11) Provide assistance to the individual in obtaining health (including dietary) and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services, as needed; 12) Provide supportive counseling and problem-solving assistance on an on-going basis and at times of crisis, as needed; 13) Assist individuals with activities of daily living through skill training and acquisition of assistive devices, as needed; ... c) A QIDP shall be designated for each individual and shall, in conjunction with the Provider Support Team: 1) Develop the initial Implementation Strategy, using Form IL462-4470 provided by the Division, within 20 calendar days of the CILA provider's dated signature on the Personal Plan and update the Implementation Strategy at least annually as the Personal Plan is modified, or more often if warranted by a change in functional status or at the request of the individual or guardian; 2) Explain all rights enumerated in Section 115.250 and document in the individual's record that this has been done upon the individual's entry into a CILA; 3) Ensure that the services specified in the Implementation Strategy are being provided; 4) Coordinate employees, other professionals, and any other person, compensated or in a volunteer capacity, to implement the Implementation Strategy; 5) Identify and address gaps in the Implementation Strategy; 6) Identify and inform the ISC agency of potential needed changes to the Personal Plan; 7) Monitor the individual's status in relation to the Implementation Strategy; 8) Advocate for the individual's rights and services; 9) Ensure that information specified by the Personal Plan is included in the individual's record; 10) Ensure availability of a written Personal Plan and Implementation Strategy to the Provider Support Team members; and 11) Work with the individual and/or guardian to address issues that must be resolved or brought to the attention of the team by the individual and/or guardian.”

COMPLAINT #3 CONCLUSION:

The scope of this complaint occurred in 2022. Part of the complaint alleged that an “Individual Service Plan (ISP) is not being followed, including a resident is not allowed to cook for themselves, staff are not providing day program activities nor actively searching for day program services, and a guardian's concerns are not adequately addressed by staff.” The HRA **substantiates** the allegation of “Inadequate treatment/service planning”. Although the DHS administrative rules have evolved since the implantation of Person-Centered Planning requirements as outlined in 42 CFR 441.301(c)(1) through (c)(3) and in 59 Ill. Adm. Code 120, it is the HRA’s understanding that the Sevita company has managed the agency since October 2021 and services have not been adequately provided for this service recipient per 115.230, 115.220, and 115.320. The agency did not complete an Implementation Plan for the service recipient in 2022 and the Direct Support Personnels failed to consistently track Personal Plan goals as mandated by DHS regulations 115.220 Services and Supports. DHS Administration

Code for CILA Regulation 115.220 mandates that the QIDP is to complete the Implementation Plan “within 20 calendar days of the CILA provider's dated signature”. The Code also states “The CILA agency must also ensure that DSPs (including employees, contractual persons, volunteers and host family members) are knowledgeable about the individuals' Personal Plans and Implementation Strategies, are trained in their implementation, and maintain records regarding the individuals' progress toward the outcomes identified in the Personal Plans and Implementation Strategies.”. In 2022, the Implementation Plan was not completed; or if it was, not provided to the HRA for review. The “Service Goal Tracking Sheet[s]” provided for 2022 are inconsistently tracked for the entire year and do not appear that staff attempted to engage the service recipient in achieving positive outcomes for his two goals: independently administering his medications and working on earning alone time.

The HRA does observe that services appear to be following DHS mandates beginning in January 2023 through May 2023 for the service recipient. This is evidenced by the Discovery Meeting occurring on 1/8/23, the Personal Plan developed on 4/6/23 and then an Implementation Plan was completed on or around 5/1/2023. The Implementation Plan provided does not have signatures of the service recipient or guardian. The HRA did not review Service Plan Tracking Sheets for IP outcomes, however, did note they were being addressed on the Monthly Summary's completed by the QIDP.

The HRA also observed in the record that the service recipient was terminated from employment with a local vocational program in 2021 due to inappropriate comments. The 2022 records do not reflect active efforts by the provider to find new employment for the service recipient. In May 2023, the HRA reviewed one email communication between the legal guardian and the QIDP who emailed the 2023 Implementation Plan for signature. This same email also documents a conversation between the two to locate employment for the service recipient and he had attended two interviews.

The Human Rights Authority makes the following **recommendations**:

- Sevita improves the quality of case management services they provide by ensuring the Implementation Plan is developed within 20 days of the Personal Plan as mandated by DHS 59 IL Admin Code 115.220.
- The HRA reviewed the Illinois Mentor/Sevita Policy II. F titled “Individual Service Planning” effective October 2021 and revised in January 2023. Please provide evidence to the HRA that all QIDP and program staff have been trained on this policy. Proof of training should be evidenced by curriculum used to train staff and attendance/sign-in sheet of staff trained.
- Provide evidence to the HRA that the 2023 Implementation Plan for this service recipient has been signed by the service recipient and legal guardian as mandated by 59 IL Admin Code 115.220.

- Provide evidence to the HRA that the house staff have been trained on this service recipient's 2023 Implementation Plan and how to correctly track the active treatment of the outcomes.
- The facility staff explained during the site visit that the goal of cooking and finding a day program were being worked on at the time of the site visit. Provide evidence to the HRA that this service recipient has Service Plan Tracking Sheets completed in 2023 for May 2023-October 2023 that document house staff working with the service recipients to achieve his outcome goals of cooking. Provide evidence to the HRA that the agency has documented attempts to have the service recipient find day program, vocational or community-based employment with a job coach, if appropriate for the 2023 year.

The HRA strongly suggests:

- All QIDPs are mandated to "Work with the individual and/or guardian to address issues that must be resolved or brought to the attention of the team by the individual and/or guardian." If there are conflicts that arise throughout the person-centered planning process the QIDP should inform the guardian or individual how they can file a grievance or report their concerns to a supervisor.
- The 2023 record does not show DHS Section 115.220 Services and Supports mandate of sexual education being provided to the service recipient. The HRA strongly suggests the agency provide this educational service component as mandated by Public Act 101-0506.

RESPONSE

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



Meri Tucker, Chairperson

Illinois Guardianship and Advocacy Commission

Peoria Regional Office

401 Main St., Suite 260

Peoria, IL 61602

Re: Illinois Mentor Community Services, Inc. response to Human Rights Authority case # 23-090-9010

Dear Chairperson Tucker,

Illinois Mentor Community Services, Inc. is in receipt of Human Rights Authority – Peoria Region Report of Findings for H.R.A. case # 23-090-9010. What follows is a response to the recommendations for the two substantiated allegations – Inadequate communication and inadequate treatment planning.

2. Inadequate communication

Response:

- We will be eliminating common phone line fax machines in homes. We feel our existing Policy and Procedure Manual and Employee Information Guide sufficiently cover communication rights of individuals and expectations of employees in supporting these rights/minimizing personal use of company computer, telephone, fax, mail and shipping. We respectfully disagree that a separate fax machine policy is necessary.
- Blocking guardian and IDT team member calls is counter to IL Mentor's policies. This is not the standard of our agency. The home has a separate line and retraining has been provided to ensure Case Managers and Program Directors are available and responsive to parents and guardians. The QIDP involved in this matter is no longer employed with the company.

3. Inadequate treatment/service planning

Response:

- We are aware of the expectation of ensuring the Implementation Strategies document is developed within 20 days of the Personal Plan as mandated by DHS 59 II Admin Code 115.220. What was found during the review is not up to the standard of our agency.

- Evidence has been included with this response that the 2023 Implementation Strategies for the individual has been signed by his legal guardian as mandated by 59 IL Admin Code 115.220.
- Evidence has been included with this response that staff at the house have been trained on the individual's Implementation Strategies and how to correctly track the active treatment of the outcomes.
- Evidence has been included with this response that the individual has Service Plan Tracking Sheets completed in 2023 for May 2023 – October 2023.
- All staff are assigned Illinois Mentor Community Services, Inc. Policy and Procedure Manual in Relias. There is a 5 question quiz employees must complete to verify review. Additionally, all QIDP staff and program staff at the house (house that was reviewed – site visit) have been trained via a training agenda/sign-off on Illinois Mentor Policy II. F. Individual Service Planning. This has been included with this response.
- Evidence has been included with this response that documents the agency attempts in 2023 at assisting the individual to find a community based job.

Thank you for bringing these findings to our attention. The Report of Findings concerns a complaint from November of 2022. A site visit was conducted in March 2023. No IL Mentor administrative leadership staff was made aware until July 2023 and these findings were sent to us in November 2023. Like I.G.A.C., we take the human rights of the individuals we serve very seriously and certainly would welcome timely feedback so that we may rectify any concerns as they transpire. IL Mentor State Director is Shay Moredock and our state office is 179 E. Bethel Dr., Bourbonnais, IL 60914. In the future, please reach out to Shay at the onset of any review. She can be reached at 779-220-8572.

If you have any further questions, please do not hesitate to reach out.

Sincerely,

Eric Milinski

Quality Improvement Manager

Illinois Mentor Community Services, Inc.

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 23-090-9010

SERVICE PROVIDER: – Sevita

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.

Eric Milinski

NAME

Quality Improvement Manager

TITLE

12/18/23

DATE