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HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 10-090-9030
Bridgeway, Inc.

INTRODUCTION

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

1. Bridgeway does not follow physician or chart orders, including orders related to special diets, care and protocol for constipation, dental care, and exercise programs.
2. Bridgeway provides inadequate accounting and oversight of a resident's personal funds. Examples include staff stealing funds from the resident and the stolen funds were not reimbursed; funds are kept in an envelope rather than being placed in an interest bearing account; and residents/guardians are not kept apprised of fund balances, disbursements and receipts.
3. Bridgeway provides inadequate nursing oversight in the monitoring of a resident's health needs.
4. Bridgeway provides inconsistent resident care due to staff turnover and lack of follow-through on care, grooming and programming needs.
5. Bridgeway residents do not receive adequate nutritional oversight.
6. Staff falsely document care provision.
7. There is a lack of staff monitoring, supervision and accountability.
8. Bridgeway does not adequately respond to resident/guardian grievances.
9. Bridgeway fails to report instances of neglect and abuse, including financial abuse, to the appropriate authorities.

If found substantiated, the allegations would violate Community Integrated Living Arrangement (CILA) Regulations (59 Illinois Administrative Code 115), and the the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100).

Bridgeway, Inc provides services to 10 Illinois counties and 3 Iowa counties. They provide programs such as: behavioral health counseling, vocational training, substance abuse, family services, community employment, services to individuals with developmental disabilities

and community living. The complaints concern the Bridgeway, Inc. office in Macomb which serves 12 CILA clients, who are mostly individuals with developmental disabilities.

To investigate the allegations, HRA team members met and interviewed Bridgeway staff in the Macomb office, and examined pertinent documents regarding the case. All documents were reviewed with the guardian's written consent.

COMPLAINT STATEMENT

The complaint states that Bridgeway does not follow physician chart orders for the individuals. The individual in the complaint has a strict diet due to stomach issues and bowel problems and the diet is reportedly not followed. The complaint alleges that some of the consumer's stomach issues and bowel problems are due to a lack of a healthy nutritional program at Bridgeway. The complaint states that the consumer is eating sugary foods and drinking soda rather than following the diet plan. The complaint states that the consumer is to drink a specific amount of water each day and that has also not been followed. The complaint alleges that the staff also falsify documents regarding the consumer's water intake and state that the consumer is getting water when he actually is not. The complaint states that because Bridgeway has not followed the doctor's medical orders, the consumer has had to go to the ER with impacted bowels. The complaint states that the consumer's chart was supposed to read that if the consumer does not have bowel movements for 3 days, then something is supposed to be done regarding the situation and nothing was being done to remedy the situation after 3 days. At one point in the documentation, the guardian asked that a nurse be contacted within 2 days of the consumer not having a bowel movement and this seems to be ignored. The complaint also alleges that Bridgeway has not maintained good oral hygiene with the consumer and orders from the consumer's dentist were also ignored causing the consumer to have problems with his teeth. The complaint reports that the consumer's exercise routine is being ignored and the consumer is not receiving the proper amount of exercise per doctor's recommendations. The complaint states that this lack of care is due to nursing oversight, lack of monitoring, and high staff turnover.

According to the complaint, Bridgeway mismanages the consumer's finances. Examples of this mismanagement are staff members stealing from consumers; specifically, one staff member was found guilty of stealing from a consumer during an internal investigation. The complaint also alleges that money is kept in an envelope rather than an interest bearing account; residents and guardians are not kept up to date on funds in the resident's accounts. The complaint also states that Bridgeway did not report an instance of financial abuse to the proper authorities and handled the matter within the organization. The complaint reports that there is an overall lack of monitoring of the staff and staff accountability from the supervisors within the organization.

The complaint indicates that Bridgeway does not help the consumers clean their rooms and allows the consumers to be unclean and wear dirty clothes. Examples of this are allowing clothes to pile up in the consumer's closet, cockroaches in the closet, an instance where the consumer was seen wearing a dirty jacket, and the consumer's face being dirty.

As per the complaint, the consumer was allowed to go onto a train by himself which was against the guardian's wishes. The guardian indicated that she asked that the consumer not go to the YMCA by himself but then was allowed to go to the YMCA alone. The complaint also stated the guardian requested that the consumer switch doctors, but the request was fought by staff members. The complaint states that these requests were ignored by a staff member and that the staff member had an inappropriate and unprofessional relationship with the consumer (e.g. Taking the consumer on family vacations with her).

The complaint reports that consumers are not allowed to go to church on Sunday. When they are allowed to attend church, they are not allowed to go to the church that they want to go to but rather they have to go to the church that the staff want to take them to. Also, the consumers are reportedly not allowed to participate in parades and other community events that they want to participate in due to Bridgeway's privacy practices.

The complaint indicates that Bridgeway does not adequately respond to guardian grievances. Examples include emails from the guardian to Bridgeway do result in a response.

Finally, the complaint states that these incidents have happened consistently from June 2000 until present.

FINDINGS

Staff Interviews

The HRA began its investigation by interviewing members of the Bridgeway staff. The staff explained that the consumer has been with Bridgeway for close to 20 years. The consumer lives in a Bridgeway CILA, works for Bridgeway, and comes into the Bridgeway facility for the day program. The staff stated that the consumer is out of the house 5 days a week for work and activities at Bridgeway. They stated the consumer does get aggravated, mostly regarding things that he cannot do like take the bus alone during the day, resulting in behaviors at times. One incident involved flipping over a table. The staff stated the consumer's biggest problem is eloping, and he does have a behavioral support plan.

In regards to the complaint that Bridgeway does not follow physician or chart orders, including orders related to special diets, care and protocol for constipation, dental care, and exercise programs, the staff stated that the guardian can make suggestions regarding the consumer's care, but the guardian asked for orders that were not safe for the consumer. For example, the guardian asked that the consumer take Milk of Magnesium every other day. The staff also stated that they cannot give medication that is not prescribed by the physician and stated as an example that the guardian brought Claritin to the staff at the CILA and asked them to replace the Bendryl that is on the physician's order. The physician did write a prescription for the Claritin but then the guardian asked to move the Claritin to the PRN which was not part of the Physician's orders. The Bridgeway staff stated that they are following the most current Physician's Order. In regards to the diet plan, the staff stated that they can make the best

recommendations for a diet plan, but they cannot force the consumer to follow the plan. The staff did state that they try their best to encourage the consumer to follow the plan. The staff also stated that there is no diet plan that has been approved by a physician but rather a plan that has been put in place by the guardian. In regard to the diet that the consumer had previously been on, the staff stated there was nothing they could do to limit what foods he ate until the guardian said, "No," to certain foods and started the consumer on the diet plan. The Bridgeway staff did state that the consumer is much healthier now and has lost weight since they have been following the guardian's diet plan for the consumer. The staff said that they definitely have been trying to follow the guardian's diet plan and only give the consumer the foods that the guardian has approved. They stated that there is a chance that the consumer could sneak foods from the kitchen, but other than that, they have been only giving him the foods approved by the guardian. In regard to the dental plan, the staff stated that there is a dentist order that is over two years old that they have been following. The staff believe that there was an issue with the consumer's dental hygiene in the past and that previously he had not been following the dental order. The staff stated that two years ago, there was a house supervisor that was let go by Bridgeway who dealt with the dental issue. Bridgeway also stated that part of the reason why the staff member was released by Bridgeway was because of the dental issue with the consumer. The staff said that now the staff prompts the consumer to brush his teeth twice a day and there is no dental problem now. The staff also stated that there is a log at the CILA that deals with hygiene and the staff members check off when certain hygiene tasks are completed. In regards to the exercise, the staff stated that there is no exercise plan in place. They do try to get the consumer to exercise but they cannot force the consumer to do tasks that he does not want to do. The staff also stated that there is a bowel movement log and a water intake log that is kept which is not part of the physician orders but rather requested by the guardian.

The Bridgeway staff also stated that they have been working at decreasing turnover by hiring less student staff. They stated that now their staff is only 50% students and the turnover has decreased significantly.

In regard to the consumer's water intake, the staff is not sure that drinking water is on the physician's order but it is part of the guardian's request so they follow what was asked. The staff stated that the consumer is given two 8 ounce glasses of water in the morning, two 16 ounce water bottles for lunch, then one 16 ounce water bottle for dinner and one 16 ounce water bottle before he goes to bed. They stated that they don't see the consumer drink all the water but when the bottles are empty, they consider them drank. The staff also stated that the consumer was refilling his water bottles which may have caused some confusion with the guardian as to whether the water was actually getting drank or not. In regards to double checking the water intake, if it were to get to the point where 3 people were checking if the consumer was drinking the water, it would be too much. The staff also said that the home manager of the consumer's CILA has changed the water log. Previously, the water log was measured using meters but it has been changed to ounces. The staff stated that this may have caused some confusion for the guardian as well as the staff using the older logs. The staff stated that they do not think that the staff are falsifying water documents but they do not have a way to monitor to see if the staff members are monitoring the water correctly. They also stated that they are unsure how to address the falsifying of records and that they trust that the staff is not falsifying the documents. They stated that they have done an audit by going to the day program to see if the consumer is

being given the water firsthand. When asked about the two notes in the shift notes which warn the CILA house staff to give the consumer water, the house manager stated that this was a result of the guardian stating that the consumer is not getting water and not based on evidence that the consumer is not getting water.

In regard to the complaint that Bridgeway provides inadequate accounting and oversight of the resident's personal funds, the staff stated that the consumer gets Social Security funds and then a paycheck from the vocational program that he works at through Bridgeway. Bridgeway is the payee for the consumer but they are only the payee for the Social Security funds. The staff explained that when a consumer receives a social security check, they take $50 out of the check which is the consumer's personal spending money, and then the rest of the money goes toward CILA rent and program fees. The consumer's wages from the vocational program do not go toward any rent or program. The $50 from the social security check is put into a bank account that is not an interest bearing account. The staff explained that an interest bearing account charges a fee, so Bridgeway has decided to use non-interest bearing accounts. The staff stated that the paycheck from the vocational program is cashed and $40 goes into an envelope at the CILA house and the rest goes into a locked file cabinet at the Bridgeway office. The $40 is to be used by the consumer for any personal items and the consumer must request a staff member to get the money; the consumer cannot handle money on his own. Bridgeway states that any money that is taken from the envelope or the house is tracked and the staff ask for receipts in return when the consumers spend the money. They also stated that the accounting department does internal audits regarding the outgoing and incoming money. The staff stated that the consumer currently has $370 dollars from his paycheck in the locked filing cabinet at the office and $74 dollars at the CILA house and this has been discussed with the guardian and she is okay with this. The staff also stated that they would like to offer to the guardian to be the payee for the consumer's work money and she can set up a bank account for the money if she chooses. Bridgeway has stated that they have not had a chance to discuss this with the guardian yet due to a legal situation that is preventing the facility and the guardian from discussing financial issues. The staff has also stated that the financial situation with the paycheck being put into a locked cabinet has been happening over the last 2 years. In regard to the complaint that money was stolen from the consumer's account, Bridgeway states that no one stole from the consumer's account. Bridgeway stated the 2 years ago, there was a house manager who took the consumer on a vacation with her family. The guardian wanted accounting for the vacation, and Bridgeway tried to track the money for the vacation and it looked as though all the money went towards the trip and that the receipts for the trip were given to the consumer's mother. Bridgeway staff stated that after the complaint was raised regarding the money for the vacation, they decided to use a system where there is only one person managing funds for the Macomb office rather than multiple individuals. Bridgeway stated that this system is much easier and a better way to track the money. Bridgeway also stated that they undertook an internal investigation of the complaint regarding money being stolen and stated that they did not find any evidence that money was stolen.

The Bridgeway staff also stated that the House Manager who took the consumer on the vacation was let go by Bridgeway. They stated that this person was terminated because of professional misconduct but not terminated because they found any evidence that money was stolen from an account. They also stated that the individual who was terminated was not

reported to the Healthcare Worker's Registery. In a follow up phone call, Bridgeway stated the Office of Inspector General (OIG) was also not called regarding the house manager. They stated that the OIG did not deal with financial issues at the time and also that OIG would ask them to do an investigation and report to the OIG, so they decided not to call in this case.

The staff stated that when the consumer does not get to do what he wants, he gets aggravated and can have behaviors. They stated that the acting out is mostly verbal but the consumer is on a behavioral support plan. One incident involved the consumer flipping over a table. The Bridgeway staff also stated that at times, the consumer has stated that someone on staff has hit him or another consumer has hit him. The staff stated that when these incidents occur, they contact the OIG unless there is overwhelming evidence that the incident has not happened; for example the consumer stated that a staff member hit him but Bridgeway discovered that the staff member was not there on that day. The staff stated that they do not let the consumer go to public places without being accompanied by a staff member, but they stated that the consumer has some issues with eloping and has eloped to the local YMCA to swim. The staff also stated that the consumer is not allowed to go on the train by himself, but in another situation, the consumer eloped and was not caught until the train had already left the station. When the consumer elopes now, the house staff calls the Home Manager and then logs the situation in the "Notes to Staff." They stated that they have an extra staff member come to the consumer's CILA between 7:30 and 8:30 every day now to ensure that the consumer does not elope during that time because it is a busy time for the staff at the house and they have trouble monitoring him during that hour.

In regard to the complaint that Bridgeway does not adequately respond to grievances, the Bridgeway staff stated that they have a grievance procedure about which the guardians and consumers are made aware. The staff stated that there is a signed grievance procedure with the consumer's individual service program. The staff stated that the majority of grievances are processed but some grievances are only verbal and taken care of outside of the grievance process. One staff member stated that sometimes grievances are responded to via email, telephone calls, or other verbal means. The staff member stated that grievances have been dealt with in this manner possibly 3 times over the last 2 years. The staff member stated that the grievances should have probably been documented and put into a case file but, at the time, they seemed like a simple fix and did not require the entire grievance process. The staff member did admit that maybe the grievances should have been logged in retrospect, but at the time, they did not seem like issues that would have needed to be logged as grievances. The staff also stated that they have started a new grievance process within that CILAs where, if a guardian or family member were to come to the house staff with a complaint, the house staff are to give the person a means to log the grievance and then put the grievance in an envelope to give to administration. The staff stated that this process will help ensure the complaint gets to administration and will not hold the house staff accountable for rectifying complaints.

In regard to the complaint that Bridgeway does not have clean rooms in the CILA houses and the consumers are sometimes dirty, the staff stated that the consumers clean independently, as a goal. Everyone in the CILA has a once-a-week job from the cleaning checklist, and, with help from the staff, the consumers clean the CILA houses. Also, there is a hygiene checklist for the consumers that they must follow and Bridgeway will inact a clothing record if people wear

the same clothes over and over again. When the consumers leave the CILA, the staff members will check them to see if they, or their clothes, are dirty. Also, once the consumers leave the CILA and arrive at the Bridgeway office for the day program, there is an hour of down time during which the staff and consumers prepare for the day. The staff stated that during this down time, they can also observe the consumers and see if they are wearing dirty clothes or have visible dirt on their bodies. The staff stated that if the consumers do happen to sneak out with dirty clothes on, they have clothes at the Bridgeway office for changing.

In regard to the complaint that Bridgeway does not allow the consumers to go to the church of their choice and that the consumers are not allowed to be involved in parades, the staff members stated that they were not aware of these complaints and consumers are allowed to go to church. The staff stated that there are basically two churches that the consumers like to attend. The staff stated that they alternate between churches, so, one week, the consumers will attend one church, and then the next week, the consumers will attend the other church. The staff stated that because there are only two staff members on duty for Sundays, one must stay at the house which leaves only one staff member to take the consumers to church. The consumers also have the option of not attending church. Also, the consumers can join another house to attend whichever church they are attending that week and another staff member from the other house can come and pick up the consumer to go to the church that they are attending that week. The staff stated that there is no grievance on file regarding the church complaint and, as far as they knew, the consumer in this complaint is going to the church that he wants to attend. The staff also stated that they did not know of any regulations regarding the consumers not participating in a parade. They stated that they probably would not march in a parade representing the Bridgeway company but consumers could march in a parade with another organization. The staff stated that they did not know about any privacy issue regarding parades.

Tour of a CILA

The HRA also toured the CILA of the consumer in the case. The two- story home has 3 bedrooms and is located in a residential neighborhood. The staff toured the kitchen, living room, office, and a consumer bedroom. All rooms viewed looked clean, tidy and there were no overwhelming problems seen by the HRA. In the kitchen, there are 5 separate notes regarding the dietary habits and water intake of the consumer in this case. The notes were posted on the refrigerator and on the cabinets. There was also a note posted regarding cleaning duties and weekly work assignments. When checking the consumer's bedroom, the HRA found the room to be tidy and well kept. There was not an excessive amount of clothes on the floor of the room or in the closet of the bedroom. The consumer's room was located off the kitchen area where the food is kept. The HRA saw no signs of cockroaches or infestation in the house or the consumer's room.

RECORD REVIEW

With consent, the HRA reviewed pertinent documents regarding the complaints in the investigation. In regard to the complaint that Bridgeway does not follow physician or chart orders, the HRA reviewed physician's orders and records that dealt with water intake, bowel movements and diet. The HRA reviewed 30 Physcian's Orders that range in dates from 8/1/2001

to 4/21/2010. The HRA did not receive a central physican's order but rather the 30 separate physician's orders, most of which have different medical directions on each order, such as daily medications, prescriptions, and observations. A physician's order from 3/9/2010 reads "Acid reflux diet, Drink at least 6 bottles of water per day, Exercise - 2 days per week." Another document titled Annual Dental Evaluation from 9/4/2007 reads "Needs help brushing daily" and a checklist on the document states that the gum tissue is not normal and the teeth do not show signs of proper brushing. Another item on the document that states "Is there obvious infection present" has "No" checked. Another Annual Dental Evaluation from 9/23/2009 has "Yes" checked for "Is the gum tissue normal" and "Do the teeth show evidence of proper brushing." Another Physician's Order from 3/31/2010 states "Good job with brushing. Keep up the good work!" There is also a document dated 4/7/2008 from a dentist regarding the consumer's examination. The document states "At the time of the exam, it was noted that there was excessive plaque buildup on [Consumer's Name] teeth. [Consumer's Name] plaque index was 100% at this appointment. My recommendation is for more frequent/more thorough plaque removal." The document goes on to give the instructions of brushing 2-3 times a day with a 3 sided toothbrush and flossing and rinsing as much as tolerated. The document states "My hope is that keeping [Consumer's Name] teeth cleaner will help reduce his incidence of cavities and periodontal disease." The investigative report also states that "[Former House Manager] indicated that she has 'gotten after my staff' to see to it that [Consumer's Name] teeth are brushed and flossed nightly, but that she knows that some staff probably are not doing it right. During the interview, [Former House Manager] commented that 'we hire a lot of college students, and they are not all committed. I can't be at [the Consumer's CILA] 24 hours per day to watch them'." Another Physician's Order, dated 9/23/2008, from a dentist states "Brushing is better. Good job!" On the consumer's latest "Consumer Centered Plan" which is dated 2/11/2010 but is good through the dates of 2/11/2010 through 8/10/2010 states "Staff will assist [Consumer's Name] in brushing his teeth. Staff will assist [Consumer's Name] in flossing his teeth with flossers. Staff will assist [Consumer's Name] in using mouthwash."

The HRA also reviewed a daily hygiene log for the consumer. On the log, a staff member notates whether the consumer has bathed or showered, washed hair, shaved face, applied deodorant, applied lotion, applied aftershave, brushed teeth/gums, and nail care. In the log that the HRA received, all dates and times were accounted for and documented.

There is a handwritten document titled "Dietary changes to reduce his symptoms of Gerd (Acid Reflux) which restricts his diet with directions such as "No chocolate, No mint products, no soda or fruit juices …" There is also a Nutrition Screening from Bridgeway on 8/3/2009, that, under Diet Recommendations, states that the consumer should ingest "Low Salt, Low Fat/Cholesterol, High Fiber, Reduced Calorie (seconds on fruit and vegetables only), Low Concentrated Sugar." There is also a document from 8/4/2008 titled "[Consumer's Name] Diet Recommendations Per his Guardian: [Guardian's Name] which outlines restrictions to the consumer's diet such as "No chocolate, No caffeine or coffee, no fried or fatty foods …" This document was signed by the consumer's guardian as well as the consumer's physician. Also, from a document titled "Nursing Input Consumer Centered Planning Meeting" it states "He is on a low fat/cholesterol, low salt and high fiber reduced caloric diet," and "Guardian requests no fried or fatty foods." This document is dated 7/12/2010. The HRA also reviewed copies of notes that were hanging in the kitchen of the consumer's house. One note reads "Starting November

10, 2008 for [Consumer's Name] daily lunch box" and the note goes on to give directions such as "2 bottles of water (can have the lemon or lime juice in it), 1 sandwich, 1 fresh fruit … only 1 banana a day …" Another note reads "[Consumer's Name] is to have fresh fruit everyday in his lunch." Another note reads "[Consumer's Name] lunch - 1 bologna or salami sandwich w/mayo and cheese - 1 fiber bar, 1 oatmeal cake …"

The Consumer Centered Plan reads "[Consumer's Name] had been having difficulty having regular bowel movements so [Consumer's Name] has been encouraged to drink four to five bottles of water each day. Staff have logs to record his fluid intake as well as his bm status." In the Staff Directed Services section of that document, it reads "Staff will encourage [Consumer's Name] to drink 4 to 5 bottles (16.9 oz) of water per day." The Fluid Intake Chart from February 2010 has a handwritten note at the top of the page which reads "Bump up to at least 4 bottles = 64 oz." This is a handwritten note, but the typed template reads "[Consumer's Name] Should drink between 2-5 bottles of water each day." Another Fluid Intake Chart from the month of May reads "[Consumer's Name] Must have 64-84 oz of water a day! Write the amount of water [Consumer's Name] drank and your initials on each shift each day!" The fluid intake chart defines one bottle as 16.9 ounces and one cup as 8 ounces. In looking at random days on the February and May water intake charts, on 2/5/2010 the consumer drank 78 ounces, on 2/11/2010 the consumer drank 64 ounces, on 2/21/2010 the consumer drank 104 ounces, on 5/10/2010 the consumer drank 80 ounces, and on 5/21/2010 the consumer drank 48 ounces. On 4/15/2010, the consumer had 40 ounces of water. The HRA also reviewed another water intake log from May that still had "Fluid intake [Consumer's Name] should drink between 2-5 bottles of water daily." In the interview with the staff, it was stated that the newer water intake logs have been updated and that the house staff was told to no longer use milliliters as measuring devices but ounces. In reviewing some of the charts, the staff had been mixing the two types of measurements within the forms. There are also sections in 2/21/2010 and 2/15/2010 where there are multiple times in the "Time" section of the log and other sections where there are single times. Also, on 5/15/2010 and 5/20/2010, there is an area where the word "Absent" has been written and there is no logged water intake at all.

In reviewing older water intake logs, from December 2009 to January of 2010, on 12/14/2009 the consumer drank 42 ounces of water, on 12/16/2009 the consumer drank 48 ounces of water, on 12/21/2009 the consumer drank 24 ounces of water, 1/6/2010 it was logged that the consumer drank 72 ounces of water, on 1/5/2010 it was logged that the consumer drank 40 ounces of water, and on 1/21/2010 it was logged that the consumer drank 72 ounces of water.

On the Monthly QMRP/MHP Review for February 2010, it states "He needs encouragement to drink lots of water and to take time to cool off on very hot days." Also, on a Staffing Sign-Off Sheet for a meeting to "Discuss issues" that is dated 11/24/09, it is stated that "[Consumer's Name] needs to drink at least 4 bottles of water." In accordance with the May 2010 fluid chart, one bottle equals 16.9 ounces which would make four bottles equal to 67.6 ounces.

The Staffing Sign-Off Sheet from 11/24/2009 states that the consumer needs his bowel movements tracked per the consumer's guardian. There is a note that in the downstairs bathroom of the consumer's home which reads "Attention Staff: If [Consumer's Name] has gone more than <u>two</u> <u>days</u> without a bowel movement, we are to contact the nurse." On the consumer's most

current Consumer Centered Plan (2/11/2010 - 8/10/2010) it states "[Consumer's Name] had been having difficulty having regular bowel movements so [Consumer's Name] has been encouraged to drink four to five bottles of water each day. Staff have logs to record his fluid intake as well as his bm status." The HRA reviewed copies of Bridgeway's RN On-Call Reports. A report from 4/24/2010 states "Staff called to report that consumer was 2 days without BM. Asked staff why they was [sic] calling on 2 days without BM, policy states 3 day [sic] without BM report to nurse. Staff said they had note in book to call if no BM in 2 days, wanted to know if okay to give MOM for no BM in 2 days. RN told staff that orders state MOM [Milk of Magnesia] if no BM in 3 days. Instructed staff that they need to do other alternatives until 3 days without, like warm tea, prune juice, laying on abdomen, etc." Another RN On-Call Report, dated 2/20/2010, states that "Staff called because he [consumer] has not had BM for 2 days." An On-Call Report dated 3/4/2010 states "Staff called to report that he [consumer] had been 3 days without a BM." All the dates on the on-call sheets fall within the scope of the most current Consumer Centered Plan. In reviewing a May 2010 bowel movement sheet, the dates of 5/12/2010 through 5/14/2010 were not entered into the chart and also the dates of 5/5/2010 through 5/7/2010 are not entered into the chart. Also, 3/2/2010 through 3/4/2010 are not logged in the chart as well as 4/26/2010 and 4/27/2010. In reviewing the December 2009 chart, the dates of 12/23/2009 through 12/26/2009 are not accounted for in the chart. In the Bridgeway "Report to Next Staff" log that is kept in the consumer's house, it states "Hey guys - [Consumer's Name] BM's and water tracking log isn't being done. Guardian isn't happy - This needs done or I will have issue [sic] disciplinary actions. Please Please [sic] do them." This entry was not dated but the entry before was 4/28/2010. Another entry in the log (not dated but after an entry on 5/7/2010) states "Here's the issue guys. [Consumer's Name] water and pineapple and prune juice are all Doctor's order - failure to comply will result in an OIG call!! It will also result in disciplinary action. [Consumer's Name] should not be getting constipated AT ALL!! He needs 2 cups of water with his Miralax at night. He needs at least 64 oz's of water a day - (actually all of our consumer's should have that) which is 4-5 bottles (16.9 oz) a day." When asked about this in the interview, the house manager said that this was only added because the Guardian had said that the consumer had not been getting water but there was no evidence that he had actually not been getting water.

Pertaining to the complaint that the consumer's exercise needs have not been met, a Physician's order on 4-7-2008 reads "[The Consumer] needs to exercise more - perhaps walking 3 times a week." Another physician order, that was cited above, states that the consumer needs to exercise 3 days a week. Also, the consumer's Consumer Centered Plan, dated 2/11/2010 - 8/10/ 2010, states that "He [Consumer] needs to increase the amount of exercise he gets per week but he refuses to walk at the appropriate time at day program [sic]. Staff will encourage him to do so." In the consumer's March 2010 QMRP/MHP review, it states that walking on a treadmill was discontinued with no statement as to why it was discontinued. Also, in the Monthly Progress section, it is stated that walking 10 minutes in the morning was not done in the month of March, 2010 and was also listed as discontinued. On the same March 2010 QMRP/MHP, there was no progress shown for walking for 10 minutes in the morning but it also has written that the consumer has a monthly progress of 5/5 and a cumulative progress of 5/5 for walking on the treadmill. Previous Monthly QMRP/MHP reviews, from September, October, November and December 2009 does show that the consumer was walking on the treadmill (showing a

cumulative process of completing the task 16 out of 25 times on the December 2009 QMRP) but not completing the exercise portion of the consumer's goals.

In regard to the complaint dealing with Bridgeway's financial processes, the HRA reviewed an audit of the finances in the consumer's house and an internal investigation of the complaints regarding Bridgeway (dated 5/30/2008). In reviewing the consumer's bank account statements during the audit, it was discovered that there were two checks written out directly to cash for $100 (dated 2/5/2005, 5/4/2005), one check written directly to cash for $400 (dated 9/28/2006) dollars and it was documented that the check was for "Hannibal Trip," and then one check made to the house manager for $43.19 (dated 3/9/2007). No receipts were found for any of the checks, nor any reasoning for the checks found except for the $400 dollar check which stated that it was for a trip that the house manager was taking the consumer on. It is also stated in the audit that "The balances on the cash transaction log for [Consumer's Name] are off at the end of each month. It is noted on the cash transaction log several times that [Consumer's Name] took money himself out of the box. One note says that he has been 'getting money out with scissors.' This could be part of the reason that the balances are off. It is also stated that "Receipt tracking was poor. In the past, receipts for certain purchases were attached directly to the cash transaction log when they were spent. Receipts for the last year and a half are in an envelope and are hard to find. Receipts for every purchase should be saved and filed so that they are easy to find." The audit from the investigation report, references the checks and states "The audit found 4 checks made out to [House Manager's Name] for cash without any supporting receipts found. The checks were written from [Consumer's Name] checking account and were written on January 5th, 2005, May 4th 2005, September 28, 2006, and March 9th 2007." No amounts were given for the checks in the investigation report. The report also states that the house manager admits in her interview for the investigation that "[People's names including the consumer's mother] … had taken a trip to the [Location] in 2005. She indicated that no other consumers were present and that it was with the full knowledge of her supervisor, [Supervisor's name]. [House manager's name] also admitted to taking [Consumer's name] on a trip to [location] and [location] during the fall of 2006." The findings of the investigation state that "After a review of all interviews, e-mails, voice mails, and clinical documents, a finding of failure to provide appropriate care by [House Manager] is **substantiated.**" And also that "After a review of all interviews, e-mails, voice mails, and clinical documents, findings of violations of Bridgeway's Code of Ethical Conduct and the Bridgeway Employee Handbook by [House Manager] is **substantiated**."

In the investigative report concerning the former house manager for the consumer in this complaint, the manager does state that that the former house manager was "… upset over [Guardian's Name] removing [Consumer's Name] 2 hours per day community access and her refusal to let him ride the train alone, because it was not allowing him to become more independent. [Former House Manager's Name] indicated that she did not see the train rides as a problem, even though she also stated that she would make sure that she left Macomb 15 minutes before the train did so that [Consumer's Name] would not get off the train in Galesburg before she got there and wander off downtown. [Guardian's Name] indicated that she had spoken with [Director of Day Programming's Name] about the authority of the guardian and related that Bridgeway had to honor the wishes of the guardian, and her instructions about the restrictions needed to be followed. [Director of Day Programming's Name] confirmed the conversation and

its content." The document also states "[Former House Manager] stated that she was aware of [Consumer's Name] guardian's concerns about his health and his dental hygiene. She stated that she disagreed with [Consumer's Name] guardian's choice of medical doctor, and admitted to attempting to get [Consumer's Name] previous doctor to take him back, because his new doctor wasn't treating [Consumer's Name] right."

The HRA also reviewed a document titled "Management of Consumer Funds" which summarizes the relationship with the representative payee and the consumer as well as the responsibilities of the payee and where the consumer's money is to be deposited. The document states "The checkbook is used as the record keeping ledger. Generally monthly benefit checks from Social Security are 'direct deposited' into the consumer's account. Income checks and other non-Social Security income should be deposited in a separate account of the consumer's choice. Receipts are to be kept for all purchases." The document goes on to say "For consumers' personal funds, the Residential Coordinator will maintain a Consumer Expenditure Book and secured for the their [sic] personal use. These funds will be maintained in the Residential Coordinators' office. No more than $40 will be maintained for each consumer at the residence. The personal consumer funds will be kept secured in the Coordinator's office and cash will be given to the consumer or to a designated staff as approved by the Coordinator. A 'Cash Transaction Log' is kept by the Residential Coordinator to document use of funds and to maintain receipts." The "Management of Consumer Funds" document also states "Checking accounts are reconciled each month. Notations regarding the date the account was reconciled are then noted in the register as well as on the bank statement." The document also states that "The Accounting Department conducts annual internal audits regarding the finances and financial records of each consumer for whom Bridgeway is the designated payee."

The "Bridgeway Policy Guide" states that "Primarily, a checking account for each individual will be maintained at a local bank and balanced monthly. As feasible, an interest bearing account will be set up for conserved funds." This document states, in a section called "Example Responsibilities Payees Should Never Do" that a payee should never "Use the consumer's money for the payee's personal expenses or spend funds in a way that would leave the beneficiary without necessary items or services." The Policy states that "When writing checks it is not acceptable for the payee to write checks to him/herself or to 'Cash.'" It also states in the Policy Guide, part of the Payee responsibilities for consumers with SSA benefits is to "As feasible, save any money left after meeting the beneficiary's current needs in an interest bearing account or savings bonds for the beneficiary's future needs." Within the guides, there are no mentions of the payee or Bridgeway's role in informing the guardian of monetary transactions. There is also no mention of the central payee method that was described in the interview.

The HRA reviewed the house "Money Tracker" document and there are multiple times where the "Ending Amount" of money on the document exceeds the $40 dollar standard that is set in the policy. Examples are, on 6/11/2010, the ending amounts for the day are $108, $104.79, $104 and 7/20/2009 - 7/24/2009, there are balances of $123, $118, $117, $116, and $115.

The HRA also reviewed the Bridgeway CILA Resident's Rights Agreement which contains Bridgeway's grievance policy. One of the bullet pointed rights reads "I have the right to present a grievance and/or seek assistance in advocating for my rights and this will not result in

the retaliation or barriers to my services." The grievance process is described as a four step process. The first step is to discuss the complaint with a Bridgeway service provider such as the consumer's case manager, therapist, residential manager. The service provider has 5 working days to address the grievance and provide follow-up action. If the grievance is not resolved to the consumer's satisfaction, it will be moved to the next level. The next level is meeting with the Program Director/Administrator to discuss the issue. The Program Director/Administrator then has 5 working days to address the issue and provide a written follow-up. If the grievance is not resolved at that step, then step three involves the Vice President meeting with the Consumer/Guardian. The Vice President will resolve the issue and provide written follow-up within 5 days. If the Vice President does not resolve the issue to the satisfaction of the complainant, then the Chief Executive Officer will meet with the parties involved in an effort to achieve a satisfactory resolution. The Chief Executive Officer will provide a recommended resolution in writing and present it within 5 working days of the meeting. The grievance procedure also states "Grievance decisions made by Bridgeway organization may be appealed with review available under the Illinois Administrative Review Act and any applicable Iowa code as appropriate. You may also have your complaints addressed by outside agencies/authorities as specified in Bridgeway Human Rights forms. Situations which reflect possible abuse or neglect are subject to applicable mandatory reporting requirements, such as the Office of the Inspector General in the state of Illinois." The Bridgeway Human Rights forms that are referenced state "I know I can contact the following groups if I need help in advocating for my rights," and the group list contains names and contact information for the Illinois Guardianship and Advocacy Commission, Equip for Equality, Office of Inspector General, Department of Human Services and the Bridgeway Human Rights Committee. The Rights Agreement also states "I have the right to practice the religion or faith of my choice." This form was signed by the consumer's guardian and a Bridgeway employee. The rights agreement also states "I have the right to practice the religion or faith of my choice."

The HRA also examined documents concerning house staff duties. Some of the duties for the overnight staff include "Sweep and mop upstairs and downstairs every night," "Wash table off in kitchen daily. All sides, legs, and top. Too much crusty food is being left on there," and "Cabinets should be washed nightly with Murphy's Oil Soap. Downstairs only. Upstairs once a week." Duties for the day and evening staff include "Encourage bathing of all Consumers," and "Supervise laundry for whomever is to do laundry. Watch to be sure it is washed and put away correctly." The duty list for the day and evening staff also states "[Consumer's Name] and [Another Consumer] take turns picking what church to go to on Sundays." Also, in the Report to Next Staff Document, there is an All Staff note around the date of 5/4/2010 which states "Everyone needs to be checking nails once a week at a minimum. [A Consumer in the House's Name] has to go to a podiatrist because no one listened to me about checking nails and cut them. I don't have enough time to do it in the mornings. So per [Bridgeway Staff Member's Name] it needs to be done."

The HRA reviewed documents that dealt with presciptions, PRNs, doctor's appointment summaries, written prescriptions that were kept on file by Bridgeway, RN On-Call notes, and other medical documentation regarding the consumer.

The HRA examined a daily care record log for the consumer. The log had actions such as bath/shower, washed hair, shaved face, applied deodorant, and brush teeth/gums and each item is to be checked upon completion as well as initialed by the staff member who assisted with the action. All actions where completed on the logs received and reviewed by the HRA.

That HRA also reviewed an example of an internal audit that is randomly completed by Bridgeway. The audit covers inspections of house petty cash, consumer petty cash, link cards, consumer files, and checkbook and receipts. The audit reviews the different areas and writes a short summation of findings. In an audit dated 9/25/2009 and 10/1/2009, in the checkbook and receipts section, it is stated that "Per our conversation with [accounting staff person], she was told that we do not need to keep copies of receipts for checks that were written directly to places such as Wal-mart. However, she was keeping receipts for any large purchased [sic] that were made by consumers."

The HRA reviewed an IDT meeting dated 4/17/2008 which states that the IDT team agreed on "[The Consumer's Name] will no longer have 2 hours of alone time at home or in the community. [The Consumer's Name] is to have staff supervision at all times due to safety and behavioral issues. [The Consumer's Name] may ride the bus to and from work alone." The same document also states that "[The Consumer's Name] will be riding the train 1x a month. [Consumer's Guardian] will let [Staff Member] or [Staff Member] know which day he will be doing this. On the day of the trip, his friend, [Friend's Name] will pick him up at the house, take him on the train, walk to breakfast with him then ride with him back on the train. She will then bring him back to Bridgeway and sign him in." On the most recent Consumer Centered Plan, dated 2/11/2010 through 8/10/2010, it states "[Consumer's Name] only complaint was that he would like to ride the city bus alone. Staff reminded him that he was unable to do this due to him not getting off at the appropriate stop and not coming home immediately after getting off the bus. [Consumer's Name] however continues to earn trips to ride the train to Galesburg and to take trips to Chicago."

MANDATES

The HRA researched state and federal mandates in accordance with the complaints raised within this report. The Illinois Administrative Code (59 Ill. Admin Code 115.250 5) regarding Standards and Licensure Requirements for Community-Integrate Living Arrangements states "Every individual receiving CILA services has the right to be free from abuse and neglect.", which, under the Mental Health Code, is defined as the failure to provide adequate medical or personal care or maintenance that results in mental or physical injury or the decline in a recipient's condition (405 ILCS 5/1-117.1). The Administrative Code also states "A physician shall be responsible for the medical services provided to individuals, and the management of individual medications" (59 Il Admin Code 115.240 a). The Code requires that "All services shall be provided by appropriately trained employees, operating under the supervision of qualified clinical professionals" (Ill. Admin Code 115.320 7 B). The Code documents that "Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate" (59 Ill. Admin Code 115.200 C) and "Cumulative case records including an individualized service plan shall be

maintained for each individual" (59 Ill. Admin Code 115.320 1 A). The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) requires that "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 and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient."

The Mental Health Code also states that "No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services" (405 ILCS 5/2-100 a)

The Illinois Administrative Code states that "All direct service employees and any other compensated persons, regardless of staffing model, shall receive training and demonstrate competence as documented in employee records in the following training areas" and the list goes on to state some of the training areas such as "Concepts of treatment, habilitation and rehabilitation including behavior management, normalization, age appropriateness and psycho-social rehabilitation depending on the needs of the individuals served or to be served" and "Development and implementation of an individual integrated services plan" (59 Ill. Admin Code 115.320 d 1 & B & I).

The Illinois Administrative Code requires that "The agency shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the agency's management structure, up to and including the authorized agency representative. The agency shall ensure that employees demonstrate their knowledge of, and follow, such policies and procedures. Unusual incidents shall include, but are not limited to, the following …" (59 Ill. Admin Code 115.320 g 1). The Code lists some examples of unusual incidents as sexual assault; abuse or neglect; death; physical injury; assault; missing persons; theft; and criminal conduct.

The same section requires that "Within 24 hours of occurrence the agency shall report any incident which is subject to the Criminal Code of 1961 [720 ILCS 5] to the local law enforcement agencies" and "The agency shall ensure that suspected instances of abuse or neglect against individuals in programs which are licensed by the Department are reported to the Office of Inspector General" (59 Ill. Admin Code 115.320 g 3).

Office of the Inspector General Rule 50 states that "If an employee witnesses, is told of, or suspects an incident of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or a death has occurred, the employee, community agency or facility shall report the allegation to the OIG hotline according to the community agency's or facility's procedures" (59 Il Admin Code 50.20).

The Mental Health Code states that "A recipient of services may use his money as he chooses, unless he is a minor or prohibited from doing so under a court guardianship order. A recipient may deposit or cause to be deposited money in his name with a service provider or financial institution with the approval of the provider or financial institution. Money deposited

with a service provider shall not be retained by the service provider. Any earnings attributable to a recipient's money shall accrue to him" (405 ILCS 5/2-105).

Regarding grievances, the Illinois Administrative Code states that "Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the agency and other service providers up to and including the authorized agency representative" (59 Ill. Admin Code 115.250 6).

In regards to the complaint regarding cleaning, the Illinois Administrative Code states "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 6 A) and "Living arrangements shall be free from vermin" (59 Il. Admin Code 115.300 6 B).

The Federal Social Security mandates state that, in regard to organizational representative payees and the conservation of their Social Security benefits that "(a) General. If payments are not needed for the beneficiary's current maintenance or reasonably fore-seeable needs, they shall be conserved or invested on behalf of the beneficiary. Conserved funds should be invested in accordance with the rules followed by trustees … (b) Preferred investments. Preferred investments for excess funds are U.S. Savings Bonds and deposits in an interest or dividend paying account in a bank, trust company, credit union, or savings and loan association which is insured under either Federal or State law … (c) Interest and dividend payments. The interest and dividends which result from an investment are the property of the beneficiary and may not be considered to be the property of the payee" (20 CFR 416.645). The Mandate also states that "(a) A representative payee who misuses your benefits is responsible for paying back misused benefits. We will make every reasonable effort to obtain restitution of misused benefits so that we can repay these benefits to you. (b) Whether or not we have obtained restitution from the misuser, we will repay benefits in cases when we determine that a representative payee misused benefits and the representative payee is an organization or an individual payee serving 15 or more beneficiaries. When we make restitution, we will pay you or your alternative representative payee an amount equal to the misused benefits less any amount we collected from the misuser and repaid to you. (c) Whether or not we have obtained restitution from the misuser, we will repay benefits in cases when we determine that an individual representative payee serving 14 or fewer beneficiaries misused benefits and our negligent failure in the investigation or monitoring of that representative payee results in the misuse. When we make restitution, we will pay you or your alternative representative payee an amount equal to the misused benefits less any amount we collected from the misuser and repaid to you" (20 CFR 416.641 a b c). The Social Security mandates also require that "Your representative payee must account for the use of your benefits … Your representative payee should keep records of how benefits were used in order to make accounting reports and must make those records available upon our request." (20 CFR 416.665). The Social Security regulations also require that your representative payee has the responsibility to "Use the benefits received on your behalf only for your use and benefit in a manner and for the purposes he or she determines under the guidelines in this sub-part, to be in your best interests" (20 CFR 416.635).

CONCLUSION

Complaint #1 and #3 and #5 - Bridgeway does not follow physician or chart orders, including orders related to special diets, care and protocol for constipation, dental care, and exercise programs, Bridgeway provides inadequate nursing oversight in monitoring the resident's health needs, and Bridgeway residents do not receive adequate nutritional oversight.

The complaint states that Bridgeway does not follow physician or chart orders, including orders related to special diets, care and protocol for constipation, dental care, and exercise programs. In regards to the dental care, a 4/7/2008 document from the consumer's dentist states that the consumer has 100% plaque index and he hopes that keeping the consumer's teeth cleaner will reduce cavities and periodontal disease. This is after a 2007 dental evaluation that states the consumer "Needs help brushing daily." Also, an internal investigation from 5/30/2008 states that the former house manager thought that her staff were not brushing the consumer's teeth the correct way. The dental reports do improve with an evaluation from 9/23/2009 stating that the consumer's gum tissue is normal and the teeth show evidence of proper brushing and another report stating "Good job with brushing." Also, in the internal investigation cited in this report, a former house manager states that she enforced brushing policies but realized that her staff were possibly still not brushing the consumer's teeth correctly.

In reviewing water intake logs, there are days in April 2010 and May 2010 where the consumer's water intake was below the 64 ounces of water that was established in the Consumer Centered Plan that has a date of 2/11/2010 through 8/10/2010. Multiple documents state that the consumer should have 4 to 5 bottles of water per day such as the Consumer Center Plan, QMRP reports, and even notes written on water intake logs, but the water intake was not consistent. In reviewing new water intake logs, the occurrences of the consumer were more consistent than older logs that were reviewed. Also, the water intake logs were not filled out consistently, with some staff members using metric measuring systems, times not accurately being logged, and the measurement of "2 bottles" being used at times rather than numerical measurements. In reviewing the staff logs, notes are left that indicate that the staff are not following directions to give the consumer water, although this direction was refuted as coming from the guardian rather than actual evidence.

In regard to the request that the RN be informed if the consumer has not had a bowel movement in 2 days not being followed, the Staffing Sign-In Sheet from 11/24/2009 states that the RN should be informed if the consumer does not have a bowel movement in 2 days. In reviewing Nurse On-Call Reports from 4/24/2010 the RN asks why the staff was calling after 2 days and informs them that they have to notify her after 3 days, which differs from the Consumer Centered Plan and the request on the staffing sheet. On another On-Call sheet dated 3/4/2010, it states that the staff called the RN after 3 days. There are other On-Call sheets reviewed that state the staff called within the 2 day request. Also, on the bowel movement chart, there are days not accounted for.

As to the exercise order not being followed, during the interview, the staff stated that there is no exercise plan in place but they do try to get the consumer to exercise. In the March 2010 QMRP review, it is stated that the consumer walking on the treadmill was discontinued (although on the same review it is stated that the walking on the treadmill was being done for the

month) and that the consumer exercise goal in the month of March was not done. A physician's order on 4/7/2008 states that the consumer needs to exercise more and suggests walking 3 times a week and another physician's order also states that the consumer needs to exercise 3 times a week. It is also stated in the consumer's Consumer Centered Plan that the consumer needs to walk but refuses to walk during the allotted times in the morning. The records indicate that the consumer was walking on a treadmill at times, before the goal was discontinued, but not completing his exercise goal or walking goal from the plan.

In regard to the special diet, the HRA saw diet information hanging in the kitchen of the consumer's CILA and received copies of these notes and instructions that were reviewed in the record review section of this report. The HRA also reviewed nutrition screenings, nursing input on the Consumer Centered Planning Meeting, and were told by staff that they try to follow the diet and only give foods that are approved by the guardian.

In regard to consumer riding the train alone, an IDT meeting document was reviewed that indicated the consumer was able to ride the train alone, as well as received 2 hours of community time alone during the day. The most recent Consumer Centered Plan states that the consumer is no longer allowed to ride the bus alone, which he was allowed in the IDT meeting document, and the consumer does earn train trips but, in accordance with the previous IDT, these trips must be with a designated person.

In regard to Bridgeway staff switching to a doctor that was unwanted by the guardian, the internal investigation document states that a staff member did admit to disliking the guardian's choice and trying to resume services with the consumer's former doctor. The HRA did not review any evidence that this action is currently occurring or has occurred since the internal investigation.

Due to the fact that records indicate that dental chart orders, protocol for constipation, and exercise orders were not followed, the HRA finds this complaint **substantiated** but does note that this complaint is not substantiated in regards to Bridgeway following the consumer's special diet and nutritional oversight. The HRA also notes that the consistency of teeth brushing seems to be satisfactory at this time and there are no recommendations because the matter has been resolved. The HRA makes the following recommendations:

- **Follow the exercise plan per the physician's orders for the consumer and include a process that documents that the plan has been completed per the physician's orders.**
- **Create a consistent method of filling out daily logs for water intake, bowel movements and exercise.**
- **Ensure the consumer is offered 64 ounces of water a day per the Consumer Centered Plan.**
- **If the consumer has not had a bowel movement in 2 days, contact the RN and add this rule to the Consumer Centered Plan.**

Complaint #2 - Bridgeway provides inadequate accounting and oversight of a resident's personal funds. Examples include staff stealing funds from the resident and the stolen

funds were not reimbursed, funds are kept in an envelope rather than being placed in an interest bearing account, and residents/guardians are not kept apprised of fund balances, disbursements and receipts.

The complaint states that Bridgeway provides inadequate accounting and oversight of a resident's personal funds, including staff stealing funds from the resident, stolen funds not being reimbursed, funds kept in an envelope rather than being placed in an interest bearing account, and residents/guardians not being kept apprised of fund balances, disbursements, and receipts. During the staff interview, it was stated that all Social Security Money is put into an account but money received from a paycheck is cashed and put into an envelope in the CILA house and the rest goes into a locked filing cabinet in the Bridgeway office. This is also backed up in the policy manual called "Management of Consumer Funds." At the time of the interview, it was stated by the house manager that the consumer currently had $75 dollars at the house and $375 in the locked cabinet. It was stated that this was discussed with the guardian who was okay with this arrangement but it is also in violation of the Bridgeway policy for fund management.

The Social Security requirements state that they would prefer all money not used for bills to be invested or put into an interest bearing account by the payee. During the interview, the staff accountant stated that Social Security money is not being placed in an interest bearing account but rather an account that does not accrue any interest. The Bridgeway Policy Guide also states that "As feasible, an interest bearing account will be set up for conserved funds."

Also, a Bridgeway investigative report dealing with the consumer's account states that the Bridgeway staff member who had previously been handling the consumer's finances had written checks to herself for $400 and that it was for a trip the house manager had taken with the consumer. There were no receipts found regarding the trip and the house manager stated that the receipts were given to the consumer's mother. Bridgeway policy specifically states that the payee should never write checks to themselves or to "Cash." Also, the investigation stated that it was hard to attach receipts to any of the checks in the house at that time. Due to the fact that Bridgeway did not follow its own policy, as well as not follow Federal policy for representative payee standards, the HRA finds this complaint **substantiated,** although the HRA cannot confirm or deny that a former staff person stole funds from the resident**.** The HRA would like to note that Bridgeway has changed its representative payee process from multiple staff handling funds at its Macomb office to one staff person. The staff member identified in the complaint has been terminated from the organization; therefore the HRA feels as though part of this complaint has been resolved and offers no recommendations regarding the misappropriation of funds. The HRA makes the following **recommendations**:

- **Follow Bridgeway guidelines for the amount of money to be present for each consumer within the CILA house at any given time and do not exceed that amount of money.**
- **Follow Social Security regulations for reimbursing money when there are financial misuses.**
- **As per the Social Security regulations, keep copies of receipts for all purchases made by the consumer, regardless of where the check was written and for what amount. The action of not keeping all receipts may lead to the facility missing possible misuse**

of consumer funds. If it is found unreasonable to keep receipts of minor purchases, work out a system in which receipts are kept of a certain dollar amount and over (eg. Keep only receipts on checks for $10 or more).

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

- **All consumers with excess funds from their Social Security should have money put into an interest bearing account per Social Security recommendations and Bridgeway policy.**
- **Create documentation that needs signed on admission that asks each consumer/guardian how they would like their wage money handled and if the consumer/guardian would like that money placed into an interest bearing account.**

Complaint #4 - Bridgeway provides inconsistent resident care due to staff turnover and lack of follow-through on care, grooming and programming needs.

The complaint states that Bridgeway provides inconsistent care due to staff turnover and lack of follow-through on care, grooming and programming needs. In regards to the complaint that this inconsistent care is due to staff turnover, the staff admitted during the interview that they are trying to decrease turnover by hiring less student staff. They stated that now their staff is only 50% students and the turnover has decreased significantly. Also, during the internal investigation cited in this report, the staff state that Bridgeway hires a lot of college student who are not committed. Even with the suggestions that there is turnover due to the hiring of college students and the college student hires are not always committed, the HRA has not found sufficient evidence that inconsistent care is due to staff turnover and finds this aspect of the complaint **unsubstantiated**.

The issue regarding lack of follow-through on care is covered in the substantiation of complaints #1, #3, and #5 above. In regard to the lack of follow through on grooming and programming needs, the staff stated that they check the consumers before they leave the house and also check when they arrive at the day program. They also encourage the consumers to shower and clean while at the house. The HRA also observed the consumer's house and saw that it was a clean living situation. Due to the fact that Bridgeway does make efforts to ensure the consumer's grooming, the HRA finds this section of the complaint **unsubstantiated.** The HRA does offer the following suggestion:

- Create a grooming checklist for when a consumer leaves the house that documents daily checks.

In regard to the programming needs, the complaint states that consumers are not allowed to attend the church that they would like to attend and are not allowed to participate in parades due to confidentiality. The staff stated that members of the house who attend church get to pick their church every other week and they also have the option of going to a church with another house if there is room. The Mental Health Code clearly makes provisions for following the religious beliefs of consumers (405 ILCS 5/2-102 b) and also states that "No recipient of services

shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services" (405 ILCS 5/2-100 a). The Bridgeway Rights Policy also dictates that the consumer has the right to " … practice the religion or faith of my choice." However, the HRA has found no evidence that the Bridgeway consumers are not satisfied with the churches that they are currently attending. The Bridgeway staff said that consumers could participate in a parade if they wanted to but thought that they would not have a Bridgeway parade float or have a Bridgeway presence in a parade. Due to the fact that the HRA has no evidence that the consumers are not satisfied with the religious services they attend, that Bridgeway does make efforts to check the consumer's grooming, and that Bridgway allows participation in parades outside of a Bridgeway presence, the HRA finds this complaint **unsubstantiated**. The HRA offers the following **suggestions**:

- Create a means for each consumer to be transported to the church of his/her choice whenever the consumer would like to attend an available service.
- If a consumer chooses to attend the same church weekly, Bridgeway should provide the means to the consumer to attend that church.
- Ensure that consumers are aware of their rights to attend the religious service of their choice and that they do not have to choose between churches offered by Bridgeway.
- Create an agenda between the houses as to which church they are attending that week, based off the consumers' preferences, and offer these church going options to the consumers. Ensure that each consumer knows which church service is available to them on a weekly basis
- Consider engaging volunteers from area churches who might assist in getting residents to church.

Complaint #6 - Staff falsely document care provisions.

The complaint states that the staff falsify documentation on the water intake logs. When the house manager was asked about the possible falsification, she stated that she did not think the staff were falsifying the documents and that she trusted the staff. She also stated that they had no way to monitor the staff members to see if they were falsifying the documents but they did audit the documents by checking the water intake at the day program. Due to the fact that the HRA found no evidence that Bridgeway staff are falsifying water intake documents, the HRA finds the complaint **unsubstantiated** but offers the following suggestion:

- Conduct random audits on the water intake log for the entire day and document the findings. This should be a continual random audit and the staff should know that they are occurring, just not when they will occur.

Complaint #7 - There is a lack of staff monitoring, supervision and accountability.

The complaint states that there is a lack of staff monitoring, supervision and accountability. The HRA reviewed a document indicating that Bridgeway conducted an internal investigation regarding a house manager's inadequate care of a consumer and found the complaints substantiated. That employee was subsequently terminated because of the

substantiated complaints. The HRA also found instances in the staff logs for the consumer's CILA where the house manager clearly indicated written directives concerning care and the repercussions that could occur due to the staff not following the directives (see staff log entry 5/7/29010 in record review). Also, in regard to the financial aspects of this complaint, the staff stated they have changed the way the representative payee process works after the complaint regarding the consumer's finances was resolved. They moved from multiple staff to one staff person handling payee funds for the Macomb consumers. Also, the accounting staff do internal audits on the accounting. Due to the actions that Bridgeway has taken in monitoring, supervising, and holding their staff accountable for their actions, the HRA finds this complaint **unsubstantiated** and offers no suggestions.

Complaint #8 - Bridgeway does not adequately respond to resident/guardian grievances. Bridgeway fails to report instances of neglect and abuse, including financial abuse, to the appropriate authorities.

The complaint states that Bridgeway does not have an adequate grievance process and fails to report instances of neglect and abuse to the appropriate authorities. In regard to the grievance process, the HRA reviewed the four step grievance process that is presented to the consumers and guardians along with the consumer's rights and found the process to be constructed in a manner where grievances can be properly monitored. The staff did admit that grievances were sometimes handled verbally or through email and not documented in a case file but they felt that the issues seemed like a simple fix that did not need logged. The staff admitted that in retrospect, the grievances should have been logged and also stated that grievances were handled this way maybe 3 times over the last two years. The staff also stated that they started another grievance process for house staff where, if they were approached by a guardian, they could log a grievance to pass along to the administration to ensure that the grievance was communicated. Also, Bridgeway stated that they did not inform OIG regarding the professional misconduct with the house manager who wrote checks to herself from the consumer's account. Although, in accordance with OIG documentation from Rule 50 training materials, OIG began covering financial abuse in 2009, and the investigation regarding the matter occurred in 2008. Also, the HRA found no evidence that the police were notified of the situation involving the alleged financial abuse, and, considering that there was a possibility that the money was stolen, the police should have been alerted to conduct an investigation on the possible theft. The Illinois Administrative Code states "The agency shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the agency's management structure, up to and including the authorized agency representative. The agency shall ensure that employees demonstrate their knowledge of, and follow, such policies and procedures. Unusual incidents shall include, but are not limited to, the following …" (59 Ill. Admin Code 115.320 g 1). The Code lists some examples of unusual incidents as sexual assault; abuse or neglect; death; physical injury; assault; missing persons; theft; and criminal conduct. OIG did not specify that they investigate financial exploitation until the year 2009 and the incident regarding the exploitation occurred in 2008. Although Bridgeway has a well constructed grievance process in place and has even improved on that process by adding communications between the house staff and administration, the HRA finds this complaint **substantiated** due to the fact that not all grievances are being logged. The HRA also feels that although the situation was not considered abuse or neglect by Bridgeway, and OIG did not cover

financial abuse at the time, the incident could have been reported to OIG as possible abuse due to the nature of the relationship between the staff member and the consumer, or possibly reported to the police due to the fact that money was missing from the consumer's account. The HRA makes the following recommendations:

- **Ensure that all grievances are being handled according to the Bridgeway grievance policies.**
- **Follow statutes regarding reporting incidents to the proper authorities.**

RESPONSE

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

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 10-090-9030

SERVICE PROVIDER: Bridgeway, Inc.

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

IMPORTANT NOTE

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

We ask that the following action be taken:

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

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

____ No response is included.

NAME

CEO/PRESIDENT

TITLE

12-16-2010

DATE

BRIDGEWAY

December 20, 2010

Steven Watts, Chairperson
Regional Human Rights Authority
5407 North University, Suite 7
Peoria, IL 61614

Re: Human Rights Authority Case #10-090-9030

Dear Mr. Watts:

Bridgeway is responding to the Human Rights Authority Report of Findings in the above referenced case involving the complaints [redacted] The [redacted] has been receiving services from our organization for over 30 years and up until the time that the [redacted] assumed [redacted] approximately three years ago, this consumer and the previous [redacted] appeared to be well satisfied with our services.

Bridgeway has a long and proud history as a human service provider having served our communities for over 120 years. We currently provide services to 36 consumers in our C.I.L.A. residential sites and there is a high level of satisfaction from consumers, families and guardians. Bridgeway has developed a full continuum of supported housing service options for persons with developmental, physical and psychiatric disabilities and we are now serving approximately 170 individuals with disabilities in our 20 Bridgeway group homes and apartment settings. Bridgeway received a 97% score from our most recent C.I.L.A. Bureau of Accreditation and Licensure and Certification survey, reflecting a high level of compliance. We have an outstanding record of service excellence as evidenced by receiving an exemplary conformance to CARF standards from our national accrediting body which referenced our commitment to consumers by providing "quality housing services."

Over the past year the current [redacted] has made numerous complaints to various external entities expressing dissatisfaction with our services. This includes to the Office of the Inspector General, who thoroughly investigated the complaints and determined they were "Unfounded." The [redacted] has been reluctant to work in partnership with the Interdisciplinary Team and to follow our professional recommendations. Any issue that has been brought to our attention has been evaluated and the team has worked toward a positive resolution of any identified problem. The attached Written Response reflects our plan of action related to the substantiated findings and recommendations of the Human Rights Authority. We strongly disagree with HRA's substantiated findings. Our attached response sets forth what our policies and practices are and what we are doing. Since Bridgeway is committed to continuous quality improvement, we have also included

❑ 2323 Windish Drive, Galesburg, IL 61401 • (309) 344-2323 • FAX (309) 344-2200 ❑ 900 S. Deer Road, Macomb, IL 61455 • (309) 837-4876 • 1-800-475-4226 • FAX (309) 833-1531
❑ 137 East College Street, Kewanee, IL 61443 • (309) 852-4331

our response to HRA's suggestions. Our positive solution-directed approach will continue to be our course of action in serving our clients.

It should also be noted that senior management, including myself, has offered to meet with this [redacted] in an effort to resolve [redacted] issues but [redacted] has consistently refused our offers. Bridgeway's mission is to create solutions in partnership with our consumers, guardians, and family members and we have always taken pride in living our mission. Also of note is the fact that the consumer identified in this complaint has been moved by the [redacted] to an out of state placement as of December 7, 2010. The [redacted] has moved the client to [redacted] left his Bridgeway family of more than 30 years to be placed in a state where the [redacted] has not moved yet and [redacted] is hundreds of miles from [redacted] We are deeply saddened that this is how the [redacted] has chosen to take care of [redacted] given that for almost three decades [redacted] had the utmost faith in our care and had no complaints.

Sincerely,

James H. Starnes
CEO/President

SERVICE PROVIDER'S WRITTEN RESPONSE	RESPONSIBLE PERSON(S)	DATE
Bridgeway disagrees strongly with the substantiated findings as we already have policies, practices, and protocols in place that address the issues outlined in the HRA Report. The [redacted] complaints and HRA recommendations are outlined below with our Bridgeway Response and existing Plans of Action.		
1. Complaints regarding complying with fluid intake, protocol for constipation, and exercise orders: • Follow the exercise plan per the physician's orders and include a process that documents that the plan has been completed per the physician's order.		
Bridgeway Response/Plan of Action: Physician orders for exercise plans are reviewed by the team nurse and entered into the nursing notes to be reviewed at the bi-weekly Coordinator meeting. Interdisciplinary Team members also review the physician order and, as appropriate, gain the guardian's approval for implementation of the order. In this specific case, the exercise order was entered on the Staff Directed Services (SDS) form (attached) where implementation of the order is documented daily by the residential staff. The exercise order is also documented in the CILA resident's Consumer Centered Plan (CCP) in the Staff Directed Services section. The Residential Coordinator then ensures that staff are implementing the order. In addition, the Qualified Support Professional (QSP) overseeing the CCP, reviews the SDS sheet at the end of each month. The QSP brings any issues to the Residential Coordinator for follow up.	Registered Nurse Residential Coordinator Qualified Support Professional	This is now occurring
• **Create a consistent method of filling out the daily logs for water intake, bowel movements, and exercise.**		
Bridgeway Response/Plan of Action: These methods have been created and/or modified to meet this particular consumer's needs and these kinds of tracking forms have been used for all CILA consumers for which we need to track this kind of data for many years. Forms are in place for fluid intake and bowel movement tracking. Exercise Plans are tracked on the Staff Directed Services form (see response above).	Registered Nurse Residential Coordinator Qualified Support Professional	This is now occurring
• **Ensure the consumer is offered 64 ounces of water a day per the Consumer Centered Plan.**		
Bridgeway Response/Plan of Action: Bridgeway staff consistently ensured that this consumer was well hydrated. He was given adequate supplies of liquids, including water. There has never been any indication from health care professionals that he was dehydrated until recently when the [redacted] gave [redacted] a double dose of his antihistamine. This medication has now been reduced.	Registered Nurse Residential Coordinator Qualified Support Professional	This is now occurring

Bridgeway will continue to implement a Monthly Fluid Intake Form for those consumers who the physician has specifically written an order to measure their fluid intake. Consistency of documentation has been addressed and all staff are documenting using the same measurement. (See Monthly Fluid Intake form).		
• **If the consumer has not had a bowel movement in 2 days, contact the RN and add this rule to the Consumer Centered Plan.**		
Bridgeway Response/Plan of Action: This directive is in the identified consumer's CCP and is documented on the nursing input sheet which is attached to the CCP. This information is also tracked by the Nursing On Call progress notes and the frequency of BM's is tracked daily on the BM Tracking form. (See attachment). It is Bridgeway's general practice to notify the nurse when a consumer has not had a bowel movement for 3 days and this will continue to be our practice unless a physician's order identifies a different timeframe.	Registered Nurse Residential Coordinator Qualified Support Professional	This is now occurring
2. Complaint regarding inadequate accounting and oversight of a resident's personal funds.		
• **Follow Bridgeway guidelines for the amount of money to be present for each consumer within the CILA house at any given time and do not exceed that amount of money.** • **Managing Social Security funds in excess of $150.** • **Managing wages in excess of $150.** • **Follow Social Security regulations for reimbursing money when there are misuses.** • **Maintain copies of receipts for all purchases.**		
1) Bridgeway Response/Plan of Action: Staff have been informed that a maximum of $40 may be kept at the CILA house for each consumer per our Bridgeway guidelines The Residential Coordinator is monitoring the funds on a weekly basis to ensure that the amount does not exceed $40. There may be special circumstances when more than $40 will be kept at the CILA home for special outings as approved by the guardian/family/payee. This will be documented, the money secured, and receipts maintained.	Residential Coordinator	This is now occurring
2) Bridgeway Response/Plan of Action: Consumer Social Security funds in excess of $150 may be placed in an interest bearing account if the consumer and/or guardian or family desires this action. The Macomb representative payee is working with consumers and guardians to address this with the use of prepaid burials, trusts, and savings accounts for the Macomb consumers. SSA has been notified of these accounts on the annual payee	Bridgeway Representative Payee (Coordinator of Community Support Services)	This is now occurring

reporting forms.		
3) Bridgeway Response/Plan of Action: For consumers earning wages, the consumer and guardian, as applicable, are asked how they want this money handled and if they desire Bridgeway assistance in helping to manage these funds. They will now be asked if they desire the wages to be placed in an interest bearing account. A form has been developed to assist with this process. (See attached)	Qualified Support Professional Staff Bridgeway Representative Payee (Coordinator of Community Support Services)	To begin in January 2011 for new intakes and for current consumers at the CCP meetings
4) Bridgeway Response/Plan of Action: Bridgeway complies with Social Security regulations and reimburses money when there are financial misuses. Any staff misconduct related to misuse of funds is investigated and OIG contacted if any suspicion of financial exploitation may have occurred. Legal authorities may be notified and administrative action may also occur dependent on the situation.	Bridgeway Management Staff	Ongoing
5) Bridgeway Response/Plan of Action: At the time of the audit and continuing through the present date, the Macomb representative payee has kept receipts for purchases that the consumers have made. Receipts for purchases will continue to be maintained with the realization that some consumers may not comply with this guideline.	Bridgeway Representative Payee (Coordinator of Community Support Services)	Ongoing
3. Grievances to be handled according to Bridgeway grievance policies and follow statutes regarding reporting incidents to the proper authorities.		
Bridgeway Response/Plan of Action: CILA staff have been recently retrained regarding the handling of complaints and grievances and the need for management staff to review all complaints/grievances and log these on the Complaint/Grievance Log (attached).	Director of Rehabilitation and Residential Services	Completed
Staff will continue to receive new employee and annual retraining on Reporting of Abuse, Neglect and Critical Incidents. This training will include following statutes regarding reporting incidents to proper authorities.	Director of Staff Training and Development	Ongoing
It is noteworthy that at the same time that the Human Rights Authority was conducting their investigation of the complaints [redacted] had made similar complaints to the Office of the Inspector General (OIG), the state oversight authority we report to regarding allegations of abuse and neglect. OIG conducted a thorough investigation concurrently and found the allegations by this [redacted] as "unfounded."		
These investigations raised issues that we have already addressed or are now addressing. It is our firm belief that the issues identified in the HRA Report were in no way handled improperly by our staff. We recognize the value of receiving feedback and challenging ourselves to improve our services. In line with our positive problem solving approach, staff have developed creative ways to address some of these concerns and thereby enhance our services.		

Continuous quality improvement is a strong value and practice of our organization. **We are addressing the HRA "suggestions" in the following manner:** **4. Bridgeway Response/Plan of Action on Suggestions:**		
• Grooming: The Bridgeway Daily Care Record (attached) is already utilized daily to help ensure proper grooming and grooming deficits may also be addressed in the Consumer Centered Plan on an individual need basis. Refresher staff training will be conducted to address grooming, personal appearance and daily care needs.	Director of Rehabilitation and Residential Services	To be completed by March 1, 2011
• Spiritual Needs: Bridgeway consumers' spiritual needs are addressed in service planning meetings on an individual basis. These needs and desires, when identified, are regularly met and we have received no complaints about this issue. In reference to the HRA suggestion regarding ensuring that residential consumers desiring to attend a church service of their choice have support to do so, we have decided to take this additional action. All CILA consumers will be surveyed over the next month to learn if they desire to attend a place of worship and if they have a church preference. The Residential Team will then work out a plan to support their desires as feasible. Utilizing natural supports and community resources will be explored.	Director of Rehabilitation and Residential Services Interdisciplinary Team Qualified Support Professionals	Survey completion by February 1, 2011 with identified spiritual needs addressed at CCP meetings and through a residential church schedule
• Auditing of Tracking Logs: Regular audits of residential logs (fluid intake, exercise, daily care, etc) are done as part of the monthly Qualified Support Professional (QSP) review process. Staff are aware that this quality review check is being done on a monthly basis. Failure of staff to comply with this required documentation can lead to disciplinary action.	Qualified Support Professionals Human Resources and Management Staff	This is now occurring
Regarding HRA Case No. 10-090-9030 **Bridgeway, Inc.** **James H. Starnes** **CEO/Executive Director** **Sandra L. Wood** **Senior Vice President** **Authorized Representative** **December 20, 2010**		

BRIDGEWAY

STAFF DIRECTED SERVICES / ADVOCACY PROGRESS

NAME _____ MONTH _____ YEAR _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials:																															
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Prior to an absence, staff will provide family members with information on behavioral programming, medications, expectations on training, and who to contact if they should need assistance. Upon return, staff will need to document any significant information family members should have about the absence.																															
Initials:																															

DAILY CODE

+ indicates service was provided

A indicates client was absent

- indicates service was not provided

O indicates service was not needed

SIGNATURE LEDGER

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

BRIDGEWAY

Monthly Fluid Intake

Consumer: Brand Kingery Month/ Year:

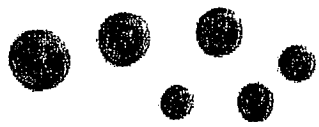
Day	8AM – 3PM	3PM – 11PM	11PM – 8AM

Comments:

Brand's Bowel Movement Tracking

Date	Time	Type (use type chart)	Size	Comments	Staff

How Staff can Analyze Stools:



Type 1: Stools appear in separate, hard lumps, similar to nuts. Type 1 stools remained in the colon the longest amount of time; a sure sign you're constipated; most common stools.

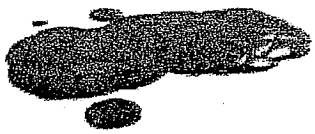
Type 2: Stools are sausage-like in appearance but lumpy. Indicate constipation and need for intestinal cleansing

Type 3 (Normal): Stools come out similar to a sausage but with cracks in the surface.

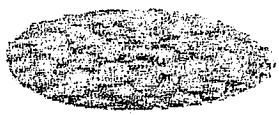
Type 4 (Normal): Stools are smooth and soft in the form of a sausage or snake.

Type 5: Stools form soft blobs with clear-cut edges, and easily pass through the digestive system. Soft diarrhea, it may indicate a possible risk for bowel disease; also indicate need regular intestinal cleansing.

Type 6: Stools have fluffy pieces with ragged edges. Considered mushy stools, they indicate diarrhea; and that need regular intestinal cleansing.



Type 7: Stool is mostly liquid with no solid pieces. Passed quickly through the colon; is indicative of severe diarrhea possibly as a result of a viral or bacterial infection. May need to see a provider if diarrhea does not stop in 24 hours.



Type 8: Stool has a mucous-like consistency, with bubbles and a foul odor (sprayed out). This may indicate unsafe amounts of alcohol and/or recreational drugs.

Management of Consumer Wages for Individuals Living in a CILA

If _____'s paychecks are over $50, then ½ of the total will be deposited into a bank account to assist with paying for care. The other half of the paycheck as well as the first $50 earned, will be handled in the following manner:

Initial which option (s) is preferred:

____Kept available and double locked in the Residential Coordinator's office with $40 available for personal spending kept secured at the home for use. Receipts will be kept for all monies spent from this fund and documentation of how money was spent will be recorded on an expenditure sheet.

____Kept in an interest bearing account that the consumer can access during banking hours.

____ Consumer will be allowed to carry any money from wages on his/her person for spending at times of their choosing.

If the consumer is not allowed to carry all monies from wages, then please indicate below the amount that they should be given to the consumer each week:

____ Consumer will be allowed to have $_____ to carry on them for personal spending and the rest will be secured as indicated above.

_____

Consumer/Date

_____

Guardian/Date

_____

Bridgeway Staff/Date

BRIDGEWAY
Complaint/Grievance Log

The Complaint/Grievance Logs are maintained by individual Management Staff for the annual tracking and analysis of complaints and/or grievances submitted on Consumer Grievance or Complaint Resolution Forms.

The completed individual Complaint/Grievance Forms shall be submitted to the Service Vice President for review.

Consumer Name	Date Incident Occurred	Date Complaint Received	Specify: Complaint or Grievance	Brief Summary of Complaint/Grievance	Date Resolved

BRIDGEWAY DAILY CARE RECORD

NAME_____ MONTH_____ YEAR_____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Bath/Shower	AM																
	Initials																
	PM																
	Initials																
Washed Hair	AM																
	Initials																
	PM																
	Initials																
Shaved	AM																
	Initials																
	PM																
	Initials																
Applied Deodorant	AM																
	Initials																
	PM																
	Initials																
Applied Lotion	AM																
	Initials																
	PM																
	Initials																
Applied Cologne	AM																
	Initials																
	PM																
	Initials																
Brushed Teeth/Gums	AM																
	Initials																
	PM																
	Initials																
Nail Care	AM																
	Initials																
	PM																
	Initials																
Turn (every 2 hours)	AM																
	Initials																
	PM																
	Initials																

Daily Code

+ Indicates service was provided

- Indicates service was not provided

0 Indicates service was not needed

R Indicates service was refused

Signature Ledger

_____

_____

_____

_____

CR94-18