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Egyptian Regional Human Rights Authority  
Report of Findings  
08-110-9015  
Chester Mental Health Center  
March 26, 2008

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

1. A recipient at Chester Mental Health Center is not receiving treatment for a problem with his stomach.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code

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 5/1-117.1 of the Code states, “Neglect” means the failure to provide adequate medical or personal care of maintenance to a recipient of services, which failure results in physical or mental injury to a recipient or in the deterioration of a recipient’s physical or mental condition.”

Investigation Information

To investigate the allegation, the HRA Investigation 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 recipient whose rights were alleged to have been violated and the Chairman of the facility’s Human Rights Committee (Chairman). The recipient’s clinical chart was reviewed with his written authorization. The Coordinator reviewed information from the MedlinePlus and WebMD Websites.

### Interviews:

#### Recipient:

When the Team spoke with the recipient whose rights were alleged to have been violated, he informed the Team that approximately two years ago he had a surgical procedure to the abdomen. He stated that since the surgery, he has experienced discomfort in his stomach, as well as some rectal bleeding. Originally, he stated that facility medical staff had done nothing to determine the cause of the pain and bleeding and had failed to provide treatment to alleviate the problems in his digestive system. However, later in the interview he related that he had spent some time in the hospital infirmary, and had some gastrointestinal tests at an area community hospital. During the interview, the recipient stated numerous times that he was not receiving any medications for treatment of the problems.

#### Chairman:

According to the Chairman, the recipient had been examined numerous times to determine the cause of his stomach discomfort and the rectal bleeding. The Chairman informed the Team that medications have been prescribed; however, the recipient will not consistently agree to their administration. The Chairman stated that the recipient has also refused to have additional testing that has been ordered by a facility physician. The Chairman stated that when the recipient has been approached regarding his failure to comply with the prescribed treatments, he stated that he has nothing wrong with his stomach.

### Clinical Chart Review

#### Treatment Plan Reviews (TPR):

According to a 09/12/07 TPR, the recipient was transferred from another state-operated mental health facility on 03/08/05 with a legal status of Unfit to Stand Trial (UST). His status was changed from UST to Involuntary Admission on 02/22/06.

The recipient had a goal in the 09/12/07 TPR to have a normal bowel elimination pattern by 04/08. In the Treatment Intervention and Staff Responsible Section of the TPR, the record indicated that nursing staff members are to monitor and record the recipient's bowel movements twice daily, give medication as ordered and, if necessary, notify the facility Medical Doctor (MD) to obtain treatment for the recipient's condition. According to the TPR, nursing staff members were assigned the responsibility of monitoring for signs and symptoms of any complication from constipation/hard stools, such as hemorrhoids, bloody stools, painful stools, and to notify the facility MD if the condition(s) occur. Nursing staff documented in the TPR that

the recipient had voiced no complaints about constipation; however, he related that he had bloody stools. The record indicated that when he was seen by a facility MD, new orders were issued and he was diagnosed as having a rectal fissure. Additional documentation indicated that the MD had made a referral for an outside consultation with a gastroenterologist and the record indicated that he refused to go.

Documentation in a 10/10/07 TPR lists the recipient as having the following diagnoses: Axis I: Schizoaffective Disorder (Bipolar Subtype), History of Polysubstance Abuse; Axis II: None; Axis III, History of Hemorrhoids; History of Gastritis; Axis IV: Chronic Illness, Problem Solving Skills.

The record indicated that when the recipient attended the 10/10/07 TPR meeting, he became very upset with a nurse over a question concerning his medications. He informed the treatment team that the current dosages of his medications “cause his head to pound”. Nursing staff documented that the recipient is noted for his refusal to take medications for bowel elimination and stomach complaints. When approached about the refusal, documentation indicated that he states, “I don’t need them there is nothing wrong with my stomach or my bowels...”

#### Progress Notes

According to Nursing Notes, the recipient refused the medication, Lactolose Syrup given for constipation on the following dates: 07/18/07, 07/19/07, 07/24/07, 08/07/07, 08/08/07, 08/16/07, 09/16/07, 09/18/07, 09/24/07, 10/02/07, 10/30/07, and 11/07. He refused to take Metamucil, a bowel softened, on 10/04/07.

A Registered Nurse (RN) documented in an 11/13/07 progress note that the recipient had refused all stomach medications and prune juice stating, “There’s nothing wrong with my stomach. I don’t need it or want it. They keep giving it to me and there’s nothing wrong with my stomach.”

On 06/13/07, a RN documented that the recipient was still having stomach problems. She recorded that the recipient needed to be examined by the physician in order to determine if repeated and/or additional testing was warranted. Documentation indicated that when the MD examined the recipient, the recipient informed the physician that he was feeling “ok”. The MD documented that a previous test for H Pyloric, a bacteria that is responsible for stomach ulcers and gastritis, was negative. However, he ordered a repeated amylase, a test to determine pancreatic enzyme levels.

A RN recorded in an 8:50 PM progress note that the recipient reported that he had been having blood in his stools for the past two days as well as pains in his abdomen. After the recipient made the report, the RN documented that she had contacted a facility physician.

When the facility physician examined the recipient at 9:30 PM on 08//25/07, the physician recorded that the recipient stated that he had noticed bright red blood in his stools and

had experienced abdominal pain. A rectal exam was completed and a stool sample was obtained in order to test for occult blood. The record indicated that no blood was found in the stool sample.

On 08/29/07, a RN recorded that the recipient refused to be seen by a facility physician. In a 10 AM progress note on 08/30/07, the recipient showed the RN a stool sample with bright red blood clots. The record indicated that when the physician examined the recipient, a stool sample was obtained and a Complete Blood Count (CBC) was ordered. The physician documented that when a rectal exam was conducted, a fissure was noted on the external area of the rectum. The physician ordered the nursing staff to take the recipient's vital signs four times daily for a period of forty eight hours. Additionally, the physician ordered that the recipient be given a high fiber diet, Metamucil administered, and hemorrhoid cream applied to the rectal area. The physician documented that a referral was being made to a gastroenterologist in the community medical setting and documentation indicated that a referral was made.

In a 9:50 AM progress note on 09/11/07, a facility physician documented that a follow up CBC had been ordered to determine if the recipient's condition was stable after the rectal bleeding had occurred. The physician recorded that the recipient had refused the "GI workup".

An RN recorded at 10 AM on 9/11/07 that the CBC had been completed and sent to the lab for analysis.

#### Medication Administration Records (MARs):

The Authority reviewed MARs for the following months in 2007: June, July, August and September. According to the June and July MARs, the following medications were prescribed for treatment of the problems that the recipient was experiencing with his stomach: Bismuth Subsalicylate (15 ml daily as needed), Lactulose (30 ml daily), Ameprozole (20 mg twice daily), Ranitidine HCL (150 mg twice daily), Lactulose Syrup (30 ml daily), Milk of Magnesia (30 ml daily), Bisacodyl (5 mg daily), Dicyclomine (10 mg daily), prune juice (at bedtime and as needed) and a fruit snack (twice daily).

In August 2007, Metamucial (1 tablespoon twice daily) and a cream for hemorrhoids were added to the recipient's medications. In the September 2007 MARs, the recipient's medications remained the same as listed in August.

Documentation in the MARs regarding the recipient's refusal to take the medications prescribed for the stomach problems were in accordance with progress notes in the recipient's clinical chart.

According to the MARs, the following medications were prescribed for psychosis and agitation: Risperidone (8 mg in the AM and 6 mg at bedtime), Lithium (300 mg twice daily), Guetipine (at bedtime) and Haloperidol (5 mg/ml injection or by mouth as needed).

#### Website Information

The Coordinator reviewed information from the WebMD and MedlinePlus Websites pertinent to the recipient's medical conditions and the medications that were prescribed to treat the problems with his stomach.

According to the WebMD Website, an anal fissure is a tear in the lining of the lower rectum that causes pain during bowel movements. Hemorrhoids are defined as a varicose condition of external hemorrhoidal veins that causes painful swelling at the anus. Gastritis is listed as an inflammation of the stomach.

Per the MedlinePlus Website, Sucralfate is used in the treatment of stomach ulcers. Ranitidine and Omeprazole (generic for Prilec) are prescribed to reduce stomach acid. Dicyclomine is prescribed for the treatment of spasms in the gastrointestinal tract. Bisacodyl, Lactulose, and Milk of Magnesia are listed as laxatives. Senna/Docusate is a combination stool softener and laxative, and Metamucil is listed as a laxative and fiber supplement.

### Summary

According to the complaint, a recipient at the facility did not receive treatment for a stomach condition. When the Team originally spoke with the recipient whose rights were alleged to have been violated, he stated that he had not received medical care for "blood in his stools and pains in his stomach." However, later in the interview, he informed the Team that he had been placed in the facility infirmary and sent to a community hospital for additional testing. According to documentation in the recipient's clinical chart, facility physicians had examined the recipient numerous times, ordered diagnostic tests, and prescribed medications for the stomach problems and rectal bleeding. According to the record and the Human Rights Committee Chairman, the recipient did not consistently agree to the administration of the medications that were prescribed for the conditions. Documentation in the recipient's clinical chart indicated that when a referral was made to a community gastroenterologist, the recipient refused to have the examination. The HRA did not observe any documentation that indicated that the recipient received treatment in a community hospital setting.

### Conclusion

Based on the information obtained, the HRA is unable to substantiate the allegation that the facility failed to provide treatment to a recipient with problems with his stomach. No recommendations are issued.