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**FOR IMMEDIATE RELEASE**

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**East Central Regional Human Rights Authority  
CCAR Industries  
Case 17-060-9015**

*Case summary: The HRA did not substantiate the allegations that the agency is requesting that a service recipient sign a release allowing for an exchange of information between the recipient's physician and the community agency as a condition of service. The HRA did not substantiate the allegation that when there is no work in the agency's vocational program, the recipient declines coming to work as he just sits around; however, staff become upset when he refuses to attend the program in the absence of work and denies the recipient other work opportunities. Since all allegations are unsubstantiated no provider response is required.*

**Report of Findings**

The East Central Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of CCAR Industries in Charleston after receiving the following complaints of possible rights violations:

**Complaints:**

- 1. The agency is requesting that a service recipient sign a release allowing for an exchange of information between the recipient's physician and the community agency as a condition of service; the recipient does not want to sign as he wants to protect his medical privacy.**
- 2. When there is no work in the agency's vocational program, the recipient declines coming to work as he just sits around; however, staff become upset when he refuses to attend the program in the absence of work and denies the recipient other work opportunities.**

If the allegations are substantiated, they would violate protections under the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110), the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Illinois Administrative Code for Developmental Training Programs (59 Ill. Admin. Code 119).

Additional concerns were brought to the attention of the HRA during the course of the investigation and, although they are not official complaints accepted by the HRA, they were addressed. These concerns are as follows:

- a. The consumer was told that if he complains about the services at CCAR then he does not need their services.

- b. Individuals with disabilities have trouble finding the driver when it is time to leave the facility. Many times the driver is late.
- c. There have been issues with how the consumer's food has been handled. For example, a rotisserie chicken was "tossed around like a football".
- d. The consumer's case manager had provided him a ride with the heat on inside the van when it was hot outside and he was extremely uncomfortable.

### **Investigation**

The HRA proceeded with the investigation after having received written authorization from the consumer. To pursue the matter, the HRA visited the facility where the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed. The consumer's records were also reviewed.

Per the CCAR website, "CCAR Industries is a not-for-profit 501(c)(3) organization that was founded by a local parents' group in 1969. Our mission is to provide community-based services and supports that enhance the quality of life of East Central Illinois citizens with developmental disabilities and/or other functional limitations throughout their lifespan."

### **CCAR Interviews:**

On May 15<sup>th</sup>, 2017 at 1:30pm, HRA met with CCAR staff members; CCAR Director of Client and Family Support, CCAR Assistant Executive Director, and Qualified Intellectual Disabilities Professional. The meeting occurred at 1530 Lincoln Charleston, IL in the CCAR offices and included a tour of the CCAR Industries production facilities. The meeting began with introductions, a review of HRA procedures, and a review of the allegations being addressed in this investigation.

CCAR staff provided some general information about CCAR. CCAR provides services to individuals and families in multiple counties from birth to death. Services include, but are not limited to, residential services, vocational services, a children's group home, several Community Integrated Living Arrangement (CILA) homes, respite programming, birth through 2 therapy, homes based supports, and intermittent and family CILAs. CCAR stated they serve approximately 375 consumers a year and staff anywhere from 150 to 200 staff members (full and part time). Rule 50 training regarding abuse/neglect is provided to all staff upon hiring. After onboarding, all staff receive training on any updates that come out to Rule 50. All staff receive yearly Crisis Prevention Institute (CPI) and Cardio-pulmonary resuscitation (CPR) training. Qualified Intellectual Disability Professionals (Qs) have an additional 120 hours of training when hired and are required to successfully complete another 12 hours a year for their position. Human rights training is provided to both staff and consumers during the initial "handbook training" and additionally reviewed at each service planning meeting (generally twice a year).

CCAR staff report that all staff and consumers are aware of the CCAR grievance procedures. Detailed grievance procedures are reviewed in the initial meetings and are located in the client handbook. At the manufacturing plant, part of CCAR's vocational program, the grievance

procedures are reviewed upon employment and twice a year in staff meetings. The CCAR Assistant Executive Director stated that he has been with CCAR for 30 years and there has never been a formal grievance. He states that any complaint starts with a discussion with the Qualified Intellectual Disabilities Professional and proceeds to the director and to the executive director if needed. Most issues are discussed and addressed at the Q level. The HRA observed the grievance procedures clearly posted near the break room area of the manufacturing plant. The HRA requested a copy of the CCAR Handbook.

CCAR reported that they have an active Human Rights (HR) Committee. This committee meets regularly to address items such as psychotropic medication, behavior management, and grievances (should one ever be filed). In relation to the complaints being addressed today, the consumer's case has been reviewed by the HR Committee but only for psychotropic medication purposes. This review occurs twice a year. The records for the consumer's HR reviews were requested by the HRA.

CCAR reports that all consumer consents are voluntary, including consents to disclose information to medical and mental health professionals. Consents are kept in a locked room and only the Qs and the nurse have regular access. In relation to the allegation presented today that a consumer was told that he had to sign consents as a condition to receiving CCAR services, CCAR stated that all consumers are given the option to sign consents. In some circumstances, failure to sign a particular consent does limit CCAR's ability to provide some services. For example, CCAR recently changed medication filling/packaging services. In order to have medications filled through CCAR, a consent for the facility must be signed. In addition, a consent for a pharmacy was also requested for any emergency or short term medications. The consumer has declined signing consents in the past (for some mental health providers and for the pharmacy) but he does not have any pending or refused consents at this time. According to CCAR, not having consents has never delayed or prohibited services to any of the consumers through CCAR.

CCAR reported that they have several consumers who work in their manufacturing facility. When a new consumer comes in through the intake/admission process the opportunity to work at CCAR is offered to them. The work there is divided into three areas; production (cutting, packing, and labeling materials), janitorial (can be both in the CCAR facilities and in the community if appropriate), and shop skilled work (this is more difficult work and pays minimum wage). Jobs can be assigned based on ability but generally it is decided by consumer preference. It is expected that all consumers show up to work as scheduled. While there are no repercussions for not attending work when scheduled, if a consumer has missed more than 3 days in a row of scheduled work that consumer is expected to call the CCAR supervisor in order to restart transportation services. This policy reduces the time that bus drivers spend attempting to pick up consumers that are not coming to work that day. While workloads vary, there has been enough work for all consumers who wish to work for the past several months.

CCAR stated that the consumer has done work in all three production areas that are offered and does better in some areas than in others. Staff report that the consumer does not do well in large crowds or with groups of people in the work environment. His discomfort shows through self-imposed isolation and facial expressions. Staff have also offered to assist the consumer with

getting into the Department of Rehabilitation, however, he declined because of his felony history (staff also confirmed that, historically, DHS jobs in the Charleston area are not ‘felon friendly’). Additionally accommodations have been made for the consumer. For example, the consumer has been given permission to call and asks if there is work for the day. In the event that there is not work, he is granted permission to not come into the facility. Recently, the consumer has refused some janitorial work stating that it was “too hard”. Unfortunately, since the consumer does not do well in large groups and has refused janitorial work this leaves him with more ‘mundane’ work that he does not prefer. According to CCAR records, when the consumer shows up to work, there is work available to him and he has made money. CCAR added that the consumer’s struggles at work started around the Christmas Holidays. According to the staff, the consumer had some difficult personal or family experiences during the holidays that likely affected his attendance. The HRA requested his work/payment records.

CCAR provides all transportation to and from work. Currently, they have 9-10 buses running each day and provide transportation to over 200 individuals by running many routes, at multiple times. Buses are generally on time within a few minutes. If a consumer is not available for pick up for 3+ days of work CCAR stops bus transportation until the consumer calls and requests that pick up start again. Agency vehicles are also available but they are generally assigned to more specific tasks. CCAR stated that they do not recall an incident in which the consumer has ever had any difficulty with getting to or from the work site. They added that there may be some occasions when the consumer had missed 3+ days of work and did not call in to reinstate transportation. In cases when a consumer calls to report that the transportation did not come to pick them up (for any reason) transportation is still provided. It should be noted that during the tour of the facility 5-6 buses ran consecutively in a 20 minute time frame to pick individuals up whose shifts had ended and were going home. All the individuals were waiting in the same general area and staff assistance was available to those individuals that needed assistance waiting for and loading onto the buses.

CCAR confirmed that staff members are assigned to transport consumers to appointments and errands (such as grocery shopping). These tasks are only managed by staff and there are no circumstances when a consumer would be assigned to assist another consumer with these types of Life Skill needs. Transportation for these tasks is done in agency vehicles. There have been no reported concerns about mechanical repairs involving vehicle temperature in those vehicles and no complaints from any consumer regarding temperature inside the vehicle while being transported so CCAR could not comment any further on that. CCAR confirmed that the consumer is regularly assisted by a staff member. The consumer recently called and spoke with the Director about concerns that his food was mishandled by a staff member. CCAR states that the discussion was primarily about the consumer needing to be more assertive in these kinds of situations. The consumer was encouraged to tell the staff member that he did not appreciate the way the food was handled and then be specific about how it is to be handled in the future. CCAR stated that the staff member has worked for CCAR for many years and he is a very nice and compassionate person and seems unlikely that it was intentional he mishandled anything. When the HRA asked about the staff member’s response to the incident, CCAR stated that it had not been discussed with the staff member. The HRA encouraged CCAR to have a discussion with this staff person to follow up on the consumer’s complaints to the director and provide feedback to the HRA about the discussion. While the consumer’s diagnosis and disability make him more

prone to misinterpreting situations, his current lack of resources to properly feed himself coupled with increased anxiety would make food mishandling a difficult topic for the consumer to address on his own.

An HRA member questioned whether the consumer could be suffering from delusions. The HRA added that the “split thinking” that has been referenced today is not uncommon for someone with his diagnosis. CCAR stated that it is possible. CCAR reports that the consumer’s cooperation with several services and community providers has varied greatly over the last several months. The consumer has been inconsistent with his physicians and medication. He has requested psychiatric doctor changes and primary care changes multiple times. There have been referrals made only to find out that those doctors are not currently accepting patients. The consumer’s primary care physician is managing/ prescribing medications at this time. On one occasion, the consumer reported stopping all medication only to start taking it again approximately 4 days later. The consumer’s reliance on his CCAR worker has increased. CCAR reported that the consumer would call up to 10 times a day with different concerns, questions, and discussions. In response, CCAR has initiated more regimented contacts with the consumer and increased his services in the community. For example, the consumer has ‘timed calls’ in place so that he can talk to his worker at set times each day if needed. CCAR reports that there have been some challenges with this as well because when someone is not available it tends to be a trigger for the consumer and this may need to be changed in the future. A community service provider in the Charleston area is his representative payee—and they assist with therapeutic services. There has been a recent referral for the consumer to start Dialectical Behavior Therapy. CCAR has started assisting the consumer with filling out his home calendar to manage appointments and work schedules.

After the formal interview portion of the site visit had ended, CCAR provided the HRA with a tour of the facility, including the factory and work areas. The production building was organized and structured. Consumers were present in the building, but work had ended for the day (generally ending around 2:30pm). Consumers who were present reported that they enjoyed working there and while there were “good days and bad days” for some of the consumers most of them liked their work. All expected rights and regulations were posted near the breakroom. Grievance policies and HRA contact information were clearly posted in those same areas and in the Qs offices. Additionally, the warehouse where supplies are stored was viewed and no concerns were noted there either.

### **CCAR Policy/Records Reviews:**

CCAR provided the HRA with the following records: CCAR Industries’ Client and Family Support Family CILA & Intermittent CILA Consumer Handbook (including the Complaint/Grievance Procedure on pg 18), the consumer’s signed Summary of Individual Rights dated 8/13/15 and 9/7/16, Developmental Training Handbook 2015 (including the bus rules, special transportation arrangements, Summary of Individual Rights, Human Rights Policy, and CCAR Industries Grievance Procedure) with the consumer’s signature dated 9/11/16, additional copies of the Grievance Procedure and bus rules, monthly case notes from November 2015 to September 2016, daily case notes from July 2016 to April 2017, and work time records for this consumer.

CCAR's policies and procedures appear to support that consumer rights and responsibilities are outlined, including grievance procedures and contact information for violations if the internal grievance procedures are unsuccessful. The documentation provided demonstrates that the consumer is aware of his rights and responsibilities and has the ability to act on his own behalf if he feels that his rights are being violated.

The consumer has been receiving service through CCAR since 8/13/15. He has a principal diagnosis of Mild Intellectual Disability. There is also record of Bipolar Disorder, NOS, Hypothyroidism, unspecified, and Psychotic Disorder, NOS.

In relation to complaint 1 that the consumer was required to sign a release for medical records as a condition of service, there are no notes or service plan tasks that reflect that the consumer has declined releases of information. No documentation provided shows delays in services or ability to work because of refusal to sign consents. A case note dated 4/25/17 discusses CCAR's pharmacy change with the consumer but does not state whether the consent was signed. CCAR has current medical releases and has regular contact with the consumer's physicians. The consumer has made decisions to change physicians, psychiatrists, and medications (including 12/15/16 to 12/19/16 when he refused to take his medications and threw them in the trash only to have CCAR staff recover them for when he returned 12/19/16 needing his medication). CCAR staff discusses the changes but supports the consumer's right to make changes and see the provider he chooses as well as his right to refuse medication.

In relation to complaint 2 that CCAR staff become upset and/or retaliate against the consumer for not coming in to work, records indicate that the consumer has varied attendance and is still allowed to return to work. Several notes discuss the consumer's attendance at the Developmental Training (DT) program with various reasons for absenteeism ranging from illness and appointments to moving apartments. A note dated 6/13/16 reports that the consumer called and stated he did not go to work because there was no work. Work records indicate that the consumer's hours vary significantly. No formal or informal consequences have been documented for the consumer's attendance (or lack of attendance).

CCAR service plans indicate that the consumer is getting all agreed upon services. The consumer has frequent contact with CCAR staff and voices concerns and preferences openly throughout the documentation. There are no documented service interruptions due to the complaints.

Policies provided by CCAR indicate that transportation policies are clear. Transportation is provided to the consumer regularly. A case note dated 1/13/17 indicated that the consumer had an appointment and called CCAR to verify transportation arrangements. Arrangements had not been scheduled but staff made immediate arrangements. The consumer made staff "promise that he wasn't going to be stranded". Alternate arrangements were then made and the consumer "appeared to be relieved".

There is no documentation relating to an incident when groceries were dropped, tossed, or otherwise mishandled. A 4/7/17 note stated that the consumer was "anxious and worked up"

while grocery shopping but appeared to calm down. The same note states that the staff member “assisted him in taking his groceries and items up to his apartment”.

There is no documentation relating to an incident where a vehicle transporting the consumer was hot. There is a note on 1/19/17 indicating that the consumer stated that he “was being violated” during transportation but the consumer did not explain why he felt that way.

### **Mandates Reviewed:**

The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5) states:

#### **Disclosure; consent.**

(a) ...records and communications may be disclosed to someone other than those persons listed in Section 4 of this Act only with the written consent of those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act [the recipient, 12 years of age and older; 110/4].

(b) Every consent form shall be in writing and shall specify the following:

- (1) the person or agency to whom disclosure is to be made;
- (2) the purpose for which disclosure is to be made;
- (3) the nature of the information to be disclosed;
- (4) the right to inspect and copy the information to be disclosed;
- (5) the consequences of a refusal to consent, if any; and
- (6) the calendar date on which the consent expires, provided that if no calendar date is stated, information may be released only on the day the consent form is received by the therapist; and
- (7) the right to revoke the consent at any time.

The Illinois Administrative Code (59 Ill. Admin. Code 119.235) requires:

#### **119.235. Individual rights and confidentiality**

To insure that the individual's rights are protected and that all services provided to the individual comply with the laws cited in subsections (a) and (b) of this Section, providers shall assure that:

- a) The individual's rights are protected in accordance with the Code, except that the use of seclusion shall not be permitted.
- b) The individual's right to confidentiality is in accordance with the Act.
- c) Staff shall inform individuals entering a program of their rights in accordance with subsections (a) and (b) of this Section and of their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., and the provider's human rights committee. Staff shall offer assistance to individuals in contacting these groups, giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc. This information shall be given to the individual and his or her guardian in writing. If the individual is unable to read, the information shall be read and explained to him or her in a language he or she understands. Staff shall, upon request, offer assistance to individuals in contacting the Commission and Protection and Advocacy.

- d) There is documentation in the record that staff have advised the individual of his or her rights, provided justification for any restriction of the individual's rights in accordance with Chapter 2 of the Code or assisted in contacting the Guardianship and Advocacy Commission.
- e) Providers have procedures that permit the individual or guardian to present grievances and to appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedures shall require, at a minimum:
  - 1) Notification of a right to appeal actions to deny, modify, reduce or terminate services be given to the individual or guardian upon entry into the program;
  - 2) Written notice shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services;
  - 3) That no provider action shall be implemented pending a final administrative decision;
  - 4) Time frames for notice of intent to appeal and the rendering of a final administrative decision; and
  - 5) That no one directly involved in the action or decisions being grieved or appealed shall be part of the review of that action or decision.
- f) The authorized agency representative's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law [735 ILCS 5/Art. III].
- g) The individual is not excluded, suspended or discharged from services and services are not reduced for exercising any of his or her rights.

The Mental Health and Developmental Disabilities Code (MH Code) (405 ILCS 5/2-102a) states:

**5/2-102. Care and services**

(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. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible....

The Illinois Administrative Code (59 Ill. Admin. Code 119.200) requires:

**119.200. General requirements**

- a) Programs shall be located to promote integration of individuals into their communities. In addition to the requirements in subsections (e) and (f) of this Section, examples of integration include locations near public transportation, shopping, restaurants, and recreation.
- b) Programs shall provide a minimum of five hours of programming per day, excluding transportation time to and from the program, and excluding mealtime unless training during meals is a documented part of the plan. Individuals may attend less than 5 hours if required and documented by a physician or the interdisciplinary team.
- c) No individual shall be transported in a one-way trip that exceeds one hour, excluding field trips.
- d) Transportation required for individuals shall be the responsibility of the provider.
- e) Programs shall not be located in buildings where individuals reside.



f) Programs attended by individuals residing in licensed long-term care facilities shall promote the principles of program independence and community integration by meeting two of the following three criteria:

### **Conclusions**

- 1. The agency is requesting that a service recipient sign a release allowing for an exchange of information between the recipient's physician and the community agency as a condition of service; the recipient does not want to sign as he wants to protect his medical privacy.**

The Mental Health and Developmental Disabilities Confidentiality Act and Illinois Administrative Code guarantee that records will be kept confidential unless written consent is provided by the consumer and must include "the consequences of a refusal to consent, if any". CCAR Industries' Consumer Handbook provides consumers with "Rules and Responsibilities" and "Consumer and Human Rights" including information on the Health Insurance Portability and Accountability Act of 1996 that outlines the right to "revoke a release of information at any time" and "ask that CCAR not use or release some parts of your life". This handbook is reviewed with signatures at the onset of program participation and annually thereafter at Service Planning Meetings.

After completing the interviews, records reviews, and assessing applicable mandates, there is no evidence to support that the consumer was required to sign a consent as a condition of service and/or that the consumer's refusal to sign a consent has impacted the services that he is receiving through CCAR. CCAR reports that the consumer has refused consents in the past but all consents are current and no services have been stopped. The CCAR interview and the case note documentation indicate that there was a recent change in pharmacy providers that required new consents in order to assist with medication. If consents are not signed for the pharmacy, medication filling services cannot be provided. This complaint may be a misunderstanding regarding the need for new pharmacy consents.

Based on the findings above the East Central Human Rights Authority concludes that the consumer's rights were not violated and, therefore, the complaint is unsubstantiated. No recommendations or suggestions are being made in relation to this complaint.

- 2. When there is no work in the agency's vocational program, the recipient declines coming to work as he just sits around; however, staff become upset when he refuses to attend the program in the absence of work denies the recipient other work opportunities.**

The MH Code requires services to be delivered pursuant to individual plans, formulated with the consumer's input, which in this case included an agreed upon arrangement for work. The Illinois Administrative Code provides guidelines for Developmental Training Programs. Section 119.200 b states, "Programs shall provide a minimum of five hours of programming per day, excluding transportation time to and from the program, and excluding mealtime unless training

during meals is a documented part of the plan. Individuals may attend less than 5 hours if required and documented by a physician or the interdisciplinary team". CCAR Developmental Training Handbook states on page 8 that the consumer has the responsibility to be on time, work when the consumer is scheduled, and let CCAR know when the consumer will not be in. The handbook also outlines on pg 20 that "During times when work is not available the consumers in the program work with the program staff to decide on recreational activity they would enjoy participating in". In addition, all privacy and grievance information (including a list of state and federal entities to contact if the consumer rights have been violated) are listed in the Developmental Training Handbook.

After completing the interviews, records reviews, and assessing applicable mandates, there is no evidence to support that CCAR staff are violating the consumer's rights in relation to attendance and work opportunities at CCAR. It is CCAR policy that the consumers who work there come to work when they are scheduled. In this case, the consumer's Individual Service Plan is being followed. There is no policy or repercussions for not attending work. Occasionally, no work will be available and consumers will be sent home. The consumer's records indicate that he calls the office when he is unavailable to work due to illness, appointment, or other engagements. During the interview, staff stated that the consumer has participated in all of the areas of work that CCAR offers and does better in some areas more than others. The consumer has expressed frustration to CCAR staff that he has come into work when no work is available, and an exception has been made and the consumer can call to the CCAR office and verify if work is available before coming in on scheduled days. The consumer has expressed interest in working outside CCAR and discussions about assisting the consumer with outside employment have begun.

Based on the findings above the East Central Human Rights Authority concludes that the consumer's rights were not violated and, therefore, the complaint is unsubstantiated. No recommendations or suggestions are being made in relation to this complaint.

**Additional concerns were brought to the attention of the HRA during the course of the investigation and, although they are not official complaints accepted by the HRA, they were addressed. These concerns are as follows:**

- a. The consumer was told that if he complains about the services at CCAR then he does not need their services.**

Documentation supports that the consumer has expressed his complaints to staff on numerous occasions over the years of services. All agreed upon service plan tasks remain in effect. Staff interviewed expressed that the consumer continues to have a need for CCAR services. The consumer reports that he wishes to continue to receive services through CCAR.

- b. Individuals with disabilities have trouble finding the driver when it is time to leave the facility. Many times the driver is late.**

Policies regarding transportation are written in CCAR manuals, reviewed regularly, and utilized regularly by the consumer. The HRA observed the production work area transportation at the end

of the work shift and 5-6 buses ran consecutively in a 20 minute time frame to pick individuals up whose shifts had ended and were going home. All the individuals were waiting in the same general area and staff assistance was available to those individuals who needed assistance waiting for and loading onto the buses. It is possible that a consumer may not have been provided transportation if 3 consecutive work days were missed and no call was made to reinstate transportation. The consumer has had a documented incident where he believed transportation was scheduled but it was not. However, during that incident, the CCAR staff made instant transportation arrangements and no service was interrupted.

**c. There have been issues with how the consumer's food has been handled. For example, a rotisserie chicken was "tossed around like a football".**

CCAR reported that the consumer made a complaint regarding his groceries being mishandled. CCAR states that the discussion was primarily about the consumer needing to be more assertive in these kinds of situations. When HRA asked about the staff member's response to the incident, CCAR stated that it had not been discussed with the staff member. HRA encouraged CCAR to have a discussion with this staff person to follow up on the consumer's complaints to the director and provide feedback to the HRA about the discussion. At this time, no follow up activities have been reported to the HRA. While the consumer's diagnosis and disability make him more prone to misinterpreting situations, his current lack of resources to properly feed himself coupled with increased anxiety would make food mishandling a difficult topic for the consumer to address on his own.

**d. The consumer's case manager had provided him a ride with the heat on inside the van when it was hot outside and he was extremely uncomfortable.**

CCAR was unable to address this incident in the interview because so little information was available. There is no documentation to support that there were any temperature issues in a CCAR vehicle.

While the above mentioned concerns were not formal complaints accepted by the East Central Human Rights Authority, these concerns could have resulted in Human Rights violations and, therefore, were addressed in the investigation and findings. Each of these additional concerns appears to have resulted from miscommunications between the consumer and CCAR.

CCAR's grievance policy states, "If you are not happy with the help that you are getting from the CFS Program it is very important that you tell someone. You can tell the Director of Client and Family Support. You can tell your CFS Case Manager. You can tell the CFS Office Manager. You can tell the DSP. You can tell anyone who works for CCAR Industries. The person you tell will then help you or find someone to help you fix your problem."

The consumer in this case did tell someone when he felt he was mistreated (specifically in relation to the incident when food was mishandled). CCAR then discussed how the consumer could handle the situation better but no follow up was completed with the staff. CCAR reported that the staff member mentioned in the incident had been with the agency for a long time and

would not intentionally cause harm to the consumer or their property and made the decision not to follow up with staff.

The HRA suggests that the staff at CCAR industries takes all consumer complaints seriously. All complaints should be documented and investigated thoroughly regardless of CCAR's opinion of fault or intent.

The HRA would like to thank the CCAR staff for their cooperation with this investigation.