FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 23-100-9006
ELGIN MENTAL HEALTH CENTER

Introduction
On November 1, 2022, The North Suburban Regional Human Rights Authority voted to open a investigation into a complaint into the care and services received by a recipient at Elgin Mental Health Center (EMHC). The specific complaint allegations and related statutes are:

The provider violated the recipient's right to adequate and humane care (405 ILCS 5/2-102) (a):
- The recipient was provoked, threatened, and then attacked by staff.
- Staff made false allegations that they had been threatened by the recipient.

A recipient was administered emergency medication without appropriate cause. (405 ILCS 5/2-107)

The provider violated the recipient's right to an adequate grievance process (Code of Federal Regulations Title 42 Chapter IV § 482.13 (a) (2))
- The recipient filed several complaints with the provider and received no response.

Elgin Mental Health Center (EMHC) is a State Psychiatric Hospital run by the Illinois Department of Human Services (IDHS). The hospital currently has 366 forensic beds and 42 civil beds. Clients receiving services at EMHC's Forensic Treatment Program (FTP) have been adjudicated Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) by Illinois County Courts.

Method of Investigation
To proceed with this investigation, the HRA reviewed the recipient's clinical record (with authorization) from the service provider and obtained additional case information from an interview with the Director of EMHC and the Director of the FTP. No other staff from the time of the services being investigated were able to meet with the HRA due to scheduling conflicts or to no longer being employed at EMHC.

Case Review
The recipient was admitted to EMHC on August 1, 2022 at 10:47am. The record contains the recipient's Personal Safety Plan, which was reviewed with the recipient on September 29.

According to the FTP director this document was completed the day of admission, however the HRA did not find confirmation of this in the record. The Personal Safety Plan indicates that the recipient's safety plan includes: listening to music, deep breathing, reading a book, writing in a journal, writing a letter, talking to staff, talking with peers on the unit, calling a friend or family member, gentle touch on the hand or shoulder, using the soothing room/area, pacing, relaxation exercises, hugging a stuffed animal, doing artwork (painting, drawing), exercise, walking, going to your room, more frequent checks by staff.

Emergency Medication

The record contains the following instances of emergency medication. Since no other staff at the time of services was available for the HRA interview, these are the only available descriptions of the events leading to the administration of emergency medication.

- August 23: An emergency Medication progress note indicates: *"Behaviors justifying the need for emergency medication: disruptive behavior, agitation, verbally profane and threatening statements towards peers and staff, staff intervened and attempted redirection. Security was called for assistance*." An Interdisciplinary Staffing Forensic Treatment Program note indicates: the recipient *"was agitated, loud, disruptive and was threatening peers and staff with physical harm. Security was called for a walk through, but he was unable to follow redirection. He received . . . Haloperidol 5mg, Lorazepam 2mg and Diphenhydramine 50mg IM) at 1415."* The record contained a restriction of rights notification for this intervention which indicates that the recipient's individual preference for emergency intervention was not used because he was an imminent danger to himself and others.

- September 15: an Emergency Medication progress note in the record indicates: *"[recipient] continued to go into peer's room while peer was not in the room.[recipient] was redirected severely and pt became highly agitated, verbally threatening to hit staff. [recipient] yelling profane language. Redirection not effective. Counselling not effective. [recipient] a danger to self and others.* The record contained a restriction of rights notification for this intervention which indicates that the recipient was "*yelling at staff . . . using profane language. Redirection, counselling used to calm patient, not effective. Individual preference for emergency intervention not used because he was an imminent danger to himself and others and seclusion wasn't suitable at this time."*

The FTP director told the HRA that seclusion wouldn't be appropriate if he were dangerous to himself or others, also, seclusion is a separate room where a patient can be watched by staff, and that room isn't always available.

Grievances

A social work note in the record from August 11 indicates: "*The team met with [the recipient] regarding a complaint he had submitted following his meeting with the unit psychiatrist. In the complaint form, he stated, he is fearful because the physician had told him she had a record of his evaluation, which to him it never happened. When the team asked him to clarify what he meant by being fearful, he explained that he thought his information had been compromised and that someone was conspiring against him."*

The record contained the following complaint forms submitted to EMHC by the recipient with corresponding provider responses:

- September 8: "*I was practicing yoga when a nurse ran up to me yelling and cursing . . . They threatened to inject me with drugs again if I did not agree to stop talking back."*
    - Social worker's response September 13: *called OIG 9:13 at 11:42am*

- September 16*: "I was forcibly injected with a chemical after one of the nursing staff filed a false report against me. This was done in retaliation against me for acting and speaking out. I have reported this several times."*
    - Social worker's response on September 21: "*Called OIG"*

- November 13: "*I have reported this incident several times to no avail. I am being physically threatened by staff and sexually harassed."*
    - Social worker's response November 17: "*I met with you at approximately 10am on November 17 to discuss above. You did not give me specific names of staff who threatened or sexually harassed you. I called OIG on November 17."*

- November 16: "*I am being told that if I do not allow them to prescribe medication for me then I am "unwilling" to cooperate and that I will not be judged fit to stand trial in order to be discharged."*
- Social worker's response *November 18*: *"[The doctor] and I met with you this morning . . . OIG was called on November 17 at 12 pm."*

Policy Review

HRA revied the following policy's from EMHC, which were all found to be in alignment with the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/): Plan for Patient Services; Medication Refusal, Emergency and PRN Medication; and Patient/Family/Guardian Concerns & Grievances.

Findings

This investigation found the following:

The complaint that the provider violated the recipient's right to adequate and humane care (405 ILCS 5/2-102) (a). was ***unable to be substantiated or unsubstantiated.***

- There was not enough evidence to prove or disprove that the recipient was provoked, threatened, and then attacked by staff or that staff made false allegations against the recipient.

The complaint that the recipient was inappropriately administered emergency medication was ***substantiated***.

- The description of the events preceding the emergency medication administration were primarily verbal threats. Verbal threats of violence do not rise to the standard of emergency medication set by 405 ILCS 5/2-107 which is that: *". . . they shall not be given unless such*

services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

The complaint that the provider violated the recipient's right to an adequate grievance process (CFR::42 Chapter IV § 482.13 (a) (2)) is ***unsubstantiated***.

- Although the provider may not have necessarily alleviated the recipient's complaints, the record demonstrated that the provider did respond appropriately to the documented complaints made by the recipient.

Recommendation

In response to the findings of HRA investigation 22-100-9017, EMHC retrained clinical staff on their Medication Refusal, Emergency and PRN Medication policy on December 12, 2023.
Since the violations of 405 ILCS 5/2-107 in this case occurred in 2022, the HRA is not recommending further staff training on these issues.

Suggestions

The recipient was admitted on August 1, 2022, however the recipient's safety plan in the record was dated September 29, 2022. The safety plan should be created at the commencement of services.

The FTP director told the HRA that there is only one seclusion room on a unit and it isn't always available for a recipient to use as an alternative to a chemical or physical restraint. If a recipient indicates that their preference for an emergency intervention is seclusion, then seclusion must be made available to the recipient when clinically appropriate. The HRA acknowledges that EMHC is constrained by certain resources in the physical environment but suggests that the provider find other rooms in which to offer patients seclusion. Otherwise EMHC runs the risk of violating adequate and humane care and emergency intervention statutes of the Mental Health and Developmental Disabilities Code.

APPENDIX
RELEVANT STATUTES

405 ILCS 5/2-102
(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan.

Code of Federal Regulations Title 42 Chapter IV § 482.13 - Condition of participation: Patient's rights.: A hospital must protect and promote each patient's rights.
(a) Standard: Notice of rights.

(2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. . . The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.

RESPONSE

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

Ms. Mariah Balaban
Human Rights Authority
9511 Harrison Street, W-335
Des Plaines, IL 60016-1565

HRA# 23-100-9006 November 22, 2024

Dear Ms. Balaban:

Thank you for your letter regarding your findings. EMHC agrees that it is essential for patients to always receive adequate and humane care and that they have the right to voice concerns or grievances regarding any actions that may hinder their access to such care.

As noted in the report, EMHC retrained clinical staff on the Medication Refusal, Emergency, and PRN Medication Policy on December 12, 2023. Restraints and seclusions are audited on an ongoing basis to ensure compliance with this policy and to address any identified issues.

EMHC will continue to audit records to verify that the Personal Safety Plan is filed in the correct location. The initial plan is placed in the patient's chart, with a copy stored in a binder for easy staff access.

Restraint and seclusion rooms are always available for emergency situations. If a seclusion room on a specific unit is in use, the patient will be taken to another unit with an available room. To date, there have been no reported incidents where seclusion was not utilized due to a lack of available space. EMHC will continue to monitor this situation.

Please feel free to include our response with any public release of your Report of Findings.

Respectfully,

Michelle Evans, DSW, MBA
Chief Executive Officer

NORTH SUBURBAN REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 23-100-9006

PROVIDER: ELGIN MENTAL HEALTH CENTER

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.

Michelle Edow
NAME

Chief Executive Officer
TITLE

11/22/24
DATE