



---

**FOR IMMEDIATE RELEASE**

---

REPORT OF FINDINGS  
RIVIERA CARE CENTER — 09-040-9005  
HUMAN RIGHTS AUTHORITY— South Suburban Region

[Case Summary— The Authority did not substantiate the complaints presented. Findings are recorded below, and the facility's response immediately follows.]

## INTRODUCTION

The South Suburban Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission opened this investigation concerning Riviera Care Center in October 2008. The complaint stated that residents do not receive their mail in a timely manner and that mail is censored. Additionally, the complaint alleged that residents were asked to sign a form stating that they must meet certain requirements for privileges and to spend money from their trust funds. If substantiated, these allegations would be violations of the Nursing Home Care Act (NHCA) (210 ILCS 45/2 et seq.), the Centers for Medicare and Medicaid Services, (CMS) Conditions of Participation for Long Term Care Facilities (42 CFR 483.10) and the Illinois Administrative Code for Skilled Nursing and Intermediate Care Facilities (77 Ill. Admin. Code 300.3260 [k]).

Riviera Care Center provides 24-hour skilled nursing care and offers a range of programs including rehabilitation services. The 200-bed facility located in Chicago Heights reportedly has about 138 residents, and the majority of them (average age is 22 through 37) have been diagnosed with a serious mental illness.

## METHODOLOGY

To pursue the investigation, a site visit to Riviera Care Center was conducted on January 15<sup>th</sup>, 2009. The Facility Administrator, the Director of Psychiatric Rehabilitation Services, the Manager of Nursing and a Psychiatric Rehabilitation Services Counselor were interviewed. The allegations were discussed with the Administrator and the Director of Marketing and Admissions during closed sessions at the South Suburban Regional public meetings. The complaint was discussed with a guardian and sections of four residents' records were reviewed with written consent. Some of the facility's residents were privately interviewed concerning the complaint. The facility's behavioral management and level policy and relevant forms were also reviewed.

## FINDINGS

### COMPLAINT # 1: Prompt and uncensored mail

According to the complaint, residents' mail is routinely delayed and censored by the staff.

#### Information from interviews and program policies

Riviera Care Center's Administrator first responded to the complaint in a letter dated October 27<sup>th</sup>, 2008 stating that residents are given uncensored personal mail usually the same day as delivered by the U.S. Postal Service. The letter stated that the facility has written consent to open official correspondences addressed to residents. A copy of the Illinois Department on Long Term Care "Authorization to Inspect and Open Official Correspondence" form was enclosed. The form includes a statement that the resident understands the right to receive personal mail that is unopened. But to avoid lost or misplaced mail, the resident authorizes the facility to inspect, open and remove the contents of the following, and that the person will be informed of issues deemed necessary: Social Security, Pension and Veteran's Administration Checks, Correspondences from the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services, the Social Security Administration, Medicare and medical bills. The form has a space designated for the recipient's or authorized representative's signature but lacks a date line.

The Administrator told the Authority that there were no procedures concerning residents' mail before the new owners took over the facility in May 2008. She explained that mail procedures were put in place in June or July 2008. The office personnel sorts the mail delivered by the U.S. Postal Service, and the Behavioral Therapists are responsible for giving personal mail to residents on their caseload. They may also give mail to other residents but only a few reportedly receive personal mail. She said that therapists are on site seven days a week and have keys to the front office to get mail delivered on the weekend. All of the residents interviewed told the investigation team that receiving personal mail was not a problem. One resident remembered that the staff inadvertently opened her mail from a local public library but this seemed to be an isolated incident.

According to the facility's staff, the authorization form to open and inspect official correspondences is reviewed with the resident or guardian during the admission process. Although the Administrator said that she was not aware of any resident or authorized representative who had not signed the form, the Director of Psychiatric Rehabilitation Services later reported that a few residents had refused. One resident said that he did not sign the form, and that his official correspondences are not opened. The facility reportedly has not received any requests to limit the items on the form, nor have any residents or guardians rescinded their consent regarding this issue. On questioning, the Administrator said that mail from the Illinois Guardianship and Advocacy Commission is not opened by the staff. The four records reviewed contained signed consent forms for each resident.

Riviera Care Center reportedly does not have a policy regarding residents' mail, but the facility's procedure is to follow the Illinois Department on Aging—Residents' Rights for People in Long Term Care Facilities.

#### CONCLUSION

According to the Illinois Department on Aging—Residents’ Rights for People in Long Term Care Facilities and Section 45/2-108 (a) of the NHCA, every resident shall be permitted unimpeded, private and uncensored communication of his choice by mail, public telephone or visitation. The Administrator shall ensure that correspondence is conveniently received and mailed.

Section 483.10 (i) (1) of CMS' Requirements for Long Term Care Facilities guarantees residents the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.

Based on statements from the facility's residents, the Authority does not substantiate that residents do not receive their mail in a timely manner. In regard to the complaint that mail is censored, the investigation revealed that contents of official correspondences are examined and removed from envelopes with the resident or authorized representative's written consent. The HRA finds no violations of Residents’ Rights for People in Long Term Care Facilities or Sections 45/2-108 (a) of the NHCA or CMS' Requirements for Long Term Care Facilities 483.10 (i) (1).

## SUGGESTIONS

1. To ensure that residents or authorized representatives understand that they can rescind their consent at anytime, the facility should review its Authorization to Inspect and Open Official Correspondence form with them at least annually.
2. Include a date line on the Authorization to Inspect and Open Official Correspondence form.
3. The facility should consider policy development concerning residents' mail.

## COMPLAINT # 2: Residents’ privileges and money

According to the complaint, residents were given forms stating that they must meet certain requirements for privileges and their monthly \$30.00 allowed for personal use under Medicaid. They are not allowed to spend their personal allowances as they choose and must explain why they want more than \$10.00 weekly. Residents do not know how to access their money from the facility. Additionally, the complaint stated that residents were not given sufficient time to read the forms prior to signing them.

## Information from the record, interviews and program policies

According to a letter (dated August 26<sup>th</sup>, 2008) from Riviera Care Center, resident’s guardians were informed that the facility would be implementing a new behavioral management and level program. The program would be explained to residents on September 4<sup>th</sup>, 2008, and the facility was prepared to review the program "piece by piece" with each resident. The same day, a petition form would be given to residents for their input concerning what level they

believed was appropriate for them. The Interdisciplinary Team (IDT) would meet every Thursday (starting September 11<sup>th</sup>, 2008) to discuss any petition received. The letter stated that information regarding the behavioral management program and forms for completion were enclosed.

The facility's "Behavior Management Program and Level Program" policy revised on October 1<sup>st</sup>, 2008 suggests that it provides for resident autonomy, individualized needs, and total care planning. Residents on level one (the lowest level in the program) are expected to achieve basic behavioral goals as follows: 1) take all medications as prescribed, 2) bathe daily and maintain good hygiene/grooming, 3) maintain personal space and keep their bedroom clean, 4) exercise at least once weekly, 5) attend a recreational activity and therapy group at least once weekly, 6) follow all smoking rules, 7) sign in and out when leaving the facility, 8) attend three meals a day as scheduled, 9) respect others, 10) engage in law abiding behaviors, 11) refrain from borrowing, loaning or selling their belongings, 12) not possess or use drugs and alcohol, 13) refrain from verbal, physical or sexual aggression toward others, 14) not possess contraband such as weapons or drug paraphernalia, 15) follow their care plans and the facility's visitation guidelines, 16) inform the staff before leaving and upon returning to the facility, 17) abide by the staff's instructions and directions, and, 18) abide by the 10:30 p.m. bed time. Privileges on level one are limited to supervised community outings, one to three consecutive home visits monthly, and residents can attend a community day treatment program if behaviorally appropriate.

The policy requires a three week observation and evaluation period prior to advancing to level two, which is initiated by the resident completing a petition form. Residents on level two must continue to follow the basic behavioral expectations outlined above and they are expected to: 1) attend a community day treatment program regularly, 2) exercise at least twice weekly, 3) attend recreational activities and therapy groups at least twice weekly, and, 4) spend money in a positive manner with assistance. Privileges on level two include supervised community outings, community passes with peers, four to seven consecutive home visits monthly, a super pass on Friday night until 9:00 p.m. twice monthly, a \$1.00 gift certificate monthly, and residents are eligible to serve as Vice President or Secretary of Resident Council.

According to the policy, a 30-day evaluation period is required to ensure consistency in behavior before granting a resident's request for level three. Besides the basic expectations, residents on level three are expected to: 1) exercise and attend recreational activities and therapy groups at least three times weekly, 2) participate in a community day treatment, work or volunteer program five days per week, and, 3) demonstrate good money management skills. Privileges on level three include supervised and unsupervised community passes, eight to ten consecutive home visits monthly, a super pass on Friday night until 9:00 p.m. weekly, a \$1.00 gift certificate monthly, Resident of the Month (must maintain this level for three months to be eligible) and residents are eligible to serve as President of the Resident Council.

The behavior management and level program policy includes a money management component designed for residents on the lowest level and those who have demonstrated significant problems with managing money. Residents on level one may withdraw up to \$10.00 per week during banking hours. Those individuals who exhibit problems or those on the program's two lower levels must work with their therapist or the Behavioral Health Aide and

complete a budget form to withdraw more than the allotted amount. To further assist in skills development, residents requiring significant assistance may receive smaller sums of money more frequently during the week. According to the policy, the IDT meets weekly to review petitions and work with residents towards achievement.

According to the facility "Resident Trust Fund Policy Notification and Authorization" form, residents have the right to manage their own financial affairs. Residents can also choose to have their personal money safeguarded and managed by the facility. The form has a checkbox to indicate one's preference; a space is designated for the resident's or authorized representative's signature but does not require a date. The Administrator said that she was not aware of any resident who does not want a trust fund. However, the Director of Psychiatric Rehabilitation Services later reported that a few residents had refused to sign the form.

The Authority was informed that the facility's behavioral management program and level system was implemented with input from residents, but some residents disagree. Two residents said that they were asked to "sign this, sign that" and sufficient time to review the forms was not given as stated in the complaint. According to the Director of Psychiatric Rehabilitation Services, the majority of facility's residents are on level one; about 19 of them are on level two and 17 on level three. She said that residents must complete a petition to advance to the next level, and that the staff sometimes helps them to complete the form. The Interdisciplinary Team (IDT) reportedly reviews about 10 petitions weekly.

The facility's policy that allows a certain number of home visits monthly based on the resident's programmatic level was discussed. According to the Administrator, the facility does not have many residents with family members who take them home. She said that a family member can take a resident on a home visit as many times as the resident agrees. The investigation team was told that staff sometimes transports residents for home visits. One resident said that private visits are not allowed at the facility, but he did not provide any more information.

In regard to the facility's Money Management Program, the Administrator explained that the majority of residents have a limited income and significant problems with budgeting money. The program allows residents to withdraw up to \$10.00, if available, from their trust accounts on Wednesdays. She repeated information documented in the facility's policy that residents on the program's lower level or those individuals with significant deficiencies in money management must work with their therapist if they want to withdraw more than \$10.00 weekly. They are expected to complete a "budget form" to show how the money will be spent (items and cost). On questioning, the Administrator said that residents could receive all of their monthly personal allowance if requested.

During the site visit, one resident said that residents were given \$7.50 weekly of their \$30.00 personal allowances before the new owners took over the facility. Some residents confirmed that they receive \$10.00 weekly, if funds are available. Two residents said that they receive \$15.00 twice monthly. Another resident said that he only wanted \$3.00 instead of \$7.50 weekly. Those residents interviewed seemed to know how to access their money from the

facility and that banking days are on Wednesdays, except for two residents. Two of the four residents' care plans reviewed contained money management goals.

The facility's "Level System and Contingency Management Program Acknowledgement" form includes a statement that the resident understands that the program is intended to provide structure, expectations and positive reinforcement to promote the person's highest level of functioning and well being. The guardian of the four residents whose care plans were reviewed reported that she signed the acknowledgement form.

## CONCLUSION

In addition to the NHCA's established right to visitation with persons of a resident's choice, Section 483.10 of the CMS' Requirements for Long Term Care Facilities adds that a resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility.

In addition to the NHCA's established right for residents to have visitation with persons of choice, Sections 45/2-201 (2) of the NHCA, CMS' Requirements for Long Term Care Facilities 483.10 (c) (2) and the Illinois Administrative Code 300.3260 (c) state that,

The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations, and who is not connected in any way to facility personnel or the administrator in any manner whatsoever.

Pursuant to Sections 45/2-201 (9) (a) of the NHCA and the Illinois Administrative Code Section 300.3260 (k),

The facility shall place any monthly allowance to which a resident is entitled in that resident's personal account, or give it to the resident, unless the facility has written authorization from the resident or the resident's guardian or if the resident is a minor, his parent, to handle it differently....

Based on documentation, residents or authorized representatives were informed about the facility's newly developed behavior management and level program that includes a money management component in September 2008. Residents were asked to complete a petition form and indicate what level they believed was most appropriate for them. They were asked to sign a form regarding whether they wanted the facility to manage their personal funds. Residents were asked to sign a form acknowledging that they understood and agreed to abide by the program.

Based on the investigation, the Authority cannot substantiate that rights were violated when residents were asked to sign a form stating that they must meet certain requirements for

privileges and to spend money from their trust funds. Two residents reported that they were not given sufficient time prior to signing the forms. No violations of Sections 45/2-201 (2) and 45/2-201 (9) (a) of the NHCA and the Illinois Administrative Code 300.3260 (c) (k) were found.

Riviera Care Center's level program and privileges includes supervised outings with the staff but some residents reported a lack of community outings because the facility's van has been broken since September 2008. The facility's policy also states that home visits are contingent on the level program, but the Administrator said that visits are not held to the policy.

#### SUGGESTIONS

1. Review the behavioral management and level program with residents during a meeting.
2. Include a date line on the Resident Trust Fund Policy Notification and Authorization form.
3. Visitation is a guaranteed right, not an earned privilege and therefore should be removed from the level/privileges policy.
4. To ensure compliancy, the facility should review Section 483.10 of the CMS' Requirements for Long Term Care Facilities.

#### COMMENT

Section 45/2-108 of the NHCA states,

Unimpeded, private and uncensored communication by mail, public telephone or visitation may be reasonably restricted by a physician only in order to protect the resident or others from harm ... provided that the reason for any such restriction is placed in the resident's clinical record by the physician and that notice of such restriction shall be given to all residents upon admission.

During the HRA's visit, one resident said that private visits are not allowed at the facility. We have no evidence to prove this but urge the facility to ensure that residents are always accommodated with private visits.

---

---

### RESPONSE

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

---



## Riviera Care Center

April 17, 2009

Illinois Guardianship and Advocacy Commission  
Human Rights Authority  
South Suburban Region  
P.O. Box 7009  
Hines, IL 60141  
Ms. Theresa Buell, Chairperson

Re: HRA No. 09-040-9005

Dear Ms. Buell,

I have received the HRA findings for the above referenced investigation. We are very pleased that you have not found any deficiencies as we have taken great care in all of the improvements which we have sought to implement to ensure ongoing excellence and compassionate care.

We will review and consider the recommendations as put forth by the HRA as part of the facility's ongoing Quality Assurance and Performance Improvement Program. We thank you for your time and consideration and the opportunity to respond.

Sincerely,

A handwritten signature in cursive script that reads "Catherine Ashton".

Catherine Ashton  
Administrator

Enclosures