



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #08-100-9027
Association for Individual Development

Case Summary: The HRA substantiated allegation #6; the other allegations were unsubstantiated. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

Introduction

In April 2008, the North Suburban Regional Human Rights Authority accepted for investigation allegations concerning the Association for Individual Development (AID). The allegations investigated were the following:

1. A resident is not receiving the appropriate treatment for her diagnosis of Autism.
2. A resident's medication is being administered inappropriately as she is allowed to chew the medication and chewing is contraindicated for this medication.
3. A resident's guardian is not being notified of medication refusals.
4. A resident's personal funds are being spent inappropriately.
5. AID did not provide a back-up plan while waiting to obtain a 1:1 staff member for the resident.
6. A resident's confidentiality was breached, in that a letter sent from AID was copied to outside entities without consent authority.
7. AID is overriding the guardian's responsibilities regarding decision-making; specifically, the guardian requests that the resident not attend her staffings have been ignored.
8. A resident rarely participates in community outings as it takes time to transition her to and from the outings.
9. A resident's bedroom is locked on a daily basis to keep another resident from entering the room, thus denying this resident access to her bedroom.

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102), the Illinois Administrative Code (59 IL Adm. Code 115.230), the Probate Act of 1975 (755 ILCS 5/11) and the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

The AID is a private, community-based, not-for-profit organization that serves individuals of all ages with developmental and/or physical disabilities or who are in need of behavioral health care. The service area is primarily Kane, Kendall and DeKalb Counties, Hanover Township in Cook County, and the entire City of Aurora. The AID serves over 2500 residents and operates 22 community living facilities throughout the Fox Valley area.

Methodology

To pursue this investigation, the HRA reviewed, with consent, portions of the clinical record of the resident whose rights were alleged to have been violated. Also reviewed was information sent

to the HRA from a family member and facility policies relevant to the allegations. A site visit was conducted in July 2008, at which time the allegations were discussed with the President/CEO, the Vice President, a Qualified Mental Health Professional (QMHP), the Human Rights Committee Chairperson, the Program Director, a Nurse Manager, the resident's community case management QMHP, and the Program Director from the resident's community case management agency. The HRA acknowledges the full cooperation of agency personnel.

Background

According to the material reviewed, the client is a 27 year old female with cerebral palsy with spastic quadriplegia, moderate mental retardation, autistic spectrum disorder and a seizure disorder. The client needs assistance with dressing, bathing, toileting and eating. She has been a client of AID's developmental training program since March 2002. She moved to residential care in October 2005.

Allegation: A resident is not receiving the appropriate treatment for her diagnosis of Autism.

Findings

Information obtained from complainant

It was stated (February 2007) that in the past year, the parents of the client have been struggling with AID to ensure that they provide the client with appropriate services, while protecting her health and safety. It was offered that when the client first transitioned to the house, she was doing well at both the house and the day program. However, things went downhill as a result of a lack of intense services, a poorly managed day program and a house QMRP and a behaviorist that have been working against the client's best interest. It was stated that AID's behavioral specialist began tailoring a program for the client, but the specialist did not have an accurate perception of who the client is, and she would not accept that the client had autism. Instead she evaluated and treated the client as though she had Behavioral Defiance Disorder. It was stated that the Comprehensive Functional Reports were inappropriate and certain verbiage needed to be reworded to protect the client.

Record Review

A Behavioral Protocol, dated 3/20/07 documented that the client's targeted behaviors included hitting others with an open hand and fist, kicking, scratching and biting when requests are made to complete hygiene, to get up in the morning, when she does not want anyone sitting near her, when requests are denied, and during transitions times. Also included were the client's behaviors of making accusatory statements about abuse against others, when she had actually displayed the reported behaviors. The Protocol included reinforcers, which included (in part) verbal praise, being touched and hugged by family members, fingernail polish, having hair braided, and cosmetic samples. The Plan included Positive Programming such as having the client engage in play therapy in order to evaluate underlying problems leading to noted target behaviors and to build up interaction skills according to social etiquette. The Plan was to have the client say "no" to indicate that she prefers not to do the task or activity as requested; she will take medications as prescribed and she will visit with a Psychiatrist once every three months for medication evaluation. The Behavioral Protocol Interventions included reinforcement for completed tasks within 15 minutes; no reinforcement if the task is not completed within 5 minutes after the first request with 2 verbal reminders. The client's parents refused to sign the Plan.

A Functional Assessment dated 3/07 notes the client's Antecedent as, "does not want anyone sitting near her, and she has difficulty transitioning to a different area or activity". The Ecological Analysis documents that she requires 1-1 staff due to a slow response rate, and

transitions to the van to go on outings. The Motivation analysis says they use hand over hand interventions but the client resists this assistance. In the fourth revision, the Autism was addressed under Client Description. It was documented that "Due to [client's] Autistic Spectrum Disorder and difficulty with executive functioning, response to requests is extremely delayed.

The Plan was revised in December 2007 by the agency's State Certified Behavioral Analyst who has expertise in the field of Autism. The parents refused to sign the Plan, but eventually did after they added their own revisions; this was not completed until about July 2008. Documentation showed that staff members were trained and were implementing the Plan.

Information obtained from facility personnel

As referenced above, it was offered that the resident currently has a behavior protocol that incorporates the use of a picture schedule with rewards provided for compliance of each task. It was stated that research shows that a consistent, daily task schedule (especially those that utilize pictures for better communication) can be effective for individuals with Autism. The behavior protocol was designed on 3/20/07 and revised on 12/1/07 by the agency's state certified Behavior Analyst who has expertise in the field of Autism. The parent of the resident has declined to sign both versions of this protocol but did agree to it after the parents added their own addendum. While AID did not feel it necessary to change the behavior protocol nor the need to consult with outside agencies, AID agreed to contract with an outside agency designed to develop programs for individuals with Autism specifically for this resident. AID believes that the issues on programming are more of a personality clash between the agency and family, and it is believed that the program designed by AID was appropriate in regard to the client's diagnosis.

Information obtained from agency policy

The agency's Level of Functioning and Level of Specialized Care Determination Procedure states (in part) that its purpose is to assure accurate determination of Level of Functioning and Level of Specialized Care for individuals in the DD programs. The Level of Functioning and the Level of Specialized Care must be determined annually. The QMRP is responsible to discuss these levels at the annual planning meeting to arrive at a team consensus.

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.210, "An individual receiving services in a CILA shall be at least 18 years of age, have a mental disability and be in need of an array of services and a supervised living arrangement. If an agency does not have the capacity to accommodate the individual's particular type or level of disability, this does not render the individual ineligible for CILA services." Section 115.230 of this same Code states that "Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process. The agency shall assure that each individual receives an initial assessment and reassessments that shall be documented in the individual's record and the results explained to the individual and guardian. The assessments shall determine the individual's strengths and needs, level of functioning, the presenting problems and disabilities, diagnosis and the services the individual needs."

The HRA concludes that measures were in place to address the client's diagnosis; the allegation is unsubstantiated.

Allegation: A resident's medication is being administered inappropriately as she is allowed to chew the medication and chewing is contraindicated for this medication.

Findings

Information obtained from the complainant

It was stated that the client had been chewing her medication for the past few months rather than swallowing them whole because the staff placed the medicine in cottage cheese. It was stated

that since the medication Depakote is in extended release form, chewing is contraindicated as indicated on each packet by means of a red sticker.

Record Review

The record showed that the client receives Depakote ER. A review of the Medication Administration Records did not indicate how the medication was administered. The physician's order for the medication says to give "by mouth" - the order does not say that the medication cannot be chewed.

Information obtained from agency personnel

It was stated that the resident will often refuse to take any and all medications for up to 3 hours. The agency staff always attempt to give this client her medications with liquids, and this process is written in the individual's IPP. After countless attempts to have this client take her medications, as a last resort, the medication is given with pudding or cottage cheese. It was stated that staff have observed the guardians placing this client's medication in pudding. In addition, AID's nursing staff stated that it is better to give the medications (with cottage cheese or pudding) rather than not give them at all. AID has recognized the importance of the medications (especially the seizure medications) and the seriousness of this client not getting her medications.

It was stated that they try three times to get the client to take the medication before it is documented as a refusal. When asked if the client had a swallowing problem, they did not know. It was stated that she is thin and does not like to eat or drink liquids.

Information obtained from agency policy

The agency provided the HRA with policies that address Medication Administration procedures, Medication Administration Training, Informed Consent for Medications, and a Refusal of Medication policy. Policies stated that staff administering medications must comply with applicable state and federal regulations, a physician's order is required for all medications, and all medications will be safely packaged and labeled with the client's name, medication name, physician name, date dispensed, amount dispensed and directions for use.

Research information

The HRA looked online at the Abbott site that makes Depakote ER and sent an email inquiring about crushing or chewing this medication. The HRA talked to a RN at Abbott who explained that the medication has layers and the fluids in the body gradually remove the layers. The RN said if you chew or cut the medication, the layers are destroyed and therefore it could be faster absorption. This could intensify the side effects as there could be a larger burst of the medication. The serum levels will peak high and then lower. The RN mentioned Depakote syrup that some have used when the person has a problem taking the tablet or capsule.

The HRA also discussed the matter with a RN from another agency. This RN stated that she has an individual that chews Depakote ER and the Physician was notified; the Physician did not want to change the medication.

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.240, "When medical services and/or medications are provided, or their administration is supervised, by employees of the licensed agency, the licensed agency shall certify that they are provided or their administration is supervised in accordance with the Medical Practice Act of 1987 and the Illinois Nursing and Advanced Practice Nursing Act." d) Section 116.50 of this same Code states that "Authorized direct care staff shall not administer PRN medications unless there is a written protocol approved by a nurse-trainer and prescribing practitioner for each individual and for each medication. A written protocol shall include the following information: 1) the name of the individual; 2) the name, route, and dosage form of the medication; 3) dosage or quantity to be taken; 4) frequency or times of administration;

5) conditions for which the medication may be given; 6) contraindications for the medications; 7) a maximum or stop dosage; 8) any necessary special directions and precautions for the medication's preparation and administration; 9) common severe side or adverse effects or interactions and the action required if they occur; and 10) proper storage."

Although no hard evidence was found to show that the medication was chewed, the statement that *it is better to give the medications with cottage cheese or pudding rather than not give them at all* suggests that this procedure is being done. The HRA cannot conclude that this is harmful to the client.

Suggestion

Nursing personnel should have notified the prescribing Physician about how the medication was being ingested so that the matter could have been researched and alternative ways to administer the medication could have been explored, if applicable. Should alternative ways to administer medication be necessary, a physician's order should be obtained and the Guardian should have input/approval of the alternate method.

Allegation: A resident's guardian is not being notified of medication refusals.

Findings

Information obtained from the complainant

It was stated that when the client refuses medication the parent/guardians were not notified.

Record Review

A review of the record showed nothing to indicate that the guardian was or was not notified of medication refusals.

The MAR (Medication Administration Record) showed that nursing personnel were to "Circle held or refused doses". A review of the dates that were circled showed that most were on the weekend. The Medication notes clarified that the days that were circled and initialed by staff were the times that the client was usually on a home visit or at camp. In July 2008, the service plan was modified to instruct staff members to call the parents when the client refused medication. The parent would either go to the home to administer the medication or talk to the client on the telephone to persuade her to take the medication.

Information obtained from agency personnel

It was acknowledged that staff members did not notify the guardian when the client refused her medication. However, this was addressed and the guardian is now notified of refusals.

Agency policy and procedure information

The agency's Guardian Involvement Policy states (in Part) that the AID provides services to clients with guardians, following the provisions and laws governing a guardian appointment. AID expects the full participation of the guardian. It goes on to say that AID will assume an advocacy role to ensure that clients are receiving appropriate support within the laws governing guardianship.

Conclusion

Pursuant to the Probate Act of 1975 Section 11a-3, "Guardianship shall be utilized only as is necessary to promote the well-being of the disabled person, to protect him from neglect, exploitation, or abuse, and to encourage development of his maximum self-reliance and independence. Guardianship shall be ordered only to the extent necessitated by the individual's actual mental, physical and adaptive limitations."

The HRA concludes that the guardian was not notified of all medication refusals; the allegation is substantiated. The matter has since been resolved thus no recommendations are made.

Suggestion

Best practice dictates that when a client is on a home visit, the staff initial the MAR date square with HV to indicate the home visit instead of circling it, as a circled date typically indicates the medication was refused and never received.

Allegation: A resident's personal funds are being spent inappropriately.

Information obtained from the complainant

It was stated that the QMRP was spending the clients' monthly \$50 SSI personal use expenses inappropriately for items like junk food and excessive amounts of toothpaste.

Record review

A review of the Financial Cash Register for 12/05 to 8/07 showed monies being spent for movies, bowling, clothes, food and soda. One questionable item might be Fabric Softener purchased for \$5.36. It is noted that at the July 2008 treatment plan meeting, it was documented that the parents did not readily say that they would give \$5/week for their daughter's personal items/activities or that the agency should use the \$50 per month for these items (per CILA regulations).

Information obtained from agency personnel

It was stated that in the past, the case manager assisted the client in obtaining hygiene and personal items with her \$50 monthly allowance check. Because the mother of the client felt that these items were not appropriate items to spend the allowance on, the mother took over the monthly checks, and AID has been using petty cash to pay for the client's hygiene products and for community outings for over six months.

Information obtained from the agency's Business Management Policies

The policy states (in part) that AID recognizes the need for conservator, guardian, and representative payee services for its clients. Procedures will be maintained to insure that funds are segregated and a system of accountability is in place, that funds are expended only with the approval of the client, that the client has access to all records of their funds, and that any earnings on the funds would accrue to the benefit of the client.

Research Information

From the Chief of the Illinois Department of Human Services' Bureau of Community Reimbursement 1/25/2000: "The Department's policy, and the way rates are calculated, assumes that the individual residing in [a] CILA retains \$50 per month of their unearned income (Social Security, Veteran's Benefits, etc.) We expect community agencies to designate this amount of unearned income per month for the individual's personal use."

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.220, the Community support team shall provide "assistance in money management, including representative payeeship, and applying for financial entitlements including assisting individuals to access the Department's Home Services Program." Pursuant to the Mental Health and Developmental Disabilities Code Section 2-105, "A recipient of services may use his money as he chooses, unless he is a minor or prohibited from doing so under a court guardianship order."

The HRA findings do not support this claim; the allegation is unsubstantiated.

Allegation: AID did not provide a back-up plan while waiting to obtain a 1:1 staff member for the resident.

Findings

Information obtained from the complainant

It was stated that AID had received approval from DHS for a limited number of 1:1 hours, but all through 2007, the agency told the family that they could not find anyone that would take the job. In the late fall of 2007, it was stated that the agency informed the family that they had provided the services and that all of these funds had been used up. The family had not observed a 1:1 at the CILA and to their knowledge; one was not provided at the workshop.

Information obtained from the materials supplied by the family member

In a letter written by the AID President to the client's parents (12/11/07), it stated that on April 5, 2007, the Interdisciplinary Team began working with the parents to develop a behavior protocol to address the client's aggressive and non-compliant behaviors, and at that time the AID staff requested the annual psychiatric report and quarterly progress notes from the psychiatrist that the parents had chosen to work with their daughter. It was written that during the subsequent six-month period, AID staff repeatedly requested the psychiatric reports, as well as the approval to begin the behavioral protocol to address the client's aggressive and non-compliant behaviors. The approval was not provided and numerous revisions of the professional staff's observations and assessments were made. The consent to implement the behavioral protocol was given on September 27, after noting that the consent was just temporary as the parent did not agree with the plan. As of December, AID had not received the required psychiatric reports and progress notes.

The letter goes on to say that while attempting to address the parents concerns about the plan, the client's behaviors continued unabated. On June 1, 2007, as a temporary measure, AID initiated an emergency request to the state Division of Developmental Disabilities for a 1:1 staff support, while AID continued to attempt to resolve the dispute with the clinical staff's comprehensive functional assessment report, secure parental signature on the proposed behavioral protocol, and secure copies of the needed psychiatric report. Approval for 348 hours was obtained, with the understanding that AID would submit an application for review of the client's case with the state's Clinical Administrative Review Team (CART) scheduled for July 24, 2007. The letter documents that despite AID's requests, the parent refused to sign the authorization to permit AID to refer the client's case for further clinical review by CART; the review was therefore cancelled.

The letter states that from August to November 2007 the client was provided with 516 hours of 1:1 services; the agency had only been approved for 348 hours. It was explained that the agency used their behavior technicians and other agency staff. They had difficulty finding staff as the client made repeated allegations against staff (for example - the staff bit or hit her). It was stated that when the allegations were made, the staff member would be removed from the 1:1 duty and reassigned. It was also stated that the client' guardian did not want agency personnel used as the 1:1.

Information obtained from agency personnel

It was stated that the agency paid large amounts of overtime to double and triple staff at the CILA where this client resides. It was stated that a Behavioral Technician was scheduled to work with the client on a 1:1 basis at least three times per week. In addition, management staff also worked on a 1:1 basis with the client.

Observation

It is noted that on December 18, 2007, a CART meeting was held at which time it was recommended that the agency support the client with 1:1 during waking hours and on third shift to monitor for seizure activity and falls. The HRA reviewed the Behavioral Services schedules (February 2008-July 2008) and none of the schedules indicated that a person was assigned to client. The HRA acknowledges that staff might know who was assigned as the 1:1, but an outside source could not tell. A hand written note included with the schedules says that, "In addition to the behavior tech [scheduled] to work 1:1 with [the client], if you look at the house schedules, you'll notice the house was double staffed during busy hours so that one person could work solely with the [client]."

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.220, "The agency shall provide or arrange for those services not indicated in subsection (c) of this Section, but identified in the individual integrated services plan as needed by the individual. If arranged, such services shall be documented in a written agreement between the licensed agency and the other service providers and shall minimally address training, services to be provided, quality assurance requirements and protection of the individual's rights. The agency shall remain responsible for insuring the quality of services and the protection of the individual's rights."

According to agency personnel, an emergency request to the state Division of Developmental Disabilities for a 1:1 staff support was made and 1:1 funding was secured and services were given. The complaint disputes this, saying that the agency could not find anyone that would perform the 1:1 duties job, and the 1:1 was not observed.

As far as a back-up plan, AID maintains that they attempted to resolve the dispute with the clinical staff's comprehensive functional assessment report, secure parental signature on the proposed behavioral protocol, and secure copies of the needed psychiatric report. And, when the 1:1 funding was secured, agency personnel were used as the 1:1 staff member. The HRA does not find that the client's rights were violated; the allegation is unsubstantiated.

Allegation: A resident's confidentiality was breached, in that a letter sent from AID was copied to outside entities without consent authority.

Findings

Information obtained from the complainant

It was stated that in December of 2007, the agency copied a letter to a state senator and a representative, to whom they disclosed confidential information regarding the client's behavioral documentation.

Information obtained from agency personnel

It was stated that the guardians gave indirect consent to contact these entities when the guardians themselves initially involved the outside entities in the client's case (by sending the state senator and the representative correspondence about AID). By the guardian's initial communication with these entities, AID also communicated to these entities when the decision to discharge the client was reached. A specific consent was not obtained.

Information obtained from agency policy

The agency's Confidentiality Policy states (in part) that confidentiality is the ethical principle and legal right that a health professional will hold secret all information relating to a client, unless the client gives consent pertaining to disclosure. The agency also has a Privacy and Security Violation Reporting policy to assure that alleged violations of client privacy or security rights are investigated and corrective actions are implemented, as needed.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act (Act). Section 3, "All records and communications shall be confidential and shall not be disclosed except as provided in this Act." Section 4 states that "The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof: the guardian of a recipient who is 18 years or older..." Section 5 of the Act states that "Except as provided in Sections 6 through 12.2 of this Act, records and communications may not be disclosed to someone other than those persons listed in Section 4 of this Act only with the written consent of those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act."

Based on the information obtained, the HRA concludes that rights were violated when the agency disclosed information to outside entities without proper consent authority.

Recommendation

Records and communications may not be disclosed to someone other than those designated in the Act without proper written consent.

Allegation: AID is overriding the guardian's responsibilities regarding decision-making; specifically the guardian requests that the resident not attend her staffings have been ignored.

Information obtained from the complainant

It was stated that AID demanded that the client attend meetings against the guardian's wishes. The guardians did not believe that the attendance was in her best interest and could even have been harmful due to all the negatives things said about her. It was offered that the client does not have the mental capacity to process and deal with simple issues, much less complex ones.

Information obtained from agency personnel

It was stated that per the guardian's request, the agency had not required the client to be a part of her staffing until October 2007. Since this time, this client has been asked if she wanted to attend the meeting; each time the client nodded yes and has attended with no problems. It was stated that AID respects the client's choice and independent decision-making, thus she will be invited to attend all meetings.

Agency policy and procedure information

The agency's Individual Plan Meeting and Form Completing Procedures states (in part) that the purpose of the IP is to assure that the Community Support Team develops a comprehensive individualized plan. The Community Support Team is a part of the Interdisciplinary Team, which includes the individual and is based on the individual's needs across all environments. The policy states that the client and/or guardian are to be notified of the meeting at least two weeks prior to the meeting. The client is to provide input for his/her goals.

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.230, "Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process. Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual. Within 30 days after an individual's entry into the CILA program, a services plan shall be developed that is based on the assessment results. The following shall be included in the interdisciplinary process: The individual or his or her legal guardian, or both." Pursuant to Section 2-102 of the Mental Health and Developmental Disabilities Code, "(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient."

The HRA concludes that the agency is following the mandates set forth by the above CILA rules and regulations and the Mental Health and Developmental Disabilities Code, thus ensuring that the resident is exercising her rights. The allegation is unsubstantiated.

Allegation: A resident rarely participates in community outings as it takes time to transition her to and from the outings.

Findings

Information obtained from the complainant

It was stated that it is rare that the client participated in community outings either while under the supervision of the CILA or workshop staff. It was stated that the client takes longer to

transition and it requires a great deal more patience than many other clients, so the staff no longer take her.

Information obtained from the record

A client data sheet for June 2008 shows the goal is that the client is to participate in an activity outside of the house four times per month with staff assistance. The data showed that three times the client successfully completed this goal.

Information obtained from agency personnel

It was stated that AID staff has always offered this client to participate in several community outings - both at the Day Program and at the group home. However, the client often refuses to participate. In addition, the guardians have requested that the client not leave the group home unless the client is dressed appropriately. The client often refuses to change out of her pajamas and into street clothes, but nevertheless, staff continue to work with her in getting dressed and encourage her to participate in community outings. On the occasions that she does participate, she has often refused to get out of the van or back into the van to and from the destination. Other clients in the group home have not been able to go on outings if this client refuses because often it takes two people to work with her, especially during times when the client is displaying physical aggression. Agency staff also stated that on several occasions, the client became physically aggressive in route, and the aggression has been targeted to the driver and other clients.

Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.220, "Agencies licensed to certify CILAs shall provide for services through a community support team (CST). The CST shall help the individual to participate in the design of an array of community support services tailored to his or her needs."

Agency documentation showed that community access is a goal for this client; there is also evidence that this has been identified as a challenge that needs improvement. The allegation is unsubstantiated.

Allegation: A resident's bedroom is locked on a daily basis to keep another resident from entering the room, thus denying this resident access to her bedroom.

Findings

Information obtained from the complainant

It was stated that staff members lock the client's bedroom door on a daily basis to keep another client from continually entering her room and destroying her possessions. This is an on-going problem, and rather than addressing the behavior of the other client with a behavior plan, the client pays the consequence.

Information obtained from agency personnel


It was stated that the client always has access to her bedroom. If the door was locked, it was when this client was engaging in activities other than those requiring her to be in the bedroom. All residents have an individual key for their bedrooms, and this client in particular needed assistance in keeping track of her key; therefore, staff would always open the door for her when she indicated that she wanted access to her room. Conclusion

Pursuant to the Illinois Administrative Code, Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.230, "Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process. Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual." Pursuant to Section 2-102 of the Mental Health and Developmental Disabilities Code, "(a) A recipient

of services shall be provided with adequate and humane care and services in the least restrictive environment..."
The HRA found no evidence to confirm or deny this assertion.

RESPONSE

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



Association for Individual Development
Finding ability in disability since 1961

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March 13, 2009

Dan Haligas, Chairperson – HRS
Guardianship and Advocacy
Commission North Suburban Regional Office
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

RE: Case #08-100-9027

Dear Mr. Haligas,

In response to the allegation that AID violated the client's rights by communicating without permission to outside bodies, AID fully understands protecting client rights with regard to confidentiality. We are enclosing a copy of our Confidentiality Policy and want to assure you that we will strictly adhere to this in the future. We regret the confusion and misunderstanding that occurred with respect to this case. Clearly, we misinterpreted Mrs. Jones' communications with 3rd parties which she copied to us, to be her approval for AID to respond to follow up questions posed to AID by these parties. Such an error will not be repeated in the future. I apologize for the misunderstanding and inconvenience this has caused everyone involved.

AID would like to thank you for taking the time to conduct the interviews and review the data in this case. We appreciate your careful investigation of this matter.

Sincerely,



Lynn O'Shea
President

Enc.

Case Management • Respite • Home Based Support • Community Integration & Employment • Behavioral Health & Crisis Intervention • Children & Therapy

<p>Elgin Area Services 1135 Bowes Rd. Elgin, IL 60123 Phone: 847-931-6200 Fax: 847-888-6070</p>	<p>Yorkville Area Services 135 E. Van Emmon St. Yorkville, IL 60560 Phone: 630-966-4450 Fax: 630-882-8409</p>
<p>Behavioral Health & Crisis 1230 N. Highland Ave. Aurora, IL 60508 Phone: 630-859-1291 Fax: 630-859-2994</p>	<p>Kaefer Center & Pool 408 W. New Indian Trail Ct. Aurora, IL 60506 Phone: 630-859-1144</p>
<p>Children & Therapy 309 W. New Indian Trail Ct. Aurora, IL 60506 Phone: 630-896-1961</p>	<p>Thompson Center 309 W. New Indian Trail Ct. Aurora, IL 60506 Phone: 630-844-5040</p>

