



---

**FOR IMMEDIATE RELEASE**

---

North Suburban Human Rights Authority  
Report of Findings  
Streamwood Behavioral Health System  
HRA #09-100-9022

Case Summary: the HRA substantiated part of the allegations presented. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Streamwood Behavioral Health Systems (SBHS). In January 2009, the HRA notified SBHS of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints investigated were the following:

- While receiving services, the recipient's conditions worsened instead of getting better.
- The recipient's blood pressure increased and the parents were not notified.
- The hospital called to obtain permission for emergency medication - parents said no - the parents later learned that the medication was given.
- The home school was not contacted until a week after admission.
- The recipient was left in dirty clothes or a hospital gown and ripped slippers.
- Nothing was documented in the chart about the recipient's suicidal ideation.
- The entertainment (movies) showed on the unit were inappropriate, in that they contained a lot of violence.

If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 5/2-112 and 5/2-107) and the Licensing Standards for Child Care Institutions and Maternity Centers (89 Ill. Admin. Code 404). "Child care institution" means a child care facility where more than 7 children are received and maintained for the purpose of providing them with care or training or both. The term "child care institution" includes residential schools, primarily serving children with handicaps, and those operating a full calendar year.

The HRA conducted an on-site visit in March. While at SBHS, the HRA discussed the allegations with the recipient's Psychiatrist, the Director of Inpatient Education, the Inpatient Education Coordinator, the Director of PI/RM (Performance Information/Risk Management), the Compliance and Privacy Officer, the Director of Nursing, the unit's Nurse Manager and the Director of Social Services. The complainant was interviewed by telephone. The HRA reviewed the chart of the recipient's whose rights were alleged to have been violated, with written consent. Also reviewed were policies relevant to the allegations. The HRA interviewed three recipients receiving inpatient services.

### **Background**

SBHS provides mental health services to children and adolescents that include: outpatient assessment and therapy, intensive outpatient programs, partial day hospitalization, residential care

and inpatient crisis stabilization. They offer a full staff of licensed social workers, professional counselors, nurses, psychologists and psychiatrists that provide treatment at every level of care. The facility is a subsidiary of Psychiatric Solutions, Incorporated, a behavioral health management firm that serves thirty-one states from its headquarters in Franklin, Tennessee.

### Findings

**Allegations:** >While receiving services, the recipient's conditions worsened instead of getting better.  
>The hospital called to obtain permission for emergency medication - parents said no - the parents later learned that the medication was given.

According to the clinical record, the 12-year-old recipient was admitted to the Adolescent Boys Program on October 3, 2008; he was discharged on October 16, 2008. The Initial Psychiatric Evaluation which was conducted on October 4<sup>th</sup> documented that the recipient reported that he was at the hospital for depression and for abusing himself. The recipient also reported that he wanted to kill himself and he reported hearing a voice telling him to kill himself. He acknowledged having suicidal thoughts and wishing to die. The Admission Orders included suicide and self-injury precautions. The mental status examination showed that he was alert, oriented and that his affect was flat. He was appropriately verbal and he talked in a goal directed manner.

On October 14<sup>th</sup>, the recipient reported to a staff member that he had been hearing voices telling him to "die tonight". An RN interviewed the recipient and his Physician was subsequently contacted who ordered that the recipient be placed on a 24-hour-line-of-sight precaution and that he be given emergency medication. The documentation showed that the recipient's mother was contacted and the mother did not agree that the medication was necessary. The mother told staff that she thought the recipient was saying these things to get attention. A review of the Medication Administration sheet and the PRN sheet showed that the medication was not given.

On October 14<sup>th</sup> on the way to a family session, the recipient reported to the staff member that he had been hallucinating that he was being killed with a bow and arrow. During the session, the recipient continued to describe his hallucinations. The Therapist documented that the parents wondered if the recipient was making this up by feeding-off of the other recipients. The parents relayed that the recipient was not acting in his usual manner. During the session, the parents expressed their concerns that the recipient had been picking up negative behavior as well as failing to focus on or address his depression. The recipient disputed this, saying that he did not feel that he was creating the hallucination to avoid discussing the depression and how to deal with his depression.

On October 15<sup>th</sup>, the recipient reported hearing voices the night before as he was falling asleep; the voices told him to choke himself; the recipient also reported that the voices had been more demanding since the hospitalization. The recipient indicated that he was concerned that he might harm himself or someone else so he asked to sleep in the quiet room- restrained. The chart indicated that the recipient was not restrained.

At the site visit, the recipient's Psychiatrist stated that the recipient had entered the hospital with suicidal ideation. Regarding the claim that his condition worsened during his stay and/or that he was feeding off the behaviors of others, she stated that she met with this young man many times during his stay and she, at one point had made him "honestly" report his symptoms to her. The Psychiatrist stated that he was able to say that he was being honest with what he was reporting. The chart confirmed this exchange on October 16<sup>th</sup>. The Psychiatrist stated that she believed his parents were having a hard time hearing what the recipient was saying. Regarding the emergency

medication, the Psychiatrist stated that she told the RN to contact the parents before the medication was given. Since the parents did not agree with the Psychiatrist's medication recommendation, the medication was not given.

The Treatment Plan listed goals that included: no suicidal thought or plan; to identify three triggers to suicidal thoughts; identify three coping skills to suicidal thoughts, attend family therapy, and identify three ways to cope with his depression and share this with his family. The Plan contains the signatures of the recipient and his parents. The chart showed that the recipient addressed these goals by attending the family session, individual sessions with his Psychiatrist, as well as attending and participating in unit therapies (milieu therapy, expressive therapy, in-patient process group, etc.).

The facility's medication consent policy states that all patients who have a psychotropic medication ordered and the parent/guardian of minors who have a psychotropic medication ordered will be informed verbally and in writing of the benefits and risks involved in taking prescribed medication. The policy goes on to say that except in emergency situations, informed consent will be obtained prior to administering psychotropic medication.

### **Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "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. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient." Section 1-101.2 of this Code defines adequate and humane care and services as those 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." Section 2-107 of this Code states that, "An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

The HRA cannot prove or disprove the allegation that the recipient's condition worsened during his stay. Hospital personnel were aware that the parents had expressed this concern; the matter was addressed by the Psychiatrist during individual therapy and the recipient's behavioral health symptoms were addressed in unit therapies.

The recipient did not receive emergency medication; the allegation is unsubstantiated.

### **Allegation: The recipient's blood pressure increased and the parents were not notified.**

On October 11<sup>th</sup>, the Physician ordered a medical consultation due to the recipient's elevated blood pressure. The consultation was completed on the 12<sup>th</sup>, which showed normal blood pressure. It was recommended that the consumer receive daily blood pressure and vital sign checks, a low cholesterol diet and Benadryl was discontinued. On the 13<sup>th</sup>, a nursing note documented that the mother was concerned about the consumer's blood pressure being elevated for three days.

At the site visit, the HRA asked how the parent learned of the elevated blood pressure. It was stated that often parents will call to see how their child is doing; medical information would be shared and this conversation would not necessarily be documented in the chart. The daily vital sign flowchart was not located in the chart.

### **Conclusion**

Pursuant to the Licensing Standards for Child Care Institutions and Maternity Centers Section 404.37, "If treatment is in process for any physical impairment which requires continuing or follow-up medical attention, the parent, guardian or other facility to whom the child is discharged shall be so notified."

The HRA does not necessarily believe that a parent/guardian must be immediately notified of a single read of evaluated blood pressure. However, given that a consultation was ordered, it is concluded that the parents should have been notified; the allegation is substantiated.

**Recommendation**

- 1) When any medical condition necessitates a medical consultation, the parent/guardian must be notified of the need for the consultation and the results of the consultation.
- 2) The hospital must ensure that Physician orders are carried-out and documentation must be completed to show that the order has been completed.

**Allegation: The home school was not contacted until a week after admission.**

The recipient was admitted on a Friday evening. The chart contained a Release of Information form, signed by the recipient and his parents (10/3/08) authorizing the hospital to contact the school. The chart contained a School Contact sheet, which showed that the school was contacted on October 7<sup>th</sup> (Tuesday) and the release was faxed to the school personnel.

The Parent Handbook states that a staff of certified teachers provides five hours of education tutoring each week. School time is set up in a group setting. Individual assignments are provided by the home school or by SBHS's education department,

At the site visit, school personnel stated that the home school was contacted and they did respond by sending the recipient's school IEP (Individual Education Plan). It was also stated that the recipient attended the hospital's school program during the first week of his hospitalization.

**Conclusion**

Pursuant to the Licensing Standards for Child Care Institutions and Maternity Centers Section 404.34, "All children between the ages of 7 and 16 are required by law to attend school regularly. Institutions shall comply with the law, and shall encourage each child to complete high school or vocational training in accordance with his aptitude. The institution shall maintain contact with those serving the educational needs of its children and shall seek their cooperation to assure that: 1) children are placed in appropriate grades and programs; and 2) there is periodic evaluation of individual children.

Based on the information obtained, the allegation is unsubstantiated.

**Allegation: Nothing was documented in the chart about the recipient's suicidal ideation.**

The Treatment Plan listed goals that included no suicidal thought or plan; to identify three triggers to suicidal thoughts; identify three coping skills to suicidal thoughts, attend family therapy, and identify three ways to cope with his depression and share this with his family. The Plan contains the signatures of the recipient and his parents.

The hospital's Multidisciplinary Treatment Plan policy states that each recipient will have an individualized treatment plan that is based on the assessments of recipient's treatment needs by a multidisciplinary team. Treatment plans will utilize the process of assessment, planning, intervention and evaluation of each identified problem. Treatment plans are customized to fit the needs of each individual recipient and become a permanent part of the recipient record. Recipients, families and guardians will be involved in the development and implementation of the Treatment Plan.

**Conclusion**

Pursuant to the Licensing Standards for Child Care Institutions and Maternity Centers Section 404.47, says (in part) that the institution shall maintain records on each child receiving services. In addition to the permanent record, the institution shall maintain active records containing the admission study and ongoing data including important documents pertaining to birth,

family, legal status, school, religious affiliation, health findings and treatment and consents and other documents as appropriate.

The chart contained a treatment plan that addressed the consumer's suicidal ideation, and the chart made many references to this symptom; the allegation is unsubstantiated.

**Allegation: The recipient was left in dirty clothes or a hospital gown and ripped slippers.**

At the site visit, it was stated that consumer laundry machines are located on each unit, and the consumer is responsible to wash his/her own clothes. Staff members will offer prompting and assistance with clothes washing. Physician progress notes documented on eight different days that the consumer was well-groomed. It was offered that many consumers like to wear the gowns (usually two - each going a different way) with their jeans. It was stated that the boys think this look is fashionable; no street shoes are allowed on the unit for safety reasons.

When touring the unit, the HRA noted many boys in gowns and jeans, and we spoke to three about their clothing choice. Each boy simply stated that they wanted to wear the gowns. The HRA noted that the boys in the program all seemed groomed and we did not see anyone overtly disheveled.

**Conclusion**

Pursuant to Section 2-112 of the Mental Health and Developmental Disabilities Code, "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect." Pursuant to the Licensing Standards for Child Care Institutions and Maternity Centers Section 404.32, "Children shall be given training and supervision to help them establish good habits of personal care, grooming, health and hygiene."

The HRA cannot discount the statement made in the allegation, and thus cannot prove or disprove that the consumer was in dirty clothes or a hospital gown and ripped slippers.

**Allegation: The entertainment (movies) showed on the unit were inappropriate, in that they contained a lot of violence.**

The HRA was given a list of movies that are primarily viewed on the boys unit - there are either G (general audiences) rating or PG (parental guidance suggested), with a few PG 13 (some materials might be unsuitable for children under 13) movies. The HRA looked at the movie cabinet and although each movie title was not reviewed, we did not see any obvious violent movie titles.

The recipients interviewed said that the movies are ok; one young man wanted to watch movies that were for a more mature viewing audience; they each said that staff bring in movies from home.

**Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "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."

The HRA found no evidence to prove that inappropriate movies are being shown. However, that is not to say that at times, staff members might have brought in a questionable movie from home for general viewing. The HRA takes this opportunity to caution staff members about bringing in movies from home that might not be appropriate.

---

## **RESPONSE**

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

---



June 3, 2009

Mr. Don Haligas  
 Chairperson  
 North Suburban Regional Human Rights Authority  
 North Suburban Regional Office  
 9511 Harrison Street, W-300  
 Des Plaines, IL 60016-1565

Dear Mr. Haligas,

Enclosed please find the "Report of Actions Taken & Action Plan" that we have developed in response to the formal recommendations delineated within the Report of Findings released on May 6, 2009, in response to HRA#09-100-9022.

We appreciate the time and attention that your department spent with our Leadership and Treatment Team members during the Informal Meeting that was held to further review and investigate the parent's reported concerns and allegations. We are open to ongoing feedback and recommendations as we seek to continually improve the quality of the treatment that is provided to our consumers. Please do not hesitate to contact me if there are any additional questions, concerns or issues.

Thank you for your time and attention regarding this very important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Brynn O'Brien", with a horizontal line extending to the right.

Brynn O'Brien  
 Compliance & Privacy Officer

Enclosure