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Egyptian Regional Human Rights Authority  
Report of Findings  
08-110-9038  
Chester Mental Health Center  
March 31, 2009

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 allegations are as follows:

1. Chester Mental Health Center staff confiscated a recipient's personal property.
2. The facility has failed to provide a recipient with an adequate amount of food.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-104, 405 ILCS 5/2-102 and 405 ILCS 5/2-201). Section 5/1-101.2 is also pertinent to the allegation.

Section 5/2-104 states, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission. (b) The professional responsible for overseeing the implementation for the recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm. (c) When a recipient is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him."

Section 5/2-102 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 5/2-201 states, (a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of

the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985, if either is so designated; and the recipient's substitute decision maker, if any. The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefore in the recipient's record."

Section 5/1-101.2 states, "'Adequate and humane care and services' means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably 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."

### Investigation Information

Allegation 1: Chester Mental Health Center staff confiscated a recipient's property. To investigate the allegation, the 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 reviewed his clinical chart with his written authorization. The Team also spoke with the Chairman of the facility's Human Rights Committee (Chairman). The Coordinator attempted to speak with a member of the recipient's family with his authorization. The Authority reviewed the facility's Patient Handbook and facility policies pertinent to the allegation.

#### A...Interviews:

##### Recipient:

According to the recipient, a family member sent him a package that contained Cokes and Vienna Sausages. He stated that when the package arrived, he was informed by facility staff that he would not be allowed to have the items in his room. The recipient stated that he did not know if the package was returned to the family member or destroyed. He could not provide the Team with an approximate date that the package arrived at the facility. However, he supplied the Team with two phone numbers where the individual who had sent the package could be reached.

##### Chairman:

According to the Chairman, recipients are informed upon admission that perishable food items that are brought into the facility by persons visiting a recipient must be eaten during the visit and cannot be taken back into a recipient's room. He stated that recipients are made aware that perishable items sent by mail from friends or family members are not given to recipients because there is no way to guarantee the safety of the items. He informed the Team that in order

for a recipient to receive non-perishable food items sent from home those items must be in accordance with the recipient's diet.

The Chairman stated that the facility has a written policy pertinent to food items, and recipients are informed of the policy in the Patient's Handbook, which is given to each recipient upon admission to the facility.

According to the Chairman, there was no package in the mail room for the recipient.

#### Additional Information:

The Coordinator attempted to reach the recipient's family member to determine the following: 1) if the family member had sent a package to the recipient; 2) if so, what the contents of the package were; and 3) whether the items were returned to the sender.

Four attempts were made during the course of the investigation to reach the family member at each of the telephone numbers that were provided by the recipient. None of the attempts were successful, and none of the numbers called had voice mail to enable the Coordinator to leave a message.

#### B ..Record Review:

When information in the recipient's clinical chart was reviewed, the HRA did not observe any documentation in Progress Notes, Restriction Notices, Treatment Plan Reviews (TPR), or any other record that indicated the recipient had received a package with prohibited food items from a family member or any other individual.

According to documentation in the recipient's 04/02/08 TPR, the recipient has the following diagnoses: AXIS I: Schizophrenia (Paranoid), Past history of Poly Substance Abuse; AXIS II: Antisocial Personality Disorder, AXIS III: Glaucoma, Cataract and Loss of Vision of Left Eye, Type II Diabetes and Hyperlipidemia; and AXIS IV: NGRI (Not Guilty by Reason of Insanity), Long Criminal History and Medication Noncompliance. The TPR contained goals to stabilize and manage his blood sugar in order to prevent hyperglycemic/hypoglycemic episodes and to lower his cholesterol and/or triglycerides levels through dietary compliance.

#### C. Facility Policies/Procedures:

##### Procedure For Delivery Of Incoming Recipient Mail (Mail Procedure):

According to the Mail Policy, if the mail contains food items which may be perishable (those items which require cooking, have been cooked, or require refrigeration), they are not to be given to the recipient, but disposed of appropriately and then documented in the recipient's records.

##### Patient Visits Procedure (Visit Procedure):

According to the Visit Procedure, when a visitor brings food to a recipient at the facility, all items are thoroughly examined by the control center staff for safety and security. All food/beverage approved for the visit must be consumed during the visit. Any leftovers are disposed of or returned to the visitor. Recipients are not allowed to take any food/beverage back to the unit.

#### D. Patient Handbook (Handbook):

Documentation in the Food Section of the Handbook is as follows: "The Dietary Department will provide you with three meals a day in a safe, sanitary dining room. If your doctor orders you a special diet, dietary will make sure you get the kind of food your doctor ordered. If you are on a special diet, all food items you receive within the facility should fit with that special diet. You will also be given a snack every evening. Some snacks will be altered to match your special diet. Caffeine intake is limited. Coffee with caffeine is only served at the breakfast meal so it will not interfere with any medication you may be taking. You may purchase food, personal care items, and other products from CMHC commissary if you have money or token points. If you are on a special diet, this will limit the selection of food you may purchase. Your treatment team may place other restrictions on commissary purchases if your treatment requires. Commissary orders are limited to \$15 each order, but only \$7 can be used to buy food. Also for your health, all perishable food brought into the facility on visits must be eaten during the visit or returned to your guest. No food can be taken back to your room from a visit. We ask that no perishable food items be sent to you from home since there is no way to guarantee the safety of these items. Any non-perishable food items sent from home must fit with any special diet you may be on, must be in the original package (preferably not glass) and subject to inspection. Occasionally, fruit may be taken from the dining room to the living unit, but it must be eaten in a reasonable amount of time and cannot be stored."

#### Summary

According to the recipient whose rights were alleged to have been violated, a family member sent him a package that contained canned Vienna sausages and sodas. The recipient provided the telephone numbers of the family member who had sent the package. Conversely, he could not remember the date the package was sent by the family member or received at the facility. The Coordinator attempted to reach the family member via telephone on several occasions; however, she was not able to speak with the individual or to leave a voice mail message. According to the Chairman, upon admission, recipients are informed by staff and the Patient Handbook that perishable food items are not allowed in recipients' rooms, and any food sent via mail should be in accordance with a recipient's diet. Documentation in the recipient's TPR indicated that the recipient has diagnoses of Diabetes and Hyperlipidemia (elevated cholesterol levels), conditions that require modifications in his diet. The Chairman stated that the facility has a written policy pertinent to food sent to recipients by friends and family members, as well as food provided to recipients by visitors at the facility. During the course of the investigation, the HRA did not find any documentation to indicate that any of the recipient's packages had been confiscated due to contents that were considered contraband.

## Conclusion

Based on the information obtained, the allegation that facility staff confiscated the recipient's personal property that was sent to him through the mail is unsubstantiated. No recommendations are issued.

## Suggestions

1. Whenever a recipient receives a package with non-perishable items that are not in conflict with the recipient's diet or contain any type of contraband (such as glass), the HRA suggests that those items be placed in the facility commissary where the recipient is able to obtain the items during commissary periods.
2. Facility staff should provide family members with written information pertinent to the facility's policy regarding sending packages, food or other items, to recipients at the facility.

Allegation 2: The facility has failed to provide a recipient with an adequate amount of food. To investigate the allegation, the HRA Team spoke with the recipient and reviewed his clinical chart during the initial visit to the facility. When a second site visit was conducted, the Team observed a noon meal being served. Facility Menus for April 2008 and March 3 through March 7, 2009 were reviewed. The Team spoke to the facility's Training Coordinator, who met with the Team in the absence of the Chairman of the Human Rights Committee, regarding the allegation. Information from the Mayo Clinic and American Diabetes Association were reviewed.

### A...Interview:

#### Recipient:

According to the recipient, the facility does not provide enough food to satisfy his hunger. He stated that his hunger is especially prominent during the breakfast hours. He related that he has informed staff of the problem; however, there has been no resolution.

#### Training Coordinator:

According to the Training Coordinator, the state's budgetary crisis has recently forced the facility to review expenditures. He stated that the facility dietician has examined ways to cut costs by purchasing less expensive food items without compromising recipients' dietary needs.

#### Record Review:

## TPRs

According to the recipient's 03/05/08 TPR, the recipient has a goal to stabilize and manage his blood sugar and prevent hyperglycemic/hypoglycemic episodes to deal with his diagnosis of Diabetes Mellitus. The hypothesis for the goal was recorded as follows, "If patient takes prescribed medication, monitors weight and exercises regularly, and follows dietary recommendations to reduce blood sugar, he will be free of hyperglycemic/hypoglycemic episodes." Objectives were listed as: 1) to take medication as prescribed; 2) to be compliant with labs; and 3) to be able to determine possible symptoms of hypoglycemia/hyperglycemia; and to demonstrate an understanding of the importance of proper nutrition, exercise and maintaining an Ideal Body Weight (IBW). Documentation indicated that the recipient had been compliant with taking his medications, his blood sugar levels were within normal limits, and he had shown no signs of hypoglycemia or hyperglycemia. However, the record indicated that the recipient will eat whatever he can find, and he frequently trades food with his peers.

Documentation in a 04/30/08 TPR indicated that when the recipient attended the treatment plan meeting, he requested to be taken off his current diet because he wanted to eat "ice cream sandwiches". Additional documentation indicated that the recipient continued to trade food with peers. When staff attempted to educate him about the role of appropriate nutritional intake, diet compliance and weight control in dealing with his diabetic condition, all efforts failed.

## Monthly Nursing Re-assessment Summaries (Summaries):

According to a Summary for the period 12/05/07 to 01/06/08, the recipient's diabetic and elevated cholesterol levels had been controlled by diet and medication. Laboratory testing indicated that his glucose level was within normal levels. According to the record, the recipient was 15 lbs above his IBW.

Documentation in the Summary for the period 01/06/08 to 01/29/08 indicated that the recipient remained on a 2200 calorie diabetic diet and was on medication for control of diabetes. Glucose levels were recorded to be within normal range. His weight was recorded as 195 lbs, 15 lbs above his IBW.

When the Summary for 01/29/08 to 02/27/08 was completed documentation indicated that the recipient had gained 15 lbs, and he was presently 30 lbs above his IBW.

A Summary from 02/27/08 to 03/25/08 indicated that the dietician had recommended that the recipient's supplemental sandwich with milk be discontinued. However, he should continue with a 2200 calorie diet with extra vegetables. The record indicated that his weight and glucose levels remained stable.

Documentation in a Summary for 04/22/08 to 05/20/08 indicated that the recipient's glucose level was within normal limits. He remained on a 2200 calorie diabetic diet. However, he had gained 2 lbs.

### Dietary Referral and Report Consultation (Consultation)

According to a 02/24/08 Consultation, the dietician had recorded that she saw the recipient after nursing staff had reported a 15 lbs weight gain since the initiation of an AM sandwich that was ordered when the recipient complained of hunger. The dietician recommended that the AM sandwich and milk be discontinued. A 2200 calorie diet with extra vegetables and lean meat was ordered. The dietician informed nursing staff that the recipient should be encouraged to become compliant with his diet.

### C... Facility Menus

The HRA reviewed facility menus which were prepared by a Registered Dietician for April 2008. On 04/08/08, recipients at the facility had orange juice, ready-to eat cereal, sausage, pancakes, margarine, coffee and milk for breakfast. At lunch fried fish with tartar sauce, fried potatoes, stewed tomatoes, wheat bread, white cake (substitute for diabetics) and tea or punch were served. For the evening meal, chopped steak/gravy, mashed potatoes, buttered peas and carrots, wheat bread with margarine, chilled applesauce and milk were served. On 04/13/08, recipients had an orange, ready-to-eat cereal, eggs, bacon, toast, coffee and milk. For lunch recipients received a menu that consisted of baked ham, au gratin potatoes, buttered cabbage, rye bread with margarine, ice cream and tea or punch. For dinner, chicken tetrazzini, spinach vinaigrette, wheat bread with margarine, peaches and milk was served.

The March 3, 2009 Menu listed the following items for Breakfast: juice, cereal, bacon, an egg, toast, margarine, coffee and skim milk. For Lunch recipients were served a beef patty with a bun, baked fries, 3 bean salad, jello, pickles, condiments (mustard, catsup) and Tea or Punch. For dinner, beef cubes, potatoes, peas/carrots, fruit, bread, margarine and milk were served.

Documentation in the menus indicated that there were adjustments in the basic menu to accommodate a recipient's dietary needs. For instance, an individual on a 1200, 1500, 1800, 2000, or 2200 calorie diet would receive one egg, while a recipient on a 2600 calorie diet would receive an additional egg. An individual on a meat free and pork free diet would receive 2 eggs; however, the bacon that was listed on the menus would not be given to the recipient. For the evening meal, individuals on a 1200 calorie diet were not given bread. Those who were on a 1500, 1800 and 2000 calorie diet were given one slice and those on a 2300 and 2600 calorie diet were given two slices of bread.

### D...Lunch Observation:

During the second site visit on March 4, 2009, the Team observed a noon meal being served. The menu consisted of a chicken breast, scalloped potatoes, tomatoes/zucchini, rice pudding, bread, margarine and milk. Peaches were substituted for the rice pudding for individuals who were on no concentrate sweet diets. Based on the Team's observation, the portion sizes appeared to be ample.

### E...Additional Information:

The Coordinator reviewed information from the MayoClinic.com website pertinent to symptoms of diabetes. According to the documentation excessive thirst, increased urination, weight loss, blurred vision, slow-healing sores, frequent infections, tingling in the hands and feet, and red, swollen and tender gums are classic symptoms of the disorder. Documentation indicated that weight fluctuations fall under the umbrella of possible diabetes symptoms. When an individual loses sugar through frequent urination, calories are lost. At the same time, diabetes may keep the sugar from food from reach cells leading to constant hunger.

Information from the American Diabetes Association website was also reviewed. According to the website, symptoms of diabetes are as follows: frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, and blurry vision.

### Summary

The recipient informed the HRA Team that he does not receive an adequate amount of food to satisfy his hunger. Documentation in the recipient's TPR indicated that the recipient has a goal to address his diabetic condition. The recipient is encouraged to take medication that is prescribed for stabilization of the condition and to have frequent blood sugar levels taken to monitor any changes. The recipient will also be provided information to gain an understanding of the role diet and exercise plays in stabilizing his condition. Documentation in the recipient's clinical chart indicated that he doesn't always comply with his diet and attempts to get food from other recipients. The record indicated that he is resistive to staff members' attempts to provide educational information that will assist him in controlling his diabetes. When he experienced a significant weight gain, the facility's dietician reviewed his diet and recommended discontinuing his PM sandwich and milk and increasing the amount of vegetables and lean meat that he receives in the prescribed 2200 calorie diet. When the HRA reviewed the facility menus and observed a noon meal being served, it appeared that the all recipients received a well-balanced diet with adequate servings of each menu item. According to information obtained from the Mayo Clinic and American Diabetes Association websites, it is not unusual for an individual to experience excessive hunger when he/she has diabetes. Since frequent urination is also a symptom, calories taken in are lost though the excessive urination. Additionally, diabetes may keep the sugar from the food from reaching the cells leading an individual to experience constant hunger.

### Conclusion

Based on record review and observation, the HRA does not substantiate the allegation that the recipient did not receive an adequate amount of food. No recommendations are issued.

### Comments

During the course of the investigation, the HRA learned that the facility has been required to review methods to cut costs due to the state's budgetary crisis. The HRA Team was informed that the dietary department has reviewed its expenditures and has attempted to secure less expensive foods to serve to recipients. Although the HRA's investigation did not reveal any



rights restriction pertinent to food, the Authority suggests that facility dietary staff thoroughly review any significant changes in the types of foods that are provided to the recipients in order that quality products and adequate amounts of food continue to be ensured.

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