FOR IMMEDIATE RELEASE

East Central Regional Human Rights Authority
The Pavilion
Report of Findings
Case # 25-060-9025

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

Inadequate treatment including not having adequate policies, procedures, and practices in place to protect the safety of patients with disabilities from employees.

If the allegations are substantiated, they would violate protections under The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 405 ILCS 5/2-112, and 405 ILCS 5/2-200), Hospital Regulations (77 Ill. Admin. 250.260), The Hospital Licensing Act (210 ILCS 85/9.6), and The Code of Federal Regulations (42 C.F.R. 482.13).

Complaint Summary: The complaint alleges the facility does not have policies or procedures in place to protect patients from abuse from employees. Allegedly, staff at the facility are sexually assaulting and sexually abusing patients and staff retaliate against any patient that attempts to report the abuse. Allegedly, staff have a "fight club" where they have patients fight each other.

Investigation:

The HRA was not able to obtain written consent from any patients therefore relevant practices and policies were reviewed. The HRA proceeded with the investigation. These allegations were also reported to the Illinois Department of Public Health.

Interviews:

The HRA met with Pavilion administration on March 11th, 2025. Staff stated the Pavilion is a part of Universal Health Systems. The Pavilion has both a youth inpatient unit and an adult inpatient unit. The total patient capacity for inpatient services is 84 patients. The Pavilion also offers outpatient services and a detox program. Patients received programming daily from 9am to 9pm which includes group therapy, private therapy, and meeting with a psychiatrist.

Administration stated currently the Pavilion has approximately 260 employees. All employees receive orientation upon being hired. The orientation includes reviewing policy and procedures. The orientation also includes sexual harassment, as well as abuse and neglect training. Administration stated The Pavilion does have a sexual abuse prevention policy. Additionally,

staff are trained annually on abuse and neglect. The policy outlines the procedures staff are to follow if a patient reports being abused by a peer or staff. Administration stated all incidents reported are treated as valid unless proven otherwise. Patients can report any incidents to staff directly or they can contact local agencies listed on the patient's paperwork and posted on the unit. Additionally, the patient bill of rights informs patients how they can report incidents.

The Pavilion has a patient advocate line where patients can report issues or incidents. The number for the patient advocate in posted on the walls of the unit as well as being listed in the patient's paperwork. Patients are instructed to leave a message for the patient advocate who will follow up with the patient within 24 hours. An anonymous complaint can be made if the patient is not comfortable giving their name. Administration stated the most common complaints patients make is lost property. Administration stated if a patient files a complaint against a staff member, then that staff member is removed from the unit until the investigation is unfounded. Even if unfounded, if the patient is not comfortable around the staff member, administration will ensure the patient and staff member are separated.

Administration stated they conducted a search for incidents alleging patients were sexually abused or sexually assaulted by staff in 2024 but there were no results. Administration did not do a search for 2023; however, administration did recall an incident in 2023. Administration stated a patient complained the nurse made her uncomfortable while applying ointment. As a result of this incident, administration set new procedures requiring another staff member be present anytime a patient needs to undress in front of staff for treatment. Administration stated there has not been any reports or grievances from patients stating staff have threated to retaliate if the patient files an incident report. Administration stated they have never heard of a "fight club" at the Pavilion. Additionally, no patient has made a complaint or grievance referencing a "fight club".

Policy Review:

The HRA reviewed The Pavilion's "Patient Bill of Rights" Policy. The policy states "Upon admission, all patients will be provided the 'Patient Bill of Rights' by the intake specialist. An additional 'Patient Bill of Rights' for child/adolescent treatment services will also be provided to ensure that all child/adolescent patients understand these rights. The intake specialist will review the Patient's Bill of Rights with the patient and clarify any questions that arise. The patient will be provided the opportunity to review this document and ask for clarification at any time. The patient will also have the right to request this document be read to them aloud. The Patient Bill of Rights, having been signed or documented that the patient, guardian, or substitute decision maker has provided consent, will be placed in the patient record." The "Patient Bill of Rights" states "You have the right to be treated with dignity and respect in the provision of all services. You have the right not to be mentally or physically abused, neglected, and/or exploited by anyone, including staff, volunteers, other patients, visitors or family members. … You have the right not to have services denied, suspended, reduced or terminated for exercising your rights. You and/or your guardian have the right to voice opinions, recommendations and grievances (up to and including the Chief Executive Officer in relation to polices and services offered by the facility, without fear of restraint, interference, coercion, discrimination or reprisal."

The HRA reviewed the "Non-Retaliation Policy" for the Pavilion. The policy states "All employees are responsible for reporting unusual events, misconduct, including actual alleged, or potential violations of law, regulation, policy, procedure, quality standards, safety standards, accreditation standards and UHS [Universal Health Services] Code of Conduct. An 'open-door policy' will be maintained at all levels of management to encourage employees to report problems and concerns. Employees are encouraged to proceed up the chain of command or communicate with the Human Resources Department, their Facility Compliance Officer, or their Facility Privacy Officer. If their problem or concern is not resolved. … Any form of retaliation or retribution against any employee who reports a perceived problem or concern in good faith, is strictly prohibited. … Any manger, employee, or other person of influence who commits any form of retaliation or allows or condones retaliation against someone reporting in good faith, will be subject to disciplinary action. Employees cannot absolve themselves from the consequences of their own misconduct by reporting concerns, although self-reporting may be taken into account in determining the appropriate course of action with an employee involved in the reported matter."

The "Patient Advocacy and Grievance Resolution" policy describes the "Patient Advocate: A Pavilion employee designated as the Patient Advocate, or that person's designee, who is available to assist in the resolution of a patient, resident or family member's concerns. The Patient Advocate serves as a liaison between the facility staff and the patient/resident/family member. … Patients and their family members are informed of their rights and responsibilities upon admission, and the process by which they can voice any concerns related to their rights and/or treatment. This information includes the procedure by which a grievance can be submitted, the name and method to access the Patient Advocate, the time frame review of the grievance, the provision of a written response to the complainant and the time frame for that response. The Patient Advocate phone number is posted throughout the facility and admission packets contain information related to the grievance procedure. On each unit in the hospital, the phone number of how to reach the Patient Advocate is posted. The phone number and address of the Illinois Guardianship and Advocacy Commission and Illinois Department of Public Health is posted."

The Pavilion's "Responding to Abuse, Neglect, Financial Exploitation" policy states "All staff involved in patient care are required to report any suspected abuse or neglect. In addition, reporting of suspected financial exploitation of an eligible elderly adult or person with a developmental disability is mandatory. Documentation of mandated reporting is indicated in patient progress notes. … Reporting of Abuse/Neglect/Financial Exploitation of a Person with a Developmental Disability. A verbal report of the suspected abuse, neglect or financial exploitation should be provided to the Office of the Inspector General (OIG) … All reports to OIG regarding suspected abuse, neglect, or financial exploitation of a person with a developmental disability shall be made within 4 hours of staff awareness of the concern. Unless indicated below, DCFS [Department of Child and Family Services] and Elder Abuse Reporting are required in addition to OIG reporting. If the incident took place while the person was in the care of The Pavilion, staff should: immediately notify their unit supervisor and the Facility Risk Manager. The nurse/department manager or designee will initiate the Abuse/Neglect Response Plan Checklist. Staff will complete an Incident Report (IR) report within 24 hours. If staff are

alleged to be involved, that staff member will be placed on administrative leave pending investigation."

The HRA reviewed The Pavilion's "Sexual Aggression and Victimization Prevention and Response/Notification to Sexual Allegation" policy. The policy states "Provision of a safe, therapeutic environment of care includes the prevention of patient-to-patient sexual incidents, as well as any verbal/physical threats of sexual incidents. To provide a plan for the prevention of Sexual Behavior including Aggression and the Potential for Victimization by identifying early warning signs of sexual behavior, monitoring the patient with a suspected potential for sexual aggression/victimization, and implementing intervention steps to minimize the risk of sexual behavior. To provide a Response and Notification Plan in the event of a sexual allegation and/or incident. …Intervention: Check all isolated areas of the unit and ensure unoccupied rooms on the unit are locked during rounds, at change of shift and other times as deemed appropriate. Determine the best 'positing' station location in the unit hallways to ensure optimal visibility of patient rooms, doorways, hallways where patients are located. Minimize distractions while conducting rounds/visualizing hallways. Schedule specific shower times with appropriate supervision. Minimize any 'quiet time' or unstructured times in the programming. Provide appropriate supervision for patients who 'refuse' or are unable to participate/attend a group or structured activity. Reinforce appropriate behaviors and educate patients on unit/hospital rules regarding appropriate and prohibited behaviors. Consequences of possible criminal and civil proceedings, involvement of state/local police, state agencies, etc. as appropriate. Responsibility to report any sexual verbal/physical abuse, intimidating/threats of sexual abuse, perceived or real from patients or staff. Assist patient in identifying their own triggering behaviors and developing better coping skills. Discovery of a Sexual Allegation can occur either as witness by staff, and/or as reported to staff by a third-party witness or one of the patient allegedly involved. Upon report or discovery of an allegation of sexual behavior between patient/patient, staff/patient or stranger/patient the Charge Nurse and facility leadership: Immediately separate patients upon discovery of sexual behavior or who are alleged to have engaged in sexual behavior. Secure the area/room where the incident occurred/is suspected of occurring. Victim will not shower until examined. Secures the medical record. Initiate the investigation including interview of the patients involved (maintaining separation), any witness(es), and staff directly responsible for the observation rounds at the time of the event. Clarify the type of sexual incident/contact as oral, anal, vaginal penetration, or fondling, for example. The attending physician or designee will meet with the patient(s) involved within 24 hours following notification of a possible incident of sexual activity and will: Assess the patient's physical wellbeing (or signs of physical trauma). If the physian or designee concludes that physical trauma has occurred, the physician or designee will order a transfer to the emergency room (ER). Prepare patient(s) for transport to the ER for rape/trauma evaluation for cases involving non-consensual, allegation of force, assault/rape. Complete and Incident Report during the shift the incident occurred and forward the report to Risk Management within 24 hours. If the allegation is staff/patient: Place staff on administrative leave during the investigation of the incident/allegation. The Unit Supervisor will then interview the accused staff member and will obtain documentation from other staff working at the time. Copies of the assignment sheets and any other documentation of staffing assignments will be sent to the CNO or the appropriate Administrative Directors to review with Human Resources and Risk Management. Comply with all regulatory, police, etc. reporting expectations, as required. … Initiate/Oversee Investigation: Sexual Allegations are investigated for reasons

including most importantly, the protection of the patient rights, to find causes, and to prevent similar occurrences. The Recipient Rights Advisor and the Risk Manager will conduct independent investigations. Oversee documentation in the medical record re: the alleged incident, notifications, staff interventions, and patient response. In the event that the review determines that there is a high likelihood of suspected sexual abuse of a patient(s)/resident(s)/student(s), the Director of Risk Management or their designee may notify the appropriate agencies to include the IL Department of Public Health within 24 hours of obtaining such report. With consideration to the Hospital Licensing Act 210 ILCS 85/9.6, pursuant to 77 IL Administrative Code 250.260c."

Records Review:

The Pavilion provided the HRA with the only incident report they could locate alleging staff sexually assaulted a patient. The date of the incident was 11/2/23 and the finding were "unfounded per camera review and ER visit summary." The HRA was not provided documentation showing the Pavilion reported this incident to the Illinois Department of Public Health.

Conclusions

Complaint 1. Inadequate treatment including not having adequate policies, procedures, and practices in place to protect the safety of patients with disabilities from employees.

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 and Developmental Disabilities Code (405 ILCS 5/2-112) states "Freedom from abuse and neglect. Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect."

The Code of Federal Regulations (42 C.F.R. 482.13) states "(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. A hospital must protect and promote each patient's rights. (c) Standard: Privacy and safety. (1) The patient has the right to personal privacy. (2) The patient has the right to receive care in a safe setting. (3) The patient has the right to be free from all forms of abuse or harassment."

The Hospital Licensing Act (210 ILCS 85/9.6) states "(a) No administrator, agent, or employee of a hospital or a hospital affiliate, or a member of a hospital's medical staff, may abuse a patient in the hospital or in a facility operated by a hospital affiliate. (b) Any hospital administrator, agent, employee, or medical staff member, or an administrator, employee, or physician employed by a hospital affiliate, who has reasonable cause to believe that any patient with whom he or she

has direct contact has been subjected to abuse in the hospital or hospital affiliate shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this Section. (c) Retaliation against a person who lawfully and in good faith makes a report under this Section is prohibited. (d) Upon receiving a report under subsection (b) of this Section, the hospital or hospital affiliate shall submit the report to the Department within 24 hours of obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department."

The Hospital Regulations (77 Ill. Admin. 250.260) state "2) No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital. 3) Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this subsection (c). 4) Retaliation against a person who lawfully and in good faith makes a report under this subsection (c) is prohibited. … 8) Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital. … 11) No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage or having the effect of discouraging good faith reporting of patient abuse under this subsection (c). 12) Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter."

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-200) requires that "(a) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient, as well as the recipient's guardian or substitute decision maker, and every recipient who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program. The notice shall include, if applicable, the recipient's right to request a transfer to a different Department facility under Section 3-908 [405 ILCS 5/3-908]. Every facility shall also post conspicuously in public areas a summary of the rights which are relevant to the services delivered by that facility as well as contact information for the Guardianship and Advocacy Commission and the agency designated by the Governor under Section 1 of the Protection and Advocacy for Persons with Developmental Disabilities Act [405 ILCS 40/1]."

The complaint alleges the facility does not have policies or procedures in place to protect patients from abuse from employees. Allegedly, staff at the facility are sexually assaulting and sexually abusing patients and retaliating against patients that report the abuse. Administration stated staff are trained on sexual harassment, abuse and neglect at the time of hire and annually. Administration stated the Pavilion has policy to protect patients from abuse, neglect and financial exploitation. Additionally, The Pavilion has a policy on how to protect against sexual aggression. All staff are trained on the Pavilion's policies upon hire. Administration was not able to find any incident reports or complaints alleging staff sexually abused or assaulted any patients in 2024. However, staff remembered in 2023 a patient reported feeling uncomfortable when the nurse

applied ointment to the patient. The findings of the incident report were "unfounded per camera review and ER visit summary." The HRA found no evidence to support the complaint. Therefore, the East Central Human Rights Authority concludes that the recipient's rights were not violated, and the complaint is **unsubstantiated.**

The Pavilion's "Sexual Aggression and Victimization Prevention and Response/Notification to Sexual Allegation" policy states "The attending physician or designee will meet with the patient(s) involved within 24 hours following notification of a possible incident of sexual activity and will: Assess the patient's physical wellbeing (or signs of physical trauma). If the physian or designee concludes that physical trauma has occurred, the physician or designee will order a transfer to the emergency room (ER)." The HRA **strongly suggests** the Pavilion have all patients who are alleged victims of sexual abuse or assault transferred to the emergency room as soon as possible for an examination. The HRA is unsure if the 2023 incident of alleged sexual abuse by a staff member was reported to the Illinois Department Public Health (IDPH) by the Pavilion. Additionally, the HRA is unsure if the Pavilion followed the hospital licensing abuse reporting requirements. Therefore, the HRA **strongly suggests** the Pavilion ensure all allegations of abuse or neglect are reported to IDPH. Additionally, the HRA **strongly suggests** the Pavilion ensure the following of the hospital licensing abuse reporting requirements.

RESPONSE

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