FOR IMMEDIATE RELEASE

East Central Regional Human Rights Authority
Riverside Medical Center
Report of Findings
Case # 25-060-9030

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

1. **Inadequate treatment including forcing medication**
2. **Inappropriate restriction of rights**

If the allegations are substantiated, they would violate protections under The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107, 405 ILCS 5/2/103, and 405 ILCS 5/2-201).

Complaint Summary: The complaint alleges staff would hold down the individual and give him a shot of Ativan and Haldol anytime the individual voiced concerns about his treatment at the facility. Allegedly, the individual has refused Ativan and Haldol due to the medication making him feel "like a zombie" and hurting his head however, staff still injected the individual with the medication. The complaint alleges the facility shut off the phone that the individual was using. Allegedly, the facility did not give the individual his mail.

Investigation:

The HRA proceeded with the investigation after having received proper consent. Relevant practices, policies and sections of the consumer's records were reviewed.

Interviews:

On June 3rd, 2025, the HRA met with staff and administration of Riverside Medical Center. Staff stated the behavioral health unit is divided into three units. One unit is of youth, another is for seniors and the last unit is for adults. There are a total of 63 beds on all three units. The adult unit has 33 beds. There are 11 patients per 1 nurse and 8 patients per 1 mental health technician. Upon hire, all staff attend general hospital orientation for one week. Mental Health staff have another two weeks of orientation. The behavioral health unit have nurses, mental health technicians, social workers, counselors, and two psychiatrists that work on the unit. Staff stated the emergency department has mental health pods for individuals that present at the emergency department in a crisis. Staff stated the average length of stay for a patient on the behavior health unit is 8 days.

Staff stated the behavior health unit has two phones in the common area for patients use. Staff showed the HRA a blueprint of the behavioral health unit which showed the phones being close to the nurses station however, staff stated the nurses station is fully enclosed. Patients are not allowed to use the phone during group programming. Staff explained that based on where the phones are located, if a patient used the phone during programming, then it could disturb the patients participating in programming. Staff stated they are not able to shut off the phones. Staff stated patients are allowed private communication via telephone, mail and visitation. All mail is provided to patients. If the patient is no longer at the hospital, then staff will either forward the mail to the patient or return the mail to the sender. The individual received mail while he was admitted to the hospital.

Staff stated the individual was involuntarily admitted into the behavioral health unit on March 24, 2025. A court date was scheduled for April 1st, 2025, but the courts postponed the court date, so the facility never actually attended court for the involuntary admission. The individual was discharged on April 8th, 2025, because the individual was suitable for discharge.

The individual never voiced any concerns about his treatment while at the hospital. Staff stated if a patient is agitated staff will try and deescalate the patient or ask the patient if they would like a PRN (pro re nata – as needed). If the individual becomes a danger to themselves or others, then emergency medication is given to the patient. The individual was given PRN due to the individual attacking a security officer who was on the unit for another patient. The individual broke the officer's nose. Staff stated there was another incident where the individual got into a physical altercation with another patient who suffered facial lacerations. The individual was non-complaint with medication upon his admission and did refuse medication while at the hospital. Staff stated the individual never stated any medication hurt his head or made him feel "like a zombie."

The HRA asked about the "timeout room" on the behavioral health unit. Staff stated the room is located on the adult unit near the nurses station. Staff stated this room is used if a patient is "going into restraints, if they are receiving a medication via injection during a physical hold if they are not willing to go into their room or if they request quiet time because the milieu is too stimulating." Staff monitor patients while in the room at all times. The room also has a camera that is monitored. The room remains locked when not in use. When a patient is in the room the door remains open and staff are present in the room with the patient. Staff stated if a patient is being placed in restraints, then they must go into the "timeout" room due to this room having the only bed capable of restraint. However, patients are given the option to go into the room for quiet time if the milieu is too stimulating for the patient. Staff stated there are also other areas on the unit for patients to use if they need quiet time.

Policy Review:

The HRA reviewed Riverside's "Adult and Adolescent Mental Health Inpatient Admission Criteria" policy. The policy indicates in the admission criteria that "The patient must require intensive, comprehensive, multimodal treatment including 24 hours per day of medical supervision and coordination because of a mental disorder. The need for 24 hours of supervision

may be due to the need for patient safety, psychiatric diagnostic evaluation, potential severe side effects of psychotropic medication associated with medical or psychiatric comorbidities, or evaluation of behaviors consistent with an acute psychiatric disorder. The acute psychiatric condition being evaluated or treated by inpatient psychiatric hospitalization must require active treatment, including a combination of services such as intensive nursing and medical intervention, psychotherapy, or occupational and activity therapy. Patients must require inpatient psychiatric hospitalization services at levels of intensity and frequency exceeding what may be rendered in an outpatient setting, including psychiatric partial hospitalization. There must be evidence of failure
at, inability to benefit from, or unacceptable risk in an outpatient treatment setting."

Riverside's "Restriction of Patient Rights" policy states "Any time a patient's rights are restricted, formal written notice of the restriction and the reasons for the restriction will be provided to the patient. State statutes typically define the procedures and forms that are required. A patient's rights, including but not limited to those outlined in the Rights as a Mental Health Patient form (a synopsis of which is posted on the unit), may be restricted when it is deemed clinically necessary for the protection of the patient or others. A. All restrictions must be well documented in the patient's electronic medical record and include nature of and reason for the restriction. 1. If the psychiatrist is present, an order for the restriction should be entered on the physician's order sheet. 2. For restriction of rights involving restraints, see the particular policy governing those procedures. 3. If the psychiatrist is not present, the staff along with the agreement of the individual responsible for the patient's treatment plan, i.e., nurse manager or charge nurse deem it necessary to impose a restriction, the attending psychiatrist should be notified at once. (If the attending psychiatrist is unavailable, the psychiatrist on-call should be notified.) 4. The patient's treatment plan should be updated to include the restriction. Notification of other responsible parties 1. Verbal notification a. The patient and if the patient is a minor or under guardianship, the parent/ guardian shall be informed of the restriction and reasons by the staff member responsible for overseeing the patient's treatment plan. b. The persons designated at admission on the Rights of Mental Health Patient form shall be notified of the restriction by the assigned staff member. If no one is so designated, no one shall be notified. c. When a patient's rights are restricted, they must be given the name and telephone number of the Guardianship and Advocacy Commission and given assistance in contacting them if the patient so wishes. 2. Written notification a. Notice of restriction of rights will be completed by a staff member. If verbal notification has been given this will be noted on the form. b. The form is given to the designated person, who will send a copy to designated parties. c. The unit secretary will then place the original form in the patient's medical record."

Riverside Medical Center's "Patient's Rights and Responsibilities" policy states "You have the right to medical treatment regardless of sex, race, religion, color, national origin, sexual orientation, gender identity, disability or the source of payment for your care. If Riverside cannot provide the care requested or needed, staff will inform you of your needs and the alternatives to care. You have the right to a consultation or second opinion from another physicians, healthcare professionals or to change hospitals. If necessary, you have the right to access protective services, i.e., guardianship and advocacy services, conservatorship, and child and adult protective services. Social Services will provide a list of protection and advocacy services if requested. … When you do not speak or understand the English language, you will have access

to an interpreter. If you have a hearing, vision or other disability, reasonable action will be taken to provide accurate communication. … You have the right to a reasonable response to your request for services, and you may address your concerns with our Patient Liaison or your healthcare professional without feal of reprisal or limitations to future services. … You have the right to confidentiality of your records and communication pertaining to your care. You have the right to access your medical records, including current medical records, within the limits of the law, upon written request, in the form and format requested by you, if it is readily producible in that form and format, and within
a reasonable timeframe. … You or your designated representative have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal."

The HRA reviewed the admission packet given to patient's upon admission. The packet included the "Patient Rights". The patient rights form states "The patient or patient's representative has the flowing rights … to accommodate any special needs or disabilities including provision of interpretive assistance or assistive devices. … To access protective and advocacy services. … To inspect, copy and to request amendments to the patient's medical information and to have access to his/her medical record in the presence of a physician while hospitalized. After discharge, the patient may request a copy of his/her medical record. … To receive confidential communication (i.e. that RMC only contact the patient in a certain manner or at a certain location) from RMC.". Additionally, the patient rights form includes information on the complaint process. The form states "A patient grievance is a formal or informal, written or verbal complaint by a patient, or a patient's representative regarding the patient's care or issues related to the hospital's compliance with Medicare rule or complaint related to billing. For any concerns you have while a patient with Riverside, please contact our Patient Liaison… Most grievances will be investigated, and written response will be sent from administration, the Patient Liaison or other designee from the hospital within 7 working days of the complaint if the complaint cannot be resolved quickly by someone present. This resolution will include the name of the hospital contact person, steps taken on our behalf to investigate the complaint, results of the process and date of completion of the complaint process."

Riverside's "Adult Mental Health Unit Rules" were reviewed by the HRA. The rules state "Your day will begin promptly at 8am. Please make sure your dirty linen is collected, and room is clean – no food or drinks allowed in rooms. Taking care of your hygiene is important. Morning hygiene starts at 7am-9am or 3pm-4m or after 9pm. Please notify staff if you need to use the washroom. No food or drinks allowed in your room. Keep your name band on at all times. Phones will ALWAYS be turned off during group time. Attend all groups. A group scheduled was provided to you upon admission. The day room closes after your last group of the day. … Visitation: Tuesday and Thursday 6pm-7:30pm. Saturday and Sunday 1pm-2:30pm and 6pm-7:30pm. In order to have a visitor come, they must call the case manager or nurse to arrange an appointment. Visitation is by appointment only."

Records Review:

The HRA reviewed hospital records for the individual. The records indicate the individual came to Riverside Hospital's emergency department on 3/24/25 at 3:50am. At 10:11am the individual was changed from a patient for emergency services to "inpatient". At 12:28pm the individual

was moved from the emergency department to the mental health unit. The record under "Medical Decision Making" states "20-year-old male presents for testicular pain. Will obtain testicular ultrasound, urinalysis. Of note patient was noted to be masturbating initially on arrival in his room. He had pressured speech. He was told to stop masturbating however he continued to masturbate. He then stated that he wanted to leave prior to completing treatment. I do not believe that he has decisional making capacity based on his presentation. … It appears the patient subsequently walked to our ER based on camera footage. Possibly testicular pain is from malingering however given patient's behavior I do feel that he needs psychiatric evaluation as well. He was given intramuscular Haldol and Ativan to calm him down given his behavior. Alcohol level and urine drug screen also ordered. Will plan for psychiatric evaluation after medical clearance. After obtaining collateral history from father, he has history of bipolar disorder and has been off his medication for some time. He has a history of psychiatric admissions. Do suspect he will need psychiatric admission after medical clearance. Labs revealed no acute critical findings. Ultrasound imaging unremarkable. At this time patient is medically cleared. Patient signed out to next ER physician [Physician] pending psychiatric evaluation."

A psychiatric evaluation was conducted on the individual on 3/24/25. The evaluation states "[Individual] is a 20 y.o. [year old] African American male with a past psychiatric history of schizoaffective disorder, aggression, multiple previous inpatient hospitalizations who presented to the hospital for evaluation of bizarre behavior, aggression, suspected manic episode. Patient was seen today in adult MHU [Mental Health Unit], was seen wearing paper scrubs. Of note, patient was an extremely poor historian, interview was terminated early due to patient escalating behavior, much history was obtained from chart review. Additionally, patient was refusing any and all collateral information. Upon initial evaluation, patient was noted to be irritable, disorganized, illogical. He was malodorous. … Patient refused to walk outside with writer, writer had to call staff and security to safely escort patient. Interview was terminated, patient was attempted to be seen later in afternoon, however patient was still agitated, was not willing to talk to this writer, behaviors were escalating, therefore decision was made to administer PRNs for acute agitation, to which the patient was then sedated, unwilling to participate in interview. … In Riverside ED, patient was extremely bizarre, sexually appropriate, making bizarre statements, was seen talking to himself. Speech was rapid, pressured, he was seen masturbating on multiple occasions, even though he was told to stop by multiple staff members. Patient was unable to properly be evaluated due to his acute presentation. He was also later placed in restraints due to being sexually inappropriate and aggressive. Psychiatrically, the patient has a history of bipolar disorder, he was diagnosed at 16 years old. He was also first hospitalized at this age. Patient has been off of his medications since July 2024. … Unable to obtain psychiatric review of systems at this time as patient behavior began escalating, patient recently received PRNs for agitation."

The individual did not sign the medication consent form for Haldol and Ativan. Two staff members and the physician did sign the form. The "consent for treatment" form states "unable due to patient condition" is written in place of the individual's signature.

The "Restraint Summary" for the individual indicates that the individual was placed in restraints on 3/24/25, 3/30/25, and 4/6/25. The individual was placed in restraints on 3/24/25 for "pt erratic, not redirectable. Pt at risk of harm to self and others". On 4/30/25 the individual was in

restraints for being “sexually aggressive and verbally [sic] with female staff”. The individual was placed in restraints on 4/6/25 for being “aggressive towards staff and other patients”.

A review of the notice of Restriction of rights for the individual on 4/6/25 indicates the individual was “placed in a physical hold, placed in restraint, and administered emergency medication”. The reasoning for the restriction “patient rubbed his genitals on another patient (pants were on) and was aggressive towards staff, punched security in nose.”

The HRA reviewed the petition for involuntary admission and “Inpatient Certificate” filled out on 3/24/25. The petition and certificate both state “This 20 year old male presented to the emergency department for erratic and bizarre behaviors including psychosis, hallucinations, increased inappropriate sexual behaviors, non-compliance with medication, and alert and oriented to only himself. Patient has history of bipolar disorder, inpatient hospitalizations, and non-compliance with medications.” Another certificate was filed on 3/24/25. The certificate states “Patient exhibiting multiple bizarre behaviors, grandiose thoughts, impulsivity, has not slept in 4 or 5 days. … patient then came to the emergency department where he was exhibiting multiple bizarre behaviors including sexual inappropriate behavior. Patient was seen masturbating multiple times, being inappropriate with nursing staff and security. Patient was placed in restraints, received medication for agitation. Patient has a history of poor compliance to medication, 11 previous inpt [inpatient] hospitalizations in 2 years.”

The “Petition for Administration of Psychotropic Medication” indicates the individual needed psychotropic medication for “disorganized behavior, paranoia, agitation, sexually inappropriate behavior”.

The HRA reviewed the “Inpatient Discharge Summary” for the individual. The summary states “[Individual] was hospitalized for evaluation and stabilization. Patient admitted to the psychiatry inpatient unit with suicide, self-harm, assault, and elopement precautions. Pt [patient] underwent a complete medical workup and was evaluated by the medical team during their hospitalization. Patient WAS NOT found to have any acute medical issues needing treatment. Patient was monitored for withdrawal and DID NOT experience any symptoms. Patient was educated on the negative impact of substance abuse on mental illness and advised to abstain. Pt entered the hospital taking no medications. We offered various medications to pt including antipsychotics and mood stabilizers but pt refused. He showed signs and sx [symptoms] of mania during admission. His behaviors did gradually show improvement throughout time on unit. By time of discharge, he had 48hrs without behavioral issues. We considered pursuing involuntary med petition, but this was not possible due to outstanding legal charges. Frequency of PRNs came down as time progressed. Over the course of their hospitalization, pt's mood improved greatly. Pt attended and participated in groups. Pt denied SI/HI [suicidal ideation/homicidal ideation].”

Notes Review

A nursing note from 3/24/25 at 7pm states “PT exited his room shirtless, shaking ignoring staff request to put on shirt, PT entered MPR [Mobile Psychiatric Rehabilitation] staff requesting him to put on a shirt, PT told staff he would ‘fuck her up’ Staff assisted PT to his room, security called, PT was asked to remain in room due to his unsteady gait from PRN, PT exited his room

multiple times, redirection unsuccessful, but staff continued to redirected PT, PT delusional, PRN given."

A clinical note on 3/25/25 at 3:27pm states "Pt was leaving his room without a shirt on repeatedly. Staff attempted to redirect the pt back to his room and tried to get the pt to put on a shirt. Pt refused multiple times. Pt came out of his room without a shirt again and went into the main MPR where peers were present. Peers were escorted out of the main MPR and were brought to the back MPR.
PRN IM Ativan 2mg and IM Haldol 5mg were given at 1027 in the right deltoid with security present in the hallway after pt refused to go to his room. Pt verbally refused the injections and was threatening this writer (who was holding the medications) but ultimately received them without issue. Pt was then walked to his room with security and staff. Pt then proceeded to lunge at security and threw lotion at staff/security. Pt was then walked to the time out room with security and staff. Pt proceeded to lay down for a while. Pt then put the time out room mattress on the ground and is currently doing sit ups on the mattress. Will continue to monitor."

A note on 3/28/25 states "Patient becoming increasingly agitated and verbally combative after learning a peer received a PRN for behaviors. MHT [Mental Health Technician] reported patient making sexual comments towards her. Patient attempted to push through a MHT to get out of the MPR and back into the hallway where his peers room is. Patient upsetting peers during group due to running around MPR. Verbal deescalating attempts unsuccessful and patient received PRN Ativan 2 mg IM [intramuscular] and Haldol 5 mg."

A clinical note on 3/30/25 states "Pt was being extremely SAO [sexually acting out] and inappropriate towards staff and peers. Pt also stated to staff that he was 'itching for a fight' and was becoming verbally aggressive. PO Ativan 2mg and PO Haldol 5mg was offered to the pt to help combat his agitation. Pt agreed to take the PO medications at first but then refused and threatened to fight security if they came up to the unit. Pt continued to be verbally aggressive. Peers were escorted to the second multipurpose room while security came up to the unit. Once security arrived, pt attempted to go through the door between the front and back hallways. Pt then marched down the hallway, swearing, and slammed the door to his room shut. Staff attempted to open his door but pt was holding his door handle, preventing staff from getting into his room. Security opened the door as the pt became more and more aggressive. Pt then threatened to fight security/staff if they entered his room. Staff attempted to process with the pt multiple times to no avail. Pt continued to escalate, and a security assist was called. Staff then attempted to go into the pts room, pt proceeded to charge at staff and punched security staff in the head/face area. Pt was brought to the ground by staff and placed into a physical hold at 1309. Pt was then given IM Ativan 2mg and IM Haldol 5mg in the left deltoid. Pt was then brought to the timeout room by staff; pt was blowing kissing towards specific staff members and was holding up his middle finger towards others while he was being brought to the time out room. Pt was placed in restraints at 1310 after all lesser restrictive measures were attempted and failed in order to prevent the patient from harming himself and/or others. Pt currently refusing vitals at this time. Will continue to monitor."

A psychiatric progress note on 3/31/25 was reviewed. The note states "Patient seen for evaluation on the mental health unit. Patient continues to be agitated, sexually inappropriate

behaviors, intrusive, poor boundaries, requiring frequent redirections and as needed medications to avoid harm to self or others. Ongoing struggles with manic behaviors and seem to be internally preoccupied, talking to himself, paranoid and delusional, mood lability, poor sleep, disruptive in the milieu, not attending groups, refusing medications. PT has not been attending and participating in unit groups and activities. Pt has not been medication compliant. Pt denies SI, denies HI. Pt has been physically aggressive and has required PRN medications for acute agitation. Reviewed chart, nursing reports, labs and based on clinical decision making, continue medications with close monitoring. Patient is not stable for discharge at this time and continues to meet criteria for inpatient psychiatric admission due to the following reasons: Denies suicidal ideation but is not credible/reliable because pt is unable to identify any concrete coping mechanisms and unable to explain how they will keep themselves safe once they leave the hospital. Worsened psychosis and poor impulse control places patient at imminent risk of harm to self or others. Struggles to identify
triggers for aggression and coping skills for aggression. Currently undergoing titration of medication requiring monitoring on an inpatient basis for monitoring for efficacy and side-effects however patient refusing medications and pending court date. Will require interdisciplinary planning to address psychosocial concerns outside of hospital setting, in order to plan for aftercare in an effort to decrease recidivism."

On 4/2/25 the note states "Patient became aggressive this am yelling in the MPR and was pacing in the back hallway. Attempts were made to deescalate patient but were unsuccessful. Patient given Ativan 2mg and Haldol 5 mg IM. Medications appear effective. Patient is resting quietly in his room."

A clinical note on 4/4/25 states "Pt is often seen talking to himself. Pt often antagonizes peers. Today he got into a physical altercation with another peer. [Individual] thought this physical altercation was a 'joke' between both parties involved, but the other pt was taking it very seriously. [Individual] was later seen laughing about the situation and talking to himself in his room. PRN Haldol 5 mg and Ativan 2 mg were administered for combative behavior. Pt denies SI, HI, and AVH [Auditory verbal hallucinations] despite being seen responding to internal stimuli."

A note on 4/6/25 states "I was informed by another patient that [Individual] had brushed his genital area against her. [Individual's] pants were on at the time and his genitals were not exposed. Patient did not want to press charges against [Individual]. Conversation was witnessed by two nurses.] Security was called and while they were putting patient in a physical hold [Patient] struck security in the nose and staff required medical assistance. Patient was given Ativan 2 mg po and Haldol 5 mg po at 0928. Patient was placed in FVR [forearm vascular resistance] at 0930 only after lesser restrictive measure were attempted and failed in order to prevent patient from harming self/others. Patient was asked whom he wanted notified of his restrictions of rights. He requested that no one be notified of his restriction of rights. Patient remained in restraints for 1 hour and 25 minutes. Patient was able to contract for safety and agreed to comply with the criteria for release from restraints. Further evaluation and stabilization are needed. Current level of care continues to be required." Another note on 4/6/25 states "Patient flinched at writer while writer was working on rover. Soon after patient was put in restraints due to another altercation involved. When patient was taken out of restraints, he went

to his room to sleep. When patient woke up during dinner time patient began to target writer again while writer was doing rovers in the mpr room. Writer report patients actions to charge nurse."

Security Reports Review

The HRA reviewed a security report dated 3/24/25. The report states "On todays date of 3/24/25 at approximately 0410. The ED [Emergency Department] called security for assistance with a patient in ED bed 23 who seemed under the influence of something. Officer [Officer #1] responded and later called this R/O [Reporting Officer]. The ED asked who dropped him off at the hospital. This R/O went to the office to play back cameras. While this R/O was playing back camera's, the ED called [Police] to assist because patient [Individual] stated PD [Police Department] dropped him off. After reviewing CCTV [Closed Circuit Television] footage, it was seen that [Individual] walked to Riverside and was not dropped off. [Individual] was moved from ED bed 23 to ED bed 9 due to him trying to leave and masturbating. Security and PD stood by while nursing staff tried to talk to [Individual]. When staff stated the talking was not going anywhere, they decided to give PRN's and restrain due to [Individual] trying to elope. [Individual] was restrained and given two PRN's in his arm. Once [Individual] calmed down, nursing staff stated they no longer needed security. This R/O and [officer #1] cleared."

Another security note stated "In summary at approximately 1103, Security [Officers #1 and #2] responded to a request for a Safety Stand-by for patient [Individual] in ED #9, due to there only being female staff within the CID pod because of the male nursing staff having to relocate to treat other patients outside of the CID pod; due to this, [Individual] felt comfortable to masturbate within his room, asking the female staff to change the channel on his TV constantly, whilst touching himself with them in the room, as well as continuously removing his gowns. Therefore, it was requested that Security stood-by [sic] until male staff was able to return, due to [Individual] stopping while males were present. During this time [Individual] was being adamant on leaving, and not wanting to be admitted to the Adult MHU [Mental Health Unit] on the 2nd floor, as well as [Individual] continuously leaving his room and using the bathroom for 10-15 minutes each time. [Individual] was not showing any signs of aggression during this stand-by, but did not respect the female staff's directions. Security was informed that [Individual] would be going to the Adult MHU on the 2nd floor within 10-15 minutes therefore we were asked to stick around until [Individual] was escorted up. During [Individual's] escort no incidents occurred, and Security was not requested to stand-by for [Individual] on the Adult MHU, therefore Security was dismissed at approximately 1205."

A third security note was reviewed. The note states "On 3/24/25 at 1350, security was requested to Adult MHU for stand-by for PRN administration on patient [Individual]. Officers [Officers #1, #2, #3, #4, and #5] responded to the call. Upon arrival security stood by for staff while they administered the PRN to patient [Individual]. No issues occurred during this time."

A note dated 3/25/25 states "On 3/25/25 at 1021, security was requested by Adult MHU staff to stand-by for patient [Individual] due to the patient displaying heightened behaviors towards staff as well as pacing inside the day room without a shirt. Security and nursing staff escorted [Individual] to their room where PRN was administered. During this time [Individual] decided to

throw an open location bottle at nursing staff and security. Afterwards security assisted [Individual] to the time out room. Security remained on stand-by until dismissed by nursing staff."

Another note on 3/28/25 states "… MHU adult security was requested to standby so that PT [Patient] [Individual] could also receive PRNs. At this time, afternoon shift officer [Officers #1, #2, and #3] arrived. [Individual] was escorted into the 'timeout' room for safety. Security stood-by as [Individual] was given PRNs without incident. Security was dismissed from scene a short time later. No further incidences occurred at this time."

The note on 3/30/25 states "At 1255 on 3/30/25 Officers [#1 and #2] were called to the MHU adult unit to assist with giving a PRN to patient [Individual] who was acting aggressively and making threats to staff. Officers arrived to find [Individual] speaking on the phone. Nursing staff cleared the day room and turned off the phone, upon doing this [Individual] threw the phone onto the ground and began to posture aggressively at [Officers #1 and #2] when he saw them. [Individual] made several statements about not wanting mediation, and that he would punch somebody if he were to be given an injection. [Officers #1 and #2] escorted [Individual] to his room without making physical contact with patient. Once inside his room [Individual] began to become more aggressive despite efforts from both nursing staff and security to de-escalate the situation. [Individual] was insistent that he wanted to be left alone, though nursing staff deemed [Individual] in need of a chemical aid to calm him down. [Officer #1] chose to activate his body camera, clearly announcing that he was recording audio and visual from this point forward. [Individual] began to make more verbal threats, stating he would hit anyone who tried to come into his room and made several aggressive postures, including raising his fists, and taking an aggressive stance [Individual] then began to remove his clothing, taking off his shirt and wrapping an undershirt around his hand as he prepared for a physical altercation. Officers at this point called a code security assist to Riverside operators via the radio, requesting help as the situation did not seem as if it could be de-escalated. Upon arrival of more people, and one final attempt to get [Individual] to calm down, [Individual] struck [Officer #1] in the face several times with a closed fist in the middle of [Officer #2] once more asking [Individual] to take the mediation without a physical altercation. The strikes [Officer #1] received were primarily on the left eye and around the bridge of his nose. [Officer #1 and #2] along with the help of staff assisted [sic] into a safe position onto the gourd and hand restrained the patient as the PRN was given. Nursing staff and security helped [Individual] to his feet before assisting him to the time out room where he was placed in four-point hard locking restraints."

Another security note states "On 4/2/25 at 0854, security officers [Officers #1, #2, #3, and #4] stood by and assisted nursing staff with administering on PRN to patient [Individual]. Upon arrival security entered the nurse's station and was informed by staff that [Individual] was displaying heightened behaviors and needed medication. Once ready to administer the medication, security entered [Individual's] room and administered Secure four point hold proceduresm [sic] on [Individual], for staff and patient safety. Once the PRN was administered staff dismissed security without further issue."

The last security note states "In Summary on 4/6/25 at approximately 090, this R/O and [Officer #2] were standing by on the Adult MHU due to multiple patients showing signs of agitation

within their behavior. However, at approximately 090, nursing staff relayed to this R/O that patient [Individual] had been inappropriately rubbing against a peer on the unit, therefore he would be receiving a medical PRN injection due to being hyperactive. Security had relayed to nursing staff that per prior events, [Individual] would have to be placed in secure safety holds immediately or he would become physically combative, as has been done for the previous incidents with [Individual]. This R/O and [Officer #2] were standing by behind [Individual] whilst nursing staff pulled the medical PRN, this R/O and [Officer #2] anticipated [Individual] uncooperativeness due to past events, however nursing staff had told [Individual] whilst leaving nursing station, therefore security was not able to put [Individual] [sic] secure safety holds without [Individual] being able to attack security. Therefore, security attempted to de-escalate the patient whilst he paced the hall but was ultimately unsuccessful; security was able to get [Individual] by the timeout room when [Individual] squared up with security, and landing a punch on [Officer #2] and breaking their nose. Immediately after, security was able to put [Individual] in a hold and escort him to the time out room, where he was placed in a 4 point restraints and received the PRN. [Officer #2] checking into the ED immediately after this incident was deemed safe and the patient was secure, to which [police] was informed and requested to file charges against [Individual] for assault."

Conclusions

Complaint 1. Inadequate treatment including forcing medication

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107) states "(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, 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 facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services. (b) Psychotropic medication or electroconvulsive therapy may be administered under this Section for up to 24 hours only if the circumstances leading up to the need for emergency treatment are set forth in writing in the recipient's record."

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-201) states "(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental

disabilities, and amending Acts therein named', approved September 20, 1985,1 if either is so designated; and (5) the recipient's substitute decision maker, if any."

The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4) states "(a) The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof: (1) the parent or guardian of a recipient who is under 12 years of age; (2) the recipient if he is 12 years of age or older; (3) the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying the access. The parent or guardian who is denied access by either the recipient or the therapist may petition a court for access to the record. Nothing in this paragraph is intended to prohibit the parent or guardian of a recipient who is at least 12 but under 18 years from requesting and receiving the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any… (b) Assistance in interpreting the record may be provided without charge and shall be provided if the person inspecting the record is under 18 years of age. However, access may in no way be denied or limited if the person inspecting the record refuses the assistance."

The complaint alleges staff would hold down the individual and give him a shot of Ativan and Haldol anytime the individual voiced concerns about his treatment at the facility. Allegedly, the individual refused Ativan and Haldol due to the medication making him feel "like a zombie" and hurting his head however, staff still inject the individual with the medication. The HRA reviewed documentation showing that the individual refused the medication consent for Haldol and Ativan. Riverside did file a petition for psychotropic medication however, staff stated due to the individual's pending criminal charges in another county the courts would not hear the petition for the medication. The individual's record documents the individual was given Haldol and Ativan on at least 6 occasions during his time at Riverside. The HRA was not provided documentation showing the individual was provided any notification of restriction of rights for the medication. Which does not align with Riverside's "Restriction of Patient Rights" policy which states "Any time a patient's rights are restricted, formal written notice of the restriction and the reasons for the restriction will be provided to the patient." This also does not align with or The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201). Additionally, the individual's record indicates the individual was placed in restraints on at least 3 occasions. However, the HRA was only provided one notice of restriction of rightsl for the restraints which again does not align with Riverside's "Restriction of Patient Rights" policy or The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201). Therefore, the East Central Human Rights Authority concludes that the recipient's rights were violated, and the complaint is **substantiated.**

The Human Rights Authority makes the following **recommendations**:

1. **Riverside Medical Center follow The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201) and their "Restriction of Patient Rights" policy by ensuring patients are "promptly given notice of a restriction…whenever any rights of a recipient of services that are specified in this Chapter are restricted."**

2. **Riverside Medical Center re-train staff on The Code (405 ILCS 5/2-201) and Riverside's "Restriction of Patient Rights" policy. As part of the training, please provide staff a copy of the HRAs report. Please provide the HRA with evidence of the training.**

Riverside Medical Center's "Patient Rights" states patients are "…to have access to his/her medical record in the presence of a physician while hospitalized. After discharge, the patient may request a copy of his/her medical record." However, this does not align with The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4) which states "The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof … (2) the recipient if he is 12 years of age or older … Assistance in interpreting the record may be provided without charge and shall be provided if the person inspecting the record is under 18 years of age. However, access may in no way be denied or limited if the person inspecting the record refuses the assistance." Patients should be allowed access to their medical records without a phsycian present. Additionally, patients do not have to wait until after discharge to request or obtain a copy of their medical records. The HRA **strongly suggests** Riverside Medical Center update the patient rights to align with The Code (740 ILCS 110/4).

Complaint 2. Inappropriate restriction of rights

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-103) states "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items. (b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect."

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-201) states " (a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under "An Act in relation to the protection and advocacy of the rights of persons with developmental

disabilities, and amending Acts therein named", approved September 20, 1985,1 if either is so designated; and (5) the recipient's substitute decision maker, if any."

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-200) states "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 complaint alleges the facility will shut off the phone while patients are on the phone. Allegedly, the facility will not give the individual his mail. Staff stated all patients are given their mail. If the patient is no longer at the hospital when mail arrives, staff will either return the mail to the sender or forward the mail to the patient's home. Staff stated the individual received mail while on the behavioral health unit. Staff state patients are allowed private communication via telephone. However, there is nothing in Riverside Medical Center's "Patient's Rights and Responsibilities" policy or "Patient rights" form indicating that patients have the right to "Unimpeded, private and uncensored communication by mail, telephone …" which is required by The Code (405 ILCS 5/2-200). Staff stated they are not able to shut off the phones. However, Riverside's "Adult Mental Heath Unit Rules" states "Phones will ALWAYS be turned off during group time." Additionally, a security note on 3/30/25 indicates that nursing staff "turned off the phone" while the individual was on the phone. The HRA saw no evidence that the individual was given a notification of restriction of rights when staff turned off the phone while the individual was using the phone. Therefore, the East Central Human Rights Authority concludes that the recipient's rights were violated, and the complaint is **substantiated.**

The Human Rights Authority makes the following **recommendations**:

1. **Riverside Medical Center follow The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103) by allowing patients "unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation."**
2. **Riverside Medical Center follow The Code (405 Ill. Comp. Stat. Ann. 5/2-200) by ensuring patients are informed "orally and in writing" of their rights. Riverside Medical Center should update their "Patient's Rights and Responsibilities" policy and "Patient rights" form to include that patients have the right to "Unimpeded, private and uncensored communication by mail, telephone …".**
3. **Riverside Medical Cetner follow The Code (405 ILCS 5/2-201) and their "Restriction of Patient Rights" policy by ensuring patients are "promptly given notice of a restriction…whenever any rights of a recipient of services that are specified in this Chapter are restricted."**
4. **Riverside Medical Center re-train staff on The Code (405 ILCS 5/2-103, 405 ILCS 5/2-201, and 405 ILC 5/2-200), their "Restriction of Patient Rights" policy, the updated "Patient's Rights and Responsibilities" policy and updated "Patient rights" form. As part of the training, please provide staff a copy of the HRAs report. Please provide the HRA with evidence of the training.**

Staff did not think it was safe for the HRA to tour the behavioral health unit. However, staff showed the HRA a blueprint of the behavioral health unit. The blueprint showed the phones being close to the nurses station however, staff stated the nurses station is fully enclosed. It concerns the HRA that staff may be able to overhear patients conversations due to the phones being close to the nurses station. The HRA **strongly suggests** Riverside Medical Center move the phones to a location more private or provide portable phones for patients' use.

Riverside's "Adult Mental Health Unit Rules" states "visitation is by appointment only". It concerns the HRA that patients are only allowed visitors if the visitor schedules an appointment. The HRA **strongly suggests** Riverside Medical Center set not require visitors schedule an appointment.

RESPONSE

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

HRA CASE NO. 25-060-9030

Complaint 1. Inadequate treatment including forcing medication

The Human Rights Authority makes the following **recommendations**:

1. **Riverside Medical Center follow The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201) and their "Restriction of Patient Rights" policy by ensuring patients are "promptly given notice of a restriction…whenever any rights of a recipient of services that are specified in this Chapter are restricted."**
2. **Riverside Medical Center re-train staff on The Code (405 ILCS 5/2-201) and Riverside's "Restriction of Patient Rights" policy. As part of the training, please provide staff a copy of the HRAs report. Please provide the HRA with evidence of the training.**

Riverside Medical Center's "Patient Rights" states patients are "…to have access to his/her medical record in the presence of a physician while hospitalized. After discharge, the patient may request a copy of his/her medical record." However, this does not align with The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4) which states "The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof … (2) the recipient if he is 12 years of age or older … Assistance in interpreting the record may be provided without charge and shall be provided if the person inspecting the record is under 18 years of age. However, access may in no way be denied or limited if the person inspecting the record refuses the assistance." Patients should be allowed access to their medical records without a physician present. Additionally, patients do not have to wait until after discharge to request or obtain a copy of their medical records. The HRA **strongly suggests** Riverside Medical Center update the patient rights to align with The Code (740 ILCS 110/4).

Riverside Medical Center Response:

Staff were educated on the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201), Restriction of Patient Rights policy, as well as provided a copy of the HRA report. Record of Staff Training Attached.

Both the Patient Right's and Responsibilities policy as well as the Patient Rights form has been updated; attached. The Director and owner of the Patient Right's and Responsibilities policy as well as the Patient Rights form is out of the county and returns to the office on Monday 8/11/25. Upon return to the office the policy and forms that are provided to patients and posted will be updated with attached changes.

Complaint 2. Inappropriate restriction of rights

The Human Rights Authority makes the following **recommendations**:

1. **Riverside Medical Center follow The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103) by allowing patients "unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation."**
2. **Riverside Medical Center follow The Code (405 Ill. Comp. Stat. Ann. 5/2-200) by ensuring patients are informed "orally and in writing" of their rights. Riverside Medical Center should update their "Patient's Rights and Responsibilities" policy and "Patient rights" form to include that patients have the right to "Unimpeded, private and uncensored communication by mail, telephone …".**
3. **Riverside Medical Center follow The Code (405 ILCS 5/2-201) and their "Restriction of Patient Rights" policy by ensuring patients are "promptly given notice of a restriction…whenever any rights of a recipient of services that are specified in this Chapter are restricted."**
4. **Riverside Medical Center re-train staff on The Code (405 ILCS 5/2-103, 405 ILCS 5/2-201, and 405 ILC 5/2-200), their "Restriction of Patient Rights" policy, the updated "Patient's Rights and Responsibilities" policy and updated "Patient rights" form. As part of the training, please provide staff a copy of the HRAs report. Please provide the HRA with evidence of the training.**

Staff did not think it was safe for the HRA to tour the behavioral health unit. However, staff showed the HRA a blueprint of the behavioral health unit. The blueprint showed the phones being close to the nurses station however, staff stated the nurses station is fully enclosed. It concerns the HRA that staff may be able to overhear patients conversations due to the phones being close to the nurses station. The HRA **strongly suggests** Riverside Medical Center move the phones to a location more private or provide portable phones for patients' use.

Riverside's "Adult Mental Health Unit Rules" states "visitation is by appointment only". It concerns the HRA that patients are only allowed visitors if the visitor schedules an appointment. The HRA **strongly suggests** Riverside Medical Center set not require visitors schedule an appointment.

Riverside Medical Center Response:

The Patient Right's and Responsibilities policy as well as the Patient Rights form has been updated; attached. The Director and owner of the Patient Right's and Responsibilities policy as well as the Patient

Rights form is out of the county and returns to the office on Monday 8/11/25. Upon return to the office the policy and forms that are provided to patients and posted will be updated with attached changes.

Staff were educated on the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201), Restriction of Patient Rights policy, as well as provided a copy of the HRA report. Record of Staff Training Attached.

Moving the patient phones space prohibitive at this time, however, phone locations have been reviewed on the floor plans for the behavioral health unit rebuild set to begin this fall. Portable phones are not a favorable option as they can be broken apart to be used for self-harm as well as a weapon towards others. Phone times and visitation times have been clearly outlined on the unit schedule; attached. The by appointment only wording has been removed from posted documentation as well as information that is provided to patients in their welcome folder. While visitation is not able to be 24/7, it is required to staff to be aware of who is visiting for safety purposes (visitation occurs on the units) during visiting hours. Documentation to patients provided in their welcome folder is attached.