Illinois Guardianship & Advocacy Commission

FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
09-110-9024
Chamness Care Inc.
August 25, 2009

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chamness Care, Inc. Chamness Care, Inc. includes seven Community Integrated Living Arrangements (CILAs) for individuals with developmental disabilities with locations in Cobden, Jonesboro, Johnson City, West Frankfort and Karnak. This report is pertinent to CILA I in Cobden. The specific allegations are as follows:

1. Chamness Care CILA I, a CILA licensed for eight residents, allowed an additional individual to reside at the facility for an extended period.

2. A resident at the CILA I was transferred to another CILA within the organization prior to notification and approval of the resident's legal guardian.

Statutes

If substantiated, the allegations would be violations of the Illinois Administrative Code (Code) (59 Ill Admin. Code 115.205 and 115.300 (c)) and the Illinois Probate Act (Act) (755 ILCS 5/11a-23(b)).

Section 115.205 of the Code states, "An individual with a developmental disability not currently receiving CILA services may be considered for a short term stay of no more than two consecutive weeks for respite services in an available CILA site only if 1) The individual to be provided respite services meets eligibility criteria defined in Section 115.210; 2) The space to be used does not cause the applicable CILA site to exceed Department authorized physical capacity as defined in Section 115.300; 3) All individuals and/or guardians of the individuals residing in the home support and understand to the best of their ability the use of and the request for respite services; 4) Space used for respite services is not space normally used by another individual regularly receiving services at this CILA site who is temporarily away: 5) The individual receiving respite services has bedroom space available for his or her own use; and 6) if the agency is requesting funding for respite services. The agency must receive written approval for respite services from the Department prior to placement of the individual in a CILA or within 48 hours after placement of the individual in a CILA for respite services on an emergency basis. The Department will respond to the request for respite services within 48 hours after receiving a request for emergency respite and within 14 days after receiving non-emergency requests."

Section 115.300 c) states, "Each living arrangement shall meet standards as identified in local life/safety and building codes. Living arrangements specified in subsection b) shall also meet the following additional standards: 1) Each living arrangement shall have a smoke detection system which complies with the Smoke Detector Act (425 ILCS 65). 2) No more than eight individuals shall be served in any site. 3) There shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort, and compliance with this Part."

Section 11a-23(b) of the Act states, "Every health care provider and other person (reliant) has the right to rely on any decision or direction made by the guardian, standby guardian, or short-term guardian that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction has been made or given by the ward. Any person dealing with the guardian, standby guardian, or short-term guardian may presume in the absence of actual knowledge to the contrary that the acts of the guardian, standby guardian, or short-term guardian conform to the provisions of the law. A reliant shall not be protected if the reliant has actual knowledge that the guardian, standby guardian, or short-term guardian is not entitled to act or that any particular action or inaction is contrary to the provisions of the law".

Investigation Information

Allegation 1: Chamness Care CILA I, a CILA licensed for eight residents, allowed an additional individual to reside at the facility for an extended period. To investigate the allegation the HRA Investigation Team (Team) consisting of the HRA Coordinator (Coordinator) and one member conducted a visit to the Chamness Care, Inc Administrative Office. The facility Administrator, the Quality Assurance Manager, the House Manager, a Qualified Mental Retardation Professional/Residential Services Director (RSD) and a Psychologist/Behavior Analyst (Analyst) met with the Team at the time of the visit. The Coordinator spoke with a Representative (Representative I) from the Bureau of Accreditation, Licensure and Certification (BALC) at the BALC office and another Representative (Representative II) via telephone. The Coordinator also spoke via telephone with the Southern Network Facilitator (Facilitator). The Administrator attended and the House Manager attended a HRA meeting to discuss the allegations.

Interviews:

A…Administrator:

The Administrator informed the Team that due to an emergency situation, an individual was allowed to have an extended visit at the CILA I in Cobden. She stated that when the resident came to CILA I for a visit, there were plans to purchase a residence with forthcoming funds available to the resident. The Plans were for the resident to move into that home where she would be monitored by facility staff. However, there was a delay in the funding causing the individual to remain at the CILA I for a longer than expected time frame.

The Administrator stated that when the person came for a visit, eight individuals resided in the home, and her presence made nine. The Administrator informed the Team that when the

individual came to CILA I she spoke via telephone with the Facilitator about her presence. She stated that the Facilitator informed her that the Code does not provide a specific definition of a visitor or rules to govern residents' visitors. The Administrator stated that when the resident remained at CILA I after approximately three weeks, she placed the second call to the Facilitator to inform him that the individual remained at the CILA I. She stated that she was not informed that the visitor would have to leave.

The Administrator stated that a report was made to the BALC regarding nine residents being present in CILA I. She affirmed that when a BALC Representative made a site visit to CILA I, she was informed that since the CILA was only licensed for eight individuals, one of the individuals would have to be moved from the facility.

She stated that an individual with declining health and an increased need for medical supervision was moved from CILA I to CILA III in Jonesboro where the services could be provided.

B…Representative I:

According to Representative I, a report was received in the Springfield BALC Office regarding Chamness Care CILA I in Cobden having nine residents when the CILA was only licensed for eight residents. He informed the Coordinator that information was relayed to the regional BALC office, and he was assigned to conduct the investigation. He stated that a visit was made to the CILA on 10/03/08 He informed the Coordinator that the allegation was substantiated, a Notice of Violation was given, and the Administrator was informed that a resident would have to be moved before the end of the day. Representative I revealed to the Coordinator that the ninth person came to CILA I in November 2007 and was present when the BALC site visit was conducted on 10/03/08. He informed that Coordinator that when he conducted a follow up visit, the problem had been corrected. He commented that Chamness Care, Inc. provides excellent care for the residents; however, in this instance, the facility did not adhere to regulations.

C…Representative II:

When the Coordinator spoke via telephone with Representative II regarding the regulations that apply to CILA residents having visitors, Representative II stated that although there is no definition of a visitor, facilities should abide by the regulations outlined in Section 115.205 of the Code. She stated that those regulations pertinent to respite care delineate an individual's short term stay at a CILA. According to Representative II the following must occur before the services can be provided: 1) The facility must have adequate space and physical capacity; 2) The individual must meet the eligibility criteria; and 3) All of the residents and the residents' guardians must agree to the resident being at the CILA.

D…Facilitator:

When the Coordinator spoke via telephone with the Facilitator, he stated that the Administrator had contacted him about having a visitor at CILA I. When the Coordinator asked

the Facilitator to provide a definition of a visitor, he stated that CILA regulations do not contain the definition of a visitor. However, he would define a visitor as someone who stays a limited time, possibly one to three weeks.

He informed the Coordinator that individuals who are private pay do not have to go through case coordinator services for placement in a CILA, and it was his understanding that the ninth individual was within that category. He stated that if individuals who are not private pay have an emergency situation such as a care giver dying, case coordination services must be contacted and a pre-award letter given. The letter certifies that the pass agent from the case coordination services believes that the individual has a developmental disability. Additionally, the agency has to be willing to provide the services in the emergency situation. Individuals must also be informed of the right to explore other placement options, and they must be Medicaid eligible.

The Facilitator stated that per CILA requirements a waiver can not be granted allowing a provider to have more than eight individuals in a residence.

The Facilitator informed the Coordinator that he could not remember whether the Administrator had contacted him the second time regarding the individual's continued stay at CILA I.

Additional Information:

When the Administrator and the House Manager came to a HRA meeting on 03/31/09, the Administrator informed the Authority members that the Facilitator had informed her that visitors were allowed to stay at a CILA. The Administrator stated that CILA regulations do not provide specific information about individuals visiting at a CILA. The Administrator informed the HRA members that the ninth person did not go through the developmental disabilities case coordinator services because the individual was private pay. However, she contacted case coordination staff to inform them of her presence at CILA I.

Summary

According to the allegation, nine individuals were living at Chamness Care CILA I when the home was licensed for eight. The Administrator acknowledged that the additional person was visiting at the CILA. She stated that the Facilitator and developmental disabilities case coordination services had been informed of the individual's presence. All of the persons interviewed stated that the CILA statutes do not provide a definition of what is considered a visitor. However, Representative II from BALC informed HRA that the Section 115.205 of the Code would apply to visitors, as well as those seeking respite services. According to CILA statutes, BALC Representatives, and the Facilitator, no more than eight individuals are allowed to reside in CILA homes. Representative I stated that when a BALC visit was made to the CILA, the investigation revealed that an additional resident had been at the facility from November 2007 until October 2008. Representative I informed the HRA that the CILA received a Notice of Violation and was informed that a resident would have to be moved before the end of the day. Representative I stated that when a return site visit was conducted, the issue had been resolved.

Conclusion

Based on the information obtained, the Authority substantiates the allegation that Chamness Care CILA 1, a home licensed for eight residents, allowed an additional individual to reside at the facility for an extended period.

Recommendation

The Authority recognizes that Chamness Care Inc. has resolved the issue. The facility should continue to adhere to the Code's requirements and BALC mandates pertinent to the number of individuals who reside in CILA homes.

Suggestion

Chamness Care Inc., with BALC's guidance, should establish written policies which address the definition of a visitor, facility's procedure relevant to having visitors who remain at the facility over night and notification/approval of residents' guardians prior to the visitation.

Allegation 2: A resident at the CILA I was transferred to another CILA within the organization prior to notification and approval of the resident's legal guardian. To investigate the allegation, the Team conducted a visit to the Chamness Care, Inc. Administrative Office. During the visit, the Team spoke with the Administrator, the Quality Assurance Manager, the House Manager, a QMRP and the Psychologist/Behavior Analyst. The Team visited with the resident who was transferred from CILA I to CILA III. The Coordinator spoke with the resident's guardian via telephone. The Authority reviewed copies of information from the resident's clinical chart with the guardian's written authorization. Information obtained for the investigation of allegation 1 was reviewed.

Interviews:

A….Administrator:

According to the Administrator, an individual who had lived at CILA I since September 2004 was transferred to CILA III, located in Jonesboro, in October 2008 due to deterioration in her physical condition. The Administrator informed the Team that the resident had an increase in seizure activities and falls. She stated that the move was implemented to CILA III because the home is designed to address the needs of more medically fragile individuals. The Administrator informed the Team that since the resident's guardian had moved from the regional area to a western state, it was more difficult to contact her. She stated that she called guardian on 09/26/08 to speak to her about the resident's decline and possible move to another CILA. However, she was unable to reach her so she left a message on her voice mail and requested that she contact CILA staff. When the guardian did not return her call, she placed another call on 09/27/09. Once more it was necessary to leave a message. She stated that she was able to reach the guardian on the day the move was implemented. She informed the Team that she had

previously spoken to the resident's guardian to inform her of the resident's increased medical issues and the possibility that a move might be necessary. She said that the resident's guardian expressed that she wanted the resident's needs met and if a move was necessary to address those needs that she would consent to the move.

B. Quality Assurance Manager, House Manager and QMRP/Residential Service Director (QMRP) @ CILA III).

The Quality Assurance Manager and the House Manager related that the resident's medical issues had increased since her admission to CILA I. The RSD stated that the resident was more appropriately placed in CILA III. He informed the Team that she had established a very good relationship with her roommate and had positive overall adjustment to the move. He stated that the resident had more in common with the individuals who live at CILA III than the younger, more active individuals who resided at CILA I. He noted that there has been improvement in the resident's overall condition since the move was implemented.

C. Psychologist/Behavior Analyst (Analyst)

According to the Analyst, he was contacted by the facility in order that an evaluation could be conducted due to an increase in the resident's unwanted behaviors. He stated that the resident had experienced an increase in seizure activity, some of which staff interpreted to be attention seeking behaviors rather than actual seizures. He informed that Team that the resident's additional problematic behaviors included physical aggression, verbal aggression, lack of cooperation, attention seeking behaviors, and questionable falls.

The Analyst stated that as a part of the evaluation process, staff members were requested to monitor seizure activity, including questionable occurrences, as well as the other targeted behaviors. He informed the Team that all of the information was analyzed, grafts were completed in order to monitor the frequency of occurrences and a behavior plan was developed.

The Analyst stated that the resident's move from CILA I to CILA III was predominately made with the objective of better addressing the resident's increasing need for physical assistance. However, the move had provided an environment that was more advantageous to the resident's emotional behavioral needs.

D. Guardian

When the Coordinator spoke via telephone with the resident's guardian, she stated that the Administrator called to inform her that the resident had been moved from CILA I to CILA III due to a decline in her physical condition. The guardian stated that the Administrator informed her that if the move did not prove beneficial to the resident, she would be allowed to return to CILA I. She stated that she was not sure of the date that she received the call from the Administrator and did not express an awareness of a previous voice mail message from the Administrator. The guardian informed the Coordinator that at the time that the transfer was implemented she had moved from the regional area to a western state thus disrupting her normal routine and contacts with the facility.

The guardian stated that she has adequate communication with facility staff and does not have a problem with the ward's treatment at either CILA residences. She informed the Coordinator that it was her understanding that the resident had adjusted well to the move and did not want to return to her former residence.

E…Resident

On the same day of the site visit to Chamness Care, the Team visited with the resident at her workshop training site. She informed the Team that she enjoys living at CILA III and really likes her roommate. She stated that she misses her friends at CILA 1; however, they are allowed to visit with one another. She expressed her excitement to the Team about a birthday party that was being planned at CILA III.

Record Review:

Individual Service Plan (ISP)

According to the resident's 03/13/08 ISP, she was admitted to Chamness Care, Inc on 09/01/04 from another CILA. Her diagnoses were listed as follows: AXIS I: History of Severe Depression; AXIS II: Moderate Mental Retardation; AXIS III: Epilepsy, History of Hydrocephalus, and Slight Osteopenia of left leg.

According to the ISP, the resident is dependent in self care and needs direct care personnel to assist her in bathing in the proper order, drying off completely, putting on her gait belt and fastening her helmet. Documentation indicated that the recipient was independent in communicating with others, but could not understand when information does not make sense. She also has problems comprehending and recalling factual information.

Documentation indicated that the recipient wears a helmet during waking hours to protect her head if she falls. She wears a gait belt for assistance with walking and helping her up from a fall and a walker and brace on her left leg to help her walk correctly. She wears a brace on her left arm during sleeping hours to correct hand posture. She also has a wheelchair available for use if she has a seizure or experiences an unsteady gait.

Other documented problem areas included aggression, refusal to obey and complete necessary jobs/tasks, not getting along with peers at times, and needing assistance with problem solving and decision making.

The recipient's capacity for independent living was listed as dependent. Areas that needed improvement were listed as follows: 1) Managing/budgeting/handling money; 2) Planning/preparing/serving meals; 3) Assistance with self-administration of medication; 4) The need for reminders to care for her room. 4) Assistance with laundry (at various times) and 5) Assistance with using the telephone.

Goals were established to assist the resident in obtaining the highest level of functioning in each problem area.

Behavior Program (Program)

According to a 03/13/08 Program, the resident's maladaptive behaviors of non-compliance toward completing tasks and obeying staff members were addressed. Documentation indicated that the non-compliance at times leads to the targeted behavior of verbal aggression.

The adaptive behaviors to be developed were listed as follows: 1) The resident should complete tasks when asked and obey staff members' requests. 2) Community outings, shopping, renting movies, listening to music and social praise were listed as reinforcements. 3) Reinforcement should be provided contingent upon the resident responding to completing a task with three or less verbal prompts. 4) Social praise should be given each time the resident completed a task without being non-compliant or verbally aggressive.

According to the Program, staff should document any incidents of non-compliance or verbal aggression across all domains, and the QMRP should provide a monthly summary of the documentation.

The Behavior Program was implemented and approved by the members of the treatment team, the resident's guardian, and a consultant psychologist.

Functional Assessment Components :

Prior to development of a Behavior/Therapeutic Supports Plan, the Analyst completed functional assessments and evaluations of the resident's "Unwanted Behaviors" in order that the therapeutic plan could be developed.

According to general information, the 50-year-old female who resides at CILA III wears a brace on her left leg to assist in mobility. However, in the not too distant past she had been able to ambulate with the aid of a cane. The Analyst recorded that the resident at times requires the use of a wheelchair.

The Analyst documented the following, "[NAME] has lived at her current residence since her move on 10/03/2008 from her previous residence at Chamness Care (CILA I) in Cobden, Illinois. This move to the home in Jonesboro, made primarily for the intention of better addressing [NAME] increasing need for physical assistance, may well prove to provide a peer/cohort environment more conducive to meeting [NAME] behavioral/ emotional needs."

Additional information indicated that the resident had moved to CILA I after the residence where she was living was closed due loss of licensure. Prior to living in that facility, she resided in her parents' home.

Data associated with seizure activity, falls, and related injuries were reviewed for the period of 03/12/06 through 10/15/08. Attempts were made to identify the questionable seizure

activity that began on 11/11/07. A review of Notes, interviews with staff, the resident, and her peers, and observations of the resident's interactions with others were a part of the evaluation process.

Analysis presented in graft form indicated an increase in the resident's seizure activity, questionable seizure activity and falls during 2008. Documentation indicated that the resident's seizure medications were changed or dosages of medication adjusted in July 2007, November 2007, December 2007, February 2008 and April 2008.

Behaviors/Therapeutic Supports Plan (Plan):

After the evaluation process, a Plan was implemented with a goal for the resident to "…increase her ability to engage in socially appropriate behaviors such as increasing acceptance of temporal delay of gratification, reinforcer substitution, acting respectfully to others, and cooperating/social participation with peers and staff, while reducing/eliminating aggressive/disruptive attention seeking behavior(s)."

Universal Progress Notes (Notes)

The Authority reviewed 2008 Notes from the resident's clinical chart. According to documentation in January Notes, the resident had swollen feet and a psoriasis-like rash that required examination and treatment. Additionally she experienced several seizures and falls during the reporting period.

Documentation in a 02/16/08 Note indicated that when the resident suffered status seizures, she was taken to an area hospital where she was diagnosed as having pneumonia. The record indicated that staff notified the resident's guardian about her illness. Additional recording indicated that the recipient had experienced several falls and a rash that caused extreme itching.

The record revealed that in March 2008 the resident experienced diarrhea, rash from psoriasis, and seizure activity. According to documentation, the recipient also had an increase in attention seeking-behaviors.

According to a 04/07/08 Note, the resident was sent to an area emergency room due to status seizures and vomiting. In a 04/24/08 Note, the record indicated that the guardian was contacted regarding changes in the resident's medication.

Documentation for May 2008 indicated that the resident had experienced several seizures and falls. On 05/31/08, the record revealed that when the resident experienced multiple seizures she was sent to an area emergency room. Upon examination, it was determined that she had aspirated, and the attending physician had to suction out a piece of food from her throat and lungs. The record indicated that resident was transferred to another hospital where she was placed in an intensive care unit. The record indicated that facility staff called the resident's guardian to inform her of the resident's condition.

According to a 06/03/08 Note, the resident was discharged from the hospital after being treated for pneumonia associated with the 05/31/08 aspiration. The record indicated that the resident experienced some vomiting on 06/04/08 shortly after her return from the hospital. Documentation in a 06/09/08 Note recorded that the guardian was contacted and agreed to the resident having a behavior analysis. A Note on 06/30/08 indicated that the guardian had been notified regarding the results of the behavior evaluation.

The record indicated that the guardian was notified about the resident's skin condition on 07/06/08, and staff spoke with the guardian once more on 07/29/08.

Documentation indicated that staff spoke with the guardian on 08/05/08 and again on 08/08/08 regarding changes in the resident's medication. An additional Note on 08/25/08 denoted that staff had contacted the guardian to provide an "update" of the resident's condition. Additional documentation indicated that the resident had experienced seventeen seizure or seizure-like episodes for the period of 06/12/08 until 08/28/08. This information was reported to the neurologist when he examined her on 08/28/08.

The record specified that the resident experienced seizures and seizure-like activity in September 2008. In a 09/15/08 Note, documentation indicated that guardian was contacted regarding the resident's refusal to have a PAP smear.

Documentation in a 10/13/08 Note specified that the Administrator came to CILA I and spoke with the resident about moving to CILA III. The record indicated that the resident agreed to the move, and her personal belongings were sent to CILA III on the same day. The CILA III RSD recorded in 10/20/08 and 10/28/08 Notes that he had spoken to the guardian and reported to her that the resident had adjusted well to the new placement.

The record indicated that the RSD spoke with the guardian on 12/01/08 to report to her that the resident was doing very well at CILA III.

Summary

According to the Administrator, an individual who resided at CILA I had increased medical needs that could be more appropriately addressed at CILA III. She stated that she had spoken to the resident's guardian about the possibility of the move and had left messages on her voice mail requesting that she contact CILA staff. However, she was not able to reach the guardian until the day the move was implemented. An interview with the Analyst, review of the Analyst's evaluation, and examination of the resident's clinical records indicated that the resident had increased medical needs. Documentation in Notes indicated numerous contacts with the guardian on various issues. However, there was no documentation to indicate that facility staff had spoken to the guardian about the possibility of the resident being moved to CILA III until that day of the move. When the Coordinator spoke to the guardian she stated that she was contacted after the move had occurred. All records indicated that the move occurred on 10/03/08, the same day that the BALC conducted an investigation into the allegation that an additional individual was living at the facility. According to the BALC Representative who conducted the investigation, Chamness Care CILA I was issued a Notice of Violation and

informed that facility should be in compliance with the standard that requires only eight individuals to reside in a facility before the end of the day.

Conclusion

Based on all the information obtained, the HRA believes that the resident's move from CILA I to CILA III has and continues to be beneficial to the resident. However, due to the lack of documentation in the resident's clinical chart pertinent to contact with the guardian prior to the move and information provided in interviews with the guardian and the BALC Representative, the HRA substantiates the allegation that a resident at CILA I was transferred to another CILA within the organization prior to notification and approval of the resident's legal guardian.

Recommendations

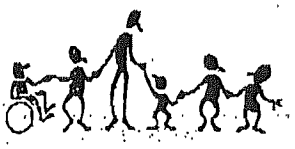
1. Chamness Care, Inc should consult with a legal guardian to the same extent and with the same effect as though the decision was made by the ward.

2. Facility personnel should consistently document any contact with a resident's guardian, record the content of the conversation, and confirm any consents in the resident's clinical record.

RESPONSE

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

CHAMNESS CARE, INC.



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September 29, 2009

Judy Atherton
Guardianship & Advocacy Commission
#7 Cottage Drive
Anna, Il 62906

RE: HRA: 09-110-9024

Dear Ms. Atherton,

In response to the completed investigations and findings, Chamness Care, Inc. wishes to make the following responses to the committee's suggestions…

#1. Chamness Care, Inc. will follow its policies approved by DHS as well as CILA Rule 115 in regard to capacity issues. Chamness Care is in the process of developing written policies which address the definition of a visitor.

#2. Chamness Care will consult with the legal guardians to the same extent and with the same effect as though the decision is made by the ward.

#3. Personnel will consistently document any and all contact with guardians, recording the content of the conversation as well as confirm any consents in the resident's chart.

For over 16 years now, Chamness Care has prided itself with providing excellent service to its individuals receiving services. As in the past, this agency will continue to provide an exceptional, caring environment with our resident's best interests at heart. We apologize for this error, and hope that we have met the committee's recommendations appropriately.

This letter may be made part of the public record.

Sincerely,

Tasha Faire

Tasha Faire
Quality Assurance Coordinator
Chamness Care, Inc.

GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS

Services will be provided in the setting most appropriate to the needs of the individual. This may include the individual's home, agency, or the community. Individuals will receive supervision and supportive services, which may range from continuous to intermittent. CILAs will be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process. All settings will be used innovatively in order to reach the target population.

SEP-29-2009(TUE) 13:10 CHRMNESS CARE (FAX)618 833 5295 RECEIVED 09/29/2009 14:10 P.003/005

ADMISSION POLICY

Chamness Care will not discriminate in the admission to and provision of needed services to individuals on the basis of race, color, sex, religion, national origin, ancestry, or disability.

Chamness Care, Inc. may decline services to an individual because it does not have the capacity to accommodate the particular type of level of disability, and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability. This agency will provide various ways for individuals seeking services to learn about what programming and services it provides. Chamness Care will also provide assistance in locating another service provider if services cannot be provided by our agency.

An individual must be at least 18 years of age, have a mental disability and must be in need of an array of services and a supervised living arrangement.

The individual or guardian must give informed consent to participate in the Chamness Care program, which will be documented in the individual's record.

The individual or guardian must agree to participate in the development and implementation of the individual integrated service plan.

The individual must be a resident of Illinois.

The individual must be approved by the authorized funding source.

The Executive Director is responsible for making the final decision about what individuals will be admitted to Chamness Care for services.

CRITERIA FOR THE ORDER OF ACCEPTANCE

Chamness Care will maintain a waiting list of individuals who meet program entrance criteria but for whom openings are not available due to circumstances over which the agency has no control. Additions to the waiting list will be on a first come, first served basis.

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GUARDIANSHIP AND RIGHTS OF THE INDIVIDUAL

Policy: It is the policy of this agency to ensure that all decisions and judgments made in regards to the individual's health and welfare are sound and are not in violation of the individual rights.

Procedure:

- The individual's Community Support Team is responsible for making the determination whether an individual is in need of referral for guardianship or representation. If so, the agency shall actively pursue guardianship, through family members or Office of State Guardianship if interested family members are not an option.
- This determination shall be reviewed at the individual's annual review to determine the continued appropriateness of the decision.
- When an individual has a legal guardian, all rights and responsibilities shall be reviewed by the individual's guardian.
- All medical work, contracts, leaves from the CILA, authorizations, and other matters shall be reviewed and approved by the legal guardian before the procedures or documents come into effect.
- The individual's legal guardian shall act in behalf of and make decisions for the individual.

SEP-29-2009(TUE) 13:11 CHAMNESS CARE (FAX)618 833 5295 P.005/005
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