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FOR IMMEDIATE RELEASE

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HUMAN RIGHTS AUTHORITY – NORTHWEST REGION  
REPORT 15-080-9004  
AVANCER

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship & Advocacy Commission opened an investigation after receiving complaints of potential rights violations of a resident at Avancer. It was alleged that there is inadequate care regarding hygiene and there is disregard of the legal guardian.

Substantiated findings would violate rights protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102(a), 104, 202), Social Security Representative Payee regulations (20 CFR 404.2065), the Standards and Licensure Requirements for Community Integrated Living Arrangements (CILA) (59 Ill. Admin. Code 115.100, 200(c), 220, 230, 250, 320(a), (c)) and the Probate Act (755 ILCS 5/11a-17, a-23).

According to its website, Avancer Homes was established in August 2001 with four homes in the DeKalb and Sycamore areas. Avancer Homes currently runs 18 homes in the following areas: Genoa, DeKalb, Sycamore, Cortland, and Davis Junction.

To pursue the matter an HRA team met at the facility and interviewed the following Avancer staff: the Executive Director, 2 Qualified Intellectual Disabilities Professionals (QIDP) and a Direct Support Professional (DSP). Relevant sections from the resident's records were reviewed with written authorization.

COMPLAINT SUMMARY

The complaint alleges that the resident wears dirty, tattered clothing and is not well groomed. Clothing items purchased by the guardian for the resident are lost or stolen. The facility seldom allows the resident to purchase new clothing. A dentist recommended the resident be seen twice yearly instead of once and the facility did not assist the resident in receiving the dental services, nor did they notify the guardian of the recommended dental hygiene. In addition, the staff reportedly disregards the guardian by giving false information, and consequently withholding facts from the guardian by not informing her of behavior incidents or activities. It was also alleged that during the last 2 years the resident has suffered physical and emotional abuse from the staff. The HRA Coordinator referred the abuse and neglect portion of this complaint to the appropriate enforcement agency and monitored its findings.

## FINDINGS

The QIDP stated that the resident bathes at least once daily with supervision. At times during the summer months, he will bath twice daily due to outside activities including football and other sports. She went on to state that the resident enjoys bathing. There is no 1:1 for for the resident regarding bathing, grooming or dressing. There is only supervision provided for these tasks.

The executive director explained that Avancer is the representative payee for the resident, therefore guardian approval for the expenditure of funds is not required. On many occasions the guardian has provided new clothing for the resident, but at times the items are misplaced. There is property log kept to track the missing clothing. She added that the resident also receives donated clothing, including used clothing from other residents, although these are not tracked either.

In regard to a dental appointment where the dentist recommended that the resident see him twice yearly instead of once due to the deterioration of his dental hygiene, the facility deemed that the resident could not afford it because of a low balance and outstanding loan. The staff stated that they would check with the guardian to determine if this was something that the guardian was willing to pay for from her own

finances. The QIDP stated that “It has not been our practice to inform guardians of the results of every dentist appointment, nor had this guardian so requested. It has been our practice (there is no policy) when additional services are recommended to consult the most recent financial statement available, discern if there is a surplus of finances (which would keep the balance well over \$300.00) and if so, then discuss the recommended services with the guardian to get a determination/recommendation from them on spending the resident’s money in this way”. HRA reminded the QIDP that moments ago the executive director stated that Avancer is the resident’s payee representative and guardian approval is not required. The QIDP then added that there is no written documentation the facility approved what the dentist recommended, and in fact the facility did not. Nor is there any written documentation that the guardian was contacted to determine if she would pay for the dental services. Per the executive director, the loan balance that prevented the resident from having the funds for the recommended dental visits originated from the time the resident was first admitted to Avancer in 2011. She added that at times when residents are first admitted, it takes time for their social security benefits to be directed to the facility.

In continuation, the QIDP expounded that the staff had received information that the guardian was deeply concerned that the resident wears dirty/tattered clothing, new clothing purchased by the guardian is consistently missing, the resident is not well-groomed and incident/behavior problems are not reported to the guardian. This concern was received not only from the guardian, but also from a representative of a local state facility that is an advocate for the resident.

The director explained that guardian contact by the Avancer staff has been an area of concern in that they have held special meetings to determine more effective ways of communicating with the guardian regarding medical issues, missing clothing items, including behavior problems as the resident went 8 months without seeing a psychiatrist.

When asked by the HRA why the staff would not inform the guardian of a Special Olympics Awards night in order for her to attend and experience this event with the resident, the QIDP stated that she did

not document or follow-up with the guardian, but verbally informed her 2 weeks before the event. She regrets that the guardian missed the event. She then added that Avancer has no written policies related to resident hygiene or guardian contact.

The QIDP stated that the staff received special training from a local crisis prevention agency regarding the resident to address areas such as physical aggression and property destruction.

The training is conducted annually and as needed. In addition, the Avancer Human Rights Committee meets every couple of months for case reviews. Documents regarding staff training and the Avancer Human Rights Committee's review of the resident were provided.

According to the executive director and the QIDP, a state advocacy agency is assisting the guardian in a search of placement for the resident to another facility other than Avancer. Avancer is not involved in this search, per the guardian's request.

## RECORDS

Avancer provided nothing in writing regarding the bathing, grooming or laundry schedule for the resident as requested by the HRA.

Both the Avancer collective checking account and the resident's individual savings account denote Avancer as the representative payee.

The Resident Fund Ledger dated 1/1/14 through 4/30/15 depicts that the only clothing items purchased for the resident were on 5/27/14 which were shirts/shorts costing a total of \$19.23. In addition, on 6/9/14 shorts were purchased for a total of \$15.08. Receipts for these items that were provided do not show whether these were underwear/T-shirts or regular shorts and shirts. Accordingly, the QIDP and DSP could not specify what type of clothing was purchased. An email dated 12/4/14 to Avancer from a local state advocacy agency states that the guardian "requested that the resident be groomed and dressed appropriately. There have been occasions recently when the resident has not been clean and has been wearing dirty clothes with holes in them". "The guardian would like the resident's clothes to be returned to his home. He has his initials on all of his clothing". The staffing summary notes on the Interim Staffing Report dated 1/19/15 state the following: "An "all-call"

has gone out for clothing to all of our houses in the hopes of locating misplaced resident's clothing. So far none have surfaced". The missing clothing had not been found as of the HRA site visit date. There are no property logs or other documentation to determine exactly what was missing. During the search, the Avancer staff looked for items that were tagged with the recipient's name and in someone else's possession but found nothing.

The Resident Fund Account individual general ledger for the resident dated 1/1/14 through 8/31/15 does not have a balance listed at all for the month of July, 2014. The resident's individual savings account shows an available balance of \$125.15 on 7/15/14. The Avancer Resident Fund Account Loan Balance Sheet dated 1/1/14 through 7/31/15 depicts a loan balance owed in the amount of \$170.00 on 7/1/14 and \$155.00 owed on 7/10/14. The Interim Staffing Report dated 7/10/14 states that: "The dental clinic suggested that a semi-annual check-up would be beneficial, if the resident could afford it. His finances were reviewed and due to his low balance and the loan he has outstanding, the cost is prohibitive. The resident will go back for his July 2015 appt. for his next regular dental appointment". The report also notes that Avancer staff "will check with guardian regarding her interest in paying this portion". There is no documentation of guardian contact regarding this, and the guardian was indeed not contacted as admitted by the QIDP. Neither is there documentation that Avancer provided the funds for the recommended dental care. And per the QIDP, Avancer did not. It is noted that the Interim Staffing Report dated 7/10/14 was signed off by the entire support staff for the resident, including the executive director.

Referring back to the Resident Fund Ledger dated 1/1/14 through 4/30/15, it appears from these ledgers that the monthly amount that is allotted to the resident to spend as he pleases, was being used to purchase deodorant, shaving supplies, body wash, lotion, body spray, toothpaste, as well as a loan repayment to Avancer and repayments to Avancer for property damage caused by the resident. The facility did not provide policy, but actually provided an interoffice memo dated May 11, 2015 that states "As of May 11, 2015, individuals that are residents

of Avancer Homes LLC will no longer incur cost for damages to buildings that they have caused due to behavior, accidents, etc". In regard to the loan repayment balance that the executive director stated prevented the resident from recommended dental visits, the Avancer Resident Fund Account General Ledger dated 1/1/10 through 12/31/12 shows that a cash loan from Avancer was first issued to the resident on 2/28/11. (It is noted that this is a full 6 months after the service start date of 8/30/10 that is listed on the 6/11/14 ISP, as the executive director previously stated that the loan was due to the resident's Social Security benefits not being directed to their facility right away. The Avancer Resident Fund Account Client Loan Balance sheet dated 1/1/14 through 7/31/15 depicts that after continuous monthly payments, the loan was paid off on 2/11/15.

The Interim Staffing Report dated 2/9/14 explains that due to the physical aggression by the resident, the police had to be called. The police were able to calm the recipient down, avoiding an arrest. The report does not address guardian contact.

On February 13, 2014 the staff notes from an incident meeting in which the guardian was present, depict the following as the staff admits to a lack of notifying the guardian: "The Administrator apologized on behalf of the Agency and on behalf of the A. on-call for last weekend's lack of notification. Some changes that will be put in place include: the process for notification to Mom will be explained to everyone who takes call. The on-call book & phone will list Mom's phone # & a back-up # of the resident's sister. Staff who were to be with the resident now receive discipline action. Anytime the police are involved Mom must be on the phone & alerted in order to represent the resident".

The ISP (Individual Service Plan) dated 6/11/14 briefly states that the resident requires prompts from the staff for grooming and dressing and decision making regarding clean and tattered clothing. In addition, the plan lists the guardian as present at the meeting and a member of the CST (Community Support Team). The ISP tells of behavior incidents that occurred, but does not specify that the guardian was contacted during these incidents. In particular, on 9/17/13 the police were called due to behavior by the resident when he was not arrested but transported

to a local hospital and released, the guardian was only given a copy of the police report later. The plan does not address guardian inclusion or the reporting of unusual incidents to the guardian. But under the subtitle of “Planned Absences/Extended Vacations” it states that “pick-up and drop times or any special considerations are handled by the Residential Manager. The resident’s guardian has been asked to communicate directly with the Residential Manager regarding concerns or plans”.

The 6/23/14 Interim Staffing Report states that the police had to be called as there was a physical altercation between this resident and another resident. There were no injuries and no arrests were made. The report does not include documentation that the guardian was contacted.

In an email dated December 4, 2014, a local state advocacy agency also denotes a lack of notifying the guardian stating that the guardian “would like to be informed immediately of any incidents that involve the resident becoming physically aggressive. She would also like to be informed of any events that the resident is involved with. She stated that she would have loved to attend the recent Special Olympics awards night to cheer the resident on. Had she known about this event, she would have attended”.

On 12/24/14, the QIDP emailed the local state advocacy agency the following regarding a 12/19/14 incident: “On 12/22/14 I called the guardian to inform her about an incident that occurred on Friday at the Russell involving the resident. An incident report was completed and we were just fulfilling her wishes by informing her of any issue that happens with the resident”. In regard to the aforementioned, the QIDP followed with a letter to the guardian dated 12/24/14.

The 3/10/15 staff notes state that the resident was presented at the hospital emergency room by the Avancer staff for “aggression, agitation and property destruction, psych. bed sought at 17 hospitals. None available. He was discharged back to us that night”. The notes do not contain any information whether there was an attempt to contact the guardian.

The Interim Staffing Report dated March 13, 2015 addressed to the attention of all staff regarding guardian contact, states the following: “In the past we have made the mistake of not effectively communicating with her and this has caused problems. We are trying to improve these communication issues and following this protocol will help us achieve that. The guardian is the resident’s voice. She must be aware of what is going on with him in order to feel as though she is effectively advocating for him”.

The support plan from a crisis prevention agency dated 10/9/13 denotes the recommended training for Avancer staff. The actual training took place on 10/21/13 per the in-service documentation dated 10/21/13. The content of the training included communication, behavioral objectives, preventative measures, procedures for target behaviors, alternative behavioral training, as well as behavioral tracking.

The Avancer Human Rights Committee Agendas dated 12/12/13 and 3/27/14 reveal that the behavior programs of the resident were reviewed, although no specific details of the reviews were provided. For the period of 9/18/14 through 4/28/15 several email communications were provided between the QIDP and the committee regarding doctor appointments and medication adjustments for the resident. Again, no specific details from the committee, mainly their signature and/or statement that they agree or disagree.

## CONCLUSION

According to the executive director and the QIDP, no policy exists at Avancer on the issues of this complaint regarding poor hygiene of the resident and disregard of the guardian. There is no policy related to guardian inclusion, whether for service planning or the reporting of unusual incidents. Neither is there policy that addresses property and keeping or returning clothing.

According to the Mental Health Code (ILCS 5/2-102) regarding care and services;

*§ 2-102. (a) A resident 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...and the recipient's guardian...*

*According to Section 5/2-104. Personal property; restrictions; discharge § 2-104. Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section.*

*(c) When a recipient is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him.*

Social Security representative payees have specified responsibilities as outlined below: (20 CFR 404.2065)

*A representative payee has a responsibility to--*

- (a) Use the benefits received on your behalf only for your use and benefit in a manner and for the purposes he or she determines, under the guidelines in this subpart, to be in your best interests;*

According to Part 115. Standards and Licensure Requirements for Community-Integrated Living Arrangements: General Provisions

115.100. Purpose

*a) The purpose of the Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135] is to license agencies to certify living arrangements integrated in the community in which individuals with a mental disability are supervised and provided with an array of needed services.*

*b) The objective of a community-integrated living arrangement is to promote optimal independence in daily living and economic self-sufficiency of individuals with a mental disability.*

According to Section 115.200 (c) Service Requirements:

*Description*

*c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate. Individuals are recognized as persons with basic human needs, aspirations, desires and feelings and are citizens of a community with all rights, privileges, opportunities and responsibilities accorded other citizens. Only secondarily are they individuals who have a mental disability.*

Under Section 115.220c. Community support team shall be responsible for:

*9) Providing assistance to the individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services;*

*11) Assisting individuals with activities of daily living through skill training and acquisition of assistive devices;*

In addition 115.220e., an CST member who is a QMRP or a QMHP shall be designated for each individual and shall:

*3) Assure the participation of team members and necessary non-team member professionals;*

*6) Monitor the individual's status in relation to the services plan;*

*7) Advocate for the individual's rights and services;*

*11) Initiate and coordinate the interdisciplinary process as often as specified in the services plan or when required by problems or changes;*

*13) Work with the individual and parent(s) and/or guardian to convene special meetings of the CST when there are issues that need to be addressed as brought to the attention of the team by the individual, parent(s) and/or guardian.*

And Section 115.230. Interdisciplinary process

*Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process.*

*a) Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual.*

*b) The following shall be included in the interdisciplinary process:*

*1) The individual or his or her legal guardian, or both;*

**Under Section 115.250. Individual rights and confidentiality**

*Individuals or guardians shall be permitted to purchase and use the services of private physicians and other mental health and developmental disabilities professionals of their choice, which shall be documented in the services plan.*

**According to Section 115.320. Administrative requirements:**

*c) General program requirements*

*Agencies funded by the Department shall meet the following general program requirements for all funded services:*

*3) Behavior management and human rights review*

*Each agency is required to establish or ensure a process for the periodic review of behavior intervention and human rights issues involved in the individual's treatment and/or habilitation. Agencies required to have behavior intervention and human rights review policies and procedures under licensure or certification standards shall continue to comply with those standards.*

**Per 405 ILCS 5/2-202. Policies and procedures:**

*§ 2-202. The Secretary of Human Services and the facility director of each service provider shall adopt in writing such policies and procedures as are necessary to implement this Chapter. Such policies and procedures may amplify or expand, but shall not restrict or limit, the rights guaranteed to recipients by this Chapter.*

**According to the Probate Act, 755 ILCS 5/11a-17 and 5/11a-23:**

*(a) To the extent ordered by the court and under the direction of the court, the guardian of the person shall have custody of the ward*

*and the ward's minor and adult dependent children and shall procure for them and shall make provision for their support, care, comfort, health, education and maintenance, and professional services as are appropriate...*

*(b) Every health care provider...has the right to rely on any decision or direction made by the guardian...that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward.*

**Complaint:** There is inadequate care regarding grooming, dental hygiene and lost or stolen clothing. There is no specific proof of a review by the Avancer Human Rights Committee regarding these issues, although minutes state that his case was discussed. Avancer does not have policy that addresses the bathing, grooming or laundry maintenance for residents. Nor is there any documentation that is required by staff as related to this issue. The facility does not provide a 1:1 for bathing, grooming and dressing as they do not deem it necessary. The ISP dated 6/11/14 states that the resident requires prompts from the staff for grooming as well as dressing, and lists the guardian as a member of the resident's support team. Although there is emailed evidence that others in the community believed the resident was, on occasion, unclean, current observations provide no further proof. The Resident Fund Account Ledger dated 1/1/14 through 4/30/15 depicts that in a period of more than a year the resident purchased shorts and shirts @ \$19.23 on 5/27/14 and shorts on 6/9/14 for \$15.08. The staff could not answer the question regarding whether these were under or outer clothes. The email dated 12/4/14 denotes concern from the guardian and a local state advocacy agency regarding the resident not being groomed appropriately and dressed in dirty, tattered clothing. The email goes on to state that the resident has missing clothing items that have his name tagged on them. Staff summary notes dated 1/19/15 confirm that the

clothing is missing and a search was underway. Per the Avancer staff during the site visit, no clothing belonging to the resident has been found to date. There are no property logs to track the missing items. Per 405 ILCS 5/2-202, the facility director of each service provider shall adopt in writing such policies and procedures that may amplify or expand, but shall not restrict or limit, the rights guaranteed to recipients. According to ILCS 405 5/2-104, every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property. Property in this case that Avancer cannot account for or return whenever the resident is discharged.

In regard to dental hygiene, the dentist recommended the resident be examined twice yearly rather than the standard once per year. There is a blank space for the balance listed for July 2014 in the individual general ledger for the resident. The individual savings account had a \$125.14 balance on 7/15/14. The loan balance sheet covering the period of 1/1/14 through 7/31/15 reveals a loan balance of \$170.00 owed on 7/1/14. In addition, only \$155.00 was owed on 7/10/14. The Interim Staffing Report dated 7/10/14 state that the resident could not afford the exams due to a low balance in his resident fund along with an outstanding loan balance owed to Avancer and the guardian would be contacted to determine if she could pay for the services. Per the QIDP, Avancer did not approve the dental services and the guardian was not contacted. The general ledger dated 1/1/10 through 12/31/12 makes it clear that the loan began 2/28/11 and the loan balance sheet dated 1/1/14 through 7/31/15 denotes that the loan was paid up on 2/11/15. No documents were provided to the HRA to prove that the recommended twice yearly dental exams have been made available to the resident or that alternatives were explored by the community support team with notification and input of the guardian in trying to meet those recommendations. Section 115.220c of the CILA Rules state that the community support team is required to provide assistance to the individual in obtaining health and dental services, services in this case that were recommended but not attained due to carelessness of the staff. Social Security representative payees (20 CFR 404.2065) have a responsibility to use the benefits received on behalf of the resident in a

manner and for the purpose determined to be in the best interest of the resident. It is therefore concluded that the complaint as related to dental hygiene, is substantiated.

Complaint: There is disregard of the guardian. No supporting documents were received to prove that the Avancer Human Rights Committee reviewed this specific issue. The Interim Staffing Reports dated 2/9/14 and 6/23/14 denote that in both incidents the police had to be called regarding the aggressive behavior of the resident. Neither report contains documentation of guardian contact. Staff notes dated 2/13/14 illuminate that an apology was by the Administrator to the guardian regarding a lack of notification by the staff of an incident involving the resident during the prior week. The note goes on to state that staff will receive disciplinary repercussions as a result of their actions. The email dated 12/4/14 from a local state advocacy agency, explicates that the guardian would like to be informed of any behavior incidents as well as community events regarding the resident. As a result, there was indeed guardian contact by the QIDP per the 12/24/14 email and letter. Also, it is noted that the guardian was usually present at the resident's doctor appointments but remained concerned regarding the incongruous actions of the staff reporting incidents to her. Staff notes dated 3/10/15 state that the resident was taken to the hospital emergency room by the Avancer staff for aggression and agitation. These notes do not contain documentation of guardian contact. The March 13, 2015 Interim Staffing Report depicts that there have been problems with the staff not communicating in an effective manner to produce the desired result of supporting the guardian as the recipient's voice, as well as his advocate. Per ILCS 405/2-102a regarding care and services, "a resident 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...and the recipient's guardian." The CILA Rules in Part 115.200c state that "... Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her

family as appropriate.” In regard to the interdisciplinary process, CILA Rules in Section 115.230 state that the individual or his or her legal guardian, or both shall be included in the process and it is the responsibility of the community support team to integrate a service plan for such. The role of the guardian is to procure for the wellbeing and safety of his/her ward per 755 ILCS 5/11a-17 and/or 11a-23, which in this case, the guardian as an integral member of ongoing service planning and implementation was not able to do. The allegation of disregard of the guardian is substantiated.

### RECOMMENDATIONS

1. Establish policies and procedures that govern the hygiene of residents and guardian contact including the reporting of unusual incidents. (405 ILCS 5/2-202)
2. Ensure that residents are permitted to receive, possess and use their own personal property. (ILCS 5/2-104) (405 ILCS 5/2-202)
3. Establish property logs to track missing property belonging to the resident. (405 ILCS 5/2-104)
4. With the assistance of the Community Support Team, permit residents to purchase and use private physicians and other medical professionals of their choice. (59 Ill. Admin. 115.250) (Ill. Admin. 115.220c, e)
5. Ensure that the Individual Service Plan and the Community Support Team support the Guardian in advocating for the rights and services of the resident. (ILCS 5/2-102) (Ill. Admin. 115.200c)
6. Establish Human Rights Committee policies and procedures specific to behavior intervention and the human rights issues of the resident. (Ill. Admin. 115.320)

### SUGGESTIONS

1. Review the list of hygiene items being paid for by the resident to ensure that they are not to be covered as part of the CILA agreement.
2. Review the discrepancy over the loan repayment. Is the loan due to an SSA overpayment or for property damage? If for property damage, reimburse the resident. Ensure future loan repayments are clearly documented and ensure that residents/guardians are informed.
3. Ensure that guardians receive quarterly reports of finances as required by the CILA Licensure and Certification Act (210 ILCS 135/9.1 (a) (3)).

The abuse and neglect portion of this complaint was referred to the appropriate enforcement agency. The report of the enforcement agency dated 6/8/15 depicts the following result: “Based on the facts in this case, the following was concluded. The allegations of physical abuse and neglect, against the staff of Avancer, are unsubstantiated”.

1. Ensure that the detainee is provided the correct form and understands the difference between the Inmate Request form and the Inmate Medical Request form.
2. Consider medication chart audits to ensure there are no medication errors.
3. Revise suicide watch forms to include documentation of the medications administered to the detainee while on the watch.



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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.**

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NORTHWEST REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE 15-080-9004

AVANCER LLC

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 et seq.), we have received the Human Rights Authority report of findings.

**IMPORTANT NOTE**

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you may have provided and indicated you wish to be included in a public document, will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

**We ask that the following action be taken:**

We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

Name: Desiree A. Johnson  
Title: Executive Director  
Date: April 28, 2016



# Avancer Homes LLC

## Response to Recommendations

Human Rights Authority-Northwest Region  
HRA Case 15-080-9004

### RECOMMENDATIONS

1. Establish policies and procedures that govern the hygiene of residents and guardian contact including the reporting of unusual incidents. (405 ILCS 5/2-202)  
**Response: Please see the following included policies and procedures: Guardian Notifications and Personal Hygiene.**
2. Ensure that residents are permitted to receive, possess and use their own personal property. (ILCS 5/2-104)(405 ILCS 5/2-202)  
**Response: See attached Personal Belongings policy.**
3. Establish property logs to track missing property belonging to the resident. (405 ILCS 5/2-104)  
**Response: See attached inventory log and Personal Belongings policy.**
4. With the assistance of the Community Support Team, permit residents to purchase and use private physicians and other medical professionals of their choice. (59 Ill. Admin 115.250) (Ill. Admin. 115.220c,e)  
**Response: Avancer Homes does permit residents to purchase and use private physicians and other medical professionals of their choice. If the Individual lacks the funds to purchase these services the legal guardian is to be contacted to pay or refuse services. This notification will be documented.**
5. Ensure that the Individual Service Plan and the Community Support Team support the Guardian in advocating for the rights and services of the resident. (ILCS 5/2-102) (Ill. Admin. 115.200c)  
**Response: Please see the attached Community Support Team policy.**
6. Establish Human Rights Committee policies and procedures specific to behavior intervention and the human rights issues of the resident. (Ill. Admin. 115.320)  
**Response: Please see the attached Human Rights Committee Policy.**

## **SUGGESTIONS**

1. Review the list of hygiene items being paid for by the resident to ensure that they are not to be covered as part of the CILA agreement.

**Comment:**

The link on the DHS State of Illinois website indicates that the rate does not include hygiene items in our reimbursement.

[http://www.dhs.state.il.us/page.aspx?item=16043#a\\_toc19](http://www.dhs.state.il.us/page.aspx?item=16043#a_toc19)

A rate of \$34.24 per person, per month, is paid to reimburse CILA residential providers for the expenses associated with NonFood Supplies. NonFood Supplies include, but are not necessarily limited to kitchen, housekeeping, and laundry supplies. **Personal hygiene items are not included.**

2. Review the discrepancy over the loan repayment. Is the loan due to an SSA overpayment or for property damage? If for property damage, reimburse the resident. Ensure future loan repayments are clearly documented and ensure that residents/guardians are informed.

**Comment:**

There was no record of any SSA overpayment for the Individual.

Avancer LLC was sold in April of 2015. The loan may have been for property damages, however, that was under the previous ownership. The previous ownership would make loans to Individuals. Avancer Homes LLC ownership does not offer loans.

3. Ensure that guardians receive quarterly reports of finances as required by the CILA licensure and Certification Act (210 ILCS 135/9.1 (a)(3)).

**Comment:** The agency will continue to ensure that the quarterly reports of finances are sent to guardians.

Submitted by:

**Desiree A. Johnson/ Executive Director Avancer Homes LLC April 28, 2016.**

**AVANCER HOMES LLC**

**POLICY/PROCEDURE DIRECTIVE**

Adopted by: Desiree A. Johnson  
Desiree A. Johnson /Executive Director

Adopted: April 2016  
Revised:

**POLICY: GUARDIAN NOTIFICATIONS**

Avancer Homes will have a prompt and effective procedure for reporting incidents/ observations to guardians.

**PROCEDURES:**

Notification to guardians will be made as follows:

Hospitalizations

Office of Inspector General Investigations involving an Individual served

Other special medical concerns

Potential purchase or expenses that require finances over and above the routine.. (i.e. additional medical services not covered by Individual's insurance, additional equipment, etc.)

Unusual incidents

Quarterly financial statements

ISP approvals

Rights statements

All other notifications as requested by the guardian or required by the agency.

**AVANCER HOMES LLC**

**POLICY/PROCEDURE DIRECTIVE**

Adopted by: Desiree A. Johnson  
Desiree A. Johnson /Executive Director

Adopted: April 2016  
Revised:

**POLICY: Personal Hygiene**

This policy has been developed to ensure that all Individuals served by the agency receive appropriate grooming and hygiene. The standards of grooming and hygiene outlined below set forth the *minimum requirements* to which all Individuals are to be properly provided.

**PROCEDURES:**

Individuals are encouraged to bathe or shower at least once every day.

Appropriate dress and clean clothing are required daily. The current weather conditions will be considered when making clothing choices.

Provisions for Individual hygiene and personal grooming shall include assisting and training Individual's to exercise maximum capability in personal grooming practices, including bathing, tooth-brushing, shampooing, hair grooming, shaving, and care of nails.

Avancer Homes LLC will assist Individuals in maintaining toiletry articles such as toothpaste, soap, shampoo, shaving products, etc. at the Individual's expense.

**AVANCER HOMES LLC**  
**Policy/Procedure Directive**

Adopted: Desiree A. Johnson Date August 2001  
Desiree A. Johnson/Executive Director Revised: 4/2015

Policy

**Personal Belongings**

Each Individual has the right to receive, possess, and use personal property unless it is determined that certain items are harmful to the Individual or others. When an Individual is not longer receiving services from an agency, all lawful property will be returned to you.

It is recommended that clothing, valuables, and equipment be marked, labeled or engraved with the Individual's name before admission, or before the item is brought to the home. These items are to be given to the staff onsite so that an inventory can be completed. It is recommended clothing be marked with permanent ink or sewn-in name tags.

Space for storage in Avancer Homes is limited. Individuals should attempt to maintain only those belongings that are able to safely fit in their designated bedroom. If additional storage is required, Individuals and/or guardian are encouraged to facilitate additional storage options at their own cost.

Individuals may have personal furniture, pictures, stereo, and television in bedroom. However, only one stereo and one television is allowed per Individual. All electrical equipment must be inspected by maintenance for safety before it can be used by the Individual. Electrical equipment cannot be disassembled by resident.

Family/guardians are encouraged not to bring excessive furniture, clothing, and appliances to home.

If an Individual's room becomes unsafe, because of excessive personal belongings, the Individual will be asked to send personal items home or store them at the Individual's expense for safekeeping. Any restrictions or limitations imposed by this rule are intended to maintain a safe environment, and will be reflected in an approved behavior plan.

Upon intake, an inventory will be taken of all property brought to Avancer Homes by an Individual. All items will be marked with the Individual's name. Updates will be made to the inventory if items are brought in, removed, discarded or lost. A final inventory will be completed at discharge.







**AVANCER HOMES LLC  
POLICY/PROCEDURE DIRECTIVE**

Adopted by: Desiree A. Johnson Adopted: July 2007  
Desiree A. Johnson/Executive Director Revised: January 2012  
Revised: April 2015

**POLICY:**

**Community Support Team**

The CST shall consist of the QIDP, as indicated by the Individual's primary disability, the Individual, the Individual's guardian or parent (unless the Individual is his or her own guardian and chooses not to have his or her parent involved, or if the Individual has a guardian and the guardian chooses not to involve the Individual's parent), providers of services to the Individual from outside the licensed CILA provider agency, and persons providing direct services in the community;

- b) The CST shall be the central structure through which CILA services are provided to one or more Individuals. The CST shall:
  - 1) Be responsible for all service functions including assessment, planning, coordination and delivery;
  - 2) Provide direct service in the community
  - 3) Help the Individual to participate in the design of an array of community support services tailored to his or her needs;
  - 4) Be responsible for providing or helping Individuals to access the services specified in their plans; and
  - 5) Be available to respond to an Individual's needs on a 24-hour basis.
  
- c) The CST shall be directly responsible for:
  - 1) Modifying the services plan based on on-going assessment and recommendations;
  - 2) Linking Individuals to resources and services;
  - 3) Advocating on behalf of Individuals;
  - 4) Providing informational, educational and advocacy services to family members;

- 5) Assisting Individuals to select, obtain, and maintain CILAs which afford safety and basic comforts;
  - 6) Participating with other providers of direct service during stays in other environments such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities; continuing in-facility contact, participating in the services plan development, and the on-going interdisciplinary process; providing on-going services to ensure the maintenance of the Individual's living arrangement during these times such as paying the rent and utilities;
  - 7) Assisting the Individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords;
  - 8) Providing personal support and assistance to the Individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities;
  - 9) Providing assistance to the Individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services;
  - 10) Providing supportive counseling and problem-solving assistance on an on-going basis and at times of crisis;
  - 11) Assisting Individuals with activities of daily living through skill training and acquisition of assistive devices;
  - 12) Assisting the Individual in accessing medication information including observing and reporting effects and side effects of prescribed medications;
  - 13) Assisting the Individual in accessing and providing training to obtain emergency medical services including State-operated facility services;
  - 14) Providing assistance in money management, including representative payee, and applying for financial entitlements including assisting Individuals to access them.
  - 15) Assisting Individuals to access transportation.
- e) A CST member who is a QIDP shall be designated for each Individual and shall:
- 1) Convene the CST as required by Section 115.230 to revise the services plan as part of the interdisciplinary process;

- 2) Assure that the services specified in the services plan are being provided;
- 3) Assure the participation of team members and necessary non-team member professionals;
- 4) Assure and document in the Individual's record, at least quarterly, that the Individual's residence meets environmental standards as specified in Subpart C of this Part;
- 5) Identify and address gaps in the service provision;
- 6) Monitor the Individual's status in relation to the services plan;
- 7) Advocate for the Individual's rights and services;
- 8) Facilitate Individual linkage and transfer;
- 9) Provide for a written record of team meetings within 30 days after each team meeting;
- 10) Assure that information specified by the services plan is included in the Individual's record;
- 11) Initiate and coordinate the interdisciplinary process as often as specified in the services plan or when required by problems or changes;
- 12) Assure availability of a written services plan to all team members; and
- 13) Work with the Individual and parent(s) and/or guardian to convene special meetings of the CST when there are issues that need to be addressed as brought to the attention of the team by the Individual, parent(s) and/or guardian.

**AVANCER HOMES LLC.**

**POLICY/PROCEDURE DIRECTIVE**

Adopted: Desiree A. Johnson  
Desiree A. Johnson/Executive Director

Adopted:  
Revised:

**Policy**

Avancer Homes LLC shall maintain a Human Rights Committee (HRC) to review behavioral programs and related issues. The goal of the HRC is to ensure the protection of Individuals' rights through a review of the related facility practices.

**Procedure:**

A. Responsibilities of the HRC

Among those areas that the HRC shall review, monitor and offer advice are:

1. Facility policies and procedures pertaining to Individuals rights
2. Compliance with applicable regulations
3. Behavior management programs for Individuals as recommended by the Behavior Management Committee (BMC).
4. Psychotropic medication used within prescribed dosage range in conjunction with behavior management programs.
5. Human Rights Authority substantiated rights violations and agency responses to recommendations.
6. Injuries of unknown origin.
7. Restriction of an Individual's rights as recommended in the IPP.
8. Death of an Individual.
9. Other issues as recommended by the HRC, Agency Nurse or the Executive Director.
10. Advisory board to the agency

B. Responsibilities of Avancer Homes LLC  
The Administrator of Avancer Homes shall:

1. Shall appoint a staff liaison with the HRC who will serve as the Chairperson
2. Provide a meeting place for the meetings of the HRC.
3. Provide copies of applicable policies, procedures, reports, regulations and other related information to assist the HRC in meeting its goals.
4. Review all minutes of the HRC and provide feedback as necessary.
5. Provide other reasonable information as requested by the HRC.

#### C. Composition

The members of the HRC shall be appointed by the Executive Director for a one year term. The HRC shall consist of no less than seven (7) members. The membership shall consist of the Chairperson, the QIDP's, the agency Nurse and a minimum of three community members (One of which must be Relative and/or Guardian of an Intellectually Disabled Individual).

#### D. Meetings

The HRC shall meet at least quarterly. Additional meetings may be scheduled to meet special needs. Sixty percent (60%) of the membership shall constitute a quorum with at least one community member present at the meeting. Meetings and approvals may be conducted via phone, email and/or snail mail. To protect confidentiality, Individuals will be identified by first names.

#### E. Documentation

Minutes and attachments will be kept of all HRC meetings. All approved recommendations will be included in the minutes.