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Egyptian Regional Human Rights Authority
Report of Findings
09-110-9027
Chester Mental Health Center
January 26, 2010

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 250 male residents. The specific allegations are as follows:

1. A recipient at Chester Mental Health Center was denied the right to attend religious services for a period of time after his admission.
2. Recipients are not served adequate portions of food.
3. Recipients are not allowed an adequate amount of time to eat their meals.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-100, 405 ILCS 5/2-102 and 405 ILCS 5/2-201).

Section 5/2-100 states, "No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services."

Section 5/2-102 (a) 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 5/2-102 (b) states, "A recipient of services who is an adherent or a member of any well-recognized religious denomination, the principles and tenants of which teach reliance upon services by spiritual means through prayer alone for healing by a duly accredited practitioner thereof, shall have the right to choose such services, The parent or guardian of a recipient of services which is a minor, or a guardian of a recipient of services who is not a minor, shall have the right to choose services by spiritual means through prayer for the recipient of services."

Section 5/2-201 states, "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 therefore 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 the Acts therein named', approved September 20, 1985, if either is so designated; and (5) the recipient's substitute decision maker, if any. The professional shall be responsible for promptly recording such restriction or use of restraints or seclusion and the reason therefor in the recipient's record."

Investigation Information

Allegation 1: A recipient at Chester Mental Health Center was denied the right to attend religious services for a period of time after his admission. 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 a Representative (Representative) from the facility's Human Rights Committee. Policies and Program Directives pertinent to the allegation were also reviewed.

I...Interviews:

A...Recipient:

When the Team spoke with the recipient whose rights were alleged to have been violated, he stated that he was sent to Chester Mental Health Center from a correctional facility. He informed the Team that his legal status upon admission was listed as Unfit to Stand Trial (UST). He stated that when he arrived at the facility, he immediately requested to attend religious services. However, he was informed by a staff member that he wouldn't be allowed to attend religious services until he had been at the facility for three days. The recipient stated that after the three day period, he did not experience any problems attending Baptist religious services at the facility.

The recipient informed the Team that his inability to attend the services was not considered by the facility to be a restriction; therefore, he was not provided with a Restriction of Rights Notice.

B...Representative:

According to the Representative, recipients are allowed to attend activities after the three day admission process is completed. The Representative stated that when a recipient is admitted to the facility, he stays in the infirmary until he receives a physical examination, which is completed within hours after admission. The Representative informed the Team that after the

physical is completed, the recipient is sent to a unit. Within a twenty-four hour period, a facility psychiatrist will complete a psychiatric evaluation, and an initial Treatment Plan Review (TPR) will be developed. All other evaluations would be reviewed and a final TPR developed within a three-day period. The Representative stated that after the process is completed, a recipient is allowed to attend activities.

The Representative informed HRA that even though a recipient is not allowed to attend off unit activities, the facility Chaplain is scheduled to be present at the facility three days weekly and is available to go to the units to meet with recipients who are unable to go off the units or who have specific issues of concern. The Representative stated that the Chaplain, who conducts services for various faiths including the Baptist, has not been able to come to the facility on a regularly scheduled basis due to a serious family illness. As a result, there have been occasions when the non-denominational off-unit services and on-the-unit counseling has required postponement until the Chaplain returned.

The Representative stated that there is no documentation in the recipient's clinical chart or any other indication that the recipient requested to speak with the Chaplain during the admission process, or the recipient was restricted from attendance in the off-unit religious activities after the admission process was completed.

II...Facility Policies

A...Illinois Department of Human Services Policy and Procedures Directive (PPD)

The Authority reviewed the PPD entitled "Principles and Requirements of Treatment Planning in Mental Health Facilities". According to the Policy Statement, "Each individual is entitled to receive the highest quality of care and treatment that can be provided within any Office of Mental Health (OMH) facility. Treatment that is of high quality must be effective (i.e. meet generally accepted standards of practice). Effective, efficient, and appropriate treatment is unlikely to occur in the absence of a thoughtful treatment plan for assessing, prioritizing, and addressing the individual's problems and needs and utilizing the individual's strengths and assets. The development of a quality treatment plan requires clinically competent staff who work collaboratively with the individual in the treatment planning process. This PPD is intended to reinforce a quality treatment planning process that results in measurable positive outcomes for the individuals served and the optimal use of staff resources. It is the policy of the Office of Mental Health that staff shall adhere to the explicit requirements of this PPD and shall incorporate the underlying principles and values into their clinical practices."

Documentation in the Required Time Frames Section of the PPD indicated that the assessment begin on or prior to the admission. During the first 24 hours of hospitalization, the Treatment Plan should be based on the following: 1) information available from community and collateral sources; 2) a nursing assessment, nursing diagnosis and a nursing plan of care; 3) physician's examination; and 4) medical history.

According to the PPD within three days of admission, if the treatment plan that was completed within 24 hours is not sufficient to meet the requirement of the Code, then the plan must be amended.

Documentation in the PPD indicated that formal TPRs must be conducted no less often than every 30 days and when clinically appropriate.

B...Level System Procedure (level system):

According to the Policy Statement, "Patients at Chester Mental Health Center will be reviewed and placed on a designated level of participation based upon the level system criteria. All patients will follow the level system procedure unless the patient treatment determines they need an individual approach to the level system."

Documentation indicated that the overall purpose of the level system is to reinforce adaptive social behaviors through increased opportunities for positive leisure and educational activities. As recipients exhibit improved social function, they are able to gain access to more areas and activities within the facility. When their aggressive and other problematic behaviors diminish, their ability to remain on the highest level of reinforcement is documented in their TPRs and becomes an important part of the comprehensive plan.

The level system is comprised of the red, yellow and green levels. The red level is a protection from harm level. The yellow level is a level of stabilization and the green level is a quality of life level. All levels allow a recipient to attend church activities, go to the dining room, gym activities, on-unit activities, commissary (at least once weekly) and to attend birthday parties and cook-outs. When a recipient progresses from the red level to the yellow level, additional activities are permitted, and when the recipient reaches the green level, he may attend the maximum level of activities that the facility allows.

C... Information in Admission Packet (Packet):

When a recipient is admitted to the facility, he is provided with a Packet, which contains information about facility religious services. A staff member also explains the data that is contained in the packet. According to documentation in the packet, a protestant chaplain is on staff and available to patients upon request. Members of other recognized denominations are on-call as requested. Protestant services are held each Sunday at 2 PM, and Catholic Mass is conducted on a monthly basis.

D...Patient Handbook (Handbook)

A recipient is also provided with a Patient Handbook when he is admitted to the facility. In the Services Section of the religious services are outlined. According to the documentation the Protestant service is held weekly on Sunday at 2 PM and Catholic Mass is held on Monday. Chaplains are available on a regular basis on each unit for pastoral counseling services for member of the Jewish faith are also available. Special requests for a spiritual/religious leader

should be made in writing to the Assistant Hospital Administrator's office. If a recipient is interested, he is directed to contact his therapist.

E...Additional Information:

According to information provided by the Representative, the Priest who conducted Catholic Mass died since the Patient Handbook was completed and a replacement has not been obtained. The present schedule for Catholic services is listed in the information in the Admission packet. The Representative stated that the Patient Handbook is in the revision process.

Summary of Allegation 1:

According to the recipient whose rights were alleged to have been violated, when he arrived at the facility he immediately requested to attend church services. The recipient stated that he was informed that he would not be able to attend the services until after he had been at the facility for three days. The recipient informed the Team that after the three day period, he did not experience any problems being able to go to the services. According to the Representative, a recipient receives various evaluations and an initial TPR is developed within twenty four hours, reviewed after a three day period, and revised at that time if the initial plan is not sufficient. After the three day period recipients are allowed to attend activities. The Representative informed the HRA that when a recipient is admitted to the facility, he is verbally informed and provided with written information in the admission packet concerning religious services. Information in the packet informs the recipient that he has the right to attend religious services and may request that a member of the clergy provide religious counseling/services on the unit. The Representative stated that recently a few of the Protestant church services have not been held because to the minister who conducts the service has a seriously ill family member. All levels of the facility's level system allow for recipients to attend desired church services, and the facility's procedure for addressing TPR development, which includes goals, activities, etc, and is in accordance to the PPDs. There was no documentation or information presented to indicate that the recipient had requested to receive pastoral services on the unit within three days of his admission.

Conclusion for Allegation 1:

Although, the recipient was unable to go off the unit for church services during the admission process, he was not denied access to religious counseling/services on the unit. Since there was no documentation or statements by the recipient to indicate that he had requested clergy to come to the unit, the Allegation that the recipient was denied the right to attend religious services is unsubstantiated. No recommendations are issued.

Suggestions

The Authority suggests the following:

1. The HRA suggests that when a staff member/volunteer is not available to conduct a scheduled activity, recipients should be informed that due to the individual's absence

the activity will not be held. Providing this information will alleviate the recipient's perception that he is being restricted from the activity.

2. Even though, recipients are provided with the facility current schedule for religious services in the admission packet, HRA suggests that during the revision process of the Patient Handbook the current schedule should be included in the revisions.

Allegation 2: Recipients are not served adequate portions of food. To investigate the allegation, the Team conducted two visits at the facility. During the initial visit in June 2009, the Team, consisting of three members and the Coordinator, spoke with the facility Training Coordinator, and six recipients. The Team also observed the serving of a noon meal. During the second visit in September 2009, the Team spoke with the Representative and nine recipients. The HRA reviewed the facility menus from 09/28/09 to 10/25/09 and a report to the facility's Human Rights Committee pertinent to the allegation.

I...Interviews:

A...Training Coordinator

During the initial visit at the facility, the Training Coordinator informed the Team that due to budget constraints the dietician had sought ways to include less expensive food into the menus. However, recipients continue to receive ample portions of nutritionally balanced foods at every meal. The Training Coordinator reported that in addition to the regular menu recipients are given a snack, usually a sandwich, after the evening meal.

B...Representative:

During the September 2009 visit, the Team asked the Representative if any complaints had been registered to the facility's Human Rights Committee regarding food issues. The Representative stated that some grievances had been registered and those issues had been presented to the Dietary Manager. The Representative informed the Team that when a response is received from the dietary department the information will be provided to the Authority.

The Representative informed the Team that the menus are prepared by a registered dietician and are cycled on a quarterly basis.

C...Recipients:

During the HRA's visit to the facility in June 2009, the Team spoke with seven recipients regarding the allegation. The following responses were provided: 1) Recipient A stated that recipients do not receive adequate portions of food; 2) Recipient B stated that the food was tasty and adequate amounts were provided; 3) Recipient C stated that he is a diabetic and doesn't receive enough food to satisfy his hunger; however the taste was adequate; 4) Recipient D stated that there was no problem with food portions, but expressed concerns that not enough fresh fruit was served; 5) Recipient E stated that he was served adequate amounts of food, and he especially enjoyed the fried chicken that was served every other Sunday; 6) Recipient F stated that he

received enough to eat, but would like for more cakes to be served as a dessert; 7) Recipient G stated that the food was "ok" and he received sufficient portions. He informed the Team that he really enjoyed the fried chicken that was served twice monthly.

Nine recipients were interviewed when the Team conducted the second visit to the facility in September 2009. The following information was obtained pertinent to the allegation: 1) Recipient H stated that he did not receive an adequate amount of food; 2) Recipient I stated that he received enough food, as well as Ensure as a supplement in order to gain weight. 3) Recipient J complained that the quality of the food was poor and the portions were inadequate. 4) Recipient K stated that the food quality was poor, however, the portions were adequate; 5) Recipient L stated that the quality of the food was "ok", but the portions were small; 6) Recipient M related that he likes the food, but doesn't get large enough portions to satisfy his appetite; 7) Recipient N stated that the quality is "so-so" and the portions are minimal; 8) Recipient O did not express any problems with the quality or quantity of food served; and 9) Recipient P stated that the portions are small and some of the snacks served are outdated. He complained that on one occasion he was given cupcakes that had mold on them.

The recipients initially interviewed were not interviewed during the second visit to the facility in September 2009.

II. Observations:

During the initial visit, the Team observed lunch being served in the facility's dining area to recipients who resided on Unit E. The Team noted that there were ample portions of all items on each of the recipient's tray. The meal consisted of a chicken patty, scalloped potatoes, mixed vegetables, rice pudding, two slices of bread, a pat of butter and a glass of milk.

III. Menus:

The Team observed the menus from 09/28/09 through 10/25/09. Examples of three daily menus are listed in this report. The menu for 09/29/09 was listed as follows: 1) Breakfast consisted of orange juice, dry cereal, an egg, bacon, toast with margarine and jelly, coffee and milk; 2) Lunch items included tomato soup with crackers, a grilled cheese sandwich, a lettuce salad with dressing, sweet pickles, peaches/pears and ice tea or fruit punch. 3) The evening meal included Salisbury steak with gravy, oven browned potatoes, buttered peas and carrots, wheat bread with margarine, cookies and milk.

The following menu was served on 10/14/09: 1) Breakfast consists of cranberry-apple juice, farina, 1 egg, doughnuts, toast and margarine, coffee and milk; 2) Lunch items included Bar-B-Q pork, potato tots, cole slaw, wheat bread with margarine, ice cream and tea or fruit punch; 3) Dinner included chicken with noodles, whole kernel corn, broccoli, wheat bread with margarine, peaches and chocolate milk.

The menu for 10/17/09 included the following: 1) Breakfast consisted of apple juice, dry cereal, sausage, waffles with syrup and margarine, coffee and milk; 2) Lunch consisted of spaghetti with meat sauce, buttered green beans, lettuce salad, wheat bread and margarine, fruit,

and tea or fruit punch; 3) Dinner items were listed as roast pork with gravy and noodles, seasoned sauerkraut, wheat bread and margarine, applesauce and milk.

The Team noted nineteen food substitutions during the targeted menu review period.

IV: Report to facility's Human Rights Committee (Report):

The Representative provided a copy of the dietary's manager's response to the facility's human rights committee regarding patient complaints pertinent to food. The 11/03/09 Report indicated that recipients' complaints regarding the poor quality of food, not having sausage or bacon for breakfast, stale bread, serving skim milk, not having enough margarine and serving inadequate portion sizes had been addressed.

According to the Report, the food quality and quantity were assessed in a survey completed by recipients on 08/08/09, 08/10/09 and 08/08/08. The findings indicated a positive response of 7.5 on a scale of 10 with three different meals evaluated. Documentation in the Report indicated that of the forty-three answers, two were marked "poor", one was marked "not enough to drink" and all others were ranked "satisfactory", "OK", "just right", "good" or "very good".

Documentation in the Report indicated that the dietary department did not have adequate staff levels due to a number of employees being out with injuries. According to the Report, there were two isolated incidents when the sausage or bacon, which was listed on the menu, was not served. The failure to serve the items was due to increased staff duties and a staff member forgetting to thaw the items. The problem of inadequate staffing was addressed by having someone temporarily assigned to the kitchen.

According to the dietary manager, bread and pastry products are delivered twice weekly and no product remains in stock for a long period of time. The items which are obtained first are used first. The dietary manager also recorded that bread could be fresher at times; however, it was never stale when served.

To address complaints regarding recipients not having enough margarine, the dietary manager indicated that he feared that the all of the margarine would be used, and the facility would be unable to purchase replacements if two patties were used at each meal instead of one. He recorded that many of the facility's regular food vendors have been hesitant to sell to the facility and others made irregular deliveries based upon not receiving payment for previous shipments. The dietary manager recorded that when one margarine patty is served per meal, one case is used daily; therefore, two patties would double the usage. He recorded that there were seventy-five cases in stock and more were scheduled to be delivered in January 2010, but there was no guarantee that the new supply would arrive before the stock was depleted. Conversely, it had been the practice of the facility to serve one margarine patty per meal prior to the budgetary crisis.

The dietary manager documented that the same menus were cycled quarterly throughout the year, and an attempt is made not to deviate from the items listed. However, digressing from

the listed items depends upon the availability of the food items listed on the menu. Documentation indicated that "portion size is included in these menus and have not changed for many years, possibly decades." Portions are measured and in accordance with the menu specifications.

Additional documentation indicated that menu changes were almost always a reflection of the food stock in inventory, and the facility is planning to purchase software in order to keep a more accurate account of the food inventory.

Summary of Allegation 2

Information obtained during interviews with staff members indicated that there were some budgetary constraints leading to the facility exploring less expensive food options. However, the portions of food provided to recipients had remained constant for a considerable amount of time. When the HRA interviewed recipients in June 2009, two of the seven expressed dissatisfaction with the portion size; however, when additional interviews were conducted in September 2009, six of the nine recipients complained about not having enough to eat. According to documentation obtained, complaints had been registered to the facility's Human Rights Committee regarding the quality and quantity of the food. The recipients' complaints were forwarded to the dietary manager, and he addressed each specific issue in a response to the facility Human Rights Committee. Additional documentation indicated that all of the menus are prepared by a registered dietician. The record presented to HRA indicated that minimal menu changes were made during the targeted review period. During the initial visit to the facility, the Team observed serving of a noon time meal and found the portion sizes to be ample.

Conclusion

Based on the HRA's interviews with recipients, it appears that there are increased perceptions that smaller portions of food are being served. However, the HRA's observations, staff reports, and documentation indicate that the portion sizes have remained constant for a number of years. Therefore, the allegation that recipients are not served adequate portions of food is unsubstantiated. No recommendations are issued.

Suggestions

The HRA is aware of the budgetary crisis throughout the State. However, the Authority suggests that the facility continually strive to provide the best quality and adequate quantities of food that the facility's budget will allow.

Allegation 3: Recipients are not allowed an adequate amount of time to eat their meals. To investigate the allegation, the Team observed recipients from Unit E being served a noon meal in the facility's cafeteria and spoke to the Representative and a Security Therapy Aide (STA) present during serving of a noon meal. The Authority reviewed a time log pertinent to the allegation.

I..Interviews:

Representative:

When the Team spoke with the Representative regarding the allegation, she stated that a time log is maintained for each meal time serving. She informed the Team that she would provide a copy for the Authority to review.

STA

A STA who was present at the time the Team observed the serving of a noon meal informed the Team that individuals who receive specialized diets and who eat slowly are served before others.

II...Observations...Unit E

The Team's observation indicated that after the dietary staff members placed the food on the tray, the recipient's name was called to receive the tray that has specific dietary requirements. As soon as those individuals received their trays, they went to a table, sat down and began to eat. After all of the dietary trays were dispensed, recipients who were without dietary restrictions were provided with their trays. The Team noted that dining was done in an orderly fashion, and recipients were calm and quiet during the meal.

As soon as a recipient completed his meal, he positioned his tray on the edge of the table with utensils placed on the tray. After a STA removed the utensils from the tray, the recipient gave the tray to a staff member near the dishwasher. When all of the recipients were finished with their meals, a STA accompanied them out of the cafeteria.

The entire dining procedure took twenty-five minutes for approximately thirty-five recipients. After observing the process, all of the Team members commented that there appeared to be an adequate amount time allotted for dining on that specific day.

III...Meal Service Time Log (Log):

The HRA reviewed a Log for 01/04/10. The following times for meal service are recorded: 1) Unit E...20 minutes for breakfast, lunch and dinner; 2) Unit C...20 minutes for breakfast and dinner and 24 minutes for lunch; 3) Unit A...20 minutes for breakfast and lunch and 25 minutes for dinner; and 4) Unit B...30 minutes for breakfast and dinner and 25 minutes for lunch.

Summary of Allegation 3:

When the Team observed the serving of a noon meal to recipients on Unit E, the Team noted that the serving was completed in an orderly fashion, and recipients did not appear to be rushed to complete the meal that was served within 25 minutes. Documentation in a time log for

serving meals to Unit E on 01/04/10 indicated that the serving time for each of the three meals was 20 minutes. Other units serving time ranged from 20 to 30 minutes.

Conclusion:

Based on the information obtained, the Authority can not determine with certainty that there was an inadequate amount of time allotted for the serving of meals to recipients at the facility. Therefore, the allegation that recipients are not allowed an adequate amount of time to eat their meals is unsubstantiated. No recommendations are issued.

Suggestions

1. Staff members who are assigned to the dining room for recipients meals should insure that the recipients who are served last are not rushed to complete their meals.
2. Staff should continue to evaluate and accommodate any recipient in need of longer mealtimes