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Egyptian Regional Human Rights Authority  
Report of Findings  
11-110-9037  
Cardinal CILA...Progressive Housing  
September 27, 2011

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Progressive Housing, which consists of two Community Integrated Living Arrangements (CILAs), Cardinal and Galaxy. Both CILAs, located in Woodlawn, are licensed to accommodate eight adult individuals with disabilities. The specific allegation is listed as follows:

Staff members at Cardinal CILA (Progressive Housing) are forcing a resident to go to a church that the resident does not want to attend.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-101) and the Illinois Administrative Code (59 Ill Adm. Code, Section 115).

Section 5/2-101 of the Code states, (a) No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services. (b) A person with a known or suspected mental illness or developmental disability shall not be denied mental health or developmental services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability or criminal record unrelated to present dangerousness."

Section 115.230 of the Admin.Code states. "Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process. A) Through the interdisciplinary process, the agency shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual..."

Section 115.250 states, "To insure that the individual rights are protected and that all services provided to individuals comply with the law, agencies licensed to certify CILAs shall ensure that a) The rights of individuals shall be protected in accordance with Chapter 2 of the Code except that the use of seclusion shall not be permitted. B) The right of individual to

confidentiality shall be governed by the Act. C) Staff shall inform the individual entering a CILA program of the following. 1) Their rights in accordance with subsections (a) and (b) of this Section. 2) Their right to remain in a CILA unless the individuals voluntarily withdraws or meets the criteria set forth in Section 115.215. 3) Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., the agency's human rights committee and the Department. Staff shall offer assistance to individuals in contacting these groups giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.; 4) This information shall be given to individuals or guardians in a language which they understand. d) Staff advisement of the individual's rights and justification of any restriction of individual rights shall be documented in the individual's record. e) Each individual in a CILA shall be free from abuse and neglect. f) Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the agency and other service providers up to and including the authorized agency representative. The agency representative's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law (735 ILCS 5/Art.III]...."

### Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of one Member and the HRA Coordinator (Coordinator), conducted a site visit at the facility. During the visit, the Team spoke the Qualified Service Professional (QSP), a Direct Service Person (DSP) and six residents. With the written authorization of each resident or his/her legal guardian, the Authority reviewed information from the residents' clinical charts. Policies pertinent to the allegation were also reviewed.

#### I...Interviews:

##### A...QSP:

The QSP informed the Team that residents are informed of their rights upon entry to the CILA and those rights are reviewed with each resident on a yearly basis thereafter. One of the rights listed is the right to worship in a manner chosen by the resident. The QSP stated that each resident is allowed to attend the church of his/her choice or allowed to choose not to attend church services. According to the QSP, each resident's ability to safely access the community with or without staff assistance is conducted, and that assessment determines whether the resident is accompanied by staff to the church service of his/her choice.

The QSP stated that the facility has a Grievance Policy which allows residents to register complaints and concerns. She stated that she was not aware of the issue brought to the attention of HRA being registered through the facility's grievance procedure.

##### B...DSP

According to the DSP, facility staff members do not dictate where a resident must attend church services, require all residents to attend the same church or demand that a resident attend

any type of religious service. Each resident is allowed to make his/her own choice pertinent to religious activities.

### C...Residents:

#### Resident 1...

Resident 1 stated that he attends Lutheran church services every Sunday without the accompaniment of staff. He stated that his guardian had provided written authorization for him to go into the community without a staff member escorting him. Resident 1 stated that he had not experienced any problems being allowed to attend the church of his choice. Nor had he been approached by any staff member requesting that he change his place of attendance.

Resident 1 was the resident listed in the complaint as being forced to attend a church that he did not wish to attend.

Resident 2 stated that he goes to a church in a nearby town. The resident did not state the name or denomination of the church where he attends. He related that his guardian had requested that he have staff accompany him when attends the services. Resident 2 informed that Team that any time that he requested to attend church services he was allowed to attend the church of his choice.

Resident 3 informed that Team that he doesn't wish to attend church services and wishes to "sleep-in" on Sunday. He stated that he has not been forced to attend religious services at any of the area churches.

Resident 4 stated that she goes to church of her choice (Baptist) unaccompanied by staff. She stated that she has never been required to attend any church other than one that she attends on a regular basis.

Resident 5 stated that she doesn't desire to attend any type of religious services, and has not been required to do so.

Resident 6 stated that he regularly attends the church services at Christian Church in the town where he resides. He stated that he does not require staff accompaniment. He informed that staff that he had never experienced any problems with been able to make choices related to his religious preference.

### II...Clinical Chart Review.

#### Resident 1

Documentation indicated that the 57- year-old male was admitted to the Cardinal CILA on 04/04/04. His diagnoses were listed as follows: Mild Mental Retardation; Seizure Disorder; Dysthemia; Hypothyroidism; Bipolar Disorder and Chronic Onychomycosis.

Recording in the resident's 09/01/10 Individual Service Plan (ISP) indicated that the resident is 1) able to perform grooming and dressing without assistance; 2) knowledgeable about the medications that he is taking, 3) able to safeguard his money, 4) appropriate in the community and 5) able to access the community without staff assistance.

Documentation in QSP notes for March and April 2011 indicated that the recipient had attended weekly church services. Recordings in the recipient's May 2011 Monthly Activity Participation Record indicated that the recipient had attended church services four Sundays in the month.

### Resident 2

According to documentation, Resident 2 is a 25-year-old male who was admitted to the CILA on 02/09/07. His diagnoses were listed as Moderate Mental Retardation and allergies.

Documentation in the resident's 05/19/11 ISP indicated the following: 1) He is able to perform personal hygiene with verbal prompts; 2) He is able to dress himself independently; 3) He requires verbal assistance to take his medications; 4) He knows the concept of money and can identify coins and paper money; 5) He is aware of basic safety precautions in the kitchen; however, he would allow a stranger to enter his home; and 6) He requires 24 hour supervision at home and requires staff accompaniment while in the community.

Recordings in QSP Notes for March 2011 and April 2011 indicated that the resident attended Sunday church services, as well as bowling activities. Documentation in the resident's Monthly Activity Participation Record for May 2011 indicated that the resident had attended church services on two Sundays during the month. Other activities for May included movies, Special Olympics, music activities, board games, community trips, watching television, and socializing with his peers.

### Resident 3

The record indicated that Resident 3 is a 48-year-old male who has admitted to the facility on 05/22/10. His Diagnoses included the following: Mild Mental Retardation, Psychosocial Disorder, Bipolar Disorder NOS (Not Otherwise Specified), History of Irregular Heartbeat, Anxiety, Depression, HTN (Hypertension), Drug-induced EPS (Extra-Pyramidal Syndrome and Parkinson; Static Encephalopathy, Atrophy Intrinsic Muscles (Right Hand), Constipation, and Chronic Peripheral Edema.

According to documentation in the resident's 06/18/10 ISP, he is able complete personal hygiene, grooming and dressing with verbal reminders from staff. Additionally, he is able to identify coins and paper money; however, he can not make small purchases out in the

community without assistance from others. Documentation also indicated that the resident is aware of basic safety precautions at the CILA and workshop. However, he would be easily convinced to let a stranger into his home.

Monthly QSP Notes for March 2011 and April 2011 indicated that the resident had been involved in bowling activities. Recordings in his May 2011 Monthly Activity Participation Record indicated that he was involved in Special Olympics, softball practice, bowling, visiting with family and visiting at another CILA.

#### Resident 4

Documentation indicated that the 27-year-old female was admitted to the CILA on 08/08/05. Diagnoses were listed as follows: Mild Mental Retardation, Depression, and Schizophrenia.

Documentation in the resident's ISP indicated the following: 1) She is independent in grooming, personal hygiene and dressing; 2) She is able to take medication independently with the use of a medication planner; 3) She knows the concept of money, can identify coins and paper money, and make small purchases; and 4) She can safely go into the community without staff assistance. Additional documentation indicated that she goes to church on Sundays without needing a staff member accompany her.

Documentation in QSP Notes for March 2011 and April 2011 indicated that Resident 4 attended Sunday church services during both months. Recordings in a May 2011 Monthly Activity Participation Record specified that the Resident had attended Sunday Church services three Sundays during the month. Additional documentation indicated that she had also attended Special Olympics, softball practice, gone shopping and out in the community to eat.

#### Resident 5:

The record indicated that Resident 5 is a 43-year-old female who was admitted to the CILA on 05/04/04. Her diagnoses were listed as Mild Mental Retardation and Aggressive Behaviors.

Documentation in an 11/04/10 ISP indicated the following: 1) The resident is able to perform personal hygiene tasks and dressing with verbal reminders; 2) She requires verbal assistance to take her medication; 3) She understands the concept of money and is able to identify coins and bills; 4) She does not approach strangers inappropriately and will only speak with person that she feels comfortable around; and 5) She enjoys helping in the kitchen and is able to prepare certain dishes that she likes.

Documentation in March 2011 and April 2011 indicated that the resident had attended bowling activities. Recording in the May 2011 Monthly Activity Participation Record indicated that the recipient had watched television, played board games, socialized with peers, attended a current event activity, attended a community activity, been involved in a music activity, and participated in an exercise program.

### Resident 6:

The record indicated that the 64-year-old female was admitted to the CILA on 04/04/04 from another CILA placement. Her Diagnoses include the following: Moderate Mental Retardation; Persistent Tardive Dyskinesia; Hx (History of) Seizure Disorder; Mastectomy (Left Breast) Chronic Constipation, and DJD (Degenerative Joint Disease).

According to documentation Resident 6 is independent in personal hygiene and dressing, and she requires minimal staff assistance with her administration of her medications. The record indicated that the resident has access to spending money and is on a formalized program to learn to balance her checkbook using a calculator. Additional documentation indicated that she is able to communicate her wants and needs; however she is not assertive when she speaks to staff. She is aware of survival and pedestrian skills and is able to go into the community in a familiar setting. The record indicated that she attends church every week. A staff member from the CILA takes her to the church; however, she attends the service without the staff member being present. Documentation indicated that when the church services are completed, Resident 6 will wait at the front of the church for a staff member to take her home.

According to March 2011 QSP Notes, the resident did not attend any outside activities. Documentation in the April 2011 QSP Notes indicated that the resident had visited at another CILA and attended weekly church services. Documentation in May 2011 Monthly Activity Participation Records indicated that the Resident attended weekly Sunday church services and an outing scheduled at the workshop. Additional activities included arts and crafts, watching television, socializing with peers, exercises, listening to music and one-to-one interaction with staff members.

### III...Residents Rights and Facility Policy:

#### A: Residents Rights

The Authority reviewed a copy of "My Rights", a list of residents' rights given to each resident when admitted to the CILA and reviewed with him/her on an annual basis. The rights are listed as follows: "1) I have the right to food that looks and tastes good and which meets accepted nutritional standards. 2) I have the right to worship in my own way or not to worship. 3) I have the right to medical and dental treatment when I need it. 4) I have the right to services I may need which include things such as therapies, behavior modification, and other psychological services. 5) I have the right to receive care and services in a way which promotes my privacy and individuality. 6) I have the right to a place that I can go to be alone, when I need and want to be, without being interrupted. 7) I have the right to be treated as any other citizen. 8) I have the right to be free from emotional, psychological and physical abuse. 8) I have the right to participate in

programs which meet my individual needs and desires for education, training, social development, and recreation. 9) I have the right to be actively involved in making choices which affect my life. 10) I have the right to choose a family member, friend, acquaintance or professional advocate to act on my behalf. 11) I have the right to make decisions about how my money is used based on my abilities, and to regular reports of how it has been used. 12) I have the right to make and keep my own friends, to stay involved with my family and to visit with people when and where I wish in any reasonable manner 13) I have the right to have and keep my own things. 14) I have the right to social relationships with members of the opposite sex. 15) I have the right to participate in life as fully as possible to reach my greatest potential. 16) I have the right to work or learn to work so as to become financially independent as possible. 17) I have the right to be treated kindly and with respect and dignity just like any other adult. 18) I have the right to live and work in a clean, safe place that is regularly inspected and meets all state, local and federal requirements. 19) I have the right to refuse to perform services for a facility without pay that are not part of a plan to increase my independence in daily living. 20) I have right to have privacy when I want and need it. 21) I have the right to make my own choices as independently as possible. 22) I have the right for all of my personal information and affairs, including treatment and services, to be kept private and confidential. 23) I have the right to let people know when I am not happy with the services and/or care I received and to suggest changes without restraint, interference, coercion, discrimination or reprisal. 24) I have the right to be free from unnecessary medications which restrict capabilities or physical restraints. 25) I have the right to participate in political processes. 26) I have the right to refuse programs or services, including medication, and 27) I have the right not to be part of medical, psychological or other research experiments"

## B...Grievance Policies:

### 1...Grievance:

The Purpose Statement of the Grievance Policy is listed as follows," The purpose of this policy is to ensure that the individual's rights are protected and that they are given proper information to file grievances."

Documentation indicated that the facility provides a structured method for resolving problems or dispute and should be resolved at the lowest level within the organization structure. Any individual dissatisfied with the outcome has the right to appeal to the next appropriate level as defined in the procedures.

The Procedure mandates that upon entry into the CILA, residents, family members and/or guardians shall be informed of the procedural steps involved in appealing or grieving an issue or problem. The information is given to the individual(s) in writing in a language which he/she understands. Documentation is entered into the resident's record when the information is provided. The information includes the following: 1) Notification of the right to appeal actions to deny, modify, reduce or terminate services. 2) Information on how written notice shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services. 3) Information on how no action shall be implemented pending a final administrative decision. 4) Information of the time frame for notice of intent to appeal and the rendering of a final

administrative decision; and 5) No one directly involved in the action or decisions being grieved or appealed will be a part of the review of the action or decision. A resident is not excluded, suspended or discharged from services or have services reduced for exercising any of his/her rights. The authorized agency representative's decision shall constitute a final administrative decision and shall be subject to review.

## 2... Complaint and Grievance System:

Documentation indicated that Progressive Housing, Inc. established a policy to provide a method to register complaints concerning working conditions, the interpretation or application of policies and procedure, to address disciplinary actions that an individual feels were not for just cause and to address any other matters of concern related to working conditions.

Procedures for resolving the complaint include the initial step of the resident discussing the matter with his/her immediate supervisor as soon as possible, but no later than five working days after the occurrence. The supervisor will discuss the problem fully with the resident at a time that is mutually convenient. The supervisor will conduct an investigation as appropriate and provide the individual with a response within five working days from the time of discussion.

Following receipt of the supervisor's response and within five working days, if the individual finds that the response is unsatisfactory, the individual should submit the following: 1) a signed and dated written statement to the supervisor containing the facts of the complaint, 2) the provisions of the personnel policies, procedures or practices which the individual believes to have been misapplied or the disciplinary action believed to not be for a just cause.; 3) the adjustment or relief that the individual is seeking and 4) The reason(s) why the supervisor's solution at Step 1 was not acceptable. Upon receipt of the individual's written statement, the immediate supervisor will send a copy of the statement and response to the next level of supervision.

The next level Director, within ten working days of receipt of the written complaint, will arrange a meeting with the individual, the individual's immediate supervisor, other levels of supervision, and others who may be involved. The next level Director will conduct an investigation and within five working days from the time of the discussion, submit a response in writing to the individual. If the individual is not satisfied with the response, within five working days of the receipt of the response, a request can be made for the Director to submit a copy of the original complaint and the responses given at the first and second steps to the President and CEO or the Human Resource Director with a request for a third-step meeting.

Within ten working days of the recipient, the Chief Executive Officer or Human Resource Director will conduct an investigation and within five working days from the time the discussion is concluded, will submit a response in writing to the individual. This written response is the final decision to the grievance.

## C...Community Integration and Activities Policies:



### 1...Community Integration Policy:

Documentation indicated that it is the goal of Progressive Housing, Inc to provide an encouraging, nurturing environment in which to learn and apply the skills needed for working, volunteering and integrating within the community. It is the belief of the facility that persons with developmental or behavioral health needs can learn the skills necessary to compete in the workplace, build self-esteem by contributing to the community, and in doing so become more financially independent. The record indicated that it is the policy of the facility to assist the individual served in achieving independence through community employment, volunteering in the community and participation in community activities on a regular basis.

### 2...Activities/Community Outings:

According to the policy, " The goal of the facility's Activities/Community Outing Program is to provide a wide variety of activities at home and in the community which will promote both enjoyment and learning experiences to further enhance the individual's social skills and emotional development. These activities will take part in large and small groups, as well as individual trips; and be based upon the preference and training needs of the individual involved."

Procedures for conducting the activities, including community outings, are outlined in the Policy. The Policy provides guidelines for the following: 1) staffing for activities, 2) safety, medical and emergency issues, 3) group sizes, 4) selection of the activity, 5) posting of forthcoming activities, 6) documentation of the activity, 7) procedures to be followed at each community outing, and 8) community access for individuals who have acquired the skills to go into the community without the staff accompaniment.

### Summary

According to the complaint, staff members at Cardinal House, a CILA operated by Progressive Housing, Inc, have forced a resident (Resident 1) to attend a church that he did not want to attend. When the HRA Team spoke with the Resident he stated that he had always been able to attend the church of his choice and had never been approached by staff to change his place of worship. When five additional residents were interviewed, three of the residents stated that they had not experienced any problems with being able to attend the church of their choice. The other two residents informed the Team that they did not attend religious services, and staff at the facility had allowed them to make the choice of not attending church. The QSP and DSP informed the Team that it is the facility's policy to encourage residents to make choices and become more independent, and staff had never encouraged individuals to attend a specific church. The QSP stated that she was not aware a grievance pertinent to religious choice being filed though the facility's grievance process. Documentation in individual resident's clinical charts correlated with the information that was obtained in the Team's interviews with each of the residents. The facility has written policies and procedures to address grievances and to encourage community access in a safe, productive manner.

### Conclusion

Based on the information obtained during the course of the investigation, the allegation that staff members at Cardinal CILA are forcing a resident to go to a church that the resident does not want to attend is unsubstantiated. No recommendations are issued.