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Egyptian Regional Human Rights Authority
Report of Findings
Chester Mental Health Center
08-110-9004
January 29, 2008

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chester Mental Health Center, the most restrictive mental health center in the state. The facility, which is located in Chester, provides services for approximately 300 male residents. The specific allegation is as follows:

> A recipient at Chester Mental Health Center has not received adequate care for a medical condition.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102 and 405 ILCS 5/2-112). Sections 5/1-101.2 and 5/1-117.1 of the Code are relevant to the allegation.

Section 5/2-102 of the Code states, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan."

Section 5/2-112 of the Code states, "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect."

Section 5/1-101.2 of the Code states, "'Adequate and humane care and services means services reasonable calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient facility so that he or she may be released or services reasonable calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others."

Section 5/1.117.1 states, "'Neglect' means the failure to provide adequate medical or personal care or maintenance to a recipient of services, which failure results in physical or mental injury to a recipient or in the deterioration of the recipient's physical or mental condition."

Complaint Information

According to the complaint, a recipient at the facility has not received adequate care for a medical condition. It was alleged that the recipient had not received treatment for skin lesions that have been present for a considerable amount of time.

Investigation Information

To investigate the allegation, the HRA Team (Team), consisting of two members and the HRA Coordinator (Coordinator) conducted a site visit at the facility. During the visit the Team spoke with the Chairman of the facility's Human Rights Committee (Chairman) and the recipient whose rights were alleged to have been violated. The Coordinator spoke via telephone with the recipient and the Chairman after the site visit was conducted. The recipient's clinical chart was reviewed, with the recipient's written authorization. Copies of requested information were provided by the facility for review by the Authority members.

Interviews:

Recipient:

During a site visit to the facility, the Team spoke with the recipient whose rights were alleged to have been violated. The recipient informed the Team that he has experienced redden, raised areas on his arms for a lengthy period of time. He stated that on occasion, the areas would open and bleed. He related that medical staff at the facility had cultured the open areas and had placed him on an antibiotic; however, the condition had not improved. According to the recipient, blood testing and urinalysis were also completed. He informed the Team that in addition to the problems with his skin, he is extremely tired and had pains in his wrists and hands. The recipient stated that facility physicians had examined him, but no referrals had been made to any type of a specialist.

The Team observed numerous involved areas less than the size of a dime on the recipient's arms. Some were open lesions, others were raised blister-like closed areas, and some areas contained scarring from healed previously affected areas.

When the Coordinator spoke with the recipient via telephone shortly before the investigation was completed, he stated that a facility physician had examined him several days prior to the conversation. The recipient stated that the physician had prescribed another antibiotic and an anti-fungal medication for the skin condition. He informed the Coordinator that he has agreed to comply with the physician's recommendations.

Chairman

During the site visit to the facility, the Team spoke with the Chairman. According to the Chairman, facility medical staff members are aware of the recipient's skin problems and have examined him on numerous occasions. However, when medication(s) are prescribed the recipient

frequently refuses to complete the course of recommended treatment. The Chairman related that the recipient is hesitant to take any type of medication, including psychotropic medication.

The Coordinator spoke via telephone with the Chairman on 01/07/08. The Chairman stated that a facility physician had examined the recipient on 01/04/08, and the recipient was scheduled for a follow up visit on the same day of the telephone conversation. He stated that the recipient had complained of having a sore throat, as well as the continued problem with the skin eruptions, and both issues were being addressed by medical staff.

Clinical Chart

During a site visit at the facility, the Team reviewed the recipient's clinical chart and requested copies of information from the chart.

Treatment Plans

According to a 10/10/07 Treatment Plan Review (TPR), the recipient was transferred from a county jail to another state-operated mental health facility on 11/29/05 after being found Unfit to Stand Trial. Documentation indicated that on 01/10/06, the recipient attacked a physician because the physician "would not treat his skin condition". The following day, the recipient hit a security guard, two assistants, and threw a charge aide to the floor. According to the record, the recipient's aggressive actions resulted in his being transferred to Chester Mental Health Center, a more secure setting. The transfer was implemented on 01/12/06, and he remained at the facility until 02/22/07. At that time he was returned to a county jail to await a fitness hearing. On 04/04/07 the recipient was found Not Guilty by Reason of Insanity (NGRI) and returned to Chester Mental Health Center on 05/24/07.

Alteration in skin integrity was listed as a problem area in the 10/10/07 TPR. To address the issue, a goal to promote healing of open areas and lacerations by 10/31/07 was incorporated in the TPR. The treatment intervention was listed as follows: A nurse will encourage and monitor for good hygiene habits, will monitor for pruritus and ensure that the recipient's nails are kept short to prevent further irritation. Additionally, a nurse will educate the recipient regarding signs/symptoms to report, such as increased pain, redness and open areas, to medical personnel. Documentation in the Progress Section of the TPR indicated that the recipient had maintained acceptable levels of hygiene and there were no problems with his nails causing irritation to his skin. Nursing staff documented that the recipient makes numerous medical complaints, but does not usually comply with treatment recommendations.

The recipient's diagnoses were listed as follows: AXIS I: Schizophrenia, (Chronic, Paranoid Type), AXIS II: None; AXIS III: Cholecystomy; Brain Surgery following Head Trauma; Blisters both Arms; Axis IV: Longstanding Mental Illness, Resistant to Medication: Lack of Social Support; Allergic to Penicillin.

Documentation indicated that the recipient does not take any psychotropic medication and does not meet the criteria for enforcing psychotropic, emergency or court ordered medication.

According to the TPR, there is the absence of criteria for deterioration and dangerousness required for court-ordered medication. However, the recipient does exhibit delusional behaviors.

The recipient's 11/07/07 TPR indicated that the recipient had refused to apply topical ointment that had been prescribed for the skin infection. Documentation indicated that the recipient had several blisters on the skin, but had refused the administration of oral or topical medication for the condition. The record indicated that the recipient thought that the skin problems were due to "skin mites in his room. Gang type instigated."

According to the 10/10/07 and 11/07/07 TPRs, the recipient had abnormal labs. The BUN/Creatine Level was listed to be in the abnormal range; however, no new labs were ordered.

Dietary Referral/Consultation Report

In a 07/03/07 Dietary Consultation Report, a Registered Dietician (RD) documented that the recipient was on a meat-free diet with a fruit snack, yogurt once daily and prune juice at bedtime. The RD recorded that the meat-free diet was at the recipient's request. Medications were listed as follows: Milk of Magnesia, Senna, and Dosusate. All medications prescribed were to be given as needed rather than on a daily basis. The RD recorded that the recipient had a urinalysis and cholesterol testing on 05/25/07. Additional documentation indicated that the recipient had scabs and lesions on his arms that had been cultured and diagnosed as Staphylococcus Aureus.

Medical Progress Note

In a 06/19/07 Progress Note written at 10 AM, a Registered Nurse (RN) recorded that a facility physician had ordered that Sulfonamides be discontinued and Dicloxacillin 250 mg to be given to the recipient four times daily for seven days for the arm infection. In an additional Progress note written at 4:20 PM on 06/19/07, the RN recorded that the facility physician had changed the order from Dicloxacillin to Levoflexacin 500 mg daily to be given for seven days because the recipient was allergic to Dicloxacillin. In a 06/20/07 Progress Note, documentation indicated that the recipient had refused the Levoflexacin and had stated that he did not want to take any antibiotic. In a 06/21/07 Progress Note, the recipient's Therapist documented that the recipient had refused to take the antibiotic. According to the note, the recipient stated that he had experienced the problem for over a year without any of the antibiotics that were prescribed improving the condition. The Therapist recorded that when she explained to him that that the affected area had been cultured in order to determine the specific antibiotics that would assist in alleviating the infection, the recipient agreed to take the Levoflexacin.

A facility physician recorded in a 06/27/07 Medical Note that the recipient was seen for the sores on his arms that were created by the recipient picking on his skin and getting a secondary infection. The physician documented that the recipient had been taking antibiotics and "the sores look much better".

Laboratory Testing

According to a 06/12/07 Medical Report, when a culture of the affected lesions was taken the findings indicated that the recipient had a rare Staphylococcus Aureus infection. According to the report the infection was not Methicillin–Resistant Staphylococcus Aureus (MRSA). Several antibiotics were listed as beneficial in treating the infection. However, according to the report if Clindamycin was prescribed, careful monitoring should be conducted to determine if there was resistance to the medication.

On 09/17/07, a throat culture was taken when the recipient complained of a sore throat. According to the findings, the recipient did not have any Streptococcus bacteria present, and there was no documentation to indicate a diagnosis of Staphylococcus infection.

Documentation indicated that the recipient had a Complete Blood Count (CBC) on 09/18/07. The laboratory report indicated that the recipient had lympocytes that were lower than the reference range. The reference range for the percentage of lympocytes was listed as 25-50. The test indicated that the recipient's level was 14.

Summary

According to the complaint, a recipient at the facility had not received adequate treatment for a medical condition. During the site visit, the recipient whose rights were alleged to have been violated informed the Team that he has a skin condition that has not received the treatment necessary to alleviate the condition. The Team observed the affected areas on the recipient's arm. According to documentation in the recipient's record, he had been examined numerous times for the problem with his skin. However, there had been occasions when he refused to comply with the administration of the oral and topical medications that a facility physician had prescribed. The recipient's 10/10/07 and 11/07/07 TPRs contained a goal to promote healing of the skin eruptions. Additional documentation indicated that the recipient had some abnormal CBC finding with lympocytes listed lower than the reference range. When the Coordinator spoke via telephone with the Chairman on 01/07/08, he stated that the recipient was examined by a facility physician on 01/04/08 and was scheduled for a follow-up visit the same day of the conversation. When the Coordinator spoke with the recipient, he confirmed the examinations and stated that he was complying with the recommended treatment that included an oral antibiotic and topical fungal medication.

Conclusion

During the course of the investigation the HRA learned that various treatments have been implemented in an attempt to alleviate the skin condition. According to documentation, the recipient has been cooperative with some of the prescribed treatments, while he refused others.

Based on its findings, the HRA cannot substantiate that the recipient has not received adequate treatment for the medical condition. No recommendations are issued.

Suggestions

However, the Authority would like to suggest the following:

1. Facility medical staff should carefully review the abnormal lab findings to determine if additional testing is necessary and document the results of those test(s) or the reason(s) that further testing is not warranted.

2. If the skin condition persists after the recipient has completed the most recent treatment, a referral should be made to a community dermatologist.

3. Staff should continue to encourage the recipient to practice appropriate hygiene for self-protection, as well as the protection of others.

4. Facility staff should ensure that sanitation measures are implemented to prevent the spread of infection.