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**HUMAN RIGHTS AUTHORITY - PEORIA REGION**  
**REPORT OF FINDINGS**

**Case #16-090-9016**  
**ResCare**

**INTRODUCTION**

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations involving a resident receiving services at ResCare. The allegations were as follows:

1. Inadequate guardian involvement, including guardian not provided financial statements and not receiving a copy of the individual service plan.
2. Facility not following resident's individual service plan (ISP).
3. Inadequate living arrangements.
4. Lack of resident community integration.

If found substantiated, the allegations would violate the CILA regulations (59 Il Admin Code 115) and the Community-Integrated Living Arrangements Licensure and Certification Act (210 ILCS 135). The Peoria ResCare office has 6 homes in Peoria and Pekin and has 22 residents along with 44 staff members including management and nursing.

**Complaint Statement**

The complaint states that the guardian received a financial statement in November 2015 and it was the first financial statement that the guardian had received in months. When the statement was received, the resident was just about to be over two thousand dollars in assets (or already over by a little). Additionally, the guardian never received a copy of the ISP. Upon receiving the financial statements, it was discovered that no money was withdrawn for outings which indicated that the recipient was not participating in outings.

The facility also allegedly did not follow the recipient's ISP. The ISP team discussed and agreed upon several items but no action was taken on them, including ordering an iPad and locking it up at night, prepaying for a burial, allowing monthly time off from work to reduce behaviors and going out for lunch on that day. Additionally, for the ISP, the supervisor was supposed to check that the resident had a waterproof mattress and then report to the team, buy a stuffed cat or a toy robot cat, assist the recipient in getting her hair done, fix a hole in the wall of

the recipient's room and develop a spending plan for the recipient's two thousand dollars. Allegedly there is an outlet in the recipient's room that is missing a cover and there are chemicals in the house that are not locked up and left out where recipients could get into them.

### **Interview with staff – Previous facility administrator (3/4/2016)**

The administrator explained that when she started at the facility, everyone quit except for one other staff member. When this occurred, she did not even know which residents had a guardian but eventually she found one partial guardian list. As far as the staff, the administrator was new and there was a nurse who started two days before she had. Also they did not have a Qualified Intellectual Disabilities Professional (QIDP). She had to hire a brand new staff and all but one of those individuals also quit the facility. The administrator started the job in August, at the time of the first complete turnover, and then the second turnover started in February. She said there was a new executive director who had more presence and expectations but otherwise did not know why either group of staff left.

The HRA spoke about these complaints with the facility administrator (who is no longer employed at the facility) who made the statement that she did not know that the ISP had not been received. She said that people were communicating with the QIDP and not with her, so she was unaware that specific items were wanted on the ISP. The administrator stated that the resident has the first Friday of the month off and is in the community often. She did not know about the mattress. Maintenance is contracted so she did not know if they had enough time to complete the repairs but they are being worked on. She also believed that they have gotten the chemicals out of the kitchen. She said that the houses are leased and the landlords left the items out. They have been going through the homes more and moving out items.

The administrator did not know about a requested iPad but she stated that she plans to talk to staff about these items. It was explained that the resident likes to go shopping and leaving the house. She also likes to lay in the yard. The resident's one-on-one does these things with her. The one-on-one also takes her for a van ride. The administrator did not know she was supposed to eat lunch out during her day off and she did not know about the prepaid burial. The resident's ISP was completed and then the QIDP left the facility. The facility creates an ISP team who puts a plan together and the QIDP then documents the plan, which needs sent to the guardian for approval. The administrator said that when she started the job, there were items that were not completed. She stated that they have asked about getting funding for these items just this week and she thinks that the items are probably past the deadline. The administrator is not at all the ISP meetings; it is the QIDP and the house manager who attend the meetings. She stated that the QIDP can request the funds and the QIDP implements the ISP. The QIDP is the staff member who organizes the meeting. They start by seeing who the consumer wants at the meeting and then perform the assessments. Everything is documented and then a final document is created for the guardian to approve.

The last ISP was dated 5/12/2015 and the administrator and the current QIDP did not work at ResCare at that time. The administrator stated that these issues occurred prior to her employment. She is still trying to learn and fix the issues but now everyone is upset that things did not occur. They have been trying to address issues to the best of their abilities and are trying

to get things done that need completed. The staff is communicating much better and more frequently now, so they have made improvements. The administrator feels more secure and confident. The staff reminds each other so the same mistakes are not made again.

The administrator said that they have to notify the guardian about things such as medical appointments, physician's orders, trips, etc. The administrator said that there is some reference back to ISPs but they are mostly when situations arise. The direct support professionals (DSP) receive training on the programs and ISPs, including implementation of the ISP. Some residents have behavior programs and staff have to meet with the behavior analyst. They try to involve the house manager in the ISP because they deal so closely with the consumers. The administrator does not think it was a strong process beforehand and they are trying to make sure everyone is happy with what is being implemented and carried out.

The administrator said that the resident gets her hair done and it is fixed daily. As far as the process with the hair permanent, it's done once a month and sometimes the resident braids her hair. The administrator thought the spending plan was for the iPad, burial plan, lunch and maybe a new mattress. The administrator did not understand how the guardian did not see the ISP since guardians must participate in the ISP process. The administrator assured the HRA that the issues would be addressed and that the ISP is done and sent with an approval sheet. The guardian, Pre-Admission Screening (PAS) agent and the day training program receive a copy. The administrator said that they have been making up for what the previous QIDP left and waiting for responses from people. The QIDP checks that the ISP is being followed and the house managers are also assuring that the ISP is being followed. The DSPs document by signing in for the shift but nothing else. They have to complete monthly summaries on the ISPs after each month for each consumer's goals.

As far as outings, the administrator was told that they were not going on many outings and heard they were not getting out much. They are involved with the a local activity group specifically for persons with disabilities, and they offer that to the consumers if they want to go. They attended a Christmas event, a Halloween event, and a social event. They also go to movies, walk, and go out to eat. Staff puts in an outing request for the individual and then there is an outing evaluation. One resident is part of a bowl-a-thon and one is linked to another organization that matches the resident with a non-disabled peer. This resident likes to walk and the majority of her outings are walks for a couple of blocks. She also goes out to eat and shops, but mostly she is walking. She also likes to lie in the grass and she sits on the porch. The resident walks at the local gym. She does not do a lot of different things that cost money. The administrator said that no one has called to tell her that the resident has too much money. The business office contacts the facility regarding those issues. They alert the facility and explain that the residents need to be told that they have a certain amount of money and they need to decide how to spend it. The business office is sort of a warning system.

The administrator said that they want to eliminate chemicals in the houses and have green chemicals in the homes. The outlet cover in the resident's room was fixed and then was broken again. The resident has behaviors and damages her room. The maintenance staff are trying to work on these issues and it was said that the maintenance staff member would be working in the homes on the coming Saturday. The houses have maintenance forms in the homes that are supposed to be completed so the facility can contact maintenance. Maintenance work is contracted. The outlet still needed fixed and the administrator did not know how long it had been broken. Since the resident has been at the facility, there has been a hole in the wall and the outlet cover has been fixed and then damaged again. The chemicals were removed from the house that

the resident lives in. These chemicals were kept in the basement and there was never a problem with them but they decided going green was better. The basement is not locked but the consumers rarely go into the basement.

The administrator stated that the resident's guardian can speak to the DSP about issues in the house and then the DSP is supposed to make other staff aware. The facility wants to catch issues and resolve them before the guardian needs to speak to them. They are starting to have administration verify that the changes to the houses are being made by going to check on their own. She said that she does not want it to be like this for the consumer by they would do whatever it takes to turn everything around.

#### Follow up on financial statements – Phone interview with Business Manager on 3/14/2016

The business manager stated that the financial statements are sent quarterly. The date for the statements for the end of the 3rd quarter is dated 11/15/2016 but those were sent out late. Typically, the first quarter ends 3/31/2016 and that is for January through March and those should be received in April. The second quarter ends 6/30/2016 which is April through June and should be received in July. The third quarter is July through September and should be received in October and the fourth quarter is October through December and they should receive them in January. All are automatically sent but the staff that normally handles those is no longer with the facility, so the first quarter of 2016 will be handled through the main office. The main office is in Tilton, Illinois but then there are satellite offices and Peoria is one of the satellites. The staff person who is no longer with the agency handled the mailing of the statements was located in the Peoria office and that is why the statements were sent out late. They do not know if the other quarters were sent out late but it was quite possible. The guardian can call and request an additional statement at any time and the facility can even email the statement if they are requested. If the guardian wants those emails, the turnaround could be a few minutes; otherwise it would take as long as mail usually does to receive the statement. The regular practice is to send out the items via mail but some request email. The quarterly statement is a bank statement with deposits and deductions.

#### Unannounced visit to the house (3/30)

The HRA performed an unannounced visit at the resident's house and viewed the resident's room. They saw several areas where there had been some patching on the walls. The HRA saw each electrical outlet and there was a cover on each outlet. The cleaning supplies were being kept in the kitchen in a locked cabinet. The HRA went downstairs into the basement and discovered paint, paint thinner and a bottle of cleaning products being kept on a shelf in a room in the basement. When asked, the staff said a maintenance worker was using the products for painting and that only one of the house residents goes into the basement to paint as a hobby. Staff stated that they would move the products into a locked garage.

Also, while at the facility, the HRA witnessed the resident have a behavior when she eloped from the house. Staff brought the resident back and managed to partially de-escalate the situation and got the resident back into the house without incident. Staff remained patient and kind towards the resident during the episode. When the HRA was leaving, the staff were calling in the incident to someone (it was not known who was receiving the report).

## **FINDINGS**

The HRA reviewed resident records and facility policy that pertain to the allegations in this case.

### **Complaint #1 – Inadequate guardian involvement, including guardian not provided financial statements and not receiving a copy of the individual service plan.**

First the HRA reviewed the individual's ISP (Individual Service Plan) that was dated May 12<sup>th</sup>, 2015. The ISP states under the section of Financial Exploitation that "[Resident] is not her own repayee for her SS checks which makes her vulnerable to financial exploitation. Monthly statements are sent to [Resident's] guardian and receipts are tracked at home to ensure [Resident's] money is being spent." The HRA was provided an Individual Service and Support Advocacy (ISSA) Visiting Note that was electronically signed by the ISSA employee on 2/9/2016 and provided to the administrator that was interviewed regarding the complaint. As a part of that report, it reads "During the December meeting [resident] was well over the \$2000 limit. There was supposed to be a plan to spend the money however it did not happen. [Resident's] purchase needs to be taken care of." The notes also state that the resident's ISP was held on 5/12/2015 and "This ISP was approved on 6/22/15. A copy of the ISP was in the med file but not in the mail file and the ISP approval could not be found on file." The resident account family member statement does indicate that the resident's balance was about \$2000 on 7/3/2015 and 7/22/2015 and then consistently from 8/13/2015 until 1/22/2016. The resident's balance exceeded \$2000 again from 2/17/2016 until 3/4/2016 and then again on 4/8/2016 and finally from 4/29/2016 until 5/12/2016. The current ISP, dated 5/6/2016 has a note on the "Acknowledgement for receipt of Individual Service Plan and Program" page that appears to have been written by the guardian who signed the document that reads "Please note – the risk assessment states that receipts are sent to the guardian, but this is not accurate. I have never been sent receipts and have received only 1 account statement in Nov. 2015." On the 5/12/2015 ISP, there is no signature acknowledging receiving the document by the guardian and no signature page as there is on the 2016 ISP. The facility did not provide any information that the ISP was sent to the guardian and no policy indicating that ISP's are sent to guardians. Additionally, the account family member statement was provided to the HRA but there was no evidence that this was provided to the guardian.

The HRA reviewed ResCare's Policy on the Interdisciplinary Process. The policy states that "It is the operating standard of Community Alternatives Illinois to ensure a comprehensive and holistic Interdisciplinary Process through which the Community Support Team (CST) and the agency shall be responsible for preparing, revising, documenting, and implementing a single ISP for all consumers of services. The following procedures govern the process." Under the procedures of the Interdisciplinary Process, the procedures state that "The following shall be included in the interdisciplinary process, at minimum, A. The Individual receiving services, B. Family members, friends, significant others, and/or guardian ..." The policy also states "The ISP shall be signed by the QIDP and receipt and approval form signed by individual and/or guardian ... The individual and/or guardian shall be offered a copy of the ISP. This shall be documented on the approval/receipt of ISP form." Another policy titled "Informed Consent" states that "It is the operating standard of Community Alternatives Illinois to ensure that all programs involving an individual are conducted with the written informed consent of the individual, parents, or legal

guardian.” The procedure also states that “Prior to implementation of programs informed consent will be obtained.” Another policy titled “Individual Finance Management” reads “It is the operating standard of this operation to responsibly manage and monitor individual finances at all of the locations” and then policy proceeds to state “A quarterly statement of trust fund account activity is provided to the individual and/or legal representative. Financial information can be requested at any time.”

The HRA then reviewed the Individual Rights policy which reads “Community Alternatives Illinois endorses the Declaration of General and Special Rights of the Developmentally Disabled as adopted by the International League of Societies for the Mentally Handicapped; The Rights of Mentally Retarded Persons as adopted by the Developmental Disabilities Code ...”.

According to the Standards and Licensure Requirements for Community-Integrated Living Arrangements, “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; 2) Members of the individual's family unless the individual is not legally disabled and does not desire the involvement of the family or the family refuses to participate; 3) Significant others chosen by the individual; 4) The QMRP or the QMHP; and 5) Other members of the CST. (59 Il Admin Code 115.230). Rule 115 also reads “c) The individual or guardian shall agree to participate in the development and implementation of the individual integrated services plan, which shall be indicated by the individual's or guardian's signature on the plan or a note describing why there is no such signature” (59 Il Admin Code 115.210).

The Community-Integrated Living Arrangements Licensure and Certification Act reads “a) To protect a recipient's funds, a service provider: ... (2) Shall maintain a written record of all financial arrangements and transactions involving each individual recipient's funds and shall allow each recipient, or the recipient's guardian, access to that written record. (3) Shall provide, in order of priority, each recipient, or the recipient's guardian, if any, or the recipient's immediate family member, if any, with a written itemized statement of all financial transactions involving the recipient's funds or a copy of the recipient's checking or savings account register for the period. This information shall be provided at least quarterly” (210 ILCS. 135/9.1).

### *Complaint #1 – Conclusion*

The HRA found no direct evidence that the recipient’s ISP was provided to the guardian due to lack of signature on ISP provided and documentation in the ISSA notes that the signature was not on file. The HRA found no evidence that the financial statements were provided to the guardian but the facility policy states that this is the procedure. Due to the lack of evidence that neither ISPs or financial statements are being provided to the guardian, the HRA **substantiates** the complaint The HRA **recommends that:**

- 1. The agency provide ISPs and financial statements to residents, guardians and resident representatives as required in CILA statutes, regulations and agency policy.**
- 2. To ensure compliance with the provision of ISPs and financial statements, document that these items have been provided.**

**3. Train staff in providing guardians ISPs and signing the ISPs per facility policy. The HRA requests evidence of this training.**

The HRA also offers the following **suggestions**:

- Create a method of tracking whether the ISP was provided to the provider for each resident. Also do the same for financial statements to assure that those are being provided quarterly.
- The Individual Rights policy refers to “Mentally Retarded” persons which would be considered a very derogatory term. Also, the policy refers to the “Developmental Disabilities Code” rather than the “Mental Health and Developmental Disabilities Code.” The HRA **strongly suggests** that those items are updated and also the facility reviews other policy for similar language and inaccuracies. Also, ensure that for the provider’s Illinois CILAS the rights section of the Illinois Mental Health and Developmental Disabilities Code are reflected in policies and rights statements.

**Complaint #2 – Facility not following resident’s individual service plan.**

According to the individual’s ISP, dated 5/12/2015, there was nothing noted that the individual was to receive an iPad, a waterproof mattress, a day off once a month and be taken to lunch because of behaviors, to buy a toy robot cat, get her hair done once a month, or a spending plan for the individual’s 2k. There is a section of the ISP which reads “During the meeting the team talked about [Resident] utilizing a Monday or Friday off once a month. The team felt that this worked well for [Resident] and she enjoyed having the extended weekend. [Resident] will continue to have either a Monday or Friday off once a month.”

The ISSA notes, dated 2/9/2016, in a section titled “Major issues to be addressed during visit” reads “This was [Resident’s] 3<sup>rd</sup> visit of FY16. All previous follow up was completed except [Resident’s] shopping list that was discussed at her SAR [Semi-annual review]: 1. Ipad (engrave with her name and locked up at night) 2. Prepaid burial (perhaps on a payment plan paying a little every month) 3. Go out for lunch monthly on her day off. 4. New mattress (if needed) 5. Cat stuffed animals/robotic cat 6. [Resident] wants to get her hair done. Based on observation and staff interview none of the above items were purchased.” Another part of the report reads “ISC contacted [Guardian] on 2/9/16. She was concerned that the items that were supposed to be purchased after the SAR was not purchased. She does want to wait on the Ipad until the management is more consistent.” Another part of the same report reads “It was noted during the previous visit that [Resident] is not currently spending her money and is over spend down. The team discussed and agreed she should get the following which has not happened ...”. The list mentioned the Ipad, prepaid burial, lunch once a month on her day off, new mattress (if needed), cat stuffed animals/robotic cat, new shoes and clothes and getting her hair done.

The HRA reviewed the resident’s client progress notes and community outing log and saw incidents where the resident went out to eat but no description as to whether it was associated with the monthly day off. The HRA did not find any evidence proving that the resident was receiving a day off on Mondays or Fridays once a month.

The facility Individual Support Plan policy reads “It is the operating standard of Community Alternatives Illinois for each consumer to have an Individual Support Plan (ISP). Community Alternatives Illinois will provide services to each individual based on the individual’s own goals, strengths and choices so that he/she can realize personal outcomes.

Individual's own preferences and needs guide the ISP without regard to the availability of services. It is the responsibility of Community Alternatives Illinois to assure that the recommendations of the ISP are carried out to the fullest extent possible."

Rule 115 requires that: "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" (59 II Admin Code 115.230). The Mental Health and Developmental Disabilities Code mandates that: "(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan" (405 ILCS 5/2-102).

### *Complaint #2 – Conclusion*

Other than the day off, there is no documentation of the items mentioned in the complaint on the ISP. According to the ISSA report, these items were discussed at the SAR but it does not appear that the items were actually added to the ISP. Regulations state that the Community Service Team is responsible for "preparing, revising, documenting and implementing" the ISP but it appears in this case that the items were not added to the ISP. Because of this, the HRA finds this complaint **substantiated** and **recommends** that:

- 1. The facility add all these items to the ISP, assure that action is taken on the items, and progress toward carrying out these actions are documented.**
- 2. The facility train staff in ISP development and provide the HRA with documentation that this has occurred.**
- 3. All items discussed and agreed upon should be put into the individuals ISP.**

The HRA **suggests** the facility create tracking to assure the individual is receiving a monthly, Friday or Monday off from work and that she is having lunch at a location of her choice on that day.

### **Complaint #3 – Inadequate living arrangements.**

On an unannounced site visit conducted by the HRA, the HRA went downstairs into the basement and discovered paint, paint thinner and a bottle of cleaning products being kept on a shelf in a room in the basement. When asked, the staff said a maintenance worker was using the products for painting and that only one of the house residents goes into the basement to paint as a hobby. Staff stated that they would move the products into a locked garage.

The ISSA report dated 2/9/2016 reads "There was a large hole in the wall in [Resident's] room. Staff noted it had been there for a couple of months ... The outlet cover was broken off of an outlet in [Resident's] room exposing the outlet behind the socket ... Chemicals and paint were found in the room in the basement and not locked up."

The HRA reviewed ResCare's Policy on Safety. The policy states that "Community Alternatives Illinois will proactively implement a safety program addressing the safety issues likely to be encountered by individuals, visitors, and employees of the operation. The goals of the program are to ensure the health and safety of personnel, to decrease the number of unsafe acts and conditions in the working and living environment, and to maintain and ensure an



effective risk management process. Every employee is responsible for ensuring a safe environment, for practicing safe work habits, and for following the safety procedures prescribed by ResCare, State and Federal guidelines.” The Safety policy also has a section which reads “Hazardous Communication Plan: Employee/Individuals will be trained in the safe handling/usage of chemicals which they may encounter in the workplace. This may include ordinary chemicals/cleaners that may be toxic, and are used in much greater frequency than in typical household usage. Each worksite will maintain a written hazardous communication plan, a list of all hazardous chemicals in the worksite, appropriate Material Safety Data Sheets, and instructions for the safe handling of hazardous chemicals. Employees will be responsible for the use of personal protective equipment, and will ensure all containers containing hazardous chemicals are properly labeled.”

The HRA reviewed some Maintenance Forms for the house the resident lives in and there are issues written onto the forms but the forms do not document the staff person responsible or a date completed.

The HRA then reviewed ResCare’s Policy on Poison Control. The policy states that “It is the operating standard of Community Alternatives Illinois to provide emergency treatment to any of its participants, or staff who may have taken, inhaled, or absorbed a poisonous substance, or is suspected of taking, inhaling, or absorbing a poisonous substance.” Also under the Poison Control, the Prevention and Treatment Procedures, there is a section concerning Prevention/Precautions. This section states that “All medicines, poisons, and household cleaners are to be kept in locked closets or cabinets.”

According to the Standards and Licensure Requirements for Community-Integrated Living Arrangements, under the sections regarding Environmental Management of Living Arrangements, “6) The agency shall ensure that: A) Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control” (59 Il Admin Code 115.300).

### *Complaint #3 – Conclusion*

During their unannounced visit, the HRA found some cleaning supplies locked in a kitchen cabinet, however, the HRA also found paint, paint thinner and cleaning product unlocked in the basement of the CILA house which is a violation of their own Poison Control policy requiring poisons and household cleaners be kept in locked closets or cabinets, as well as CILA regulations (59 Il Admin Code 115.300) requiring that living arrangements be safe. Because of the paint supplies and cleaner in the basement, the HRA **substantiates** the complaint and **recommends** that:

- 1. The facility store all poisonous and potentially harmful products in a locked area.**
- 2. The facility train staff, including maintenance staff, on storage of products. The HRA requests evidence that this has occurred.**

The HRA also **suggests** that the facility quality check the houses to assure that this is occurring. Additionally, the facility safety policy states that there is to be a written hazardous communication plan that lists all the chemicals on the worksite but the HRA did not see a plan for the house. The HRA **suggests** the facility create a procedure for each house to comply with

the agency's own policy. Finally, the HRA suggests that, for maintenance forms, the staff person responsible for the repair and a repair completion date be documented.

#### **Complaint #4 – Lack of resident community integration.**

The HRA first began by reviewing the RFMS (Resident Account Family Member Statement) that was provided by ResCare. The RFMS is essentially ResCare's banking/financial system where they keep track of all the individuals' money coming in and out of their accounts. The HRA reviewed this statement for the time framed dated September, 9<sup>th</sup> 2014 through May 13<sup>th</sup>, 2016. On the RFMS statement that the HRA was given, there are four dates on which spending money was taken out of this individual's account. On February 4<sup>th</sup>, 2015, there was sixty dollars taken out. On March 16<sup>th</sup>, 2015, there was also sixty dollars taken out. On April 10<sup>th</sup>, 2015, there was another sixty dollars taken. According to the RFMS statement that was provided to the HRA for the individual involved in the complaint, the **last date** that "Spending Money" was taken out of the individuals account was on May 6<sup>th</sup>, 2015 for sixty dollars.

Next, the HRA reviewed a Community Alternatives Illinois Community Outing Log that was provided by ResCare regarding the individual. The outing log consists of dates from February 1<sup>st</sup>, 2016 through March 26<sup>th</sup>, 2016. The outing log states that on February 1<sup>st</sup>, 2016 the individual was taken to Dairy Queen for fifteen minutes. On February 2<sup>nd</sup>, 2016, the individual was taken to Dollar Tree for thirty minutes. On February 3<sup>rd</sup>, 2016, the individual was taken "multiple places" with no time listed. On February 4<sup>th</sup>, 2016 the individual was taken on a van ride with no times listed. On February 7<sup>th</sup>, 2016 the individual participated in a church Super Bowl party for three hours. On February 8<sup>th</sup>, 2016, the individual was taken to an office for twenty minutes. On March 1<sup>st</sup>, 2016, the individual was once again taken to Dollar Tree for twenty minutes. On March 11<sup>th</sup>, 2016, the individual was taken on a "transport" for one hour. On March 13<sup>th</sup>, 2016, the individual went to Kroger for thirty minutes. On March 19<sup>th</sup>, 2016, the individual went to McDonalds for ten minutes. On March 20<sup>th</sup>, 2016, the individual went to Dollar Tree for an hour. On March 23<sup>rd</sup>, the individual went to "Short Street" for one hour. And the last entry is dated on March 26<sup>th</sup>, at "River Front and Short" for three hours.

The HRA then reviewed the Client Progress Note that was provided by ResCare. The log date starts on July 1<sup>st</sup>, 2015 and ends on March 3<sup>rd</sup>, 2016. In reviewing the log, the HRA saw multiple times where the resident was taken for a van ride. There were some other instances logged when the resident was taken to a department store, grocery stores, three events sponsored by a group for persons with disabilities, fast food restaurants, a pharmacy, a Christmas lights display, a pet store, a dollar store, and one instance where it was logged that she just wanted to be taken somewhere. Once, it was logged that she went on a two hour outing where she also ate.

In the resident's ISP, there is a proposed strategy/activity that reads "**Improving Community Awareness:** Given 1 verbal prompts, [Resident] will chose a place in the community where she would like to go, 100% of opportunities, by 5/31/16."

Next, the HRA reviewed ResCare's Policy on Outings. Their policy states that "All outings, which involve the individuals who reside in our homes, will have a plan, purpose, and adequate staffing to help ensure safety. All outings will have an Outing Form filled out with a Home Manager's signature on the form before anyone leaves the home. There will be no unscheduled outings. Employees will not take an individual we serve to their home. You may take a person out to a public place on your own time, but only with written permission from the support team, and/or their guardian. Outing forms will be found in the Communication Log for

easy access. The driver of the van will sign the van in/out. The driver of the van is responsible for making sure that everyone is buckled properly. Make sure that people left behind are supervised. When two staff goes on an outing, one staff person should sit in the front, and the second staff will ride in the back of the van. People have the right to choose whether or not they wish to participate. Scheduled outings are mandatory unless illness, inclement weather, inadequate staffing, or van breakdown occurs. There will be no personal business while on the outings.” The policy also states “If the people in your home are not able to tell you where they would like to go, pick a different place to go each week for opportunity and experience.”

According to the Standards and Licensure Requirements for Community-Integrated Living Arrangements, under the sections regarding Community support team, are responsible for: “7) Assisting the individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords; [and] 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;” (59 Il Admin Code 115.200). Rule 115 also states 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” (59 Ill. Admin. Code 115.100). CILA regulations (59 Ill Admin. Code 115.120) define what is meant by community integration as follows:

“On-going participation in community life including at least the following: The amount of time spent out of the living arrangement in generic (non-disability) related activities such as church, Y.M.C.A., Y.W.C.A., education, library, clubs, shopping and amusements. Participation in family activities and celebrations such as holidays, birthdays, reunions, communication (telephone and mail) and vacations.”

#### *Complaint #4 - Conclusion*

Because there is evidence of outings occurring between February and March 2016, the complaint is found to be **unsubstantiated**. The HRA raises concerns, however, about the quality of the outings and contends that these satisfy only the minimum requirements for community integration. The HRA implores the facility to focus on meaningful community integration as purposed in CILA Rules and enhance the outings to include activities that connect with other people, that are educational and cultural (eg. volunteering, joining clubs, groups and civic events, visiting museums, zoos, art exhibits and music venues) instead of relying on van rides and runs to fast food restaurants and grocery/dollar stores, and which help in developing community supports and fostering relationships with non-paid persons in the community (59 Ill. Admin. Code 115.220). The HRA did see that the residents attend events sponsored by a group for persons with disabilities but the regulations point that integration is to include “generic (non-disability) related activities” (59 Il Admin Code 115.120). Additionally, the facility policy indicates that all outings are to have a “plan and purpose” and then a process is to be followed for the outing; the HRA did not find evidence that this has occurred. Also, the policy states “If the people in your home are not able to tell you where they would like to go, pick a different place to go each week for opportunity and experience” which indicates that people need a different outing weekly, versus similar outings that appear to be reoccurring. The HRA **strongly suggests** the facility review their practices to ensure compliance with their own policy and CILA community integration requirements.