



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #10-100-9011
NorthPointe Resources

Case Summary: the HRA substantiated part of the allegations presented. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

Introduction

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at NorthPointe Resources. In February 2010, the HRA notified NorthPointe Resources of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a consumer's dental needs were not being addressed, which had resulted in the consumer's inability to swallow properly; the consumer's hygiene is not being monitored; the consumer has bedbugs; and due to hoarding, the consumer's safety and the safety of others is in question. If found substantiated the allegation would violate the Illinois Administrative Code (59 IL Adm. Code 115).

Background

NorthPointe Resources, Inc. is a private, not-for-profit provider of developmental disability and behavioral health services. NorthPointe offers support and service delivery in the greater Lake County area. Annually, NorthPointe supports more than 400 individuals through employment, training and residential programs.

Methodology

The focus of this investigation is the Community Integrated Living Arrangement (CILA)/ Intermittent Living Support Program which offers individuals with disabilities the opportunity to live independently while receiving the customized support they individually need to stay in their own apartments.

To pursue this investigation, masked (identifiable data removed) clinical data was requested for all males living at a certain CILA site. Data from two consumers were received. A site visit was conducted in March 2010 at which time the allegation was discussed with the Vice President/Residential Division. The consumer whose rights were alleged to have been violated was also interviewed.

Investigative Background

The Vice President of the Residential Division advised the HRA that the consumer's opposition to participate in his service plan and the support hours needed to meet this program needs were increasing. These program concerns were going to be addressed in a CST (Community Support Team) meeting that was scheduled for the end of February 2010. The meeting was cancelled because the consumer had decided to transfer to another program service

provider and he was currently living with a family member until another program transition planning and program transfer were established.

Investigative Findings

The consumer's Supervision Needs Assessment dated July 27, 2009, documented that the consumer, who retains his rights, lives in his own apartment through NorthPointe's intermittent CILA program and that staff members assist him as needed. The assessment denotes that he is able to stay home unsupervised for 24 hours. The assessment stated that "guidelines to be implemented minimizing any risks of the individual staying home unsupervised included: keeping his apartment clean at all times; maintaining proper hygiene; follow the rules of the apartment complex and not smoke in his apartment."

Regarding the assertion that the consumer's dental needs were not being addressed which had resulted in the consumer's inability to swallow properly; the above noted assessment indicated that the consumer was in need of dental services and it identified the dental clinic. In the materials reviewed, documentation showed that the consumer would refuse scheduled appointments (10/2007, 2/2008) and that he also kept scheduled appointments (3/2008, 6/2008). The HRA notes that in July 2008, the consumer received a total tooth extraction. There was nothing in the materials reviewed that recognized a swallowing problem.

In discussing this matter with the Vice President, who has known this consumer for about five years, he stated that he had never known this consumer to have problems swallowing. He stated that the consumer knows what food items he can and cannot successfully chew and swallow. He stated that neither staff members nor the consumer had ever voiced this concern. He stated that had this been a problem the consumer would have received a swallow evaluation. The consumer told the HRA that he does not have problems chewing and/or swallowing.

The consumer's ISP (Individual Services Plan) addresses his hygiene, in that he was to care for all of his personal hygiene needs every morning and evening using a checklist. The Plan outlined a step that the consumer was to complete his daily hygiene and when completed, he was to check each task off his list. He was then to take the list to work every day and show the QMRP and Case Manager. If the consumer was staying clean and utilizing the checklist, a "+" would be recorded on the performance data sheet; if the consumer refused to care for his hygiene needs, a "0" would be documented. The ILC (Independent Living Counselor) would be the implementer of this objective and the QMRP would monitor the progress on a monthly basis. The HRA reviewed seven months of (June 2009-December 2009) Residential Performance Data sheets and the objective was never met.

The Vice President stated that the consumer's hygiene needs were being monitored by staff members as denoted in the above mentioned ISP goal. The Vice President did say that the program has had a massive amount of staff turn-over of late, and some monitoring and/or documentation might have been careless. However, he also stated that this consumer had never had an odor and his appearance is always acceptable. On the day of meeting the consumer, his overall appearance seemed appropriate.

The Vice President acknowledged that a family member had complained about bedbugs prior to this investigation, and he had a Registered Nurse examine the consumer for bites. A copy of this examination showed a body check of the consumer's face, neck, back torso, front torso, both arms, shoulder area, waist, front and back of his legs, and the front and back of his hands. It was noted that on his chin there were two pinpoint scabs along with a rash right at the jaw line; it was concluded that this was a razor rash. On his left side on the back torso was a scratch about a half inch in length; these were the only marks noted. It was documented that the

consumer was very cooperative and when the RN explained why the body check was being done (suspicion of bedbugs), the consumer responded that he had no idea why the family member would say something like that. The consumer was asked if he had any unusual itching and he stated that he did not. The Vice President stated that they have a contract for extermination services should the need arise; this apartment was not exterminated because there was no cause.

A reviewed of the documentation showed that the consumer's ISP addressed cleaning his apartment, in that he was to use his checklist to ensure that the apartment was clean; the goal was met each month. Documentation also showed that staff members would often observe the apartment as "messy" and they would help him clean. The HRA, along with the consumer, went to his apartment. The apartment was "messy" but there was no evidence of hoarding.

In discussing the apartment cleanliness/hoarding matter, it was stated that the consumer does tend to collect paper and that he is not the neatest guy in the program. But at no time did any of his treatment team members believe that the consumer was in personal danger because of his collecting of various papers products. It was stated that the consumer lived his choice of lifestyle in his apartment, and it was disheveled a vast majority of the times. However, staff members did assist him in cleaning and organizing his apartment.

NorthPointe policy states (in part) that the CILA program provides residential support services to adults with a primary diagnosis of intellectual and developmental disability, who are in need of a supportive living arrangement. There are currently two types of CILA services offered, 24/7 CILA services provides around the clock staff supports in a shared group living arrangement in a neighborhood community setting. The Intermittent CILA program offers a single or roommate shared living environment typically found in an apartment setting within a community setting. Both CILA services focus on the needs of each individual, and encourage that person to actively participate in the process of choosing and engaging in an array of services. Community Support Meetings (CST) are required for all individuals who participate in the CILA programs. The meeting consists of using an interdisciplinary team member process coupled with program development emphasis on the consumer futures planning model. Within 30 days of entry into the CILA program an Individual Services Plan (ISP) is developed that based on assessment results, reflects the individual's and/or guardian's program service choice, identified the individual's chosen services with supports to be provided and by whom, states measurable goals and objectives, outlines time frames, and identifies the person(s) assigned responsibility for coordinating the plan. The ISP will identify the type of CILA service chosen with active participation of the individual and/or guardian and will indicate the type and the amount of supervision needs required per applicable program assessments.

Conclusion

Pursuant to Section 2-102 of the Mental Health and Developmental Disabilities Code, "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."

Pursuant to Section 115.250 of the Illinois Administrative Code, " a) A community-integrated living arrangement (CILA) is a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. The individual or guardian actively participates in choosing an array of services and in choosing a home from among those living arrangements available to the general public and/or

housing owned or leased by an agency. If, over time, less intensive services are needed, the service array shall be changed rather than requiring the individual to move to a different setting unless specific services as funded and provided are no longer needed. If, over time, the individual needs more intensive services, the agency will make a reasonable effort to modify the service array rather than requiring the individual to move to a different setting. d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent. CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process."

Pursuant to Section 115.300 of the Illinois Administrative Code, "Each living arrangement shall meet standards as identified in local life/safety and building codes. Living arrangements specified in subsection (b) of this Section shall also meet the following additional standards: 3) there shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort and compliance with this Part. The agency shall ensure that: living arrangements shall be safe and clean within common areas and within apartments over which the agency has control; living arrangements shall be free from vermin: waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases.

Section 115.220 of the Code states that agencies licensed to certify CILAs shall provide for services through a community support team (CST). The CST shall be the central structure through which CILA services are provided to one or more individuals. The CST shall: Provide assistance to the individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services; Assist individuals with activities of daily living through skill training and acquisition of assistive devices.

The consumer's dental needs were being addressed; the HRA found no evidence to show that the lack of dental care resulted in the consumer's inability to swallow properly. The HRA found no evidence that the consumer's apartment had bedbugs. The HRA did not observe any hoarding behaviors. Based on the verbal and written information obtained, the HRA concludes that rights were not violated with the exception of the hygiene concern. The consumer did not meet hygiene objectives for seven months, however, there were no revisions to the service plan. The HRA considers this to be a violation of the Code's requirement of adequate care and services and the CILA requirement that services be based on needs.

Recommendation

To ensure that services are adequate and meet consumer needs, revise service plans when objectives are repeatedly not being met.

RESPONSE

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



April 14, 2010

Mr. Dan Haligas
Chairperson
Guardianship & Advocacy Commission
North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street
W-300
Des Plaines, IL 60016-1565

RE: HRA # 10-100-9011

Dear Mr. Haligas:

This letter is our agency's response to your investigation specifically the Report of Findings you had sent to me dated February 3, 2010 referring to the case file number cited above.

I have written an action plan as a response to your recommendation that our services are adequate and meet the consumer's needs, revision of service plans when objectives are repeatedly not met by writing a protocol for our CILA Residential Qualified Support Professional Home Coordinator Staff to implement immediately.

The protocol is entitled, the Program Design, Monitoring & Maintenance Procedure. I have enclosed a copy of this protocol and the training documentation that occurred on 04/13/10 for all the Qualified Support Professional Home Coordinator Staff, their supervisor, the Division Program Manager. Also present were the Shift Coordinators.

I believe this protocol and training satisfies your investigation recommendation. I want to thank you Mr. Haligas as well as Julie Sass for all your hard work, your personal visit to our agency, your professional consultation and understanding in this matter.

If there are any further questions please feel free to contact me.

Thanks again.

Respectfully Submitted,



Ron Monson
Vice President Residential Division
NorthPointe Resources, Inc.

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NorthPointe Resources is a 501(c)(3) not-for-profit organization.