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**FOR IMMEDIATE RELEASE**

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**HUMAN RIGHTS AUTHORITY- CHICAGO REGION**

**REPORT 08-030-9006  
CHICAGO LAKESHORE HOSPITAL**

Case summary: The HRA substantiated the complaint that the hospital denied a recipient the right to refuse treatment absent an emergency.

**INTRODUCTION**

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Chicago Lakeshore Hospital when it denied a recipient the right to refuse treatment absent an emergency. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Chicago Lakeshore Hospital is a 120-bed private psychiatric hospital located in Chicago.

To review this complaint, the HRA conducted a site visit and interviewed the Director of the Intake Unit. The HRA obtained the recipient's record with written consent. The recipient is an adult who maintains her legal rights.

**FINDINGS**

The recipient in this case reported that on 10/10/06 she had approached her landlord and complained about a pile of wood that had been deposited next to her apartment building. The recipient had felt that this wood was a fire hazard and a hygiene threat, and she had complained about it numerous times to her landlord. When she first signed her lease she had been given the task of keeping an eye on the apartments and for this job received a discount on her rent, so it was customary for her to monitor apartment grounds. However when she approached her landlord on 10/10/06 the conversation resulted in an argument between the recipient and her landlord, and voices were elevated and tempers heated. The recipient felt that the language barrier between her and the landlord prevented any further understanding, and she left him to return to her apartment, where she began to clean.

The recipient recalls that she was cleaning her bathroom when she heard loud knocking on her apartment door. When she answered the door, police officers as well as Emergency Medical Technicians (EMTs) entered her apartment. While the police looked around her apartment, the EMT placed her in a physical hold and forced her out of the building. She was

tied to a stretcher and taken by ambulance to a community hospital nearby on a petition completed by the police officer at 9:50 a.m. At this point she recalled that she was crying and asking, "What are you doing this for- what is happening?" She also stated that she tried to stay calm, "I tried to explain myself- I didn't want them to touch my body but I was horrified," and "I wanted to cooperate so they would leave me alone- I kept telling them that I had no insurance." She stated she asked repeatedly to have her family notified, but she felt that no one was listening. She remembers being questioned by Lakeshore staff and then told that she was being transferred to another local hospital. Her Transfer Form indicates her refusal to consent to the proposed course of action, however, the space for the time of day is not completed.

The Chicago Lakeshore Hospital Call Sheet indicates that on 10/10/07 at approximately 10:03 a.m. the recipient was brought in by a 20<sup>th</sup> District police officer on a petition for involuntary admission, completed at 9:50 a.m. stating:

"Responding Officer (RO) responded to a call of a disturbance with a mental [patient] and met by building engineer at...who related that subject ...was talking about a fire in her apartment...(reporter) further related that subject was out of it and needed hospital attention. When RO arrived at scene RO observed above subject confused and paranoid. Subject could not keep her eyes open and was walking around in her apartment in circles talking in non-sensical sentences. ....Subject further related that for the past 2 years a man carrying wood and water has been knocking on her door asking her to dispose of the wood and the water in her apartment." There is no signature on the petition to indicate that a copy was given to the recipient or that her rights were explained to her.

The certificate that was then completed at Lakeshore at 11:15 a.m. states the following clinical observations: "Client is disorganized, not oriented, delusional. Client states someone has been delivering wood to dispose in her apartment. Landlord and police officer report client is fearful of fires, and is wandering around her apartment talking non-sensically. Client is unable to care for self." The section that certifies that the recipient had been informed of the purpose of the examination and the right to not offer information is not signed.

A Uniform Screening and Referral Form was completed at Chicago Lakeshore Hospital. It was completed at 9:50 a.m. and includes a statement of the presenting problem: "Clt. was brought by police based on a call from landlord who stated that client was ....(illegible)....in her apartment. CPD observed clt. walking in circles and talking nonsensically." In the Support Systems section, it states, "Clt. states she has some friends and step-brother who are supportive." The Clinical Judgement of Dangerousness includes the notation of "Unable to care for self" and the specific behaviors related to this admission are: "Clt. is disorganized, confused, wearing shorts, difficulty focusing." The Diagnostic Impression: "Psychotic Disorder NOS."

An Intake Medical Screen was included in the Lakeshore record. This form is only partially completed by an RN (Intake Director stated that a computer problem prevented the full print-out) and indicates that there is no emergent medical problem. Although it is signed, there is no date or time of the Intake.

There is also an Intake assessment in the record. The history section outlines the presenting illness:

"46 year old female presenting via CPD as the Pt's landlord called the police concerned about Pt's unstable [behavior]. Patient reports that she got into an argument with her landlord because he was upset with her for not cleaning an abandoned apartment in the complex. ....upon CPD arrival, the patient was walking around in circles in the apartment. Stated that a male has been coming by her place for the last 2 years asking her to dispose of the wood and water in her apartment. Presently appears to be confused and disorganized. Hygiene and grooming are inappropriate. Pt. denies a psych history but appears to be unable to care for self. Believes that year is 1997."

The Mental Status Exam indicates that the patient is "cooperative, calm, with soft speech, and is alert and oriented x 4." The summary states, "46 year old woman presenting as CPD drop. Police were called to her residence as she was appearing to be paranoid, delusional, and not caring for herself. Pt's grooming/hygiene are poor. Thoughts are disorganized. Reviewed with Dr....for transfer out to state facility as patient has no insurance." This assessment was completed at 10:00 a.m. on 10/10/06.

The Director of Intake was interviewed for this investigation. He stated that the recipient was brought in by the 20<sup>th</sup> District Police Department officer with the petition. She was then assessed in the Intake Department and by the Community Counseling Centers of Chicago counselor, who completed the Uniform Screening and Referral Form. As a result of this screening a recommendation was made for inpatient psychiatric treatment and a referral to a state psychiatric hospital was completed.

The Intake Director stated that it is the policy of all state hospitals that before a patient can be admitted they must have medical clearance from a medical hospital. Since there is no medical unit at Chicago Lakeshore, patients must be referred to another community hospital for this clearance before they are transferred out.

The record does not indicate that any treatment was given to the recipient at Chicago Lakeshore Hospital. The recipient was then transferred to another community hospital (no time given) where she was admitted and received treatment in the emergency department. She was then transferred to the state psychiatric facility where she remained for three days and was then discharged with no need for follow-up care.

## STATUTORY BASIS

The Mental Health Code states that when a person is asserted to be in need of evaluation for involuntary admission any person 18 years of age or older may complete a petition. However, the Code describes in detail the process that is required for this detainment and treatment:

"(b) The petition shall include all of the following:

1. A detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.

2. The name and address of the spouse, parent, guardian, substitute decision maker, if any, and close relative, or if none, the name and address of any known friend of the respondent whom the petitioner has reason to believe may know or have any of the other names and addresses. If the petitioner is unable to supply any such names and addresses, the petitioner shall state that diligent inquiry was made to learn this information and specify the steps taken.

3. The petitioner's relationship to the respondent and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent. If the petitioner has a legal or financial interest in the matter or is involved in litigation with the respondent, a statement of why the petitioner believes it would not be practicable or possible for someone else to be the petitioner.

4. The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.

(c) Knowingly making a material false statement in the petition is a Class A misdemeanor (405 ILCS 5/3-601)."

Additionally, the Code describes the certificate that is required before non-emergent treatment is administered, which guarantees that a recipient is advised of his rights under the Code:

"The petition shall be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208 (405 ILCS 5/3-602)."

Section 5/3-208 continues to guarantee that prior to the examination that is required for the certification of a person 12 or over, the person conducting the exam must inform the recipient in a simple comprehensible manner of the purpose of the exam; that the recipient does not have to talk to the examiner; and that his statement may be used in court on the issue of whether he is subject to involuntary admission.

Additionally, upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient must be informed orally and in writing of their guaranteed rights (405 ILCS 5/2-200).

## CONCLUSION

The recipient in this case was taken from her home and seen at three hospitals over a period of four days before she was discharged from a state psychiatric hospital with no diagnosis. The originator of this process was a petition, which was completed as the result of a phone call

from an angry landlord to a local police department. Chicago Lakeshore Hospital then received this patient, and a qualified examiner certified that she was in need of immediate hospitalization.

The issue here is that the forms that propel this process to detain people against their will were not completed thoroughly. For this reason there is no evidence from the record that this individual was ever informed that she had rights much less that she was able to exercise them. Signatures on the petition, certificate, and Intake paperwork are missing along with dates and times that they were completed. Personal information such as family contacts are inconsistent if not altogether contradictory. For instance, the Intake Assessment states the recipient has no family or support and the Referral Form states she has friends and a step-brother who are supportive. Also, the Call Sheet states that the recipient arrived at 10:03 a.m. but the Intake assessment was completed at 10:00 a.m. and the Uniform Screening and Assessment Form was begun at 9:50 a.m.

The Transfer Form indicates that the recipient refused to consent to the suggested course of action but nowhere does it show that she was given an explanation for what was happening to her. And, repeatedly, the forms quote or reword the original statements of the petitioner. This leaves the reader with the impression that the petitioner's observations drove the hospitalization, instead of the qualified examiner's clinical observations- and this affords an undue weight to the petition that the Mental Health Code means to avoid by mandating a certificate.

Although the documentation does not show that Lakeshore denied the recipient her right to refuse treatment absent an emergency, it shows that the facility did not admonish her of her guaranteed rights while being held involuntarily, not knowing in the meantime that she would be able to refuse any treatment and that she did not have to speak to any examiner. Add that the facility also failed to thoroughly complete required legal documents that give authority to hold and transfer her and we find a violation of her due process rights.

### RECOMMENDATION

1. Ensure that if a recipient is detained against his will that the petition and certificate are completed thoroughly and that the recipient is completely informed of his rights under Chapters II and III of the Mental Health Code.

### SUGGESTION

1. Ensure that all appropriate legal documents and forms completed by the facility reflect clinical versus petitioned observations and assertions.

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## **RESPONSE**

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

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# Chicago Lakeshore Hospital

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February 22, 2008

Katherine Dunford, HRA Chairperson  
Illinois Guardianship and Advocacy Commission  
1200 S. 1<sup>st</sup> Avenue  
Box 7009  
Hines, IL 60141

**RE: #08-030-9006**

Dear Ms. Dunford:

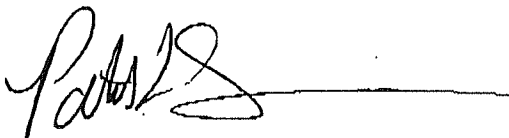
In response to your correspondence of January 24, 2008:

***Recommendation #1:***

We have reviewed with our staff the following – that if a patient is detained against his/her will that the petition and certificate are completed thoroughly and that the patient is completely informed of his/her rights under Chapters II and III of the Mental Health Code.

Please contact either one of us if you have any questions.

Sincerely,



Patrick Sanders, MS, MA  
Director, Intake



Charlotte Whiteside, MJ  
Director, PI/RM