



FOR IMMEDIATE RELEASE

**REPORT OF FINDINGS- 14-040-9006
ST. COLETTA'S OF ILLINOIS, INCORPORATED
HUMAN RIGHTS AUTHORITY- South Suburban Region**

INTRODUCTION

The South Suburban Regional Human Rights Authority (HRA) has completed its investigation into an allegation concerning St. Coletta's of Illinois. The complaint alleged that a resident is not allowed communication with persons of choice by telephone and visitation. If substantiated, this allegation would violate the Illinois Administrative Code (CIL A Rules, 59 Ill. Admin. Code 115.100 et seq.) and the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

St. Coletta's of Illinois located in Tinley Park provides residential, educational and vocational services to individuals with disabilities. This agency also manages 27 Community Integrated Living Arrangements (CIL A) with a population of approximately 180 residents.

METHODOLOGY

To pursue the complaint, the agency's Assistant Director of Psychology was interviewed. The complaint was discussed with the resident and her guardian. Sections of the adult resident's record were reviewed with written consent. Relevant policies were also reviewed.

FINDINGS

After reviewing the resident's record, the HRA determined that she was placed in the agency's Community Integrated Living Arrangement (CIL A) program in 2009. She was diagnosed with Bipolar Disorder, Impulse Control Disorder, Mild Mental Retardation and some physical problems. Her Individual Services Plan (ISP) dated May 2013 documented that she had a cell phone at intake, but she no longer had the mobile communication device because of calls to 911. She reportedly was informed that she needed to be free of incident reports for six months before she could have a cell phone back. However, she continued to call 911 after her cell phone was confiscated by the agency's staff. Her ISP recorded that she wanted another cell phone. Her request was reviewed by the Community Support Team and the decision above was upheld at her annual staffing.

According to the resident's ISP, a "phone call policy" would be developed because she wanted to make more calls at her home. The phone call policy stated that she would be allowed to call her grandmother on Sunday, Wednesday and Fridays; her sister on Wednesdays; her boyfriend every day and that she would have to follow the rules regarding phone calls. Her phone call policy further directed that the Group Home Manager (GHM), the Qualified Support Professional (QSP), and the psychologist should be notified if she exhibits the behaviors above. It stated that she would be allowed to call the GHM, the QSP, and her assigned therapist regardless of her behaviors. Her record lacked restriction notices concerning the limitation in the frequency of calls as documented in her phone call policy and the cell phone issue. The resident was present at her ISP meeting and signed the plan.

The resident's ISP further documented that she has engaged in ninety-nine "problematic behaviors" and the primary areas of concern are non-compliance, and verbal and physical aggression. Her ISP included goal objectives to increase: 1) independent living skills, 2) knowledge of medication, 3) financial independence, and, 4) community integration. It stated that she requires 24-hour supervision and enjoys participating in recreational activities and going shopping with her housemates. However, her outings in the community are "sporadic" because of her inappropriate behaviors and she reportedly was informed that they could be "suspended." According to the resident's services plan, there is an alarm on the home's front door to keep her from eloping, and a plan would be developed to remove the device when this behavior stops.

The resident's Behavioral Management Plan (BMP) (dated May 2013) targeted non-compliance, physical aggression and inappropriate sexual behaviors. Her behavioral plan stated that she is prescribed psychotropic medication to reduce her psychotic symptoms, explosive behaviors and to help stabilize her moods. Her BMP documented the need for the alarm on the front door but there was no mention of the phone problem. For that same year, her record contained physician's notes indicating that she was seen monthly with the exception of March. She was hospitalized because of eloping behavior and physical aggression in July, August and September. Also, she was hospitalized three times in October and was discharged back to the agency in November.

When the complaint was discussed with the agency's Assistant Director of Psychology, she explained that the resident has five housemates; the home had one cordless phone and that residents could use the phone whenever they choose to do so. She said that calls are limited to ten minutes and that a resident would have to wait another ten minutes to make another call. She said that the resident had a cell phone when she was placed at the agency as indicated in her record. Her cell phone reportedly was confiscated by the staff because she was inappropriately calling 911. She said that the resident needed to refrain from behaviors such as eloping, physical aggression, and calling 911 for six months before she could get her phone back. However, she was unable to follow the plan and started calling 911 on the home phone. She was able to make calls without supervision and the staff would approach her if she was screaming or threatening while talking on the phone.

According to the Assistant Director of Psychology, the young man, who was identified as being the resident's boyfriend in the complaint, was a client in the agency's day training program. The boyfriend's father, who reportedly is the guardian, had requested that the resident's calls should be limited to his son. The investigation team was informed that the resident is sexually inappropriate and has not seen her boyfriend since he left the program. We were told that the resident's calls to her grandmother were limited in frequency because she was calling her grandmother inappropriate names. The resident's sister might have made the request above concerning her grandmother who was very sick prior to her death in 2014. She said that the resident's sister, who now serves as the legal guardian, also had requested that calls to her should be limited because of threats. She told the HRA that the agency does not use restriction notices and that residents and guardians are not routinely asked if they want anyone to be notified when rights are restricted. She added that notification to outside parties will be given upon request. We found no mention of the phone problem in the resident's behavioral plan. According to the staff person, the resident's inappropriate use of the phone might not have been addressed in her behavioral plan because there were so many other significant problems such as cutting self and harming others on a weekly basis.

The staff person interviewed further reported that the resident has been receiving services from the Illinois Crisis Prevention Network (Support Service Team) since 2013. This is a network of highly trained professionals, who have partnered with the Department, to work with individuals with severe behaviors who are struggling to maintain in their current home or placement. We were told that the resident sometimes would refuse to accept medication and that medication does not seem to be helping her. She has exhibited inappropriate behaviors such as hiding knives in the home and threatening the police. She has been hospitalized many times. She was monitored by two staff members when she was discharged from the hospital in March 2014 and was hospitalized again four days later. At the meeting, the staff person said that the resident was presently on a hospital's behavioral health unit after hitting a staff person with a chair. The resident would not be returning to the agency's CILA program upon her discharge from the hospital because she needs a more structured environment and that the plan was to transfer her to a state-operated facility.

The guardian (sister) told the HRA that the resident's phone calls should have been restricted because of her numerous calls to family members and others. She said that the resident called her grandmother many times while she was very ill and that one of her caregivers had requested that she should not be allowed to make numerous calls to the family member. The guardian said that the resident would call family members and friends although she really did not know them. She reported that family members and friends, who live in different states, have called her concerning calls from the resident. She said that the resident is good at memorizing phone numbers and she questioned how the individual was able to obtain certain phone numbers. According to the guardian, the resident told her that her boyfriend would get upset and told her to stop calling him so much. She said that the resident has called her many times during her present hospitalization and that she had called her around 8:00 a.m. on the interview day with the HRA. She said that the resident will keep calling her if she does not answer the phone. She reported that she had called the hospital and requested that the resident's calls to her should be limited.

The HRA met with the resident concerning the complaint when she was in the hospital. She told the investigation team that her boyfriend lives with his father in the Cook County area. She said that she is restricted from seeing her boyfriend and that the restriction has been in place for a long time. According to the resident, she was informed by an agency staff person that her boyfriend's father does not want her to visit his son. However, she denied this and said that she wants to live with her boyfriend when she is discharged from the hospital.

The agency's "Consumer Rights" and its "Rights and Responsibilities" policies state that consumers have the right to communicate with other people in private, without obstruction or censorship by the staff. The policies state that communication may be reasonably restricted to protect the consumer or others from harm, harassment or intimidation. Consumers have the right to use the telephone at the appropriate times. They have the right to reasonable access to either a public pay phone or another phone and will receive help in using the phone, if necessary. Consumers have the right to possess and use personal property unless it is determined that certain items are harmful to the individual or others. They are entitled to adequate and humane care and services in the least restrictive environment based on an individualized services plan which specifies the type, intensity, and duration of the services that the person will receive.

According to the agency's "Human Rights Committee (HRC)" policy, all consumers' programs designed to manage maladaptive behaviors, which include the use of restrictive procedures must be reviewed and approved by its committee prior to implementation. It further

states that the agency's HRC must review all services or treatments that might involve a restriction of a consumer's rights.

CONCLUSION

The Illinois Administrative Code (59 Ill. Admin. Code Part 115) states, Section 115.200 (d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent. CILAs shall be designed to promote independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process.

Section 115.250 of the Administrative Code states that individual entering a CILA program shall be informed of the following:

(a) (1) The rights of individuals shall be protected in accordance with Chapter 2 of the Code, except that the use of seclusion will not be permitted.

According to Section 5/2-102 of the Mental Health Code,

(a) All recipients of services shall be provided with adequate and humane care and services, 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 recipients' substitute decision maker, if any, or any other individual designated in writing by the recipient.

Section 5/2-103 (c) of the Code states that,

Unimpeded, private and uncensored communication by mail, telephone and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission.

Section 5/2-104 of the Code states that,

Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property.... (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission.

Section 5/2-201 of the Code states, whenever any rights of a recipient of services are restricted, the recipient shall be promptly given notice of the restriction.

The complaint alleged that a resident is not allowed communication with persons of choice by telephone and visitation. The resident's services plan dated 2013 indicated that she had a cell phone when she was placed in the agency's CILA program in 2009. Her cell phone was confiscated by the agency's staff because of inappropriate calls to 911. When the cell phone restriction was actually put in place is unclear, but she was informed that she needed to be free of incidents reports for six months before her mobile communication device would be returned. The Assistant Director of Psychology explained that the resident was calling 911; she was

physically aggressive and was running out of the home at the same time, but she started using the home phone to call 911. The HRA notes that the staff person's explanation of the restriction, which, without the above description of harassing phone behavior, would not rise to the Code's standard. What happened to her cell phone after the staff confiscated her item is unclear. Her services plan documented that the Community Support Team upheld the decision above concerning her request for another cell phone at her staffing in 2013. Her phone behaviors also should have been addressed in her behavioral plan.

According to the resident's services plan a phone policy (plan) was developed because she wanted to make more calls. She was allowed to call her boyfriend daily if she followed the phone rules but calls to certain family members were limited in frequency. It was also documented that her right to phone communication would be restricted if she displayed physical aggression or eloping behaviors. The Assistant Director of Psychology and the guardian reported that the resident's phone plan was needed because of calls perceived as being harassing and/or threatening to others. The staff person also said that the phone restriction was started because of harassing and threatening calls and that the resident was physically aggressive and had eloping behaviors at that time. There was no clear indication of any visitation restriction found during the record review regarding the resident who required 24-hour supervision.

The HRA cannot substantiate the complaint as presented above. We find that the phone restriction was not unjust because the Code allows reasonable restriction under certain circumstances such as harassing and threatening calls. No violations of the Illinois Administrative Code 59 Section 115.200 (d), the Code's Sections 5/2-102 (a) and 5/2-103 (c) or the agency's Consumer Rights and its Rights and Responsibilities policies were found. The Authority finds a violation of Section 5/2-201 of the Code because the agency does not provide notice or routinely ask if any person or agency is to be contacted whenever rights are restricted. Also, the agency violates its Human Rights Committee policy because there was no indication that the cell phone restriction or that the limitation placed on her ability to make calls on the home phone were reviewed by the committee.

RECOMMENDATIONS

1. Complete restriction of rights notices whenever guaranteed rights within the Code are restricted under Section 5/2-201 of the Code. In this case there must be at least two: one for the phone restriction and one for the property restriction.
2. Ask all residents and guardians if any person or agency is to be notified per 5/2-200 and 2-201.
3. The agency shall follow its Human Rights Committee policy and involve the committee whenever any rights are restricted.

SUGGESTIONS

1. The Code states in Section 2-103 that *reasonable* times for telephone use may be established. Ten minutes in a person's own home is anything but reasonable regardless of the number of housemates. Staff surely do not limit their own personal calls at home to ten minutes and neither should they limit residents of St. Coletta's. While juggling multiple callers at once is certainly difficult, the Code under Section 2-202 states that policies and procedures may amplify or expand but shall not restrict or limit the guaranteed rights within. The program can be more creative in accommodating everyone.

2. Be sure that telephone use is not restricted for calling 911 unless they become harassing as provided in Section 2-103.
 3. Ensure that restrictions are directly related to behaviors. A restriction for phone communication should be the result of harm, harassment and intimidation from phone calls. Restricting a phone access for other behaviors such as elopement and physical aggression is not consistent with the Code.
 4. Since elopement and aggressions are not reasons to restrict, discontinuing the restriction and returning the resident's property should not be contingent upon them.
 5. Ensure that behaviors that lead to rights restrictions are addressed in treatment and behavior plans.
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RESPONSE

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

St. Coletta's

OF ILLINOIS INC 

Since 1949 • Sponsored by the Sisters of St. Francis of Assisi

St. Coletta's of Illinois, Inc.
Provides Community-Integrated
Residential, Educational, and
Vocational Services for Children
and Adults Who Have
Developmental Disabilities Without
Regard to Race, Creed, or
Economic Status.

March 24, 2015
Geraldine Boatman
Human Rights Authority
P.O. Box 7009
Hines, IL 60141-7009
RE: HRA No. 14-040-9006

Dear Ms. Boatman

We are in receipt of your findings in the above referenced case. The findings included three recommendations. We respond to these recommendations as follows:

Andrew M. Collins, Jr.
Executive Director

Sr. Joanne Schatzlein, OSF
Director, Office of Corporate
Ministries

Board of Directors:

Steven L. Bricker, Chair
Kathleen M. Driscoll
William L. Droel
Mark W. Hansen
Alex Kuczwarra
Sr. KD Strandell, OSF
Sr. Mary Ann Polasek, OSF
Sr. Celia Struck, OSF
William C. Waddell
James J. Canna

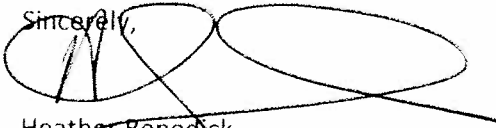
1. The individual in question was discharged in March 2014 and therefore we are unable to complete restriction of rights notices for her. However in general when there are rights restrictions for an individual they are included in both their Individual Service Plan and their Behavior Management Program. These plans are submitted to the individual as well as their guardian for review. They are therefore notified and consent to any restrictions that are presented in these plans. Our restrictions have been reviewed by the Bureau of Quality Management and our policies regarding notification of restrictions have been satisfactory.
2. Individuals and their guardians are notified of their right to request that an agency or person is to be notified when rights are restricted. This is done via the Rights of Individuals document that is reviewed and signed upon admission and annually thereafter. This document is attached for your review.
3. Our Human Rights policy is inclusive and every effort is made to avoid oversight of including any and all restrictions for review.

Please inform me if any further response is required.

Administrative Complex

Vocational Training Center

Lt. Joseph P. Kennedy School for
Exceptional Children

Sincerely,

Heather Benedick
Director of Psychological Services

18350 Crossing Drive
Tinley Park, IL 60487

Phone: 708-342-5200
Fax: 708-342-2579

Email: info@steil.org
Website: www.steil.org