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HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #15-090-9023
Achievement Unlimited Inc.

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Achievement Unlimited Inc. The complaint alleged the following:

1. Inadequate food services, including individuals not receiving special diabetic diets and residents not allowed extra food portions if desired.

If found substantiated, the allegation would violate the Community Integrated Living Arrangements (CILA) regulations (59 Il Admin Code 115). Achievement Unlimited has 29 homes in Galesburg with 214 residents. They geographically cover as far north as Silvas, as far west as Jacksonville, and as far east as Danville. To investigate the allegations, HRA team members interviewed Achievement Unlimited staff members and reviewed documentation pertinent to the investigation.

COMPLAINT STATEMENT

An individual was not receiving a special, diabetic diet. Allegedly there is one menu for all CILA houses, and rather than provide the special diet, staff will monitor carbs and the resident's blood sugar. Also no residents receive a second helping of food and there are no variations on meals, for example doubling of one food item for one resident or limiting one for another.

INTERVIEW WITH STAFF (7.16.2015)

The staff began the interview by stating the facility discussed residents' diets with the medical director and decided to practice diet liberalization. Diet liberalization means that individuals with diabetes eat the same diet as all the other residents with different portions. Basically, the practice states that if individuals have a no concentrated sweets diet, they are never going to have an opportunity to eat cake or other carbs. Diabetic residents may not receive the same portion but if they are still hungry, they are provided health foods like vegetables. Staff explained residents' rights are being addressed because they are providing residents with diabetes the same food that all residents receive. Previously, residents with diabetes had a low concentrated sweets diet. If someone absolutely needs a restrictive diet, then they will provide

that diet. The menus for all residents are low fat, low cholesterol, heart healthy diets made by the dietician they work with at the facility. The diets are based on 1,800 to 2,000 calories of intake per day and are consistent with daily vitamin needs and carbohydrate counts. Staff review diets with the facility physician and a dietician from a diabetic clinic. Dieticians are contracted by the facility. Staff do not make decisions regarding nutrition; the dieticians prepare the menus and staff only prepare them. There was one individual who was a brittle diabetic and his blood sugar would be 30 in the morning, and then rise to 500 later in the day. They were making multiple emergency room visits with the individual and it took quite a bit of adjusting but now the individual can eat whatever he wants, outside of desserts. That individual has not been to the emergency room in over a year. There was an individual who was a type 2 diabetic with unstable blood sugar and they stabilized that individual. They have had many success stories.

If an individual with diabetes moves into a facility, they review their past diets, blood sugar, and medications and if there was an order for a carbohydrate count, portion change, etc. it would come from the physician at the recommendation of the dietician. The recommendations can also come from the physicians. Their physician is a private practice physician and is contracted as their medical director, so he is aware of the program and the facility. He examines the majority of the individuals. Staff are trained on the physician's orders for the diet and can make adjustments and provide different portions. The staff interviewed were not sure how many residents receive adjustment with their meals but said that dieticians have been sent to at least 10 different buildings, although a few had no diabetic issues.

Staff said that the snacks offered by the facility are usually fruit. They try to make extra healthier options. Individuals can buy their own snacks and use a vending machine at the day program. If the residents said that they do not want the healthy options, then the residents can get them. They do not want to deny people if they are hungry but they want to promote healthy foods. If the facility had sloppy joes, and someone wanted extra, then they could have extra. Generally though, staff are trained to only cook enough for the group. Also, they will cook enough food for people who may need to eat more food. They also said that they may cook enough food for 11 people, but if someone does not want his/her portion, someone else can have extra. Staff did believe that the staff making the meals are making an extra two or three portions more than the group size. Food is served family style, so they have to be prepared to have a bit more. The staff interviewed explained that if someone is constantly hungry after dinner, they may address that with the dietician. The meals would also be discussed during the individual support program (ISP) meeting.

Staff hoped that if there was a concern about food, it would be brought up to staff. Family is involved with the facility and staff can answer their questions. Sometimes a family will contact a resident and hear what was eaten without some of the details. Then family will contact the facility asking why the resident is not receiving enough food. Also, when questioned, staff may not relay all the needed information. If someone finished dinner and wanted more, but did not want fruit and did not have their own food, they would offer them something like a sandwich. Staff explained that they would rather have someone eat at the house than go to the vocational workshop and eat out of the vending machine. Residents can purchase whatever they want unless there is a physician's order against it. The house has diet order sheets that have orders for foods, switches, likes, dislikes and the diet order sheets are also sent to the workshop. They have on the job training and the Qualified Intellectual Disability Professional (QIDP) covers a lot in the first 7 days. New staff members at the houses would not do any of the cooking and they work with experienced staff. In the house, if a resident likes corn but does not

like green beans, staff would look at the diet order sheet and provide both. Residents serve themselves and get the food that they want. Individuals with food preferences usually let the preferences be known to staff. The nursing staff is on top of providing insulin and they know if it is working. They do not have a chart for diets unless there is a reason. If there was a concern of someone losing weight or if they are changing diet, they may use a chart. There is a monthly meeting with the residents to see what they like and they will make changes to the menu. Dietary council is held monthly and staff attend and residents are encouraged to participate. The Cook's meeting is where they discuss what people like or dislike and what people do not eat. They take feedback from the Cook's meetings and all the CILAs are represented.

If there are changes to the menus, they change the food the residents are already receiving, for example, if the menu was for 6 ounces of chicken, the residents would still receive 6 ounces of chicken; it would just be prepared differently. If someone does not like a chicken patty, they will not switch it for a ham sandwich. They substitute like items for like items. A green leafy vegetable would be substituted for another; a vitamin A food would be substituted for another vitamin A food. This does not happen often and they give trainings on appropriate substitutions.

FINDINGS (Including record review, mandates, and conclusion)

The HRA reviewed records and policy pertinent to the complaints in this investigation. The facility food service policy reads "It is the policy of the facility to provide the individuals with a set of menus that are a four-week cycle, one set for spring/summer and another for fall/winter. Each set of menus is complete with recipes for those preparing the meals. Menus are provided and modified to meet the needs of each individual, as prescribed by his/her physician on their Diet Order form. Individuals are provided a liberalized diet that is based on the menus, but provided choices that include lower sodium, lower concentrated sweets and lower fat options." In the procedures section, several diets are described as the regular diet with modifications, for example the no salt added diet is the regular diet with the cook/Direct Support Personnel (DSP) encouraging the individual not to add table salt and the hi calorie/high protein diet is the regular diet with additional foods, meals or snacks designated to facilitate calorie/protein intake to meet individuals diet needs. The procedure states that medically prescribed diets shall be recorded in the individual's medical record and the Qualified Intellectual Disabilities Professional (QIDP) will give diet orders to the cook/DSP by completing a form that has the name of the QIDP and the name of the physician. It also states that the "Cook/DSP will be instructed to follow each day's menu and prepare meals by using the provided recipes." The policy reads "All diet orders will be followed, as planned or approved by a physician and a qualified dietician" and "All general and special diets shall be medically prescribed." The HRA saw no statement regarding additional food outside of the high calorie/hi protein diet. The facility provided a "Snack/Food Access" policy that reads each home should have space in the kitchen for the following items to be accessible to residents and the items include crackers, cheese, deli meat, milk, granola bars and fresh fruit. The policy states that these are just suggestions and the food should be individualized based on the likes/dislikes of the home. The policy also states that drink dispensers with tea, lemonade or best liked beverages should be accessible during waking hours in the dining area and water dispensers should be accessible at all times. The policy also reads "Those individuals with the funds that wish to buy their own individual snacks should have the opportunity to do so. There should be a designated

space in the kitchen where each individual can keep a snack box for eating at snack time or other times when they are hungry and/or want a snack. At no time should an individual store these items in their room." There was no mention of additional dinner food with this policy. The HRA also reviewed 28 days of a menu calendar and each day there is breakfast, lunch, supper and a snack. The snacks consist of items such as yogurt parfait, vegetables with dip, ice cream novelty, fruit of the day, sherbet, pudding, pretzels, and seasoned popcorn.

The HRA reviewed an in-service education/meeting report, dated 8/8/2014 which states that "Staff will be aware of current diet orders for all residents & NOT offer 2nd helpings/extra portions at meals to those that do not have an order for this." The meeting then reviews the different resident diets in the house. In those diets, one resident with mechanical soft diet is supposed to receive a double meat portion at each meal and another with a mechanical soft diet is to receive double portion and a high calorie supplement. The HRA asked staff for clarification about the in-service at their November 2015 meeting and where told that "offer" and "request" would be considered two different actions and although they would not offer the food, if the food was requested, they would provide extra portions if the portions were available. The HRA reviewed another in-service, dated 1/14/2015, which states "All DSP and cooks demonstrate knowledge of prescribed diet and special instructions if indicated per physician order." Another in-service dated 6/1/2015 reads "Please see attached sheet and follow guidelines for resident diets. Diet order binder should be kept in kitchen and be accessible at all times." The HRA was told that the facility does not have a specific policy regarding seconds/extra portions at mealtime.

With signed releases, the HRA reviewed the records of two residents diagnosed with diabetes. The HRA also reviewed redacted records for three other residents. The first resident's Individual Service Plan (ISP), dated 4/30/2015, states he is diagnosed with diabetes mellitus and has a general diet. The HRA reviewed a diet order form signed by the resident's physician and QIDP, dated 3/26/2015, stating the resident is on a general diet with regular consistency. The diets on the form are in checkbox options and there was no option for any other diet outside of general but there are options for regular consistency, mechanical soft, and pureed diets. The HRA also reviewed physician's orders from 6/1/2015 through 6/30/2015 which also indicates the resident has a general diet order. The HRA reviewed a nutritional assessment for the resident, dated 2/14/2015, which reads that the resident has a general diet with a supplement of a diabetic snack. The HRA also read a health history and assessment, with a revision date of 5/2012, which also states the individual, has a general diet. The second resident's ISP, dated 5/26/2015, states the resident is diagnosed with diabetes mellitus type 1 and has a general diet with a protein snack in the evening. The resident's diet order form dated 5/8/2014 states that the patient has a general diet with a bedtime snack that is a good protein source. The order form is signed by the patient's physician and QMRP. The physician's orders are dated 5/1/2015 until 5/31/2015 and also read that the resident has a general diet with a bedtime snack that is a good protein source and the nutritional assessment, dated 5/28/2015, has the same diet. The nutritional assessment also discusses the resident's weight gain and states they will continue to offer "nutritious food choices per her diet" and encourage activity. Another nutritional assessment, dated 8/1/2013 also has the same diet and a supplemental snack. The HRA reviewed a consultation report regarding the resident's diabetes which recommends increasing some of the patient's insulin and this is signed and accepted by the resident's physician. The recommendation did not involve a change in diet.

The third resident's ISP, dated 6/12/2015, also states that the resident has a diagnosis of diabetes and is insulin dependent. The ISP states that that the resident is "on a general/mechanical soft diet with supplemental snacks at 10am and 2pm to regulate his blood

sugar levels." The diabetic consultant and facility staff reviewed the diet and "have incorporated more protein and fewer carbohydrates to his diet to help in controlling his blood sugar levels." The diet section of the physician's orders, dated 7/1/2015 until 7/31/2105, states that the resident is on a general diet and there is no further statement regarding the diet. There is a consultation report with a signed date of 6/17/2015 which reads "Avoid high carbohydrate snacks at bedtime. Aim for approximately 15 gram carbohydrate at HS snack." For the fourth resident, the HRA reviewed an ISP dated 5/12/15 which stated the resident was diagnosed with diabetes mellitus and is prescribed a pureed diet. The ISP states he is prescribed a sugar free supplement twice a day and "should be encouraged to make healthy choices in order to maintain due to diabetic concerns." The ISP also stated that he received dietary/nutritional supplements in the afternoon and evening and should be prompted by staff to eat until his food is gone. Also, his meals need tracked and if he is non-compliant staff should report it to nursing immediately because of potential risks of diabetic emergency and low glucose levels. The physician's orders state that the resident should have a general, pureed diet with a sugar free liquid supplement if he does not eat meals and then proceeds to state how many carbohydrates should be with each meal and snack. The insulin instructions also lists carbohydrate needs under certain blood glucose instances. The HRA reviewed the ISP for the fifth resident dated 10/6/2014 and the resident was diagnosed with diabetes neuopathy and diabetic nephropathy. The dietary section of the resident's ISP reads "A nutritional assessment was completed by [Physician] on 10/17/14 … [Resident] is a brittle diabetic at the present time, will continue to adjust diet per Dr. review. Insulin reviewed and adjusted by doctor. Will follow closely; continue to sit with staff and to follow diet closely to aid in controlled blood sugars. Encourage to comply with diet closely. Intake is good – very brittle diabetic – current diet adequate for control along with medication as adjusted. Follow recipes/portion sizes." The physician's orders only read "general" in the diet orders section. The HRA was not provided diet orders or nutritional assessments for the three sets of redacted records.

CILA rules require that "a) A physician shall be responsible for the medical services provided to individuals, and the management of individuals' medications" (59 Il Admin Code 115.240). The regulations (59 Ill. Admin. Code 115.100) state that "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." Section 115.320 requires that "Services shall be provided in the setting most appropriate to the needs of and reflecting the preferences of the individual…." Also, "A) A licensed physician (MD or DO) shall assume medical and legal responsibility for medical services offered in any program, including prescription of medications." (59 IL ADC 115.320)

Complaint #1 - Inadequate food services, including individuals not receiving a special diabetic diets and residents not allowed extra food portions if desired.

Complaint #1 – Conclusion

The HRA saw no evidence that an individual was not receiving adequate food services as far as diabetic diets. In reviewing resident documents, the residents appeared to be receiving diets that were ordered by the physician, discussed with the community support teams and the dietitian and documented in the ISP. The facility had training regarding residents not receiving extra food portions unless it was provided in the food orders. In the food orders reviewed at the

training, some residents were to receive double meat portions. There is also a statement that the residents are allowed snacks that they have purchased and the facility also will have snacks for the residents. While residents have the right to make decisions regarding food, including extra food portions, the HRA finds this complaint **unsubstantiated** due to the fact that the physician's orders appear to be followed. The HRA believes that the November 2015 in-service regarding seconds could be confusing for the staff and there should be some assurance and clarification because of this possible confusion. The HRA **suggests** that the facility develop a policy on providing extra portions to residents and provide trainings for clarification on the policy. This should also be reviewed with residents, resident families and resident guardians. The organization should also ensure that residents, their families and their guardians are provided with information as to how to address dietary concerns. Additionally, the first, third and fourth resident reviewed have conflicting documentation. Their ISPs and other instructions have different diet details than the physician's orders, which only state that the residents have "general" diets. The HRA **strongly suggests** the facility review documentation of resident diets to assure conformity and prevent any discrepancy that may cause errors in food intake.

Also, because of the focus on maintaining diet orders in the documentation, the HRA wants to assure that the facility is compliant with CILA regulations (59 Ill. Admin. Code 115.100 and 115.320) which promote independence and individual preference as a facility and **suggests** in-service on those regulations as well as facility review to assure they are not creating blanket policy that may show non-compliance with the regulations.