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Egyptian Regional Human Rights Authority  
Report of Findings  
13-110-9011  
Pinckneyville Health Care Center  
February 19, 2013

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Pinckneyville Health Care Center, a 60 bed Intermediate Care Facility located in Pinckneyville. The current census is 36. The facility provides physical therapy, activities, restorative services and nursing care. The specific allegations are as follows:

**New staff do not receive adequate orientation or training. The facility does not maintain a visitor log and there are no name tags to identify facility personnel or visitors. There are inadequate confidentiality practices. The resident council is inadequate.**

**Statutes**

If substantiated, the allegations would be violations of the Administrative Code for Skilled Nursing and Intermediate Care Facilities (77 IL ADC 300), and the Nursing Home Care Act (210 ILCS 45) was also referenced.

Nursing Home regulations (77 IL ADC 300.650) state in section f1 " All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care."

Regulations also state in section f2: "All employees, except student interns shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include

information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept."

Nursing Home regulations (77 IL ADC 300.1440) state "If the facility has a volunteer or auxiliary program, a facility staff person shall direct the program. Community groups such as Boy and Girl Scouts, church groups and civic organizations that may occasionally present programs, activities, or entertainment in the facility shall not be considered volunteers for the purposes of this Section. Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to: residents' rights; confidentiality; disaster preparedness (i.e., fire, tornado); emergency response procedures; safety procedures/precautions; infection control; and body mechanics. Volunteers shall respect all aspects of confidentiality. Volunteers shall be informed of and shall implement medical and physical precautions related to the residents with whom they work. Volunteers shall not take the place of qualified staff (e.g., activity professionals, nursing assistants, or case workers)."

According to the Nursing Home Care Act (210 ILCS 45/2 110b), "All persons entering a facility under this Section shall promptly notify appropriate facility personnel of their presence. They shall, upon request, produce identification to establish their identity. No such person shall enter the immediate living area of any resident without first identifying himself and then receiving permission from the resident to enter. The rights of other residents present in the room shall be respected. A resident may terminate at any time a visit by a person having access to the resident's living area under this Section."

The Nursing Home Care Act (210 ILCS 45/2-206b) further states "confidential medical, social, personal or financial information identifying a resident shall not be available for public inspection in a manner which identifies a resident."

According to Nursing Home regulations (77 IL ADC 300.640), "Each facility shall establish a residents' advisory council consisting of at least five resident members... The administrator shall designate another member of the facility staff other than the administrator to coordinate the establishment of, and render assistance to, the council." Regulations further state "Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following: the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the council. The establishment of a separate community advisory group with persons of the residents' choosing...All residents' advisory councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance... All residents' advisory council meetings shall be open to participation by all residents and by their representatives. No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the non-members when invited by a majority of the officers of the council. The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the administrator, and the staff. Records of the council meetings shall be maintained in the office of the administrator. The residents' advisory council may communicate to the administrator the

opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions which will strengthen the facility's policies and procedures as they affect residents' rights and facility responsibilities." Regulations also state "The council shall be a forum for: Obtaining and disseminating information; Soliciting and adopting recommendations for facility programming and improvements; Early identification of problems; Recommending orderly resolution of problems. The council may present complaints on behalf of a resident to the Department, or to any other person it considers appropriate".

### **Complaint Information**

According to the complaint new staff do not receive adequate orientation or training due to the lack of orientation and trainings being offered and the lack of staff handbooks. The facility does not maintain a visitor's log. There are no staff name tags to identify facility personnel. Confidentiality is breached when staff talk openly about residents in the presence of others and confidential documents are left in plain sight. The resident council is inadequate because it has an assigned versus a resident chosen staff person that assists with the council meetings.

### **Investigation Information**

The HRA Investigation Team (Team), which consisted of the HRA Coordinator and the HRA Director, spoke with the Administrator and the Illinois Department on Aging (IDOA) designated Ombudsman for the facility. General policies were reviewed including guidelines for visitors and training, confidentiality and grievance policies. A signed release to access files was not received; therefore, this case consists of a policy review only.

**Allegation 1: Staff do not receive adequate new staff orientation or training.** To investigate the allegation, the Team interviewed the Administrator and reviewed policies pertinent to the allegation.

I...Interview: During the interview, the Administrator informed the Team that registry checks on the web portal are completed before hiring. Once hired, a week is spent in orientation that includes policy reviews as well as shadowing veteran staff. There are 52 staff persons presently, but there is a high turnover of CNAs due to them further pursuing nursing degrees and moving on to other positions. Continuing in-service training occurs at least quarterly but usually trainings are scheduled every 1-2 months. Some of the in-service training topics this year included abuse/neglect (presented by Ombudsman); resident sensitive environment, transferring residents, infection control, and fall prevention. However, the Administrator advised us that currently volunteers don't go through a training program but he may look at that in the future.

### **II...Policy Review**

The facility provided the Team with a "checklist" of policies/procedures/training information that must be initialed by staff when each policy/plan is covered with them as a part of their orientation/training. Topics include accident/injury reporting; blood borne pathogens

program; disaster plan; elopement policy; employee handbook; transfer policy; abuse/neglect; confidentiality; resident rights; etc. The employee must sign and date the checklist when completed and their signature must be witnessed.

According to the Administrator, the facility refers to the IDOA's Residents' Rights brochure as guidance on what rights their residents have. In addition to this brochure, the Team was also provided with "Resident Bill of Rights" which is given to staff during training and includes topics such as full disclosure to residents regarding their rights and responsibilities; services available; medical information; care and treatment; reasons for discharge; this is a restraint free facility protocol; confidentiality; right to private and social meetings/activities and several other topics.

The Team was also given an "orientation checklist" describing training items that are covered and then initialed by new staff verifying that they received the training. This form includes topics relating to personnel issues, etiquette, duties, training manual, evacuation policies, on the job training and continuous training expectations. This form also requires signature by both the employee and a facility representative.

Lastly, the Team was provided with the "volunteer policy". This policy lists conduct which is unacceptable and could lead to dismissal such as theft; altering reports; arriving under the influence of drugs or alcohol or illegal charges regarding same; improper use of facility property; disrespectful conduct; unsatisfactory performance etc. This policy also explains "Do's and Don'ts when interacting with residents" and confidentiality. However, nothing was mentioned in the volunteer policy about training being required or offered.

### Conclusion

Based on the information obtained, the allegation that staff do not receive adequate training is unsubstantiated. The facility's training policy lists a wide range of policies and procedures that are addressed during new staff orientation/training all of which require verification by staff and facility representatives that said training was given/received. However, when reviewing the volunteer policy it was noted that although it covers general topics, it does not address as many topics as are covered in staff training. Regulations (77 IL ADC 300.1440) state that volunteers (other than community groups and/or entertainment volunteers) should have more in-depth training as noted in the above referenced citation. Therefore, the following suggestion for best practice is made:

1. The facility should consider revising their volunteer policy to include a requirement that volunteers who work directly with residents must complete training that covers the same topics that staff are required to complete.

**Allegation 2... Facility does not maintain a visitor's log and there are no name tags to identify facility personnel and visitors.** To investigate the allegation, the Team spoke with the facility Administrator, observed staff as well as the logs at the front desk and reviewed facility policies regarding visitor's logs and staff name tags.

I...Interview: According to the Administrator, there is no visitor sign in/out log due to protecting patient confidentiality. In the past, the facility had issues when certain friends or family members would sign in and see a person's name down as a visitor to their loved one and would get upset about them having visited. The facility does maintain a sign in/out log for when residents leave the facility for an outing.

The Administrator also informed the Team that the use of nametags was initiated a couple of months ago. However, visitors are not required to wear nametags. The facility receives visits from 2 church groups, a not-for-profit organization and 2-3 volunteers who sing for residents. There is no visitor log to sign upon arrival. Most visitors to the facility are known by staff members since it is a small community, but if a new visitor arrives, staff would verify that the resident wants to meet with the visitor before access is allowed.

## II...Policy Review

The facility had no formal policy requiring visitors to sign in when visiting residents; however, per the Administrator, they do require visitors to sign out residents when they take them on a community outing.

The Administrator informed the Team that the use of name tags for staff had been initiated, but the Team found no formal policy specifically addressing this.

## Conclusion

Since there is no law specifically stating that facilities are required to have a visitor's log, the allegation that the facility does not maintain a visitor's log is unsubstantiated. However, the Nursing Home Care Act does require visitors to "promptly notify appropriate facility personnel of their presence". Since a visitor may arrive at a time when staff is not present at the front desk, they may not be able to promptly notify facility personnel of their presence and would be able to have access to residents without staff knowledge. There is also no requirement that visitors and facility personnel wear name tags so that part of the complaint is unsubstantiated as well. The HRA strongly suggests the following for best practices:

1. The facility should maintain a visitor's log while ensuring residents' confidentiality is respected as well as the residents' right to choose visitors as stated in the Nursing Home Care Act. The facility might also consider having visitors wear a name tag for security purposes. This could also serve to alleviate any anxiety or safety concerns that other residents might have when seeing someone they do not recognize walking around the facility without any visible identifying information.
2. The facility had already started requiring staff to wear name tags when the Team conducted their investigation. However, the Team did not find a formal policy addressing this new requirement. The facility should include the use of staff name tags in their formal policies.

**Allegation 3: There are inadequate confidentiality practices.** The Team spoke with the Administrator and Ombudsman and reviewed facility confidentiality policies to investigate this allegation.

**I. Interview:** The Team was told by the Administrator that CNAs have access to care plans and records via nursing staff. Care plan meetings include the resident, responsible party and Director of Nursing as well as anyone the resident invites to attend. The Administrator also said that access to resident information is on a "need to know" basis and confidentiality is covered in orientation/training.

**II. Policy Review:** Upon reviewing the training information, the Team found that confidentiality is covered in staff orientation, training and policies. All staff members are required to sign documents/checklists confirming they have reviewed said policies. Staff members are also required to sign a confidentiality agreement.

### Conclusion

The allegation that confidentiality practices are inadequate is unsubstantiated and no suggestions are made.

**Allegation 4: The resident council is inadequate.** To investigate this allegation, the Team interviewed the Administrator and the Ombudsman and reviewed facility policies relating to the resident council.

**I. Interview:** The Ombudsman states she gives presentations twice a year on resident rights which comes directly from the Department on Aging's Residents' Rights brochure. The Ombudsman also reads the brochure to residents who might have a hard time seeing the print on the brochure. Resident council meetings are held monthly on a set schedule with some exceptions. The council has a chairperson and the activity aide is assigned to assist the council during meetings. Residents can request that certain staff persons be excluded if they're uncomfortable due to a situation or relationship and can also ask that certain staff be included in resident council meetings. The meeting structure is determined by the residents and is complaint driven. The Ombudsman stated she also attends occasionally, usually twice per year with permission from residents. Resident complaints that are registered at a council meeting must be addressed within 2 weeks unless there is an immediate concern which would be taken to administration following the council meeting. The Ombudsman also stated that she obtains permission from the resident to address issues and/or complaints with the facility. She starts at the lowest level first and works her way up the chain of command. The grievance policy is explained orally by the Ombudsman when she reviews resident's rights. The Ombudsman makes her presence known by regular visits and by conducting in-service trainings. Follow-up to complaints is provided in writing, and samples were given to the Team.

**II. Policy Review:** A review of the facility's policies regarding grievances was conducted. The facility maintains a grievance policy which is part of the Department on Aging's Residents' Rights brochure and is given to residents/representatives upon admission. The grievance policy involves an Ombudsman who is also available to assist with complaints.

The facility produced a "Resident Council Policy". This document explains the Resident Council as follows: "The resident council is a vehicle for residents to participate in decision-making and for residents to voice grievances and resolve differences." This policy states "The long term care ombudsman is mandated to protect the rights of resident councils in nursing homes....the ombudsman also protects quality of life and care in nursing homes." The rules of resident council are also laid out in this document. Some of which includes the following: Residents council consists of representatives elected by facility residents, elections shall be held annually; The resident council serves as an advisory to the administration and director in policy related matters and operational decisions that affect residents care and life in the facility and also that if requested by a resident, it serves as an advocate in resolving grievances ensuring resident rights are observed.

The facility also provided a sample of "Resident Council Notes" from a September 13, 2012 council meeting. Included on the form was the following information: officers in attendance, visitors attending, old business, complaints, activity ideas, meal of the month, new admits, a resident rights review, and the next meeting date. There were old issues that were addressed at the meeting as well as a new complaint that was filed. Resident Council Notes from October 11, 2012 and November 12, 2012 were also provided to the Team. It was noted that on October 11, 2012 form there is a note stating "resident council resolution forms were not returned for September". On the November 12, 2012 form, it states "no complaints from September meeting."

Also provided, was a sample "Resident Council Resolution Form" dated September 17, 2012. This form is used to document issues/complaints brought forth during the resident council meeting and includes spaces to write resident council suggestions, and a plan of action. The form is signed by the staff person completing it and also includes the next meeting date of October 11, 2012 as when written comments must be received by. There were signature lines to show that both the resident council president and administrator reviewed the resolution and the date it was reviewed by the resident council but neither was signed. Also no Plan of action was completed on the form. The facility did produce "In-Service Sign-In Sheet" dated 9/28/12 when asked if this particular complaint was addressed. It shows that the training included issues of policies, creating a resident sensitive environment, abuse and transferring residents in wheelchairs. The Administrator explained this was how the complaints from the September 13, 2012 resident council meeting were addressed with staff. However, the Team did not see where this resolution was discussed with the resident council at subsequent meetings.

### Conclusion

Due to the information obtained during the course of the investigation, the allegation that Resident Council is inadequate is unsubstantiated. The Team found that though the Resident Council Policy thoroughly explains the purpose of the council and laid out specific guidelines as to how it should be held and also that everyone residing in the home is invited to participate, it fails to state deadlines in responding to complaints or what happens if those deadlines are not met. The resident council notes that were produced to the Team listed specific complaints during the September, 2012 meeting and the resident council resolution form noted the complaints, but



the resident council resolution form was not fully completed and the resident council meeting notes from October and November didn't include discussion about the September complaints and how they were resolved. The HRA makes the following suggestions:

1. The facility policy should be updated to include the steps required when responding to resident council complaints, the timeframe in which complaints should be addressed and consequences when deadlines are not met.

2. The facility policy does not mention that a staff person attends the resident council meetings and that residents have a right to choose which staff person can and cannot be present during such meetings. Although, based on interviews, the Team was told that residents can make such a request, it might be beneficial to have that in writing to ensure residents are aware of this right.