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HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 20-090-9004
McLean County Jail

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at the McLean County Detention Facility (MCDF). The complaint alleged the following:

- 1. Inadequate Treatment, inmate with a medical condition was not given seizure medications within a timely manner.**

If found substantiated, the allegation would violate the Illinois Administrative Code (20 ILCS).

The McLean County Jail serves the McLean county area. They have a daily booking population of approximately 240 detainees per day. A detainee arrives to their facility via a field arrest with verified charges. The arrested individual enters booking upon arrest and then is in custody of the jail if they are unable to make bond. The average length of stay in the McLean County Jail is 7-9 days. The facility employs 53 Correctional Officers, 7 Sergeants, 3 Administrators, 7 Control Room Operators, and 3 Inmate Services staff. The jail also employs ten county nurses and a Nursing Administrator. The facility medical director is a contract provider.

There are always 2 nurses on shift from the hours of 6:30am-7pm. There are no nurses available after 7pm and officers contact the Lead Registered Nurse or Nursing Administrator via telephone for nursing assistance. The facility does not have a formal medical unit or pod. Up to 12 cells in the booking area can be used for medical need.

COMPLAINT STATEMENT

The detainee involved in the complaint has a medical diagnosis of epilepsy and a mental health diagnosis of Bipolar Disorder. This individual requires the medication Dilantin for a seizures disorder and Zyprexa for a bipolar diagnosis. The allegations state that after being arrested, the detainee was taken to McLean County Jail and not given his medications as prescribed. The detainee's medications had been brought to the jail when

he arrived to booking around 5:00pm, by his mother who is also the detainee's legal guardian. Allegedly, the detainee had been booked into the jail around 3:30pm/4:00pm after the court hearing and the seizure medication was given to a jail deputy who stated that there was not a nurse on shift to pass medications. The jail staff was notified that the detainee is epileptic and needs his prescribed seizure meds. It was unknown where the detainee had taken the medication that morning but he needed to take his evening dosage. Allegedly, the guardian attempted to speak with the nurse the next day about his medications and the nurse on shift verified the detainee's seizure medications had not been given because they did not have a doctor's order from the jail's Medical Director. The guardian arranged for the detainee's neurologist to call and verify his medications with the jail. The allegations state that the day after arrest the detainee started to have seizures around 1:30pm and was not sent to the emergency room for three hours. He had a fall at one point, in his cell, which resulted in a large bump above his eye. After the fall, the detainee was sent to a local emergency room via ambulance for medical treatment.

FINDINGS

Staff Interviews (10.18.19)

A site visit was facilitated by the HRA at the McLean County Jail. Several county employees at the administrative level attended the visit, as well as the facility legal counsel. The complaint allegation and statement were read to the group before the site visit began.

When an individual arrives at the jail after a field arrest, they are booked into the custody of the McLean County jail. A Correctional Officer is responsible for the booking process and enters the necessary information about the detainee into the jail computer system. A medical assessment is usually completed on the detainee if the person is cooperative. If the Correctional Officer notes a medical need, such as diabetes or high blood pressure, this information is entered into the computer system for an on-duty nurse to see and then the nurse can have 1:1 contact about the medical diagnosis. If a person is diabetic, then they would be placed on a sick call and would have their sugar levels checked when necessary and placed into a general population cell pod. If a person arrives agitated, physically aggressive or suicidal and is not cooperative with the Correctional Officer orders then this individual would be kept in the jail booking cell area which can house 6-12 people. During this time the person is assigned their own Correctional Officer and observed on "frequent and staggered checks". These checks are required to occur at least every fifteen minutes. They can be done at five minutes or seven minutes, but the officer is to make the checks sporadic, so the detainee is not able to time their occurrence. The jail has a system in place for individuals being held in booking and once their behavior has calmed they are identified as red, yellow or green. Once an inmate is green they can proceed with custody and be placed in a different cell area. If an inmate appears to not understand the booking process due to a mental health need or being under the influence of drugs or alcohol, the Correctional Officer can contact Inmate Services Staff, such as a Forensic Correctional Counselor or a social worker, to help with booking paperwork.

If nursing becomes involved due to a medical condition, then the nurse on shift would speak with the detainee, take vitals, and gather information on medications, primary care physician, diagnosis, and family contacts that could assist with detainee medical records. This can only be done if the detainee is cooperative and safe with interactions. If a person needs medications, then the nurse on shift would contact the facility doctor to get an order. This is to be done before the end of shift. If it is an afterhours emergency, then nursing reaches out to a local pharmacy to get medications ordered or they do have some in-house medications that can be accessed. If a detainee's family brings medications to the jail, they must be verified and the facility physician must provide an order to give the medications. Nurses pass medication twice a day. If an individual requires a medication after the 7pm, and there are no nurses on duty, then some guards have been trained to pass medications. If there is an immediate medical need, such as a detainee is bleeding from a laceration, and is uncooperative, this person can be restrained to receive medical care.

If a detainee is in custody of the jail, a Health Assessment and in person visit with the facility physician is to be completed within 14 days. This usually occurs on Fridays but has since changed to Wednesdays. If a detainee requires medical care before the 14-day health assessment the detainee can notify an Officer who can then place a phone call and this message generates a notification to the nurse's station for follow-up. There is also a written form for the detainee to complete but the phone call is what is primarily used.

The individual involved in this complaint arrived at the McLean County Detention Facility late afternoon after being arrested at a court hearing. The behavior of the individual required use of a taser and he was restrained and handcuffed by Deputies at the courthouse. When he arrived at the jail he was physically aggressive with Correctional Officers and placed in a booking cell for observation. The medical assessment was not completed until the following morning due to the detainee's behavior. Part of the medical assessment is to identify if a person has a seizure disorder and the time of their last seizure. At some point, when the detainee arrived at the jail he had medications that were documented on his property slip. This form is used to document a detainee's personal items that are with them upon arrival to booking. No one involved in the site visit was sure when the medications had been dropped off. The detainee did have a seizure at jail around 1:30pm on the next day. The seizure was described by the Nursing Administrator as "very short, not witnessed, and he recovered quickly". He was placed under observation and evaluated by nursing staff later in the afternoon around 3:20pm. At approximately 3:57pm the detainee was found with a large bump on his head and he was transferred to the emergency department. Nursing was able to get an order from the physician to give his medications. When he returned from the Emergency Department he received his prescribed medications consistently.

Based on the timeline of events, he did not receive any medications on the evening of the arrest day and no morning medications on following day. The jail did have family contact information listed but there was confusion as to what this person's

legal role was with the detainee, family or legal guardian. A neurologist never made contact with the jail but they did receive a call from the detainee's attending psychiatrist. The detainee was cooperative during the remainder of his stay at the McLean County Jail and took his medications with no issue. He also saw the facility physician upon his return to the jail and moved to the general population pod. He was then released from the McLean County jail.

FINDINGS (Including record review, mandates, and conclusion)

Complaint #1 Inadequate Treatment, inmate with a medical condition was not given seizure medications within a timely manner.

The HRA reviewed the McLean County Incident Report which documents the detainee's behavior including not following deputy commands at a McLean County court hearing. A McLean County Deputy used a Thomas A. Swift Electric Rifle, also referred to as a taser, on the detainee when he resisted arrest at a criminal fitness hearing. The incident report documents "... I deployed the taser and probes stuck in the torso of [Detainee]. [Detainee] tensed up but did not fall to the floor. After the 5 second deployment, I pulled the trigger on the taser again and at this point [Detainee] ripped the probes from his body. ... I called for additional assistance, at this time, and several Deputies arrived to assist. Deputy [Staff] began to speak with [Detainee] but [Detainee] would not respond to numerous commands to turn around and place [his] hands behind his back, so he could be handcuffed. This went on for a couple of minutes and eventually Deputy [Staff], Deputy [Staff], and I grabbed the arms of the [Detainee] and took him down using a straight arm bar takedown. Several other deputies assisted in securing [Detainee] in handcuffs and getting him to the jail for processing. ... I have completed the McLean County Sheriff's Office use of force report. ..."

The HRA reviewed a document titled McLean County Field Arrest Report and the report documents the detainee being arrested at a fitness hearing. The section titled Additional information (if applicable) the word "No" is written next to the section titled Medical attention. An area of this form has Arrest Comment and the following is noted by the HRA "Remanded to DHS. Brought down from court by patrol. Case #'s ..."

The HRA reviewed a McLean County Inmate Social History Report for the detainee from three months prior to this arrest. There is a section of this form titled Medical Information and the word "YES" is documented next to Epileptic and he is classified as at risk for Mental Problem, Medical Problem, and Violence. The Medical Screening Report was completed two days after his arrest and documents that this individual is diagnosed with Epilepsy.

The HRA reviewed the McLean County Detention Facility Isolation Log for Cell: Booking #9 for the detainee; Observation for him begins on the arrest date at 1732 until 2230 when 2nd shift leaves; 3rd shift begins at 2248 and continues to the following morning at 0630. The McLean County Detention Facility Isolation Log for the next day

begins with 1st shift hours of 0700-1500 and have staff observing the detainee in "Cell: Booking 9" beginning at 0630 ending at 1425. The HRA does note on the the day after arrest, the first shift MCDF Isolation Log at 0805 there is a remark that the HRA is unable to decipher what is being said by the staff's handwriting. The written log notes at 1330 "had seizure", 1340 "getting checked out by medical", 1355 "lay awake", 1410 "rest", 1425 "rest", 1440 "rest", 1455 "rest", 1515 "med assistance", 1525 "nurse at cell [check] vitals", 1535 "rest", 1550 "lay awake", 1557 "medical assistance, possible seizure", 1605 "with nurses and rescue", 1620 "leaving with rescue ...".

The detainee was released to the Department of Human Services approximately 7 weeks later for placement in a state operated facility. The HRA would like to mention that the McLean County Jail booking area is in the same building as the McLean County courthouse.

The HRA reviewed two documents titled McLean County Jail Property Receipt and McLean County Jail Property Receipt Report. The McLean County Jail Property Receipt document is dated, the arrival date, and was completed by an officer and the section titled Property Confiscation lists medications as: (16) Divalproex Dr, (31), Phenytoin Sodium, (21) Lamotrigine, (26) Topiramate, and (7) Olanzapine. The officer's signature on this form attests to the following statement "I certify that I have received the following items of county property (marked x below) and that I am liable for their loss or abuse. I also certify that the above list of confiscated property is accurate." This form also has the comment "(dropped off by mother)" on the Inmate signature line. At the top of this form the statement, "*Placed in Bk6 [booking 6 Lock Box" is written at the top with Officer initials. There is no time of day documented on this form to determine what time the Property Receipt was completed.

The second document reviewed is titled Property Receipt Report and is dated and timed with the day after arrest at 04:52. The detainee's signature is noted on this form attesting to the following statement "I have read the below list and understand that my signature indicates my agreement that this is a complete list of my personal belongings and the money I had in my possession when I entered the McLean County Jail." This is signed by the detainee and dated two days after arrest. The list of Confiscated Property includes: "Medication Olanzapine, Medication Vivalproex, Medication Phenytoin Sodium, Medication Lamotrigine, Medication Topiramate..." This property list has the arrest date listed as the date received. An Officer's signature is noted on the form with no time. The dosages for the listed medications are not written on the form.

The HRA reviewed a McLean County Jail Event Report documenting the Event Date/Time: the day after arrest at 1402 and Report Date/Time: day after arrest at 1408. The Reporting Officer is named and the Event Description is [Detainee] (Seizure). The Narrative portion explains the following "I, officer [Staff] was assigned as the Float Officer at the McLean County Detention Facility for the 0700-1500 shift. At approximately 1330 hours I was helping out down in Booking. At this time I witnessed inmate [Detainee] in his assigned cell (Booking #8) having a seizure. Inmate [Detainee] was 'shaking' on his left side of his body on his green mat on the floor in his cell. I

immediately called Control to let them know of medical assistance needed in Booking #9. Moments later Sgt. [Staff], Officer [Staff], Officer [Staff] and Officer [Staff] arrived to help out with the above mentioned detail. Officer [Staff] keyed open his door and we all made contact with [Detainee] to check on his well being. At approximately 1340 hours Medical arrived in the presence of Nurse [Staff] and Nurse [Staff]. After all assessments were done and Inmate [Detainee] ceasing with his shaking episode. Both Nurses determined that at this time he did not need to go out for any further needed medical attention. It should be noted to use 'extra' caution in dealing with Inmate [Detainee]. He has had incidents with staff in the past that everyone needs be safe when dealing with him. This report is for informational purposes only."

The HRA Reviewed an MCDF Counseling Progress Note completed by a bachelor's degree level Correctional Facilities Counselor (CFC). This note is dated the arrest date and documents an interaction between this counselor and the detainee. There is no time listed to account for when the interaction took place. The "Reason of Session/Chief Complaint: Remanded from court UST. Upset over court hearing. Long hx of MH [mental health] tx and TBI [traumatic brain injury]. Previous behavior problems in custody. Mental Status: Mood/Affect: marked as Depressed Assessment: Situational Depression/Anxiety and Stress Reaction. Plan: Continue Medication Maintenance and Adjustment/MH Observation." The following statement is also part of the Counseling Progress Note "Confused over decision of court to bring back into custody. Stated he was not trying to cause problems in courtroom. Cooperative with staff once in the jail. Reports that he has been taking his medications while in the community and doing all he was supposed to. Stated he 'isn't on the bs any more' when asked about previous behavior and his ability to be safe with us. Denies SI [suicidal ideation] or HI [homicidal ideation]. Will remain housed in booking for observation at this time. Counselors will follow up regularly. Medical staff will work to get medications verified and approved."

McLean County Incident Report – with an incident narrative completed was called and Nurse [staff] and [staff] arrived a few moments later to check on [detainee]. This ended my contact with [detainee]. This report was done due to medical assistance being called." This same incident report has a Supplemental Report completed by the same MCDF Officer several days later at 15:27 with an Incident Summary statement of "This report was generated to correct the date of the incident which was [day after arrest]."

McLean County Incident Report – with an incident narrative completed by an MCDF Officer on day after arrest at 1546 documents the following:

"On [day after arrest] I, Officer [Staff] was posted in booking for the 1500-2300 hours shift. At approximately 1513 I heard a thud and looked up from my computer. At this time booking cell #10 and #11 called out that inmate [Detainee] had fallen to the ground and was having another seizure 9 had one during the 0700-1500 shift (between 1330-1400). When I reached cell #9 inmate [detainee] was lying on the floor and in the middle of a seizure. Officer [staff] responded and called for medical assistance at 1514 as I popped

the cell and placed a blanket under inmate [detainee] head. Officer [Staff] opened door 124 and let Nurses [staff] and [staff] arrived at booking at 1518. His vitals were taken, he responded with only grunts and nods. Another mat was placed in the cell and inmate [Detainee] moved to lay on it while on the floor. Medical then stated they would make calls to the doctor as they were currently trying to get his medications approved. Shortly after inmate [detainee] made his way back to the built-in sleeping platform.

At approximately 1555 Officer [Staff] stated that inmate [Detainee] was having another seizure. At 1555 medical assistance was called out again. I entered the cell while inmate [Detainee] was in the middle of the seizure. At 1555 medical assistance was called out again. I entered the cell while inmate [Detainee] was in the middle of the seizure. Due to him awkwardly laying on his chest/right side I rolled him onto his side and Officer [Staff] who was responding at this time moved the extra mat under his head and then placed smelling salt under his notes. I noticed a massive knot above his right eye and asked Officer [Staff] if he recalled there being anything wrong with his eye the last time he was having a seizure as I did not recall anything being bruised or swollen. Officer [Staff] confirmed that it was in fact a new injury. Medical Nurses [Staff] and [Staff] responded at 1600 and an ambulance was called for at 1601. Officer [Staff] stated to medical that he witnessed inmate [Detainee] having the seizure on the sleeping platform and then fall off and hit his head on the ground. The swelling was over his right eye causing the eye to almost swell completely shut. Inmate [Detainee] also had blood exiting with his spit while he had been seizing. The Fire Department arrived at 1608, the ambulance arrived at 1614 and they departed at 1621 to the hospital with inmate [Detainee] and Officer [Staff].”

McLean County Incident Report with an Incident Narrative completed by MCDF Sergeant [Staff] on the day after arrest at 20:52 states: “Supplemental Reporting ... On [day after arrest], I Sgt [Staff] was the Watch Commander at the McLean County Detention Facility for the 1500-2300 hours shift. I responded to Booking for both of the medical assistance calls noted in this report by Ofc. [Staff]. Ofc. [Staff] transported [Detainee] to [Local Area Hospital] with Deputy [Staff]. During this time staffing levels dropped below minimum staffing. Report generated for informational purposes only.”

The HRA reviewed an email completed by a MCDF Officer dated two days later at 12:45am sent to the Nurse Administrator. The email subject line is “[Detainee] Medication Issue.” The email states “[Detainee] medication was dropped off the evening of arrest day which were VIVALPROEX, PHENYTOIN SODIUM, LAMOTRIGINE, TOPIRAMTE and OLANZAPINE. [Detainee] had 5 seizures today [day after arrest] and fell and hit his head today and had to be taken to the ER. Sending this Email as requested. Have a nice day or evening. Officer [staff].”

The HRA reviewed McLean County Detention Facility Medical Department Progress notes for this Detainee. The first entry on Page 1 is written by MCDF LPN staff dated [day after arrest] at 10:20am and states “Rec’d call from [Staff] with [Physician’s] office asking about [patients] meds and is he getting them. [Physician’s Staff] reports

[patient's] mother called to see if he was getting his meds. Writer reports no notification rec'd of this pt. Writer began to look into [patient's]. arrival. Noted pt: not booked in yet thus no notification rec'd yet. [Physician's Staff] to fax orders."

There is another entry at 1045 written by the same MCDF LPN staff "[Received] [patient] orders from [Physician] will f/u with [Physician] and [Physician]." The next entry begins at 1330 and is written by a MCDF RN and states "Called to [booking] to assess this patient following reported seizure activity. Writer and [Nurse Staff] (registered nurse) RN arrived in BKG Cell 9 to find this [patient] in (L) Lateral position on cell floor. Eyes open [no] response to verbal stimuli, [patient] became aware of surrounding with opening ammonia ampule under nose... (Page 2) Cont. Failed to hit face when arm picked up and dropped above [patient], [patient] moved arm to side per self... mats placed on floor to prevent injury. Will continue to monitor."

Another progress note entry at 1520 written by different LPN on shift states "Received call to Booking CO states [patient] having another seizure activity writer and nurse [Staff] arrived @ [booking] 9, [patient] lying on floor R [lateral] position. Noted clear drool from [patient's] mouth [patient's] eyes closed, [patient] would not respond verbally to commands given ... turned over to change position still uncooperative [sic] communication. Pt opened eyes and looked around room. Will continue to monitor. Second set of vitals taken at 1525 by this same LPN. 1557 Control calling requesting medical to [booking] 9. This writer and Nurse [Staff] arrived to find [patient] lying on floor with egg size bump over [right] eyebrow. [Officer] states [patient] hit head when fell. (Page 3), Cont. [Officer] stated I didn't see him fall but 'heard it' [patient] lying supine position tossing arm over-head. [Patient] again not responding to verbal stimuli and area over [right] eye [increasing] in size at 1600 rescue called to transport patient to [Local Area Hospital] 1610 rescue arrived and medics evaluated [patient] prior to transport at 1420." After this entry the same LPN writes another entry with a time of 1530 and the comment out of sequence with the following "PC (phone call) to [Jail Physician] reviewed medications T.O. continue Divalproex Sod 500mg tab [sic] tab po BID, Topiramate 100mg [sic] tab po BID, Phenytoin Sod. 100mg [sic] caps [sic], Phenytoin sod. 100mg cap at [sic] pm."

The HRA reviewed a fax that an LPN on staff at the MCDF received from the Detainee's psychiatrist office on the day after arrest at 10:34am that contained a list of outpatient medications as of 6/18/19. Those medications were: divalproex (Depakote) 500 mg tablet 1 tab bid, Lamotrigine (Lamictal) 200mg tablet take 1 tab by mouth 2 times daily, Zyprexa 10mg tablet take 1 tab by mouth nightly, Zyprexa-ODT 5mg tablet dispersible take 1 tab by mouth every morning. Phenytoin (DILANTIN) 100mg ER capsule take 1 tab by mouth three times daily- taking 1m and 2hs, and topiramate (TOPAMAX) 200 Mg Tablet take 1 tab by mouth 2 times daily. This same fax has other handwritten notes identifying which doctor ordered the Detainee's medications. He was working with a psychiatrist and a neurologist. His diagnosis was documented as "mood disorder, as late effect of traumatic brain injury (F06.30) and other psychotic disorder not due to substance or known physiological condition (F28)."

The McLean County Detention Facility Medical Department Treatment Record has an entry dated the day after arrest at 1530 with the assessment/diagnosis of "Seizures/hx traumatic brain injury". The treatment record included a list of medication sent to the facility Physician by nursing staff: "Divalproex Sod 500mg tab take 1 able(s) orally two times a day, Topiramate 100mg Tab take 2 tablets orally two times a day, Phenytoin Sod Ext 100mg Cap take 1 capsule orally at bedtime, Phenytoin Sod Ext 200mg Cap take 1 capsule orally every morning." These have initials on the prescription. The med list is dated two days after the arrest, and initialed by a nurse three days after the arrest. There is another entry on the treatment record dated 6/28/19 at 1800 with the Assessment/Diagnosis being seizures and the medication "Lamotrigine 200mg Tab take 1 tablet orally two times a day" is dated with no initials but an overall signature from an unknown staff dated three days after the arrest. The HRA could not find any evidence indicating that the detainee had received any of his seizure medications prior to being sent to the ED on the day after arrest.

The McLean County Medical Screening Report was completed two days after detainment the day of the arrest at 18:15 and Section I documents Prescription "Toperamin, Tomotramin, other unknown" and Pertinent Information from Outside Agency in Regard to Behavior: "Epilepsy, seizures, skin grafts" are listed. Section II of this form under Diseases has the word "yes" written next to Epilepsy. Physicians Care is also noted to have the word yes and a physician's name is listed. Section IV of this form under Observations by Staff and Recent Medical Treatment has the comment "Yes Hospital for Seizures" noted. This was completed after the detainee had returned from the hospital.

The HRA reviewed an email thread that began approximately 2 weeks after the arrest at 11:23 am completed by the Chief Deputy and sent to Nursing Staff and Nurse Administrator stating "[Staff and Staff], Attached is a Citizen Complaint that was filed today. I need a response from Jail Medical and everyone involved in Jail Corrections ASAP. Thank you, [Chief Deputy]" The Citizen Complaint is not included. MJS [Staff] email response on the same date at 1:23pm states "[Detainee]: at 1020 on ... we received a phone call from the nurse at [Local Physician]'s office asking if this patient was receiving his medication. Staff then asked the nurse to please fax over this patient's medical list because he was not booked in and we had no medical information available at this time. At 1330 he had a seizure. He became aware of his surroundings, vitals were completed and extra mats were placed on the floor for patient safety. At 1520 it was reported patient had seizure activity and medical responded to booking to asses patient. Vitals were taken x 2 which were within normal limits except for a slightly elevated pulse. Patient alert with eyes open. At 1557 the patient experienced another seizure and had apparently struck his right eye. Per C.O [staff] the fall was unwitnessed but he did hear him fall. Patient was unresponsive to verbal stimuli and Rescue was called to be assessed at the emergency room. He returned with orders and medications were given that evening. Patient was then seen by the MCDF physician ... [3 days after arrest], at his schedule clinic for a right orbital hematoma. Orders were to continue all medications and notify staff if any problems. Noted that seizures were stable. Patient has not had another seizure since medications were started on the evening of ... [the day after

detainment].” The Chief Deputy forwards the 1:23pm email reply to the Nurse Administrator at 1:30pm that states, “[Nurse Administrator] See how this fits in with Corrections account of the situation and to a bit of a timeline please. Thanks, [Chief Deputy]” The Nursing Administrator replies at 4:42pm to the [Chief Deputy] and carbon copies (CCs) [unknown staff] “[Detainee]’s property receipt lists numerous medications. According to [nursing staff], the medical office received a medical screening notification at 8:02 on [the day after arrest] which was acted on by [Staff] and the Medical Screening was created by [Officer]. At 0900 according to the logs [detainee] flooded his cell. When I left work the [the day after detainment] I went to my car and there was an ambulance and I spoke to [MCJ Officer] outside. He stated that [detainee] had seizures. He stated that [detainee] had medications dropped off on the [the arrest date]. I asked him to send me an email. I contacted [Medical Staff] from medical at home and asked her if she knew anything about the medications and she said that she did not. I notified you that we were sending on to the hospital and what [Officer] and about the medications. [Medical staff] called the nursing staff and called me back and said that the nurses did not know about [detainee]’s condition until his doctor’s office called. [Medical staff] stated that the nurses were preparing to give the medication just prior to him having his second seizure.”

Approximately two weeks later at 3:55pm an email was sent from [staff] to the Nursing Administrator and states “Here is the screenshot for the notification acted/deleted by [Nursing Staff].” The HRA observes a screenshot included in this email is a long and narrow rectangle with the information “Medical Attention Required. Medical. [Detainee] [date after arrest] 8:02.05am.”

MCDF Policy #702 titled Admission Booking Procedure states “It shall be the policy of the McLean County Detention Facility to ensure that all persons detained in this Facility are lawfully arrested, his/her property remains intact, he/she is in good physical health, and his/her rights have not been violated. The MCDF must also remain in compliance with the Illinois County Jail Standards in reference to obtaining booking and personal information.” This same policy under section G. titled Property confiscation and Property Receipt “3. Medication that is brought in by the custody must be logged on the Property Receipt. This medication shall be dropped in the locked Medication Box in booking. The medical staff will be notified that there is medication in the box and of any medication that requires refrigeration.” Section L. Booking Screen and Medical/Psychological Screening states “1. The Booking Officer will ask the arrestee all questions listed on the Booking Screen. He/she will not assume any answers or leave any areas of the sheet blank. The Booking Officer has the responsibility of completing the Booking Screen as accurately as possible, as it is the formal record of the arrested. ... 2. The Booking Officer will ask the arrested all questions listed on the Medical/Psychological Screening. He/She will not assume any answers. The Booking Officer has the responsibility of completing the medical/Psychological Screening as accurately as possible, as it is a primary source of information to determine if the custody has a need for immediate medical attention (i.e., is diabetic, on prescribed medications). If the name of any medications are unknown by the custody, list what the medication is used for by the custody (i.e. depression). The Medical/Psychological Screening is also

the basic source of information for the Classification Officer, Inmate Counselor/analyst and Watch Commander to make initial classifications, cell assignments and to screen for any suicidal tendencies.”

MCDF Policy #842 titled Incoming Personal Property for Inmates with an Effective Date October 27, 2017 explains “It shall be the policy of the McLean County Detention Facility to accept certain limited amounts of personal property for inmates only if said property does not constitute a security or safety risk to the MCDF and/or is not pornographic.” Under the section titled Procedure: “A. Personal property for inmates will be accepted ONLY under the following conditions: ... 2. Medication will be accepted into the MCDF. Medication will not be dispensed unless the MCDF Physician and/or Health Services staff approves it. **Any medication brought in by an inmate or received from the public shall be dropped in the Medication box in booking and Health Services Staff notified (emphasis added) ...**”

The HRA reviewed the McLean County Detention Facility Health Services Department Policy and Procedure Manual. MCDF Policy #1201/J-A-01 titled Access to Care, with an Effective Date of October 27, 2017 explains “Policy: It shall be the policy of the McLean County Detention Facility to provide access to health care services necessary to meet the serious medical, dental, and mental health needs of inmates. A. The Jail Medical Clinic Supervisor, MCDF Health Services will serve as the Responsible Health Authority (RHA). 1. The RHA at the McLean County Detention Facility (MCF) is responsible for the arrangement of all levels of health services for inmates incarcerated in the MCDF. 2. The RHA identifies and eliminates any barriers to inmates receiving health care. ... 4. Nurse staff the Health Services Department seven (7) days per week from 06:30 hours until 2200 hours. A. Nurse Sick Call is held routinely on at least a daily basis in the Health Services department and also on an as needed basis. B. Medication rounds are conducted up to four times each day at 0800, and 2000 hours, and 1100 and 1600 as needed. ... b. Medications are administered by Health Services staff up to four times each day by physician order for prescription medications, or through Nursing Assessment Protocols for non-prescription medications. ... C. Access to health care services 1. Signs are posted in booking area of the MCDF regarding the availability of health care and ways to access services. ... 4. Inmates who have apparent difficulty communicating, e.g., developmentally disabled, illiterate, mentally ill, deaf, etc., will be referred directly to a Health Services staff member at the earliest opportunity in order that appropriate access to health care services can be established.”

MCDF Health Services Department Policies and Procedures #1208/J-A-08 titled Communication on Patient’s Health Needs with an “Effective Date of October 27, 2017” states “It shall be the policy of the McLean County Detention Facility to require communication between MCDF administration and Health Services staff regarding inmates’ who have significant medical or mental health conditions or disabilities that must be taken into consideration in classification decisions in order to preserve and protect the health and safety of the inmates, other inmates, and/or staff.” The Procedure section of this policy states “A. A medical questionnaire will be completed during the booking process for those inmates not immediately released. Any inmate with medical

problem will be immediately referred to the Health Services staff for proper diagnosis and planned treatment by means of a "notification" on the EJS system. 1. Health Services staff will review all 'notifications' on an on-going basis and provided additional follow-up as necessary. ... 3. Inmates who are diagnosed as having significant medical or mental health conditions, disabilities or appear to be severely ill, will require a documented consultation between the Watch Commander, Inmate Assessment Specialist and Health Services staff prior to: a. Housing assignment, ...4. Health and custody staff communicate about inmates who are: ... h. Mentally ill or suicidal i. Developmentally disabled"

MCDF Health Services Department Policies and Procedures #1231/J-E-01 with an Effective Date of October 27, 2017 explains procedure section "C. Inmates who have apparent difficulty communicating, e.g., developmentally disabled, illiterate, mentally ill, deaf, etc., will be referred directly to a Health Services staff member at the earliest opportunity in order that appropriate access to health care services can be established."

MCDF Health Services Department Policies and Procedures #1232/J-E-02 titled Receiving Screening with an "Effective Date of October 27, 2017" explains "**It shall be the policy of the McLean County Detention Facility that a receiving screening is performed for all new custodies on arrival at the MCDF to ensure that emergent and urgent health needs are met (emphasis added).** Procedure A. In the event that the custody has not received medical treatment and said custody is in need of emergency treatment, e.g., unconscious, semiconscious, bleeding, mentally unstable, or otherwise urgently in need of medical attention, it will be the responsibility of the Transporting Officer to obtain immediate treatment and medical clearance for the custody at a hospital emergency department prior to the custody being accepted by MCDF staff. ... 3. If the custody is in need of non-emergency treatment that can be provided by the Health Services staff, Correctional Staff, or MCDF Physician, said treatment will be provided as soon as it is practical. B. The initial receiving screening process will take place for all inmates during the booking process by Correctional Officers. C. the receiving screening will take place as soon as possible for all inmates who are not bonding out of the MCDF in the near future. ... In the event that health needs are identified during the receiving screen, the correctional officer will notify Health Services staff or the MCDF Physician regarding disposition of the custody. D. The Booking Officer will make inquiries listed on the Medical Screening Form. 1. Inquiries regarding past and current illnesses, health conditions, and special health requirements (e.g. dietary needs). ... 4. Current and past mental health problems, past treatment or hospitalization for these problems, and current treatment of problems. ...8. Medications taken and special health (including dietary) requirements 9. Prescribed medication will be verified and administered according to the physician's orders. E. The Booking Officer will observe the inmate for: 1. Appearance ... , 2. Behavior ... , 3. State of consciousness ... 4. Ability to move ... 5. Breathing ... 6. Mental status (including suicidal ideation), 7. Conduct. 8. Condition of Inmates skin regarding: a. trauma markings b. bruises c. cuts/open sores ... F. The EJS System provides 'notification' to the Health Services staff of inmates with medical problems requiring immediate diagnosis and planned treatment. 1. Health Services staff will review all "notifications' on an on-going basis and provided additional follow-up as

necessary. ... G. The EJS system logs the date and time that the Medical Screening Form was completed and includes the names and title of the person completing the Form.”

Nursing Assessment Protocol Policy #1241/J-E-11 with the Effective Date of October 27, 2017 explain “It shall be the policy of the McLean County Detention Facility that Nursing Assessment Protocols shall be appropriate for the level of skill and preparation of nursing personnel who will utilize the Protocols and comply with relevant state practice acts. Standing orders may be utilized only for preventive medication practices and emergency situations. ... Nursing Assessment Protocols do not include the use of prescription medication except for those medications utilized in emergency situations, e.g. nitroglycerin, epinephrine. ... “

The HRA reviewed the McLean County Detention Facility Health Services Department Nursing Assessment Protocol titled “Seizure Disorders” this policy defines what a seizure is, how to assess someone for seizures and what supportive measures should be implemented. This policy states “Supportive Measures: 1. House in an area of close observation until condition can be assessed and/or stabilized. 2. Provide medication as scheduled. 3. Refer inmate to ACH physician for follow-up if history of recent seizure activity or signs and symptoms of antiepileptic drug overdose. 4. The ACH Physician may order medication and baseline testing if appropriate. 5. May be necessary to arrange transport for inmate to personal physician depending on current status of epilepsy. 6. Instruct inmate in the importance of taking the medication on a routine basis when not incarcerated, and to practice regularity and moderation in daily activities e.g. diet, exercise, rest, and avoidance of stimulating stresses. 7. In the event of a seizure, the primary focus of treatment is the PROTECTION of the person, and the PREVENTION of further injury. a. Prevent aspiration of secretions by turning the person’s head to one side if possible. b. Push away nearby objects. c. It may be necessary to utilize ammonia capsules or ‘arm drop’ to check level of consciousness. d. It is NOT NECESSARY to place any object between the teeth of the person. e. Stay with inmate until fully conscious; observe respirations; monitor vital signs. f. Notify the ACH Physician regarding follow-up treatment and/or possible transfer to St. Joseph Medical Center, Emergency Department.”

The HRA reviewed the MCDF Inmate Information and Orientation Handbook revised April 3, 2018. Section 2. titled Request for Medical Care states “a. Please report non-emergency medical problems or medical concerns to the Health Services Staff by completing an Inmate Request Form. ... e. Please report any medical situation which requires immediate or emergency follow-up or treatment to a Correctional Officer immediately.” Section 3. titled Medications states “a. Routine medication rounds will be made twice daily beginning at 8:00am and at 4:00pm. Medication rounds may be made four times a day when necessary. ... c. If you brought your own personal prescription medications with you when you came to the MCDF: Medications will be verified with your Physician or Pharmacist. Medications will be stored in your personal property and will be returned to you upon release. In some cases we may administer your personal medications to you while you are in the MCDF. ...”

Jail Regulations (20 Ill. Adm. Code 701.90) on Medical and Mental Health Care state “a) Medical and Mental Health Services All jails shall provide a competent medical authority to ensure that the following documented medical and mental health services are available: 1) Collection and diagnosis of complaints. 2) Treatment of ailments. 3) Prescription of medications and special diets 8) Administration of medications, including emergency voluntary and involuntary administration of medication, including psychotropic medication, and distribution of medication when medical staff is not on site. 9) Maintenance and confidentiality of accurate medical and mental health records. 10) Maintenance of detailed records of medical supplies, particularly of narcotics, barbiturates, amphetamines and other dangerous drugs. b) Physician, Mental Health and Dental Services 1) A medical doctor shall be available to attend the medical and mental health needs of detainees. e) Written Record or Log. A written record shall be maintained, as part of the detainee's personal file, of all treatment and medication prescribed, including the date and hour the treatment and medication is administered. A written record shall be maintained of over-the-counter medication, for example, aspirin, cough medicine, etc., issued by jail staff. A written record shall be kept of all detainees' special diets.”

Jail Standards (20 Ill. Adm. Code 701.40) Admission Procedures state: “i) Physical and Mental Health Assessments 1) The admitting officer shall observe the detainee for any obvious injuries or illnesses requiring immediate emergency medical care, rashes, unusual cough, high temperature, body pests and general mental status. The officer shall determine by questioning whether the detainee: A) Has any medical condition that requires medical attention, such as dependence on drugs or alcohol, diabetes, **epilepsy (emphasis added)**, allergies, asthma, heart condition, etc.; B) Has any indications of acute mental or emotional disturbance, mental illness, developmental disabilities or dual diagnosis; C) Is at imminent risk of self harm as determined by the use of an approved screening instrument or history of medical illness; D) Is on medication; and E) If female, is pregnant. 2) Mental health screenings shall include either an assessment by a mental health professional or an assessment by a jail officer using an approved screening instrument for assessing mental health. 3) When a detainee shows signs of or reports unusual physical or mental distress, he or she shall be referred to health care personnel as soon as possible. A) Detainees exhibiting psychiatric symptoms, such as acute psychotic features or mood disturbances, or detainees who have a known psychiatric history shall be evaluated by a mental health professional. B) Detainees exhibiting suicidal behavior or ideations shall be placed in a reasonable level of care that provides for their safety and stability. j) Medication 1) Any medication in the possession of a detainee at admission shall be withheld until identification and verification of its proper use is obtained and documented by a licensed medical professional. Medical staff shall obtain verification as soon as possible, **no later than the time interval specified for administration of the medication on the prescription container.** (emphasis added) 2) Medications shall be administered as prescribed.”

Jail Standards (20 Ill. Adm. Code 701.30) Records state: “a) Booking and Personal Record Information A booking and personal record file for each detainee

received shall be established and maintained in accordance with Section 701.40(k). ... c) Extraordinary or Unusual Occurrences 1) All extraordinary or unusual occurrences must be reported to the Unit by the jail administrator or his or her designee, utilizing the form supplied by the Unit. 2) Reports shall be forwarded as soon as possible, but not to exceed three business days after the occurrence, and shall include, but not be limited to: A) Name and address of the jail. B) Date, time and type of occurrence. C) Information regarding any detainee involved in the occurrence, including name, date of birth, date confined and arresting charge. E) Information regarding any detainee that was transported to a hospital or medical facility for treatment and whether he or she was admitted as an inpatient or released. F) A summary of the facts and circumstances surrounding the occurrence. G) Any recommendations to prevent subsequent occurrences. H) Signature of the reporting officer and the date of the report. 3) Extraordinary or unusual occurrences shall mean: ...C) Serious injury, including accidental or self inflicted injuries. ...”

CONCLUSION:

SUBSTANTIATED.

In this case, a detainee with a medical diagnosis of epilepsy, who had previously been in jail at the MCDF arrived to the booking department of the jail. This contact with booking began at approximately 5:23pm on the arrest date until he was sent out for emergency medical treatment the following day at 4:01pm. A face sheet provided by the jail indicates this facility was familiar with the detainee from earlier in the year. The detainee had seizure activity on the next day beginning at 1:30pm, again at 3:13pm, and 3:55pm. Nursing assessed the individual per protocol on the same day but did not send the detainee to a local hospital until the third seizure, due to a serious injury diagnosed as a right frontal hematoma. According to the documentation and the interview, the seizure activity begins after the detainee missed two doses of prescribed seizure medications; the first being the prescribed evening medications on the arrest date and the second being morning medications the next day. Jail Regulations (20 Ill. Adm. Code 701.40 Admission Procedures states “j) Medication 1) Any medication in the possession of a detainee at admission shall be withheld until identification and verification of its proper use is obtained and documented by a licensed medical professional. Medical staff shall obtain verification as soon as possible, no later than the time interval specified for administration of the medication on the prescription container. 2) Medications shall be administered as prescribed.” At some point during the booking process, the detainee’s prescribed seizure medications were delivered to the jail by the detainee’s legal guardian. The medication was placed in the property lock box per procedure the same day as noted on the Property Receipt. The HRA was provided no documentation that the detainee was provided his needed medication for his diagnosis of epilepsy for the evening of the arrest date or the following morning and stated during the site visit that the detainee may have missed his medication administration during that time. This is also evidenced by the Medication Sheet and Administration Record. This medication record was not created until two days after detainment and documents no medications begin given to the detainee the evening of detainment or the following morning. He was sent to the hospital

due to seizure activity in the evening after the initial seizure and when evening medications would have been provided. In the meantime, the detainee had epileptic seizures. Later, it was determined by the facility physician that the detainee was to take medication twice daily to prevent seizures. Additionally, the documentation shows that medication was not even discussed until the detainee's psychiatrist contacted the jail the second day of detainment at 10:20am and at that time a MCDF Nursing Progress Note indicates the nurse taking the call said the "patient is not booked in yet thus no notification received yet", which did not appear to be what occurred. There is no MCDF Officer documentation discussing the medications being dropped off by the mother with nursing staff and no Medication Administration Record to confirm medications were given as prescribed. For these reasons, the HRA has substantiated the complaint.

Per the site interview it is common practice for the MCDF to hold people in booking due to behavior concerns but based on the Isolation Log Records reviewed by the HRA, there were no behavior concerns between 5:32pm on the arrest date and 9am on the following day, when the detainee flooded his cell. Additionally, the McLean County Detention Facility's own policy regarding screening "**It shall be the policy of the McLean County Detention Facility that a receiving screening is performed for all new custodies on arrival at the MCDF to ensure that emergent and urgent health needs are met (emphasis added).**" It also clearly explained in the MCDF Nursing Assessment Protocol for Seizure Disorders that **the primary focus of treatment is to protect and prevent further injury (emphasis added).** The HRA also determined that there was not a medical staff supervising this Detainee from 1431 hours to 1555. The Sergeant's Report document two Assistant Calls to nursing at 1514 and 1555 hours.

Isolation Logs show the detainee was in direct supervision of an officer when the first seizure activity began at 1:30pm and nursing did check on the detainee after being contacted by an MCDF Officer but the only interventions documented were taking his vitals and to continue to "monitor" with no clear definition of what type of monitoring should be implemented or who should be doing it.

The HRA makes the following **recommendations**:

- All MCDF officers and nursing should be trained on **Jail Standards (20 Ill. Adm. Code 701.40)** regarding admission procedures, with emphasis on determining whether a detainee is diabetic and verification of proper use of medication prior to the "time interval specified for administration of the medication on the prescription container." Provide evidence of this training to the HRA.
- All MCDF Officers and Nursing staff should be trained on **Jail Regulations (20 Ill. Adm. Code 701.90)** on medical and mental health care, with focus on treatment and administration of medications. Provide evidence of this training to the HRA.

- All MCDF jail staff and nursing staff should be trained on **Jail Standards (20 Ill. Adm. Code 701.30)** regarding detainee records. Provide evidence of this training to the HRA.

The HRA also makes the following suggestions:

- McLean County Detention Facility Health Services Department Policy and Procedure Manual. MCDF Policy #1201/J-A-01 titled Access to Care states "4. Nurse staff the Health Services Department seven (7) days per week from 06:30 hours until 2200 hours." Per the site interview the MCDF does not have a nurse in the building after 7pm. Officers are to call the Lead Nurse afterhours. This staffing change does appear to be a clear violation of the MCDF's own policy. Follow MCDF's own policy for how to staff nurses. At this time there are two nurses on shift from the hours of 6:30am-7pm; the jail policy indicates there should be a nurse on shift until 10pm.
- On the morning after detainment it appears that an officer entered a medical request into the computer system requesting medical assistance at 8:02 am but this was deleted by a nurse with no corresponding medical documentation as to why the early morning entry was deleted without follow-up. The HRA does conclude that the nurse on duty did not go and meet with the detainee after receiving the computer medical request at 8:02am as there are no nursing notes to indicate contact with MCDF Officers or the detainee. Nursing staff should never delete a medical notification without a corresponding nursing note documenting the reason for the notification and the medical response required.
- Improve documentation by MCDF officers, make sure dates and times are correct, are entered in a timely manner and are unbiased when documenting on-going situations with a detainee.
- Improve communication between nursing and MCDF Officers.
- Train staff on the MCDF policy that defines seizures and how to respond to a detainee having a medical crisis such as a seizure. Prevention of further injury should be the focus.

RESPONSE

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

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 20-090-9004

SERVICE PROVIDER: – McLean County Jail

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:

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.

Carrie Haas

NAME

Attorney

TITLE

9/8/2020

DATE

Dunn Law Firm, LLP

100 Years of ExcellenceSM

Writer's Direct E-mail:
clh@dunnlaw.com

August 5, 2020

Ms. Meri Tucker, Chairperson
Regional Human Rights Authority
Peoria Regional Office
401 Main Street, Suite 620
Peoria, Illinois 61602

Re: HRA Case # 20-090-9004

Dear Ms. Tucker,

McLean County would like to express its gratitude to the Regional Human Rights Authority of the Illinois Guardianship and Advocacy Commission (HRA) for its time and attention to this complaint. Thank you for the opportunity to respond to the recommendations and suggestions listed in the May 22, 2020 Report of Findings.

In response to the recommendation regarding Jail Standards and Jail Regulations, the medical staff have reviewed the applicable provisions. The education was completed between May 28, 2020 and June 6, 2020, and the content and the signature sheets are enclosed for your records. (Attachment A). Correctional staff are trained on the Illinois County Jail Standards. Officers receive 8-9 hours of training at the Law Enforcement Academy from an Illinois Department of Corrections instructor and receive additional training through the McLean County Detention Facility Jail Training Officer Program. Examples of training required and received by McLean County correctional staff are enclosed for your records. (Attachment B). It should be noted that all correctional staff get assigned the same training annually. A spreadsheet documenting recent trainings for correction staff on the Illinois County Jail Standards and on Epilepsy and Seizures are enclosed for your records. (Attachment C).

In response to the suggestion of training staff on the MCDF policy that defines seizures and how to respond to a detainee having a medical crisis such as seizure, both nursing and correctional staff are so trained. See Attachment A, Attachment B and Attachment C. HRA also suggested in its Report improving documentation by correctional staff and improving communication between nursing staff and officers. Correctional staff communicate by telephone, email and in person on a regular basis with the medical department. Follow up emails are sent to all nursing staff advising when an individual was uncooperative and, as such, was unable to have the booking/medical screening process completed upon being booked in to the jail. These notifications are provided so the medical staff

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is aware that a detainee is in booking and medical information has yet to be attained. Examples of the notifications provided are enclosed for your records with redactions made to inmates made. (Attachment D).

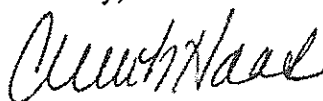
As to the HRA's suggestion to improve documentation by MCDF officers, there is no information in the report as to how any specific documentation with this detainee was "unbiased". As matter of course, proper documentation from officers and medical staff is taken very seriously at the jail as it is necessary for the safety, health and security of detainees and jail staff. A scrivener's error or other typographical error is corrected upon discovery, and in this instance was corrected with a supplemental report providing the correct information. Nursing staff have been trained and are expected to not delete a medical notification without a corresponding nursing note documenting the reason for the notification and the medical response required.

In reviewing McLean County Detention Facility Health Services Department Policy #1201-J-A-01 titled Access to Care, the HRA noted that paragraph 4 provides for nursing to staff the Health Services Department seven days per week from 06:30 hours until 22:00 hours. It should be noted there are always 2 nurses on staff from the hours of 06:30 to 19:00. While there are no nurses on shift after 19:00, officers contact the Lead Registered Nurse or Nursing Administrator via telephone for nursing assistance. Additionally, during those hours, officers contact the jail physician or arrange for transport to local hospitals consistent with any inmate medical needs that may arise. While admittedly the hours staffed by the nurses are not consistent with the hours detailed in the policy, medical services for inmates are provided for in accordance with Section 701.90 of the Illinois County Jail Standards.

Thank you again for this opportunity to respond to the recommendations. While we disagree with the HRA conclusion, McLean County will continue to monitor and review its polices and procedures, and train staff accordingly.

If you would like to discuss further, please feel free to contact me.

Sincerely,



Carrie L. Haas
cc: Sheriff Jon Sandage
Jamey Kessinger
Diane Hughes