



FOR IMMEDIATE RELEASE

**East Central Human Rights Authority
Report of Findings
Case 13-060-9010
Shapiro Developmental Center**

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning services at Shapiro Developmental Center, a state-operated Intermediate Care Facility for adults located in Kankakee, Illinois:

Complaints:

1. An individual with a disability was not provided services in the least restrictive environment.
2. An individual with a disability was unable to have unimpeded, private and uncensored telephone conversations.
3. An individual with a disability was verbally abused, secluded and denied food by the staff at the facility.
4. There is an inadequate grievance process at the facility.
5. The facility failed to protect an individual with a disability from being sexually abused by another resident of the facility.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Centers for Medicare/Medicaid Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (42 C.F.R. 483).

The complaint alleges that an individual with autism does not live in the least restrictive environment. He was reportedly not allowed to participate in going to the gym and sitting with peers, not allowed to attend church services at the facility and was denied an outing on his birthday. It was also said that he was moved to different parts of this facility without his guardian's consent, the staff did not follow his plan of care and no autism expert was sought per the guardian's request. The staff have reportedly impeded telephone conversations with his guardian and have hung up on the guardian when she asked to speak to the individual. He was allegedly punished and abused for displaying repetitive speech, sporadic speech (e.g., uttering a word or phrase once and rarely or never saying it again), rote phrases out of context (from the past or videos), nonsensical speech, and pronoun substitutions; punishment was administered by withholding food and snacks and being put in seclusion often. The complaint states further that staff retaliated against the individual when the guardian brought these issues to the facility.

Finally, there was an allegation of the individual being raped by a peer and no incident report was made available to the guardian.

INVESTIGATIVE INFORMATION

To investigate the allegations, an HRA team interviewed agency staff, reviewed pertinent agency policies and documents and examined the resident's records with written authorization.

Interviews

The HRA visited the Shapiro Developmental Center where the facility staff were interviewed. The facility's administrator along with the patient's unit director, unit educator, psychologist, qualified intellectual disabilities professionals (QSP) and direct care staff were all present.

The administrator of the facility provided the HRA team with its history of the facility. Shapiro was a mental health hospital until 1973. Then it was converted to a developmental disability center. Individuals with developmental disabilities came from all over the state to receive services. It was during this time they broke up departments and made teams. After dealing with public health regulations and accreditation issues, a unit system was established by the facility's administrator. The administrator divided the facility into 8 units. Leaders and caretakers were trained to provide services in the least restrictive setting. At the time of conversion there was the Nathan v. Levitt lawsuit which brought individuals with a dual diagnosis of mental illness and developmental disability into the facility (see <http://www.lib.niu.edu/1990/ii900525.html>). Staff were trained appropriately to meet the needs of all individuals served. The administrator stated that the facility has been certified by the Illinois Department of Public Health every year since 1975 and has met standards with excellence. The facility is recognized as the best developmental center of Illinois, and one of the best in the nation. The facility serves roughly 550 individuals whose geographic origins range from all across the state. The facility staffs 1163 employees.

The HRA asked what type of training staff receive. The response was that all staff from mental health technicians to professionals including nursing, caseworkers, QSPs and psychologists receive 4 weeks of classroom training and 6 weeks of on-the-job training. This includes training on human rights and annual refreshers. Employees receive monthly in-service training. Individuals served receive monthly trainings regarding their rights and programming. Office of the Inspector General and other third party advocacy group information is posted in the facility. Both staff and residents are trained on accessing this information. Confidential reporting by staff can and does occur.

Staff explained that there are special programs in place for each individual and staff have been trained to handle behaviors by following them. There have been times when the individual involved in these complaints chose not to partake in activities and other times when it was part of his programming that if he had behaviors he would not attend special activities. His guardian approved by her signature on the program plan. Per the guardian's request the facility has actively sought an autism specialist and provided that information to the guardian, including what type of insurance the experts would accept if the guardian wanted to explore that option on

her own. Staff did not mention any need and/or responsibility for consulting with an autism expert.

Staff explained that the facility has an active, internal human rights committee and an active behavioral management committee which include people from the community, staff and an individual receiving services. They review incidents and behavior programming. They meet weekly sometimes twice weekly. The committees discussed the issues in this case. Currently the consumer is on a medication reduction plan. He has progressed to working off campus at a day training program and receives income from his employment. When he first started working, staff would go with him until he was comfortable on his own. He has been doing piece work at his day training. He has the freedom to leave his ward for 15 minutes to walk around the campus. He has never been moved from his unit because he is comfortable where he is at. The unit is very structured. His guardian has been involved in all programming and care. Home visits and church attendance have never been restricted.

When asked if food or snacks were withheld as a form of discipline, the response was never. Seclusion is not used either, but if an individual is overstimulated and becomes hyper-verbal or belligerent he may be moved away from peers during which a staff member stays with him. At no time was a staff member rude or verbally abusive. The OIG investigated this allegation and determined it was unfounded.

Regarding the grievance process, both residents and guardians are informed at admission and annually on how to file a grievance. When asked had the agency received any complaints, staff explained that the guardian had made numerous complaints and that all have been addressed. The guardian has received a list of staff phone numbers to address any concerns. The HRA asked if there was any retaliation for the multiple complaints that were made by the guardian towards this individual. The response was no.

Upon asking staff about the alleged sexual abuse that took place, the HRA was informed that the Office of the Inspector General investigated the case and the allegation was determined to be unfounded. Three staff had visuals of the individual's room and none of them observed any evidence that it happened. It was also documented that the resident dreamed the incident. This individual had received sexuality training formally and informally. The guardian was informed of the investigation and staff speak to the guardian daily. There are procedures in place to insure resident safety and protection. There has been daily interaction between direct care staff and supervisors.

The HRA asked about individuals having access to the phone and the ability to make unimpeded private phone calls. Staff explained that residents of the facility may use the phone at any time. There is a cordless phone and several other phones on the unit. There is a program in place for the resident at 9:30 p.m. to take the cordless phone every night to his room and to make a 30-40 minute private phone call. The HRA inquired at a later date if the behavior plan or the service plan mention whether there are restrictions on outings and/or telephone use as well as the reasoning for the phone log. It was explained by staff that the individual's record does not contain any restriction of his rights regarding telephone use or outings. The telephone log is not a restriction as it was a method devised by staff at Shapiro to document when the individual

speaks to his mother as she reported to the facility that she was having difficulty getting through on the unit telephone.

The HRA followed up by asking if the individual could make a phone call to this writer. When the individual called he was assisted by his psychologist who was asked if the individual could talk privately. The individual then stated that he was alone; there were no staff listening. He continued to have a private conversation with an HRA worker.

The HRA made an impromptu visit to meet with the individual and asked him what he liked or disliked about living at Shapiro. He explained that they have parties and watch movies. He stated there was a lot to do. He likes keeping up with current events. He has friends at Shapiro. He stated the staff were nice to him. He felt safe there. He was not in any kind of pain or discomfort. The individual shared some of the history he knew about the facility.

Record Reviews

The HRA reviewed the individual's **Behavior Intervention Plan (Program Update 4/23/12)**. The plan documented that: "...The individual has a long history of verbal and physical aggression, property destruction, elopement, self-injurious behavior (SIB), inappropriate sexual behavior, repetitive verbalizations, sleep disturbance, hallucinations, delusions, paranoia, and impulse control difficulties. The individual has had problems with water intoxication. The individual has also had trouble with impulsive running behavior. In the past, he has attempted to run in front of cars. His guardian described how, on one occasion, he attempted to run in front of a moving train. The individual's behaviors has always been very challenging...."

The plan stated: "...The individual would be reinforced every 30 minutes for the non-display of target behaviors...."

For the antecedent/preventive measures of the plan:

"A. Trainer Identifies Reinforcers: Attention from staff, verbal praise, pop, juice, iced tea, chips, lemonade, and he enjoys watching television, home visits, movies, Bass Pro Shop, van rides, snack shop, gym, and listening to the radio, walk with a preferred staff person, conversation time with a preferred staff person, Chicago Bears t-shirts, posters, and favorite snacks.

B. Trainer Identifies preventative measures: 1. When intervening in maladaptive behaviors with the individual speak in an assertive manner, (making eye contact, speaking slowly, and speaking clearly.) Assertive communication when providing verbal reprimands or verbal prompts with the individual appears to be an effective in helping to stop his maladaptive behavior...."

"F. Target Behavior 6: Inappropriate verbalizations: Defined as teasing, yelling, cursing, name calling, using sexually explicit speech or otherwise using offensive speech. Inappropriate verbalizations have been a precursor to aggression, threats, and/or non-compliance in the past.

1. Verbal reprimand: Tell the resident to stop.
2. Separate the resident from other individuals when there is name calling, teasing,

joking, or yelling as this is a precursor to physical aggression, property destruction and/or elopement. Utilize **Non-Exclusionary Time Out (NETO)**: Calm criteria: As soon as he is no longer a risk to others, as evidenced by him being calm (no target behaviors for 2 consecutive minutes) Maximum time out: 30 minutes.

3. Redirect him to an ongoing activity...."

In a section called, Replacement Behaviors A. Schedule Program, the plan documented that "...The individual is not allowed the desirable activity until the preceding less desirable activity is completed. *This does not include meals as he will have access to these at their scheduled times....*"

The HRA reviewed the progress notes for the individual from 9/5/12 to 3/28/13 and the notes of the weekly interdisciplinary reviews of the individual's support plan from 8/7/12 to 3/26/13. The following is a timeline based on documentation the HRA reviewed in the record of care that would apply to the allegations:

7/30/12 - Staff notes document the resident was being very disruptive and interrupting other individuals to tell them about his home visits and saying that "My mom says that I'm allowed to talk about my good news." He gets upset and then starts being disruptive again. He stated, "I just want to talk about my good news...my mom says I'm allowed to talk." He was redirected one last time and a behavior plan was implemented.

7/31/12 - Staff notes document the resident got upset because he wanted to talk to another resident so he ran out of the activity room and ran down the hall, he was written up for elopement.

8/6/12 - Staff notes document the resident became very disruptive towards his peers. He wanted to tell everyone about his home visit and everything that he did. His peers were becoming upset. At lunch time he became very impatient waiting for water. When he received his water he told the worker that it was nasty and threw it out. He continued to disrupt his peers. The staff asked him to take a time out in the break room. He did and then calmed down. During all this time the resident also told staff that he was going to turn all staff in to his mom and get all of them fired. He said he would find a way to go home for good.

8/7/12 - Staff notes document the resident ate his breakfast. After he finished he attempted to take more food from another table. The staff explained that he already had his recommended servings and that if he wanted more he should ask his group leader first. He then became upset and tried to run out of the dining room. When a staff person stood in front of him to block him he told them he was going to tell his mom. He continues to threaten to get staff fired and tease his peers about going on home visits. Behavior improvement plan (BIP) implemented.

8/10/12 - Nursing notes document that there is redness to left side of neck and redness to left upper back accompanied by discomfort. An injury report was initiated. (No explanation of what had happened.)

8/17/12 - Nursing notes document that an inhaler was given, his respiration appears easy. Distress noted. A ¼ inch laceration to right pinkie finger, bleeding noted, cleansed, band-aid applied, injury report initiated.

8/21/12 - Staff notes document the resident has had many incidents this month. The resident threatens to harm staff, throws a book, and runs out of activity room. Prior to that behavior the resident was demanding to get his CD player.

8/26/12 - Staff notes document the resident is being non-compliant and is stating that he is hearing voices.

8/28/12 - Staff notes document the resident began harassing his peers about his home visit. His peers started to get upset. The resident was asked to step out and replied that "He wants all staff fired." The resident continued bragging about his home visit and BIP was reinforced. He then attempted to run out of the group room.

9/4/12 - 5:15 p.m. - Staff notes document the resident became agitated when another individual was asking him to be quiet. The resident told him to "shut up or else". When questioned what he meant about else, the resident said "He was going to tell staff on him." Also when the individual tried to sit next to him the resident told him "He couldn't sit there".

6:50 p.m. - It was reported to a manager that the resident was having behavioral issues as a peer wanted to sit next to him and the resident told the peer not to sit next to him. Due to this the resident did not go to the gym for activities. The resident's mother called at approximately 9:15 asking why the resident did not go to the gym. She was told it was due to some behavioral issues that he was having. The supervisor was notified of her concern.

9:35 p.m. - The resident stated again he would have his mom get staff fired. The resident did not go to activities that night because of his behaviors, mother called with a concern as to why he wasn't able to go.

9/4/12 (No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, the unit director, QIDP and other staff). It was documented that the team discussed the individual's progress during the past week. It was agreed to monitor the individual's progress the coming week.

9/5/12 - 3:30 p.m. Psychologist's notes document the resident had been disruptive at the vocational center. Staff reported that the resident has been loud and disruptive to the rest of the group. The staff had to bring the resident back to the unit as other residents were becoming agitated. At the time the resident continued to be loud and disruptive. "In my assessment, counseling at this time would not be productive. I told the resident that I would meet with him tomorrow morning, if he can calm down."

9/6/12 - 4:00 p.m. A psychologist's note documents that the individual continued to be disruptive that morning. He did not meet with him that morning, but later in the afternoon for counseling.

9/11/12 - (No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, QIDP and other staff). The team discussed the individual's progress to reinforce the individual. His guardian indicated that she would be attending the picnic, which the unit will be hosting this weekend. The team agreed to continue to reinforce the individual and monitor his progress. The psychologist's note documents that he had met with the individual and provided reinforcements (for good behavior).

9/12/12 - Staff notes document the resident was disruptive in the group area. He had been talking loud and making threats. Then was asked to move, but refused. Later the resident made inappropriate sexual statements towards another individual.

9/20/12 - Staff notes document the resident began to display attention seeking behavior. (Notes do not say what type of behaviors had been exhibited.)

10/2/12 - (No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, QIDP and other staff). The team discussed the individual's progress this past week. The guardian was a bit upset with the staff because she indicated that staff were not taking the individual to the gym center. The team indicated that they will look

into it. The individual usually goes to the gym for leisure activities, but the guardian indicated that staff had not taken the individual this past weekend. The team was able to discuss the individual's past progress for the last week. He earned 49 stars. The individual had an eye appointment the previous week. The guardian indicated she would pick up the individual next weekend for a home visit.

10/9/12 – Nursing notes document a non-visible injury to neck, with redness, bruising, swelling, and pain. (See OIG investigation).

(No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, the unit director, QIDP and other staff.) Meeting notes document that the individual's progress for the last week was discussed. The psychologist met with the individual several times last week for reinforcements. The guardian asked where the individual sat at the vocational center. The team indicated that he sat with the group for prevocational training. The team agreed to continue to monitor the individual's progress during the coming week.

10/14/12 – Staff notes document the resident said that “He was afraid that he would have a heart attack and die from going to the gym” and he went back to his unit.

10/16/12 - (No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, the unit director, QIDP and other staff). Meeting notes document that the individual's progress for the last week was discussed. On 10/14/12 the individual had a peer to peer injury on his right shoulder. The individual did not provoke his peer nor was he the aggressor in this incident. He was struck from behind by his peer. No trends were identified in this incident. The peer was immediately moved to a different group area and group away from the individual. The team agreed to keep the peer and the individual a distance away from each other both on the unit and at the worksite.

10/23/12 – Staff notes document a call received from the individual's guardian regarding another peer giving the resident oral sex. The resident was examined and there were no signs of injury, but an investigation continued.

10/24/12 – Staff notes document they had walked with the resident outside, the staff gave the resident a pop, and he stated “Maybe I was dreaming about what I said to my mother last night.” The resident was then told he would not be going on a home visit that weekend. As a result he threw his pop and ran away about 100 yards, but returned to the unit with no problems. He did go to his activities for the night and his guardian was informed.

1/15/13 (No Time Listed) Interdisciplinary team meeting (included was the guardian via conference call, the psychologist, the unit director, QIDP and other staff). Meeting notes document that the individual's progress for the last week was discussed. His guardian brought up that the individual's birthday party was declined. The unit director informed the guardian that the particular issue was the distance and the condition of Shapiro's vehicles. She was informed that a party could be had that was closer to the Shapiro campus and he would have a pizza party on his unit for his birthday.

2/25/13 – Staff notes document that the staff sat with the resident as he called his guardian to tell her that he had not been telling her the truth.

The HRA reviewed the list of 6 autism experts, including contact information and the type of insurance they accept that had been provided to the guardian. There was not any indication if anyone was contacted or if Shapiro heard back from any consult.

There was documentation of weekly interdisciplinary team meetings. Positive reinforcers were documented to ensure compliance with the behavior plan and behavioral approaches were discussed with the guardian.

There was no documentation or reference to any claim of retaliation as suggested in the complaint.

There was no documentation or references to a grievance filed by the guardian. There was documentation of discussion of issues with staff.

There are OIG reports documenting complaints. The HRA reviewed the OIG reports concerning these complaints; the case involving the sexual abuse allegation was not made available to the HRA because it was determined to be a non-reportable intake report. 7913N0005: Per the staff, the guardian was notified of the findings of that investigation.

Case 7911-0032 - On 5/10/11, a reported allegation of mental abuse that a mental health technician allegedly threatened the individual with harm while they were in the hallway near the RN station. The individual recanted the allegation and it was unfounded.

Case #7912-0001 - The individual is described as a 36-year-old male diagnosed with mild mental impairment, pervasive developmental disorder, schizoaffective disorder, and bipolar disorder. According to his Behavior Intervention Plan, the individual has a history of physical aggression, property destruction, elopement, threats to harm self and others, threats to get staff members fired, inappropriate verbalizations, and non-compliance. It was alleged that a Mental Health Technician (MHT) held a lit lighter to the individual's face. There was no credible evidence found to support the allegation and it was unfounded.

Case #7913-0011 - On 9/12/2012, it was alleged that unidentified staff members are picking on and ill treating the individual. The allegation was unfounded after talking to the individual and staff. One of the issues involved the individual not being given a snack when he was talking on the phone because of concern for his choking risk. In a discussion with the individual he admitted to choking when attempting to eat and talk on the phone.

Case #7913-0013 - On 10/9/12 there was an allegation of physical abuse by the individual that an employee grabbed him by the neck at 3 different times. Per the report the allegation of physical abuse against the mental health technician was unsubstantiated. The worker who allegedly grabbed the individual was actually assigned to working with a different group than with the individual. There was no evidence to substantiate the allegations. **(Nursing notes did document a non-visible injury to neck, with redness, bruising, swelling, and pain with no other explanation.)**

There were 7 prior OIG cases of unfounded or unsubstantiated allegations that occurred prior to the time period involving the report.

The Individual's Personal Meal Form:

Per the document "This form is (to be) used daily (if the individual is here) to document if the individual has meals/snack/supplements provided to him by Shapiro. Please note that if he refuses an entire meal/snack/supplement then the shift coordinator/LUA and shift charge are notified of this. You should document his refusal on the treatment sheet with your initial and your initials should be circled and there should be progress note written. Please know that the individual does not like turkey tetrazzini and oriental chicken, so he should not be served these items."

The document lists breakfast, snack/ supplement, lunch, snack/supplement, dinner, snack/ supplement. The HRA observed a completed individual meal form.

The Individual's Personal Daily Phone Log:

Per the daily phone log it states: "The following is to be implemented when the individual receives a phone call from his mother or any other family member/friend.

1. Staff should be pleasant, courteous, and professional. When his mother calls for the individual or anyone else calls for the individual, ask if they wish to speak to him on the phone. She is currently calling or if she is going to call cordless phone.
2. If she wishes to speak to him on the unit phone, then ask her to hold on, and go get the individual so he can talk in the office of privacy. Do not yell down the hall for him. When he comes to the phone, before giving the individual the phone, ensure that his mother or anyone is still on the phone by saying 'Are you still there? Here is the individual.' Please do not delay getting the individual to the phone – it should only take a few minutes (1 – 3) to get the individual to the phone.
3. If his mother calls on the unit politely say 'Okay I will get the cordless phone to him.' Bring the individual down to the office so he can have privacy to talk on the cordless phone. If someone's using the cordless phone, politely let his mother know that and ask her to call 15 minutes. When she calls on the cordless phone staff should answer the phone, and then politely say 'Here is (the individual's name)...'
4. The individual should be provided as much time as necessary to complete his phone conversation, – do not tell him he needs to get off the phone or that others need to use it. Staff should remain quiet through the conversation, (for privacy) unless the individual has a question or his mother/family/friend requests to speak to staff.
5. If you end up having to speak to his mother, be polite answer her questions as best as you can – do not guess at anything. If you are unsure of something and then tell her you will relay it to your supervisor and your supervisor will get back to her. If his mother reports that she has been calling and no one has been answering the phone, and you know that someone else was using it, and then politely let her know that someone else was on the phone. If his mother is giving you home visit information, take the dates she gives you let her know you will relay it to supervisory/medical staff. If she brings up things that you just can't answer, becomes upset or makes an allegation, then you are immediately to report it to the living unit administrator (LAU)/ unit director (UAD)/shift coordinator.
6. Below is a log to track when the individual receives calls and if any issues occur. One log should be done daily starting with the AM shift at 6:30 A.M. ending with the night shift at 7:00 A.M. the next day. If he doesn't receive any calls during a particular shift, then it should be noted on the log....

7. The night shift will then place it in the LAU box for review, who will then forward it to the UD for review and filing.

Note: if the individual is not available (e.g., he is down eating dinner, at Tooper gym, going to the bathroom, taking a shower, etc., then politely let the caller know this and request that they call back later) – you can give an estimate of when would be a good time to call back."

The form documents the date of the call, the name of the staff who initially took the call and the time of the call, who called, phone or cordless phone, start time and end time for the individual talking, and a place to indicate any concerns/ problems during call (eg. Complaints, allegations, requested home visit, etc.). It also instructs staff that the supervisor is to be notified immediately of all concerns/issues.

The HRA observed a completed daily phone log which included the above documentation.

Policy Review

The HRA reviewed the Center's general administration rights of individuals, and the human rights committee policy.

General Administration Rights of Individuals (1/11/11)

"Policy: Shapiro Center is responsible for protecting the rights of individuals who reside at the center in accord with the Illinois Mental Health and Developmental Disabilities Code.

Individuals who reside at Shapiro Center shall not be denied their rights, benefits, or privileges guaranteed by law, the Constitution of the state of Illinois, or the Constitution of the United States solely because he's/she's his recipient services..."

"... Shapiro must ensure the rights of all people who live here. 'Ensure' means that Shapiro actively serves the person's right and does not wait for him or her to claim a right. This obligation exists even when the person is less than fully competent and requires that Shapiro is actively engaged in activities which result in the pro- active assertion of his/her rights, e. g. guardianship, advocacy, training programs, use specially constituted committee (typically the human rights committee etc.)"

"... Any restriction of right necessitate the development of a plan with specified criteria to restore the right and requires due process."

The Procedure states: "... (I.A.1)At the time of an admission: person served and his/her Guardian, if applicable, received a copy of form IL-462 – 2001 (Rights of Individuals Receiving Mental Health and Developmental Disabilities Services) (formerly MHDD – 1) as well as an oral explanation of these right. This explanation should be presented in understandable language using the language communication system used by persons served...."

"...(I.A.4) 4. That the person served and his/her guardian, if applicable, is informed of the process involved in restricting any rights."

"...(I.A.5) 5. That the person served and his/her guardian, if applicable, is assisted in obtaining advocacy services if such services are requested or appear warranted."

"...(I.B.) the SC#69, Summary of Legal and Civil Rights and the IL462-2001 Rights of

Individuals receiving Mental Health and Developmental Disabilities services shall be posted in public areas throughout the Shapiro Center."

" Shapiro is responsible for ensuring all persons served has access to legal counsel and that this be done in a manner that safeguards confidentiality.

A. Once an individual has been at Shapiro he/she will be asked whether he/she would like the sender to inform her attorney, the Guardianship and Advocacy Commission, or the protection and advocacy, Inc. of the person's new residence.

B. Individuals who reside at Shapiro have the right a confidential communication with counsel regardless of whether communication occurs in a personal visit, telephone call or written correspondence." This is the policy that addresses the use of telephone communication.

General Administration, Mission and Operations Statement #1/1 (08/2009)

In the section called **Focus of Services** it states: "Shapiro serves as a last resort for individuals with a developmental disability who experience challenging behavioral and medical needs that cannot be met by others. Individuals are accepted for admission to the Center only when circumstances clearly indicate that the individual cannot function at home, in a community alternative, or another state operated setting.

The Shapiro Center utilizes the person centered planning approach involving the individual and his/her family/guardian/advocate, professionals, and service providers in assessment, habilitation planning and implementation of services. During this process, outcome based programs, services, and supports are developed for the purpose of assisting the individual to make choices, exercise his/her rights, achieve his/her own goals, increase control over life experiences, and to function more independently on a daily basis.

The Shapiro Center is committed to utilizing the least restrictive alternatives in the provision of services and supports, ensuring that they are delivered with a minimum of limitation, intrusion, disruption, or departure from commonly accepted patterns of living."

General Administration, Family/Guardian Notification # 1/32 (03/2006)

The Policy section states: "Communicating with the family/guardian of a person who resides at Shapiro regarding issues of concern in a timely manner and compassionate manner is of paramount importance. If a person has a guardian appointed, the guardian will be the primary contact person for receiving information and is requested to share pertinent information with family of the person as he/she determines appropriate. Shapiro will communicate specific information about the person to someone other than the guardian only after receiving a release of information from the guardian. If a person who resides at Shapiro is legally competent, he/she will be requested to provide a release of information prior to information being communicated to others about his/her health, well-being and other pertinent personal issues. Unless otherwise specified, the guardian will be notified by phone. If the guardian is unable to be contacted by phone within a 24 hour period, a written letter of notification will be mailed to the guardian."

In the section of the **Procedures** regarding **Allegation of Abuse** it states: "If a person is the subject of an allegation of abuse, the family/guardian will be contacted by the Unit Director, Center Administrator on Duty, Living Unit Administrator or Shift Coordinator in a prompt manner to inform them of the person's condition, the action initiated and the precautions being taken to prevent the person from any potential future harm."

Regarding *Significant Unusual Occurrences* it states: “If a person residing at Shapiro is involved in a significant situation or occurrence which has not already been described in this policy then the person's family/guardian will be promptly notified by phone by the Unit Director, Center Administrator on Duty, Living Unit Administrator, Social Worker or Shift Coordinator.

The guardians and families are welcome to contact the Social Worker or Unit Director between 8:00AM and 4:30PM, Monday through Friday to obtain a general status report on their family member or ward. If the family/guardian has a need to obtain additional information beyond that which is identified in this policy, he/she should inform his/her family member's/ward's Unit Director in writing regarding those circumstances/situations for which a different type or amount of communication is being requested.”

The *Appeal of Agency Decisions # 1/29 (12/2013) Policy* states: “Shapiro Center shall have established procedures which clearly outline the processes available for appeal of decisions made by the Center with respect to admissions, discharges, and transfers, as well as appeals regarding services provided a person served while residing at the Shapiro Center.

This Committee shall consist of a multi-disciplinary professional staff who are trained and equipped to deal with the habilitation needs of persons with developmental disabilities.

Shapiro Center's Human Rights Committee, whose membership is comprised of consumers, community representatives, and multi-disciplinary professional staff of the Center, shall be responsible for reviewing and responding to complaints and objections regarding services provided to persons served at the Shapiro Center.

An individual with a disability is not required to accept an accommodation, aid, service opportunity or benefit provided under the Americans with Disabilities Act which such individual chooses not to accept.

Personal Advocacy Services shall be available to all persons served at the Shapiro Center through the Protection and Advocacy, Inc., the Illinois Guardianship and Advocacy Commission, Contractual Chaplaincy Services, the Shapiro Parents' Association, and the Disabled Persons Advocacy Division of the Illinois Attorney General's Office. Should a person served want an advocate/attorney he/she must obtain one by requesting an advocate/attorney from any member of the Interdisciplinary Team, the Chairperson of the Human Rights Committee or an SC Chaplain. If a member of the IDT or a Chaplain is requested to obtain an advocate/attorney for person served, they may request assistance from the Chairperson of the Human Rights Committee.

Should it be determined that a person served requires assistance with his/her appeal, it is the responsibility of the Chairperson of the Human Rights Committee to act as an advocate on behalf of the person served including providing him/her assistance in procuring other advocacy services and/or legal counsel.

Should a person served, his/her guardian or advocate submit an appeal of a decision made by the center; or submit an objection or complaint regarding treatment or services, this action will not result in retaliation or barriers to services.”

In section **V. Objections/Complaints** regarding services and/or treatment of individuals who reside at the Shapiro Developmental Center of the policy it states:

“A. Each person served shall receive a card that lists the phone number where a

Human Rights Committee member can be reached if he/she has a question or concern regarding his/her rights.

B. A person served, his/her guardian, parent, or other person acting on behalf of the person served, has the right to present/discuss complaints regarding the services and/or treatment of the person served to the Living Unit Administrator (LUA) and all or part, as appropriate, of the Interdisciplinary Team (IDT) of the area on which the person served resides. The LUA/IDT member will report the complaint to the appropriate Unit Director (UD)/Administrator on Duty (AOD) within 1 hour of receipt of the complaint. Should the response of the Living Unit Administrator and/or the Interdisciplinary Team not satisfactorily resolve the complaint, the Unit Director of the unit on which the person served resides should be contacted for resolution of the complaint. The Unit Director will report the complaint/objection to the Center Director within 1 hour of receipt.

C. Should the Unit Director not satisfactorily resolve the objection or complaint within 2 working days, the person served, his/her guardian, parent, or other person acting on behalf of the person served, may request review of their objection or complaint by the Human Rights Committee by submitting a written request to the Center Director for such a review.

D. Within 2 working days of the request for a review, the Center Director will provide the written request to the Chairperson of the Human Rights Committee for review within 10 working days.

E. The Human Rights Committee shall:

1. Conduct the proceeding regarding the complaint/objection, in a manner which will ensure a fair representation of the facts.
2. Conduct an investigation, as appropriate, in response to the complaint/objection.
3. Prepare and maintain a written record of the proceedings.
4. Make recommendations regarding the information presented.

a. A copy of the recommendation shall be provided to the individual making the complaint/objection within 7 working days.

b. A copy of the recommendation shall also be provided the Center Director.

F. The Chairperson of the Human Rights Committee has a responsibility for asking the person filing the complaint if he/she requires assistance in filing his/her complaint, and if so, is to assist this individual in obtaining the services of an advocate.

G. The Center Director shall ensure grievances and appeals are filed and maintained in a log or record.

H. The Executive Council of the Shapiro Center shall review all grievances and appeals to determine trends in complaints and identify areas for performance improvement.

I. If the person served, his/her parent/guardian or advocate does not agree with the recommendation of the Center Director and/or the Human Rights Committee in response to the complaint filed, then the person served, his/her parent, guardian or advocate may appeal the Center Director's decision and/or the decisions of the Human Rights Committee to the Deputy

Director of the Department of Human Services.”

The policy listed appropriate contact information on how to make contact with the Director.

CONCLUSION

Complaint 1. An individual with a disability was not provided services in the least restrictive environment. The Mental Health Code in section 405 ILCS 5/2-102 (a) states: “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 Code further states: “...In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided...” Per the evidence in the record and interviews with staff, the individual support plan and the behavior improvement plan had been formulated with the guardian via conference call. Facility staff via phone conference met weekly with the guardian to include her in the plan of care. The record appeared to show that staff had followed the individual's plans. The individual had progressed from pre-vocational training to actually participating in vocational work. Staff had been working with the individual to increase the time that he could independently walk around the facility. Staff had assisted the individual in his endeavors to move into the community. There was no evidence that the individual was being prohibited from attending church, prohibited from outings, from sitting with peers or that he was prohibited from attending birthday parties. There is policy at Shapiro that supports and promotes least restrictive environment. Per the record, the facility had worked very diligently to assist the individual in achieving the least restrictive environment, per his individual service plan. **The Complaint: An individual with a disability was not provided services in the least restrictive environment is unsubstantiated.**

On two of the dates documented in this report, 09-04-12 and 10-02-12, it appears that the recipient was denied access to gym and activities due to his behaviors. In a section called Replacement Behaviors A. Schedule Program of his behavior plan it documented that “...The individual is not allowed the desirable activity until the proceeding less desirable activity is completed.” While this statement indicates that there are some contingency factors related to participation in certain types of activities, the plan does not clearly define what are undesirable and desirable activities. In addition, the HRA is concerned about how these conditions interface with the recipient’s right to refuse. What is clear is the documented calls of concern from the guardian when certain activities were denied to the recipient, implying the guardian’s disagreement and/or misunderstanding with the approaches used by the facility. The HRA also questions the guardian’s request for an autism expert and the facility’s responsibility to at least address the reason for the request. The HRA strongly suggests:

1. The HRA notes that on at least 2 days (09-04-12 and 10-02-12) the individual was denied access to gym and activities and this resulted in calls from the guardian. Review the practice of not allowing the individual to participate in activities and gym after behavioral incidents with the guardian. Consider the need to review this approach in the behavior plan including the types of behaviors that warrant if the individual is to be denied such access and the types of activities to be denied. Better define undesirable and desirable

- activities with the guardian and recipient's involvement ensuring that the right to refuse is not compromised.
2. Consider revisiting the guardian's request for an autism expert. Review as part of the recipient's treatment planning process as well as the facility's responsibility to offer such services.

Complaint 2. An individual with a disability was unable to have unimpeded, private and uncensored telephone conversations. The HRA followed up by asking if the individual could make a private phone call to the HRA coordinator, which he did successfully.

The facility took extra measures to ensure that the individual could have a daily phone call in his room with his guardian. There was even a special phone log written on behalf of the individual to make sure he was guaranteed his right to have an unimpeded phone call with his guardian at a specific time. The problem with the individual's personal log is that it dictates that staff must log who is calling which conflicts with the Code on "unimpeded, private, and uncensored communication with persons of his choice by telephone"

The Mental Health Code in section 405 ILCS 5/2-103 states: "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items...."

Per the Code "When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission...or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities."

Regarding restricting rights, section 2-201(a) of the Code states: "Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to:

- (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian;
- (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice;
- (3) the facility director;

(4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985, [FN1] if either is so designated; and

(5) the recipient's substitute decision maker, if any.

The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient's record."

In Title 42 of the Code of Federal Regulations regarding client protections, section 483.420 (9) and (10) states: "Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, and to send and receive unopened mail; Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans;"

There was no evidence that a rights restriction to document caller's names on telephone calls was issued in the record or in the service or behavior plans, nor was one sent on behalf of the individual to the Commission. It is not an infringement of the individual's rights if callers voluntarily identify themselves to staff and that information is logged especially to document the guardian's directives. This practice which requires staff to document who is calling the individual impedes the individual's right to receive uncensored and private phone calls without a sufficient restriction. The HRA is also concerned about the 02-25-13 documentation that staff sat with the recipient during a call to his guardian to report he had not been telling the truth. The HRA substantiates the **Complaint: An individual with a disability was unable to have unimpeded, private and uncensored telephone conversations.**

The HRA makes the following recommendation:

- 1. Remove this special practice where staff are required to document who is calling the individual unless that person chooses to identify his or herself.**
- 2. Complete rights restriction notices and issue them to anyone designated (405 ILCS 5/2- 201) whenever telephone communication or any right under the Code is restricted.**
- 3. Ensure recipients have private communication with guardians. If staff listen in on calls, ensure that there is either a restriction notice or there is documented recipient permission.**

Complaint 3. An individual with a disability was verbally abused, secluded and denied food by the staff at the facility. The Code in section 5/2-112 states that "Every recipient of services in a mental health or developmental disability facility shall be free from abuse...." The HRA found no evidence that staff were verbally abusive to the individual. When the HRA made an impromptu visit to meet with the individual he stated the staff were nice to him and he felt safe there. He stated he was not in any kind of pain or discomfort. At a follow-up phone call with the individual he stated once again that staff were nice to him.

Regarding the allegation of seclusion, the Code in 5/2-109 states that "Seclusion may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. In no event shall seclusion be utilized to punish or discipline a recipient, nor is seclusion to be used as a convenience for the staff." In the BIP during the time period of review, the individual was given non-exclusionary time out, if he had a targeted behavior. Per the record staff would stay with him until he become calm. As soon as he was no longer a risk to others, as evidenced by him being calm which included no target behaviors for 2 consecutive minutes he would return to the former activity. The maximum time out with staff could be 30 minutes.

There were two incidents that another individual in the facility had a behavior and struck out at the individual. In these situations, staff made every effort possible to protect the individual and remove the other party. It was documented that steps were taken to protect the individual from any future incidents. It was also part of this individual behavior plan to help him not provoke other individual into altercations. The HRA reviewed the OIG reports in regard to this complaint and they were unsubstantiated or unfounded. On 10/9/12 there was an allegation of physical abuse by the individual that an employee grabbed him by the neck at 3 different times, but there was no evidence to substantiate the allegations made by the individual. There was cause of concern because nursing notes did document a non-visible injury to neck, with redness, bruising, swelling, and pain, but there was no other explanation of what happened to cause the injury.

Per the record and interview with staff there was no evidence that would substantiate that any staff person had ever withheld food from the individual. There was a special meal chart for this individual that showed that he had been offered regular meals and alternatives if he did not like what was being served. There was a time that the individual, per his behavior plan did not earn a pop. The Code in section 2-102 (a) states "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." Based on the evidence the **Complaint: An individual with a disability was verbally abused, secluded and denied food by the staff at the facility is unsubstantiated.**

The HRA does take this opportunity to make a suggestion in reference to the 10-09-12 documentation: **Ensure that staff document any explanations or the lack of an explanation for observed injuries.**

Complaint 4. There is an inadequate grievance process at the facility. The Code of Federal Regulation (42 CFR 483.420) for client protections states: "The facility must ensure the rights of all clients..." which includes "... (3) Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process...."

In Section 405 ILCS 5/2-200 of the Mental Health Code, it states: "(a) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient, as well as the recipient's guardian or substitute decision maker, and every

recipient who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program. Every facility shall also post conspicuously in public areas a summary of the rights which are relevant to the services delivered by that facility.”

The policies of Shapiro describe available advocacy services, assistance with obtaining legal services and a Human Rights Committee. Individuals served may request assistance from the Chairperson of the Human Rights Committee for obtaining legal services, filing appeals and advocacy. The appeal policy makes reference to Protection and Advocacy when it needs to be updated to Equip for Equality. The policy also states “Should a person served want an advocate/attorney he/she must obtain one by requesting one...” from facility staff; the HRA contends this should be revised to read “may obtain one or seek information about one” from facility staff.

There is policy to prevent retaliation or barriers to services should an individual or his/her guardian or advocate submit an appeal of a decision; an objection; or complaint regarding treatment or services. Each person served receives a card that lists the phone number where a Human Rights Committee member can be reached if he/she has a question or concern regarding his/her rights. This policy also has a process for filing complaints or grievances that allows a complainant to seek higher levels of authority if there is not resolution. This includes the Center Director who ensures grievances and appeals are filed and maintained. The Executive Council of the Shapiro Center reviews all grievances and appeals to determine trends in complaints and identify areas for performance improvement. The person served, his/her parent/guardian or advocate may appeal the Center Director's decision and/or the decisions of the Human Rights Committee to the Deputy Director of the Department of Human Services.

Per the record, facility staff met weekly with the guardian via phone conversation to discuss any complaints and to work out any issues. The administration at this facility has created two different logs which staff complete daily to ensure that the individual has a phone reserved specifically for him to have private daily phone calls in his room and it is documented that he has his meals with other food choices provided to him daily. In the record there was no evidence that staff retaliated against him for bringing up issues to the facility.

Based on the policy, the evidence in the record, and the procedures in the facility that protects the individual's rights the **Complaint: There is an inadequate grievance process at the facility is unsubstantiated.**

The HRA makes this suggestion:

1. Update the Appeal policy to replace “Protection and Advocacy” with “Equip for Equality.” Also, in the same policy the HRA takes issue with the statement that consumers “must obtain” an attorney or advocate through facility staff and strongly suggests that the policy be revised to state that consumers “may obtain an attorney or advocate or information regarding attorneys or advocates” through facility staff.

Complaint 5. The facility failed to protect an individual with a disability from being sexually abused by another resident of the facility. Per the Mental Health Code in 405 ILCS

5/1-101.2 “‘Adequate and humane care and services’ means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others.”

The Code in 1-101.1 defines “Abuse” as “... any physical injury, sexual abuse, or mental injury inflicted on a recipient of services other than by accidental means.” Section 2-112 of the Code states: “Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect.”

According to the Code of Federal Regulations (42 CFR 483.420), for the protection of clients' rights, "The facility must ensure the rights of all clients..." Part (5) of these Rights state the facility must also “Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.”

As per 42 CFR 483.420 of the Code of Federal Regulations regarding staff treatment of clients: “ (2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. (3) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress. (4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and, if the alleged violation is verified, appropriate corrective action must be taken.”

Per interviews with staff, there were visuals by staff to each of the individual's rooms who allegedly engaged in the sexual acts. The individual actually recanted his story and stated that he dreamed the event. The individual was examined and there was no physical evidence of a sexual act between the two individuals. OIG and the guardian were notified. but the OIG did not pursue an investigation. Based on the lack of evidence, the **Complaint: The facility failed to protect an individual with a disability from being sexually abused by another resident of the facility is unsubstantiated.**

The HRA would like to thank the staff at Shapiro for their cooperation with the investigation.

RESPONSE

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



Shapiro Center
Ira L. Collins, Center Director
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October 20, 2014

Annette Beacherer, Chairperson
Regional Human Rights Authority
Guardian and Advocacy Commission
East Central Regional Office
2125 South First Street, Champaign, Illinois 61820

RE: HUMAN RIGHTS AUTHORITY CASE #13-060-9010

Dear Chairperson Beacherer;

Below are Shapiro Center's comments on the findings contained within your case report #13-060-9010 along with supporting documentation.

Complaint#2 (Page 15-16): "An Individual with a disability was unable to have unimpeded, private and uncensored telephone conversations."

Response: The telephone log has been revised so staff will no longer document who is calling [REDACTED] unless the caller voluntarily chooses to do so. However, please note that when [REDACTED] has called, she has identified herself on the phone when it was answered " This is [REDACTED] or staff have recognize her voice as it has become familiar to them over time. The log was initially put in place back at the end of 2010 due to issues. [REDACTED] identified to the team problems related to having phone contact with [REDACTED] when she would call the unit. Initially, [REDACTED] found it difficult to call the unit as the main line was often busy, either staff was on the phone due to unit business or, another individual was talking with their family/friends. To address this issue the team gave [REDACTED] the phone number to the unit cordless phone. This phone was usually not as busy as the unit phone. [REDACTED] concern with calling the cordless phone initially was that it often just rang and no one answered it. So, with the input of [REDACTED] the team agreed to have her call the unit phone to indicate that she wanted to talk with [REDACTED] and she would call back on the cordless phone. The cordless telephone would then be given to [REDACTED]. This worked for a while, until [REDACTED] again had concerns. [REDACTED] stated that the unit phone wasn't being answered, that she was being hung up on, that whoever answered the phone was rude or, that [REDACTED] was being told to "hurry up." In an effort to provide [REDACTED] and [REDACTED] the ability to have phone conversations without interruption, in a quiet environment with privacy, the team members talked with [REDACTED] in a weekly meeting and came up with a new system. [REDACTED] would be provided the opportunity to call [REDACTED] as he chooses in the evening (this was [REDACTED] request since she works during the day and [REDACTED] is usually at day

program setting). When utilizing the unit cordless phone, staff assists [REDACTED] in placing the call to [REDACTED]. [REDACTED] is able to talk with [REDACTED] in an area on the unit of his choosing, uninterrupted and in private. [REDACTED] will end the call and bring the phone back to placed back on the charger.

In reference to the progress note dated [REDACTED]: [REDACTED] had called and spoke with the Unit Director at 8:00 a.m. that morning regarding some concerns [REDACTED] had relayed to her. At the time, the Unit Director told [REDACTED] that the team would talk with [REDACTED] and get back with her which they did later that afternoon. After the Unit Director spoke with [REDACTED] that afternoon, [REDACTED] indicated that she wanted to also have [REDACTED] tell her what he had told us (the Unit Director and [REDACTED] psychologist). [REDACTED] and the Unit Director agreed that she, [REDACTED] and [REDACTED] would call her when [REDACTED] returned from work. Once [REDACTED] returned from work, the Unit Director, [REDACTED] and [REDACTED] went to the 514 conference room to call [REDACTED]. They let [REDACTED] know they we were there with [REDACTED] and she said "OK" and started talking with [REDACTED]. As [REDACTED] was talking with [REDACTED] she asked the Unit Director and [REDACTED] a question or two to clarify some things. Once [REDACTED] had completed talking with [REDACTED] she again talked with the Unit Director and [REDACTED]. Obviously [REDACTED] knew the Unit Director and [REDACTED] were there with [REDACTED] and she did not ask them to leave, [REDACTED] did not indicated that she wanted to talk with [REDACTED] in private nor did [REDACTED] indicate to us that he wanted us to leave or talk to [REDACTED] in private.

Complaint #3, Page 17: "An individual with a disability was verbally abused, secluded, and denied food by staff at the facility."

Response: In reference to the recommendation made to the [REDACTED] documentation "ensure that staff document any explanations or the lack of explanation for observed injuries." It should be noted that an injury report was initiated on [REDACTED] upon becoming aware of an alleged incident as reported by [REDACTED] during a telephone call that day. [REDACTED] was examined by a nurse and a physician on [REDACTED] and no injuries were noted to [REDACTED] neck. It should also be noted that prior to this phone call with [REDACTED] had not reported anything to Shapiro staff regarding this alleged incident. The medical assessment that was completed by the unit nurse and unit physician stated that no visible injuries were noted to [REDACTED]. An injury report was initiated per Shapiro's policy to document there was no visible injuries observed during the medical assessment completed by the unit nurse and unit physician. This alleged incident was reported to the Office of the Inspector General Intake and Assessment hotline. The Office of the Inspector General investigated this allegation and it was closed with no findings.

If there is any further information or clarification needed, please let me know.

Respectfully submitted,



Ira L. Collins
Center Director

attachments