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**East Central Regional Human Rights Authority
Report of Findings
Crosspoint Human Services
Case #13-060-9018**

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Crosspoint Human Services:

- 1. A group home operated by the agency provides inadequate care and treatment specific to resident dietary needs.**
- 2. Staff-to-resident interactions at the group home are inappropriate.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code and regulations that govern community mental health programs.

The allegations concern an 8-bed group home for persons with mental health needs.

To investigate the allegations, an HRA team interviewed agency staff, examined masked records and reviewed pertinent agency policies and documents.

COMPLAINT STATEMENTS

According to the complaint statement, a new group home rule no longer allows for second servings at mealtimes on the grounds of "portion control." However, residents, including residents with no weight concerns, complain about hunger. There is concern about a shortage of food in that a refrigerator that was once stocked with food is now empty and menus changes unexpectedly. In addition, the complaint states that some staff at the group home are described as "mean," a complaint that was also reported to the Illinois Department of Human Services' Office of Inspector General.

FINDINGS

Interviews

The HRA team met with and interviewed the agency executive director, residential administrators and nursing staff. According to the staff, the agency offers 5 24-hour group homes with a total capacity of more than 40 beds. The group home that is the basis of this

investigation has a bed capacity of 8 residents and a current census of 4 residents. All residents at the group home have a primary diagnosis of Schizophrenia. Their residential services consist of supervised living funded under a particular program called, Program 83. Residents receive 24-hour supervised living with on-call nursing; there are 3 shifts of staff, and staffing ratios consist of 1 to 2 staff persons per shift. Group home residents' needs vary with regard to activities of daily living and all staff employed at the home have completed direct service personnel training authorized by the Illinois Department of Human Services. All residents participate in programs at the Center and services at the home are subject to Rule 132 which addresses community mental health services and Rule 116 governing medication administration.

Residents have annual service plans that consist of psycho-social rehabilitation goals as well as vocational goals. A LOCUS (Level of Care Utilization System) Assessment is completed every six months in addition to annual exams. Monthly and quarterly reviews of service plans are conducted, and the agency psychiatrist sees residents every quarter.

A dietician consultant develops menus using Heart Healthy menu choices. Although residents can opt for an occasional "ala carte" offering, menus are consistent with individual program plan goals for cooking, budgeting and using public benefits such as the LINK card. With an "ala carte" option, residents choose menu items consistent with dietary needs and budgetary allowances. The menus reflect a 4-week diet cycle that includes snacks. Staff reported that the following dietary orders are in place for the residents at the group home: one resident is on a low carbohydrates diet as of April 2013; another resident is on a cardiac cholesterol diet as of April 2013; another is no longer on a prescribed diet as of May 2013; and the fourth resident is not on any prescribed diet.

When diets are prescribed by the physician, the physician educates the residents and the treatment team provides assistance and support to the residents. Residents meet with nurses weekly to check vital and weights unless the physician's orders require more frequent monitoring. Weight gains or losses of 5 lbs or more result in a review by the physician and treatment team.

Grocery lists are developed with resident involvement by examining the menus and reviewing the food inventory at the home. Menus are posted on the group home refrigerator and if a resident does not like a particular food item, other options are available. A fruit basket is made available at the home for snacks and an additional night snack of graham crackers, popcorn, fruit or yogurt is offered. Residents can help themselves to snacks.

Other means of educating residents on dietary issues occur through a gardening group, a cooking group and the resident/client council which meets one time per week and provides an opportunity for residents to share feedback on services, including menus. Attempts are made to accommodate residents' personal requests and preferences within the menus. Residents also eat out at restaurants with staff guiding residents away from buffets. An exercise group also provides the opportunity to educate residents on diet and fitness.

Staff reported that every attempt is made to follow the home menu. Four ounces of protein is provided at each meal. Residents cannot get seconds on protein but can on fruits and vegetables.

Staff reported that no resident at the group home in question has experienced significant weight loss and all are in the obese weight range.

Upon receiving the HRA's complaint notification letter, staff met with residents to discuss food issues. Residents had requested more fresh food purchases but staff found that approximately three-quarters of all fresh foods are thrown out because the food items are not eaten in a timely manner.

Staff also indicated that LINK food cards are included in the agency budget and most of the residents at the home receive about \$200 in food benefits which is usually not enough to meet dietary needs, thus, the agency must use its own credit card.

With regard to staff-to-resident interactions, residential staff hold monthly meetings which usually include an educational focus. Most recently, communication has been the focus, emphasizing the mantra of "It's not what you say but how you say it." New staff meet regularly with supervisors and shadow senior staff. Complaints are handled individually although the grievance process can also be accessed. The agency uses a Code of Ethics and interactions with residents are addressed in the job description and evaluations. The residential director that oversees the group home in question supervises 2 homes and 11 staff; she reports being in the home every day. The group home is more stable with regard to staff turnover as several staff have longevity. The Office of Inspector General phone number is posted. An internal human rights committee is available for high risk/crisis issues, medication issues and behavior plans. The day training program is currently offering a self-advocacy class for attendees. Staff also indicated that all residential staff are trained to follow the more stringent Community Integrated Living Arrangement (CILA) rules even though they do not apply to the group home under review.

The HRA inquired as to what might have prompted the complaints regarding food. Staff stated that there were more "ala carte" arrangements in the past but there was concern that the residents were departing too much from the menus and thus affecting accountability to the menus, special diets and budgetary constraints. Thus, the availability of the "ala carte" option was decreased. Staff also confirmed that there was a refrigerator in the basement that held surplus food when the home had 7 residents and more space was needed for food storage. As the home's number of residents declined to 4, there has been no need to use the basement refrigerator; staff reported a potential safety issue when residents would take the stairs to the basement to access the refrigerator there. Staff stated that the current freezer located on the main floor is sufficient food storage for the current number of residents.

The HRA made an impromptu site visit at the home where the residents reside. The staff provided the HRA team with a private space so the residents could talk independently and privately about the issues of the case. Each resident who talked to the HRA team stated that they had been provided adequate nutrition. One resident enjoyed a snack during the visit. She shared how residents would shop with the Crosspoint staff. She stated that residents would help pick out groceries and assist in making menus. A couple of the residents shared that they were attempting to diet and appreciated the healthy menu choices. All residents stated that there was an option to have a second serving at meals and snacks as needed. The day of the visit the

residents and staff were preparing to go out for lunch at a local restaurant. When asked about staff at the home all of the residents felt that staff behaved appropriately.

The HRA team examined masked weekly weight records for residents at the group home. Three of the records dated back to August 2012 and one dated back to December 2012. Resident #1 was listed as having a cardiac/low cholesterol diet with a weight of 147.8 pounds on 08-19-12. Over the course of a year, her weight gradually dropped to 139 pounds as of 08-18-13 at a rate of about 1 to 3 pounds per every week with some fluctuating increases and decreases throughout the year. The largest weight loss was from 148 on 09-30-12 to 141 on 10-07-12. Resident #2 was listed as having a low carbohydrate diet with a weight of 165.8 pounds as of 08-19-12; her weight has remained fairly steady throughout the year going as high as 170 at one point and as low as 158 at another point. Resident #2's most recent weight was listed as 163 on 08-18-13. Resident #3 is listed as having a regular diet. Her weight as of 08-19-12 was 194.4, and her most recent weight was 199 as of 08-18-13. Resident #3's weight has fluctuated throughout the year as well; her highest weight was 201 on 02-24-13 and her lowest weight was 183 on 11-25-12. Resident #4 was on a diabetic diet from 12-16-12 through 05-07-13 when her diet order was changed to a regular diet. Her weight has ranged from 145 to 155. Her weight on 12-16-12 was 154 and her most recent weight is listed as 153 on 08-18-13.

The HRA team examined Community Support Group notes for the residents. One resident's note stated that "Staff spoke with group about this week's menu, about eating a well balanced meal and about the amount of fruits and veg. that had to be thrown away. Staff explained that the menus were designed by the dietician to meet nutritional requirements. Staff explained that entire containers of cherries, strawberries, apples and oranges and a pk of broccoli had to be thrown away cause they had molded. [The resident] stated she didn't eat them as she thought she couldn't cause they weren't on the menu. Staff explained that extra fruit and veg. had been bought for a snack whenever wanted and this had been discussed with the house a few times previously." Another community support note for a different resident documented the resident's comment that she is getting enough to eat and "...often can't eat all that is on her plate." A note for another resident stated that she "...liked most of what was on the menu. She said she has often been the one to eat the majority of cookies bought and nutrigain bars. She said that she often takes nutrigain bars to eat the bars for breakfast. Staff asked if that was all she was eating and she replied that it was. Staff reminded her that she is diabetic and really needed to eat balanced meals....She stated she would like more dip with the veg. Staff told [the resident] that she would check on that." Another note stated that a resident did not like what was being offered for supper and she made herself a sandwich instead. "Staff asked if that was to her liking and she responded that it was. Staff asked if she was getting enough to eat and she responded that she was. She stated that she sometimes couldn't eat the fresh fruit and vegetables as she couldn't chew them but would get a pudding or fruit cup instead. She stated she would like more pudding cups. Staff assured her it would be put on the list." These masked notes were made in June and July of 2013.

The HRA examined a four-week cycle of the heart health menu that included cereal/waffles/bagels with juice and milk for breakfast; a sandwich/protein, pretzels, fruit, yogurt and salad for lunch; a protein, vegetables, bread, mild and fruit for supper; and a nighttime snack of trail mix, cheese, or popcorn. A four week cycle of the 1500 calorie diet was also reviewed; it

was similar to the heart healthy menu substituting some items with sugar-free, low-fat or light items.

While at the site visit, the HRA reviewed copies of grocery bills in which the purchases appeared consistent with the menus.

The HRA team reviewed a sample of house meeting minutes. Notes from 11-8-12 indicated that the Thanksgiving dinner was being catered with one resident making a casserole and the home would have a Christmas dinner outing. A suggestion envelope was to be posted on the office door. The 12-6-12 meeting notes indicated a Christmas outing for lunch, a catered Christmas dinner and a New Year's celebration and tea party. Notes from 01-31-13 indicated a concern about overeating, taking all the snacks and asking for pop tarts or snacks. On 03-07-13, residents requested a fast food lunch instead of eating at a restaurant. Minutes from the 06-30-13 meeting indicated that residents were excited about a staffing change and another resident voiced concern about people being "down" on her although not sure if this was in reference to peers or staff. Resident feedback was also requested for a lunch outing. At the 07-31-13 meeting, a resident voiced dissatisfaction with the menu, requested different lunch meat, requested a picnic, requested to go to a buffet restaurant and a Chinese restaurant and made plans for attending a sweet corn festival.

Staff meeting notes were also reviewed. At a meeting dated 06-11-13, staff discussed Link cards, menus and grocery lists as well as essential job duties. Communication with residents was reviewed, including being respectful, and paying attention to one's tone and approach. A focus on teamwork and on the residents was discussed. A staff meeting on 06-28-13 reviewed job stress, causes and consequences as well as a goal to promote good health of staff "...which in turn benefits residents and the agency." A job description review was conducted and included the protection of resident rights and communication. Link cards, diets, portion sizes, snacks, second servings and health choices were also reviewed. Training for new group home staff was held on 06-17-13 and included a review of different personalities/expectations, programming goals, menus, "no variation from menu for dinner" and "1 helping per person."

A "Communications Tips" sheet distributed as part of a staff training was reviewed. This information sheet addresses how staff talk with residents, the tone of voice used and the need to communicate in a positive, polite manner free of negativity, accusations or aggression. Body language, listening skills and the provision of clear communications were also addressed along with providing others the opportunity to talk and keeping any criticism constructive.

Policy Review

The HRA team examined policies pertinent to the allegations. A policy governing auxiliary services for residential includes provisions for health and nutrition education, conflict resolution, diabetic services, etc. A policy on Residential Program House Rules addresses diets as follows: "please be aware that some residents must adhere to strict diets. It is important that you do not sell or trade foods to other residents without permission from a staff person." The "Resident Meetings" policy describes these meetings that "are intended to allow persons an opportunity to voice complaints, give suggestions or ask questions regarding housing rules, safety issues, rent collection, etc.....Individual residents wishing to discuss pertinent issues my request an

individual meeting with the Director of Residential Services or other appropriate staff." Resident meetings are held approximately once per month as per the policy.

The agency's job description for a residential staff person requires "good communication skills" and "3 years experience in a human service setting." Performance criteria include a 90% consumer satisfaction rating and 80% achievement of program goals for individuals served. In addition, residential staff, among other criteria, are assessed on "tactful, friendly and courteous" interactions, respecting the "rights/dignity/confidentiality" of those served, and a demonstration of enthusiasm and positive morale. A June 2013 memorandum from the residential director to all staff indicate that the personnel policies have been revised and the Agency's Code of Ethics will be included in staff's annual reviews. The Code of Ethics includes the following statements with regard to staff behavior: "maintain high standards of personal moral conduct;" "not engage in and will act to prevent discriminatory behavior;" "not engage in sexual or any type of harassment and will act to prevent all forms of harassment;" "not engage in and will act to prevent abuse or neglect of persons served;" "will avoid any conduct that would lead a reasonable person to conclude that I might be biased or motivated by personal interest;" "respect confidentiality rights;" "will carry out my responsibilities with integrity, treating those with whom I have professional relationships in a dignified, respectful, honest and fair manner;" "will promote the welfare of those toward whom I have professional responsibilities;" "will avoid harming those toward whom I have professional responsibilities," etc. The Code also includes requirements for the employee's supervisor such as "establishing procedures that promote ethical behavior and hold employees accountable for their conduct." The Code is signed by the employee and a witness.

The agency's rights statement includes the right to adequate and humane services, the right to be free from abuse/neglect, and the right to file grievances. External advocacy organizations are listed in the statement; **the HRA notes that the Guardianship and Advocacy Commission's contact information is outdated.** The agency maintains a procedure that accompanies the rights statement and, again, the procedure's contact information for the Commission is outdated. **This was updated when the HRA team went back for a follow-up site visit.**

The agency's grievance procedure uses a chain of command for presenting a complaint that begins with discussion with a case manager, then includes written grievances to the program director, the executive director and then to the board with staff providing assistance in completing the grievance steps if needed.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to "...adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." Section 5/2-112 guarantees the right to be free from abuse and neglect.

Rule 132 (59 Ill. Admin. Code 132) governs community mental health services and requires that providers develop individual treatment plans for service recipients (59 Ill. Admin. Code 132.27). Section 132.65 requires that providers have systems for program evaluations and program

compliance with mandates. According to Section 132.100, clients are to have individual records that include treatment plans, documentation of support services provided, and documentation of client progress. Section 132.142 addresses client rights and states that rights are to be protected in accordance with the Mental Health and Developmental Disabilities Code. Specific reference is made in the section with regard to the right to contact the Commission and other external advocacy groups, the right to be free from abuse/neglect/exploitation, the right to services in the least restrictive environment and the right to present grievances. Section 132.145 states that the provider is to obtain informed consent for services, including information about treatment as well as risks and benefits of treatment. Medically necessary services are to be documented. A mental health assessment and admission information is to be gathered upon admission as per Section 132.148 and shall include daily living skills, client preferences and physical health. This section also addresses the development of treatment plans which are to include goals, objectives, expected outcomes, service amount/frequency and responsible staff. Section 132.150 describes treatment services, including community support and residential services for meeting client needs and assist them in being as independent as possible. Section 132.165 specifically addresses case management services which are to include an array of services that are to be "client-centered" and "client-specific."

CONCLUSIONS

The complaints state that: A group home operated by the agency provides inadequate care and treatment specific to resident dietary needs and staff-to-resident interactions at the group home are inappropriate.

The HRA reviewed portions of masked records for the group home in question. According to the records, some residents at the group home have been on special diets and others have not. While there have been fluctuations in weights, there have not been significant weight changes in the past year that would indicate food consumption had decreased with the possible exception of weight loss due to special diets. Grocery bills appeared to mirror menus and menus appeared to be stable and included allowances for snacks. Staff reported that residents can also supplement with their own food/snack purchases. There are opportunities for resident input into food choices and for eating out as indicated in meeting documentation. And, there is evidence of nutritional education. One recent change has been in the "ala carte" offering in that it is offered less frequently than in the past due to the "ala carte" arrangement straying from dietary requirements as per staff. Also, staff explained that a refrigerator that stored extra food in the past is no longer needed due to fewer numbers of residents at the group home and out of concern for safety as the refrigerator is located in the basement.

The HRA found no evidence of inappropriate staff-to-resident interactions. Staff did report increased emphasis on communications with residents as evidenced in staff meeting documentation.

The agency maintains policies and procedures to address dietary needs and staff-to-resident interactions; the policies and procedures appear consistent with mandates.

Based on its findings, the HRA does not substantiate complaints about inadequate care specific to resident dietary need or inappropriate staff-to-resident interactions. The HRA does take this opportunity to offer the following suggestions:

1. Continue to review the ala carte process and other opportunities for residents to have feedback on dietary offerings that allow for choices and preferences while also considering individual dietary needs.
2. New staff orientation minutes emphasized one helping per person and no variation from menus. Ensure that new staff know that substitutes are allowable and seconds are available for fruits and vegetables.