



FOR IMMEDIATE RELEASE

REPORT OF FINDINGS
TRINITY SERVICES, INCORPORATED— 11-040-9003
HUMAN RIGHTS AUTHORITY— South Suburban Region

[Case Summary— The Authority did not substantiate the complaint as presented; the public record on this case is recorded below. A provider response is not included in the public record.]

INTRODUCTION

The South Suburban Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission has completed its investigation into allegations concerning Trinity Services. The complaint alleged as follows:

- 1) The direct care staff are required to flush (irrigate) a resident's catheter.
- 2) The direct care staff routinely disconnect a resident's feeding tube when he goes to the day training program.
- 3) Residents lack access to the community.
- 4) Residents are not given their monthly allowance from Social Security Income.

If substantiated, these allegations would be violations of the Mental Health and Developmental Disabilities Code, (the Code) (405 ILCS 5/100 et seq.), the Illinois Administrative Code (CILA Rules) (59 Ill. Admin. Code 115.100 et seq.), the Illinois Nurse Practice Act (225 ILCS 65/60-35 [a] [4]) and the Code of Federal Regulations for the Aged, Blind and Disabled (20 CFR 416.635 [a] [e]).

Located in Joliet, Trinity Services, Inc., manages fifteen (15) Community Integrated Living Arrangements with a total population of 94 residents. It serves more than 1400 children and adults with developmental disabilities and behavioral health needs in Peoria, the south and northwest suburban regions of Chicago, Illinois, South Central Illinois near Mascoutah, as well as northern Nevada. This agency also provides employment, counseling and respite services.

METHODOLOGY

The complaint was discussed with the agency's representatives in closed session at several of the South Suburban Regional Authority public meetings. A site visit was conducted at

which time the agency's Director and Associate Directors of Community Living Services, the Team Leader, a Qualified Developmental Disability Professional and a Registered Nurse were interviewed. The HRA reviewed, with written consent, records of four residents who were allegedly affected. The complaint was discussed with the residents' guardian. Relevant agency policies were also reviewed.

COMPLAINT STATEMENT

The complaint stated that the agency failed to provide residents with adequate nursing care. For example, the direct care staff are required to flush resident A's urinary catheter. Also, they must disconnect and reconnect resident B's feeding tube so that he can attend his community day training program. The complaint alleged that residents are not provided with supervised community outings. Additionally, it was reported that residents do not receive their monthly personal allowances from Social Security Income.

FINDINGS

Urinary Catheters and G-tubes

After reviewing all four residents' records, the HRA determined that all individuals have multiple medical problems. Resident A, B and C have gastrostomy tubes (g-tubes), but that none of them have a urinary catheter. Documentation indicated that resident A's and C's feeding tubes had been recently inserted and that resident B has had a tube for many years. According to physician's orders, the residents should be given Jevity through their g-tubes from 4:00 p.m. to 8:00 a.m. daily, and their feeding tubing should be flushed with water at least twice daily. Documentation further indicated that Resident A and C attend the agency's In-Home Learning Center and B attends a day training program in the community, Monday through Friday from 9:00 a.m. to 3:00 p.m.

When the complaint was discussed with Trinity administration, the agency's nurse explained that irrigation is a procedure to open a plugged urinary catheter. She said that normal saline is inserted into the catheter to remove the plug so that urine can drain from the bladder. The procedure will be performed by a physician if a urinary infection is present. The agency reportedly has about eight nurses, and one client is authorized to flush his urinary catheter. According to the nurse, all direct care staff assigned to residents who have urinary catheters are authorized to perform irrigation and must demonstrate that they can perform this task 100% accurate.

The staff interviewed said that resident A has been a client of the agency since 1994. His feeding tube was ordered because of his initial weight loss and precancerous condition. The nurse said that residents who receive feeding tubes are assessed by a dietician during their hospital visits. They are weighed by the agency on a monthly basis. Residents are usually fed through their g-tubes from 4:00 p.m. until the end time on the order. They are fed at a different rate on a continuous pump according to the physician's order. The staff said that resident B is the only client of the three individuals reviewed with g-tubes that attends a day program in the community. The investigation team was informed that the home staff are trained and authorized to disconnect/reconnect, and flush feeding tubes to implement the resident's care plan.

The agency's protocol for g-tubes includes: 1) positioning the person for feeding, 2) setting the feeding pump at the correct rate of flow, 3) the staff person is instructed to wash his or her hands, 4) observing the ostomy site for abnormalities such as redness, 5) filling the ostomy bag, priming, and connecting the tubing to the pump if there are no abnormalities observed, and, 6) ensuring that the feeding formula is room temperature. It directs that the pump should be stopped upon completion of feeding, the tubing disconnected and flushed with the proper amount of room temperature water, and the tubing should be reconnected or recapped as ordered until the next feeding.

CONCLUSION

According to Section 65/60-35 (a) (4) of the Nurse Practice Act,

A Registered Nurse may delegate selected tasks to qualified, competent assistive personnel in a selected situation, based upon the Registered Nurse's plan of care. The Registered Nurse retains professional accountability for the outcome of the delegated task and all the nursing care of the individual.

According to the CILA Rules, Section 115.240 of the Illinois Administrative Code,

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 Nursing and Advanced Practice Nursing Act.

Section 115.250 (a) (5) of the CILA Rules and Section 5/2-112 of the Code state that every recipient has the right to be free from abuse and neglect.

The four residents' records reviewed indicated that they do not have urinary catheters and that three of them have gastrostomy tubes (g-tubes). The agency's nurse reported that the home staff are trained and authorized to perform nursing tasks such as flushing urinary catheters and g-tubes, and disconnecting and reconnecting feeding tubing. The CILA Rules and the Nurse Practice Act allows a Registered Nurse to delegate selected nursing tasks to authorized non-licensed medical staff. However, the nurse is still responsible for all nursing care interventions including those delegated. The Authority found no clear violations of the above Sections because treatments, such as flushing urinary catheters and g-tubes are not expressly restrictive under the CILA Rules or the Nurse Practice Act.

The HRA cannot substantiate that the agency violated rights because the direct care staff are required to flush urinary catheters. Additionally, the complaint that the staff routinely disconnects a resident's feeding tube when he goes to the day training program is not a substantiated rights violation.

SUGGESTION

Ensure that the training of non-licensed medical staff authorized to perform selected nursing tasks is well documented in the employee's file.

FINDINGS

Community Integration and Personal Allowance

According to the resident's records, all individuals have moderate to severe retardation and require 24-hour supervision. Resident A's primary diagnoses include Severe Mental Retardation, a Mild Psychiatric Disorder, Thoracic Scoliosis, Prostate Adenocarcinoma and a g-tube. According to the resident's "Service Plan" dated July 2010, he is able to communicate, but his speech is difficult to understand. He uses a wheelchair to ambulate. He enjoys going to the park, shopping and visiting with his physicians. According to the Observation Monthly Summary Sheets for January through December 2010, the resident participated in activities such as singing, exercising, cooking and went on a picnic. He listened to music, watched movies, visited with friends and relaxed outside when the weather was appropriate. Also, he saw his physicians many times and was hospitalized twice. The resident reportedly died from cancer shortly after the HRA's site visit in 2011.

Resident B was diagnosed with Profound Mental Retardation, a Developmental Motor Disorder, Severe Scoliosis, Profound Hearing Loss, Blindness, Dysphagia and has a g-tube. According to the resident's "Service Plan" dated March 2010, the non-verbal individual enjoys being outdoors and uses a wheelchair for long distance trips. The Observation Monthly Summary Sheets for January through December 2010 recorded that the resident participated in short walks, exercising, sensory activities, and the annual talent show and a party. He visited with friends at another home and relaxed outside when the weather was appropriate. And, he checked out a library book and went hiking twice with his day training staff.

Resident C was diagnosed with Mental Retardation, Hypertension, Dysphagia and has a g-tube. According to the resident's initial "Service Plan" dated August 2010, the non-verbal and ambulatory individual was new to the agency. The Observation Monthly Summary Sheets for August through December 2010 documented that the resident enjoyed visiting with his new friends and housemate, exercising, flipping through magazines, walking outdoors, listening to music, watching movies and going to the park. For December, the summary sheet documented that the resident continued to make progress concerning his goals. It also stated that he had accomplished the second step regarding his community goal.

Resident D was diagnosed with Attention-Deficit and Hyperactivity Disorder, Moderate Retardation and Scoliosis. According to the resident "Service Plan" dated June 2010, the ambulatory individual enjoys shopping, listening to rap music and going to dances. His "Social

Transition Plan" dated June 2010 documented property destruction, and verbal and physical aggression. The resident's plan stated that his behaviors prevented him from being integrated in the community. The Observation Monthly Summary Sheets for January through December 2010 indicated that the resident participated in activities such as singing, shopping, walking outdoors and relaxing outside when the weather was nice. He saw a movie at the theatre, and he ate at several restaurants. He attended a parade and the annual talent show and checked out a library book. Also, he visited the petting zoo and the pumpkin farm, and he went hiking twice with his day training staff.

The residents' summary sheets and banking ledgers further documented that A, B and D received \$50.00 monthly from Social Security Income for personal allowance from January through December 2010. Again, the HRA notes that resident C was admitted to the agency in August 2010. On that next month, his checking account balance was \$120.00, and there were no deposited amounts that reflected a deposited Social Security benefit amount for 2010. One of the agency's Associate Program Directors explained that Trinity has not received any payments for the resident's care since he was placed with the agency. She said that the resident was transferred from an agency in a different county and that sometimes transferring benefits take a long time. Trinity reportedly has submitted the appropriate forms to the Social Security Administration Office several times, and the resident's account will be credited \$50.00 for personal allowance for all months upon receipt of payments. According to the Associate Program Director, the agency has purchased hygiene supplies, clothing, and paid for social events and other expenses and will continue to meet the resident's needs. The HRA was provided with a written statement of the staff person's assertion as outlined above.

On questioning regarding community integration, the HRA was informed that the agency's CILAs do not have a written activity schedule. The Program Director reported that some residents do not want to go out in the community. Some of them like shopping and eating out at restaurants. Reportedly, residents are escorted to festivals and the petting zoos many times during the summer. Resident D likes to watch the Chicago football team practice at their training camp located nearby. According to the staff, resident A, B and C's home have two vans with a wheel chair lift and resident D's home (which consists of two buildings with 16 clients) has three vans to facilitate community outings. The Team Leader and the Qualified Developmental Disability Professional assigned to the home reportedly are available to assist with outings in the community. According to the Program Director, resident D's behaviors sometimes prevent him from being in large crowds because he becomes overly stimulated. She said that he needs a more quiet and structured environment. Another staff person said that the resident might exhibit anxiety or aggression while getting ready to go in the community.

According to the Program Director, the agency is the representative payee for the four residents who were reviewed for this report. She said that clients who can manage their money usually have a personal checking account. On questioning regarding expenditures, the investigation team was informed that the agency's practice is to secure the client's signature on the receipt if possible.

The agency's "Statement of Rights" (Revised on June 2008) includes the right to receive services in the least restrictive setting.

Trinity "Individual Funds" policy states that clients who receive residential services will complete a financial assessment annually. The assessment will serve as a basis for discussion of the individual's ability and preference to handle their personal funds. It states that choices of managing funds range from independence to levels of partial independence with staff assistance. For clients who choose to participate in the collective client checking account, a check will be written on a general operating account for personal care portion of the monthly benefit check and deposited into a collective account maintained by the agency for individuals' funds. The collective account is an interest bearing (NOW) checking account and each client will be provided with a separate accounting of his or her transactions and interest earned.

CONCLUSION

According to the 59 Illinois Administrative Code 115.200,

(c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate.

(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.

Section 115.220 (c) states that,

The community support team shall be directly responsible for: 7) Assisting the individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords and 8) Providing personal support and assistance to the individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities.

Section 5/2-102 (a) of the Code states that a recipient of services shall be provided with adequate and humane care in the least restrictive environment, pursuant to an individual services plan.

According to the Code of Federal Regulations Section 416.635 (a) (e), a representative payee has a responsibility to use the payments only for the benefit of the beneficiary and to keep a written accounting for the benefits received.

The HRA concludes that residents A, B and D's Observation Monthly Summary Sheets documented that they participated in supervised community outings and banking ledgers indicated a deposited Social Security benefit amount for personal spending from January through December 2010. Resident C was admitted to the agency in August 2010, and there were no deposits reflecting a \$50.00 benefit amount for personal spending because the agency reportedly has not received any payments from Social Security. The investigation team was informed that the resident's needs are being met by the agency, and that his monthly personal allowance will be credited to his account when payments are received.

The HRA found no evidence to substantiate the complaint that residents lack access to the community. Additionally, the complaint that residents are not given their monthly allowance from Social Security Income is unsubstantiated. No violations of Sections 115.200 (d) and 115.220 (c) of the CILA Rules, 5/2-102 (a) of the Code or the Code of Federal Regulations 416.635 (a) (e) were found.