



FOR IMMEDIATE RELEASE

**REPORT OF FINDINGS
LYDIA HEALTHCARE — 12-040-9015
HUMAN RIGHTS AUTHORITY- South Suburban Region**

[Case Summary— The Authority made one corrective recommendation regarding the allegation that was accepted by the service provider. The public record on this case is recorded below; the provider requested that its response should not be included as part of the public record.]

INTRODUCTION

The Human Rights Authority (HRA) has completed its investigation into an allegation concerning Lydia Healthcare. The 309-bed skilled and intermediate care facility is located in Robbins. The complaint stated that the facility failed to follow up with the resident's concerns about his missing property and items confiscated by the staff. If substantiated, this allegation would violate the Nursing Home Care Act (NHCA) (210 ILCS 45/2-103) and the Illinois Administrative Code for Skilled Nursing and Intermediate Care Facilities (77 III. Admin. Code 300.3210).

METHODOLOGY

To pursue the investigation, the Facility Assistant Administrator, the Director of Security and a Psychiatric Rehabilitation Services Counselor were interviewed. The allegation was discussed with the complainant by phone. The adult resident was interviewed privately twice at the nursing facility. Sections of the resident's record were reviewed with consent.

COMPLAINT STATEMENT

The complaint stated that the staff did not make any effort to find the resident's missing items that included: 1) a gray shirt, 2) a pair of gray shorts, 3) a radio, 4) a Bible with gold trimming 5) a book called "The Heavenly Man," 6) a bar of soap, 7) an Oxford Dictionary, 8) an unspecified number of DVD movies, 9) two bottles of water, 10) two bottles of Irwin Naturals Ultimate Cleanse, a herbal supplement that helps with elimination, 11) three pairs of boxer briefs, and, 12) thirty seven dollars. The complaint alleged that the resident was not allowed to keep calcium bentonite clay, (a natural substance that removes toxins from the body) and his book about this substance. Also, the staff confiscated the resident's psyllium seed husk powder (a natural herbal substance that helps with elimination) and a small juice extractor upon delivery. The resident was informed that over-the-counter supplements could interfere with his medication, but the complaint disagrees with this. The complaint stated that the resident was not allowed to keep his social security card in his possession. It was reported that the resident was not informed when his items would be returned.

FINDINGS

According to the record, the resident was diagnosed with Schizophrenia and has lived at the facility for about 3 ½ years. There was no inventory log of the resident's belongings at intake or written indication that he had items prior to a signed form dated May 17th, 2010. According to the form, the resident was counseled on locking up his portable electronic devices and accessories. The form stated that the facility would not assume any liability for damaged or stolen items. There was no more information about the incident found in the resident's record.

A "Resident In-Service Personal Belongings" form explained that residents are responsible for safeguarding their belongings. It stated that residents are reminded as follows: 1) to always keep personal items locked in their cabinet located in their room, 2) to always lock their cabinet before leaving their room and to take the key with them, 3) to immediately inform the staff if their cabinet lock does not work, 3) to keep items provided by the facility in their bedside table because they can be easily replaced if missing, 4) to secure all televisions, video cam recorders, radios, etc. in their rooms with a chain, 5) to inform staff about new items so that their inventory sheets are updated, and, 6) selling, lending and trading personal items is against the facility's rules. According to the form, the facility does not recommend that residents should keep cell phones, video games, computer or other expensive electronic items during their stay at the facility. These items or those similar are available for use at scheduled times. It stated that the facility is not responsible if a resident chooses to keep the items above. The form was signed by the resident on June 14th, 2010.

The first inventory sheet of the resident's belongings found in the record, dated February 7th, 2011, was completed during his stay on the sixth floor. It documented that fourteen DVD movies, fourteen video games and one basketball were placed with the facility for safekeeping. The resident signed the form documenting that his belongings were returned to him in good condition, but there was no date indicating when this occurred. A psychiatric service note stated that the resident's was counseled about locking up his belongings on that same month. As before, there was no documentation leading up to this discussion with him.

The complaint alleged that the resident's radio was missing. A grievance form, dated March 7th, 2011, stated that the resident reported that his radio was missing when he returned from a weekend pass. It was documented that the staff conducted an investigation into his alleged missing items. The form was signed by the Facility Assistant Administrator and the resident indicating that his radio was found or replaced four days later. Another note found in the record clearly stated that his radio was found.

The second inventory sheet of the resident's belongings, dated August 1st, 2011, was completed during his stay on the ninth floor. It included as follows: 1) a coat, 2) a television, 3) a converter, 4) a radio, 5) one pair of slippers, 6) two pairs of shorts, 7) two video game systems, 8) three bibles, 9) five pairs of shoes, 10) seven pairs of pants, 11) twelve books, 12) twenty pairs of underwear, and, 13) thirty pairs of socks. On that same day, a psychiatric service note stated that the resident's social security card was placed in the facility's custody. There was no written

indication that the resident wanted the facility to safeguard his card or requested that the document should be returned to him.

A grievance form, dated October 13th, 2011, stated that the resident reported that his eyeglasses and remote control for his television were missing. It was documented that his items were found on that same day. He was told that he should always lock up his personal belongings. His guardian reportedly was notified about the incident. The resident was counseled about loaning his video game system to a peer on that same month.

According to psychiatric service notes, on November 22nd, 2011, the resident told the staff that his closet key had been stolen. It was documented that the facility's maintenance department was notified and that a new key was provided. As before, he was counseled on keeping his belongings safe and reminded that the facility was not liable for stolen items. Two days later, the resident could not locate his slippers when he returned from a home visit. A staff person reportedly searched for the slippers on that same day. However, they were not found until the following day. A grievance form dated, December 13th, 2011, stated that the resident reported that his Nintendo remote control was missing. The resident told the staff that he had put the device in his locker before leaving the floor. It was documented that his item was found. The forms previously mentioned stating that the resident had been counseled on locking up his belongings, dated May 17th and June 14th, 2010, were attached to the grievance document.

According to a note written by the Facility Assistant Administrator on May 20th, 2012, the resident said that people were taking his belongings. And, they would return his items when a grievance is filed with the facility. According to the note, the resident told the staff person that he was "suspicious of others." He denied that he was missing any personal items. The resident said that his belongings have always been found or replaced including his video game controller. The Facility Assistant Administrator also wrote that the resident was encouraged to seek help from the staff regarding any missing items.

When the complaint was discussed with the staff, the Facility Assistant Administrator described the resident as being alert and oriented. We were informed that the resident is difficult to redirect and that he wants a new guardian. He reportedly has voiced many complaints about an old shoulder injury, his money being stolen, etc. According to the Facility Assistant Administrator, all residents have a cabinet in their room and they are provided with a lock and key. The resident reportedly denied that he was missing any items after the facility received the HRA's opening letter about the complaint. She said that the "Resident Handbook" explains that glass objects or those that contain blades such as a juice extractor are considered contraband. We were informed that over-the-counter supplements would be added to a resident's medication regiment as determined by the physician. A physician's order is not obtained for items residents are not allowed to keep at the facility. The investigation team was informed that the resident understands the facility's grievance policy. The "Resident In-Service Personal Belongings" form is reviewed annually with those appropriate.

The Facility Director of Security remembered the resident's package delivered to the facility by parcel service. He explained that the resident was called down to the lobby when the package arrived. The package reportedly contained a plastic juice extractor and a powder

substance. He was informed by a nurse that the resident could not keep the items in his possession. This information was reportedly shared with the resident. According to the Director of Security, he kept the resident's items in his possession for a couple of days to give the individual time to decide what he wanted to do with them. The resident reportedly decided that he did not want his mother, who is the legal guardian, to keep his items. According to the Director of Security, he gave the juice extractor to the resident (this contradicts the nurse's instructions above) and threw the powder substance in the garbage can while the individual was in the room.

The resident confirmed that he was summoned to the lobby when his package arrived at the facility. He denied that he was given the juice extractor as alleged by the Director of Security. He reportedly was informed that his juice extractor and husk seeds would be returned when he was discharged from the facility. The resident further explained that he has a cabinet, which he can lock, in his room his Bible with the black and gold trim and his book about the Christian man were stolen on the sixth and ninth floor, respectively. He said that a staff person returned his book on calcium benonite clay. He alleged that the previous Facility Administrator had agreed to pay \$48.00 for two bottles of Ultimate Cleanse that were stolen from him. However, there was no documentation about the over-the-counter supplement found in the resident's record. The Psychiatric Rehabilitation Service Counselor (PRSC), whom the resident alleged had tried to find his book about the Christian man, did not recall the incident or him reporting any books as being missing. We were told that the resident has many items. One day, he reportedly alleged that his shirts were missing and that they were found in his locker.

According to the Facility Assistant Administrator, the resident's social security card is in her office. She said that the resident's card would be returned to him upon request. The resident told the investigation team that he had previously asked a staff person for his social security card. However, he was not able to recall the staff person's name. He reportedly believes that his card will not be returned until he is discharged from the facility, although the investigation team told him what the staff person above had said about his card.

According to the facility's Resident Handbook, residents' belongings should be inventoried at intake and their property log will be updated when new items are acquired. It states that personal belongings cannot be replaced unless the items are listed on the resident's log. Residents are not allowed to keep items such as knives, glass objects, weapons, etc. in their rooms for safety reasons. Residents must give all contraband items to the staff for safekeeping. It states that items determined to be necessary for the resident's care should be used and promptly discarded by staff in an appropriate manner.

The facility's "Grievance Policy" states that residents have the right to file a grievance regarding missing items or other issues of concern. The PRSC is responsible for ensuring that the grievance/complaint form is completed and submitted to the Director of Clinical Services for review. If the grievance involves missing items, the PRSC is directed to conduct a thorough investigation and to document what is actually missing before submitting the form to the director. It states that the investigation shall consist of the following: 1) a copy of the resident's inventory log and a written determination whether or not the items belong to the resident, 2) a copy of the resident's signed inservice form on keeping his belongings safe should be attached to

the grievance document if the person's cabinet was not locked or the items were not listed on the individual's property sheets, 3) a thorough search on the floor should be done. The policy states that residents are advised against keeping cell phones, video game systems, or other expensive items during the intake process. They are asked to sign a waiver if they chose to keep them. The resident's family is informed that the facility assumes no responsibility if the items above are lost, stolen or broken. The staff is directed to document family notification concerning this issue in the resident's record.

According to the NHCA Section 45/2-103 and the Illinois Administrative Code Section 300.3210 (b) (d) (e) (f) (g),

A resident shall be permitted to retain and use or wear his personal property in his immediate living quarters, unless deemed medically inappropriate by a physician and so documented in the resident's clinical record.... The facility shall provide adequate storage for personal property of the resident rooms provide a means of safeguarding small items of value for its residents in their or in any other part of the facility so long as the residents have daily access to such valuables make reasonable efforts to prevent loss and theft of residents' property and may include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories Develop procedures for investigating complaints concerning theft of residents' property and shall promptly investigate all such complaints.

The complaint stated that the facility failed to follow up with the resident's concerns about his missing property and items confiscated by the staff. Although the complaint alleged that the resident's DVD movies and a book on calcium benonite clay were missing or confiscated by the staff, the resident told the investigation team that they had been found or returned. There was no documentation concerning many of the items reported as being missing in the complaint. The record lacked any indication of the juice extractor and a powder substance delivered to the facility for the resident. However, this was confirmed by the facility's Director of Security. He reportedly gave the juice extractor to the resident and the powder substance was discarded several days later. The resident said that he did not receive the juice extractor or give consent for his psyllium seed husk powder to be discarded. According to the Facility Assistant Director, over-the-counter supplements are added to the resident's medication regimen if approved by the physician. She said that physician's orders are not obtained when residents are not allowed to keep personal items.

The Authority substantiates a violation of the NHCA Section 45/2-103 and the Illinois Administrative Code Section 300.3210 (b) only in regard to the requirement that a physician's order is needed when restricting personal property. The investigation revealed that residents are provided with locked space for their personal items. The HRA believes that procedures to protect residents' personal possessions are adequate. Documentation showed that the facility conducted investigations into reports of the resident's missing radio, DVD movies, slippers and remote control within a timely manner.

RECOMMENDATION

1. The facility shall follow the NHCA Section 45/2-103 and the Illinois Administrative Code Section 300.3210 (b) and obtain a physician's order when restricting personal property.

SUGGESTIONS

1. Ensure that residents' personal belongings are inventoried at intake according to program policy.
2. A form indicated that the resident's belongings were returned but there was no date on the document. The facility should ensure that forms are dated.
3. The Facility Assistant Director told the HRA that the resident has voiced many complaints such as his money being stolen. However, there was no more information about his allegation found in the record. The staff person subsequently noted that the resident said that he was not missing any personal items. The facility must ensure that all verbal or written reports of missing items are investigated according to the Sections above.