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Egyptian Regional Human Rights Authority
Report of Findings
09-110-9045
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 is not receiving services in the least restrictive environment.

2. The recipient does not have access to water in his room.

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(a) 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 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 5/2-201 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 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 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 also be responsible for promptly recording such restriction or use of restraints or seclusion and the reason therefor in the recipient's record."

Investigation Information for Allegation 1:

Allegation 1: A recipient at Chester Mental Health Center is not receiving services in the least restrictive environment: 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 a Representative (Representative) from the facility's human rights committee. The recipient's clinical chart was reviewed with his written authorization. A facility policy pertinent to the allegation was also reviewed. The Coordinator spoke via telephone with the Representative shortly before the investigation was completed.

I...Site Visit Interviews:

A...Recipient:

The recipient informed the Team that he had been at Chester Mental Health Center since 1994 and believes that that the facility is an inappropriate setting. The recipient stated that he has been restraint and aggression free; therefore his present placement is unacceptable. He informed the Team that he wants to be transferred to a less secure setting that is near his family members.

B...Representative:

During the site visit, the Team spoke with the Representative regarding the allegation. The Representative stated that information regarding the recipient's progress and the criteria for his transfer to a less restrictive setting is listed in his Treatment Plan Reviews (TPRs), which are a part of the recipient's clinical chart. She informed the Team the recipient's treatment team, after reviewing information about his progress, will determine whether he has met the criteria established for transfer to a less secure setting. She informed the Team that the recipient's progress is reviewed at least monthly in TPR meetings and whenever significant events occur.

II...Clinical Chart Review:

The Authority reviewed the recipient's TPRs for February, March and April 2009. Documentation in a 02/03/09 TPR indicated that the recipient was admitted to the facility on 05/11/94 with a legal status of Unfit to Stand Trial (UST). He was found Not Guilty by Reason of Insanity (NGRI) on 08/29/95 and a theim date of "natural life" was given. The record indicated that the recipient has an extensive legal history involving incarcerations and hospitalizations.

According to the TPR, the recipient has the following diagnoses: AXIS I: Schizoaffective Disorder, Bipolar Type 296.70; AXIS II: Antisocial Personality Disorder 301.7; AXIS III:

Hepatitis C Positive, Idopathic Polydipsia, Dyslipidemia since 09/28/06...(controlled with treatment).. AXIS IV: NGRI for Attempted Murder (1992), Theim Date of Natural Life, and Extensive Criminal History since Juvenile Years, Chronic Mental Illness since 1983.

Current medications were listed as follows: Olanzipine 20 mg and Perphenazine 8 mg to control psychosis; Valproic Acid Syrup 1500 mg at AM and Noon, and 2000 mg at bedtime for mood instability and impulsivity; Clonazapam 3 mg three times daily and Topiramate 100 mg ever AM and 200 mg at bedtime for anxiety, agitation and mood instability; Ativan 2 mg by mouth or Intra-Muscular (IM) every 4 to 6 hours as needed (PRN) for anxiety or agitation; and Haloperidol 10 mg IM every 4 hours PRN for psychotic agitation.

The record indicated that the recipient had received four Behavior Data Reports (BDRs) during the reporting period. According to the documentation, he received the BDRs for trading and stealing food, non-compliance with module rules, threatening behaviors, and excessive fluid intake. The record indicated that the recipient continues to be argumentative and difficult to redirect. Additional documentation revealed that had he had dipped into his toilet stool that contained feces and had gone into other peers' rooms seeking water.

The following goals were listed in the TPR: 1) to reduce psychotic symptoms, which consists of hallucinations and delusions; 2) to be free of displaying aggressive behaviors toward others; 3) to be able to control his fluid intake to prevent water intoxication; and 4) to eliminate predatory sexual behaviors.

Documentation indicated that in order for the recipient to be transferred to a less restrictive environment, he must exhibit an ability to inhibit any significant impulses of violence toward himself or others. Additionally, he must express a genuine desire for transfer, to be cooperative with his adjustments as exhibited by his statements, be cooperative in taking medications deemed essential for his well-being and to be able to make reasonable plans.

Documentation in a 03/03/09 TPR indicated that the recipient had received Lorazepam one time during the month to control his agitation, uncooperative and disruptive behaviors. According to the record, the recipient cursed loudly and threatened others. Documentation indicated that when the recipient starts talking he rambles, mixes up past and present events, gets excited and repeatedly "pounds" on the table. The record indicated that the recipient talked nonstop and was difficult to redirect during the TPR meeting. Additional documentation indicated that the recipient continued to engage in inappropriate sexual behaviors at least once a month.

Recordings in the recipient's 04/22/09 TPR specified that the recipient has been compliant with taking prescribed medications; however, he still exhibited some symptoms of psychosis, as well as aggressive behaviors. Documentation indicated that he was placed in restraints on 04/02/09 after he became physically aggressive toward staff members. During the reporting period, he received ten BDRs for non-compliance with unit rules, aggression toward peers, stealing, loud and verbally threatening behaviors toward staff members, and trading commissary items.

According to the documentation in the 04/22/09 TPR, the treatment team continues to assess the recipient's suitability to attend off-unit rehabilitation programming. STAs reported to the treatment team that the recipient demands daily to go to the off unit rehabilitation activities and has been difficult to redirect when he is informed that he is unable to attend those activities. At the time the meeting was conducted the treatment team maintained that the recipient's sexualized behaviors continued to be inappropriate for off-unit exposure to female staff.

C. Phone interview with Representative:

Prior to completion of the investigation, the Coordinator spoke via telephone with the Representative. She informed the Coordinator that the recipient was in the facility infirmary, per the facility's water intoxication protocol. He was moved to the infirmary on 01/10/10 and should remain there for a period of approximately two weeks. She related that she had been informed that the recipient was currently on the red level of the facility's level system due to problematic behaviors that he exhibited in the dining room area on 01/04/10. However, he would have the opportunity to advance to the yellow level on 01/18/10 provided that no further maladaptive behaviors occurred. The Representative stated that while the recipient was in the infirmary he would not be able to attend any off-unit activities. However, after he is released from the infirmary and returns to a unit, he will be allowed to attend the off unit activities of church and gym. The Representative stated that the recipient has not met the criteria for transfer to a less restrictive setting.

D ...Level System Policy 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 patients' treatment team 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, attend gym activities, attend on-unit activities, shop in the commissary (at least once weekly), and attend birthday parties and cook-outs. When a recipient progresses from the red level to the yellow level, additional activities are permitted, and when he reaches the green level, he may attend the maximum level of activities that the facility allows.

Summary of Allegation 1

According to documentation in the recipient's clinical chart, he continues to exhibit aggressive actions toward staff and his peers. The record also indicated that he continues to refuse on-unit activities as a precursor for attendance at off-unit rehabilitation programs. Documentation indicated that the treatment team had determined that the off-unit rehabilitation programs should not be allowed due to his past history and his continued inappropriate sexual behaviors, which could potentially present a problem to off-unit female staff. Information provided to the HRA indicated that the recipient was placed in the infirmary on 01/10/10 due to problems associated with water intoxication and would probably be required to remain there for a period of two weeks. While he is housed in the infirmary, he will not be allowed to attend off-unit activities; however, when he returns to the unit he will be allowed to go to the gym, cafeteria, and attend off-unit church services. Other information indicated that the recipient was placed on the lowest level of the facility's level system after he experienced some problematic behaviors in the facility's dining room on 01/04/10.

Conclusion of Allegation 1

Based on interviews and a review of the recipient's records, the allegation that the recipient is not receiving services in the least restrictive environment is unsubstantiated. No recommendations are issued.

Allegation 2...The recipient does not have access to water in his room. To investigate the allegation, the Team spoke with the recipient and the Representative. The recipient's records, the facility policy pertinent to the allegation, information from the lumrix.net, righthealth.com, merck.com websites and the Stedman's Medical Dictionary were reviewed. All of the data obtained during the investigation of allegation 1 was also reviewed.

I...Interviews:

A...Recipient:

When the Team spoke with the recipient he stated that he was not allowed to have water in his room. He stated that staff members have informed him that he has a problem with being intoxicated when he drinks water; however, he does not believe that drinking water creates problems for him.

B... Representative:

The Representative informed the Team that when the recipient was admitted to the facility, he had a diagnosis of water intoxication and has maintained the diagnosis since his admission. She stated that the problem is addressed in the recipient's TPR and reviewed monthly by the treatment team. When the Team determines that water intoxication remains a problem, a facility physician will complete an order for the recipient to be placed on the water intoxication protocol. The representative provided the Team with a copy of the facility's policy pertinent to the issue.

II...Clinical Chart Review:

According to the recipient's 02/03/09 TPR the recipient had a diagnosis of Idiopathic Polydipsia. (Stedman's Medical Dictionary defines Idiopathic Polydipsia as excessive drinking due to an unknown cause). A goal for the recipient to be able to control his water intake to prevent water intoxication was listed in the TPR. The treatment intervention was listed as follows: 1) STAs and Nurses will observe the recipient closely to ensure monitoring and control of the recipient's water/fluid intake; and 2) The recipient will be weighed twice daily. Documentation indicated that STAs reported that the recipient's weight was "up and down" and he will drink out of the stool. A Physician's Order was issued for the water intoxication protocol to be continued. Additional documentation indicated that the recipient stated that "he liked drinking toilet water mixed with stools."

Documentation in the recipient's 03/03/08 TPR indicated that the recipient continued to exhibit evidence of water-seeking behaviors, such as dipping water from his toilet, hoarding containers to obtain water and going into other recipients rooms to seek water. He argues with and threatens staff when there is an attempt to redirect him from behaviors which could lead to water intoxication. The goal pertinent to the recipient's potential for water intoxication was continued in his TPR, and a Physician's Order to continue the protocol was issued.

According to the recipient's 04/22/08 TPR, the water intoxication goal continued. A Registered Nurse documented that the recipient's weight was 225 lbs, which was below his mean body weight.

All of the TPRs are signed and approved by the recipient's psychiatrist and his coordinating therapist.

The HRA did not observe any Restriction of Rights Notices given to the recipient pertinent to the allegation. According to the Representative, the issue was addressed in the recipient's treatment plan, reviewed monthly, and physician's orders issued for a medical condition.

III...Water Intoxication Protocol Policy/Procedure (Policy)

The Policy Statement is as follows, "In an effort to evaluate, diagnose, minimize complications, and prevent impending severe water intoxication in patients which may lead to out of institution hospitalization, Chester Mental Health Center utilizes a water intoxication protocol."

According to the Policy, the following recipients may be placed on the water intoxication protocol: 1) those with a previous diagnosis and no justification for omitting the diagnosis; 2) recipients with a sodium level of 125 meq/liter or less within the previous year; 3) recipients with seizures of unknown causes with suspected water intoxication; and 4) any recipient suspected by the attending physician as appropriate for the therapy.

According to the Policy, a psychiatrist, staff medical physician, and the Medical Officer of the Day (MOD) are listed as persons eligible to order the protocol.

A pre-therapy evaluation is conducted. The evaluation consists of obtaining baseline weights and simultaneous sodium concentrations twice a week for two weeks while a recipient is not water intoxicated. These baseline weights and serum sodium levels will be completed while the recipient is in the infirmary. From the data, the mean serum sodium level and the mean body weight are obtained.

Therapy includes taking a recipient's weight in the morning and evening and when staff deems necessary due to the recipient's symptoms. A formula is used to obtain the recipient's maximum allowable body weight. When he reaches that weight a serum sodium level is taken. If the sodium level is too low, the attending psychiatrist will initiate appropriate therapeutic interventions to resolve the problem. If the attending psychiatrist is not available, the house physician or the MOD will initiate treatment. The recipient's individual treatment plan specific to water protocol should be followed. The recipient should be managed on the unit unless a facility physician determines that the recipient needs to be transferred to the facility infirmary or to the general hospital. If the recipient is transferred to the infirmary, the general medical physician will provide medical management and his psychiatrist will provide follow-up visits and continued psychiatric monitoring. The general physician and the psychiatrist will conjointly coordinate their efforts to provide appropriate care.

If the recipient does not have an individualized water protocol in this treatment plan, the treating physician or the psychiatrist should initiate necessary interventions to include water restriction for a specified period of time. The water restriction may include turning water off in the recipient's room, one-to-one observation, seclusion, restraints or other measures as appropriate.

According to the Policy, when a recipient is admitted to the infirmary, his weight and electrolyte levels are to be rechecked the following day before he is returned to his home unit. Recalculation of his weight is done by the facility pharmacy. Upon the recipient's return to the unit, he will be weighed upon waking on four consecutive mornings, and he will be required to remain on the unit for the four-day period. The water is to be shut off a night to stop the patient from drinking and to give a true "dry" body weight. Serum sodium levels are obtained and the pharmacy will use the previous average serum sodium obtained when the recipient received a baseline weight as an indicator of the recipient's hydration status.

Operational guidelines for recipients on fluid restriction are listed as follows: 1) Recipients on water protocol should be placed in a room in which the water control closet door has been modified to facility opening, and the water is turned off. Unit staff should monitor the recipient's toilet when completing routine security checks and, if necessary, flush the toilet. 2) The recipient is to be observed closely to ensure monitoring and control of water intake. Observation is to be conducted during meal and activity times. The recipient's access to drinking utensils is to be restricted and visual monitoring is conducted during showering.

According to the Policy, a recipient may be removed from the protocol if any of the following occurs: 1) the recipient has not exceeded his maximum allowable body weight in the past six months; 2) The recipient has not had a serum sodium below 125 meq/liter in the past six

months; and 3) The physician does not suspect that the recipient is drinking excessive amounts of fluids. If the criteria are met, the recipient can be considered for removal from the protocol by his psychiatrist.

IV...Information from websites:

Information from the www.lumrix.net website, there is a form of Polydipsia, caused by mental disorder that causes the patient to drink large amounts of water, which raises the pressure of the extracellular medium. As a side effect, the anti-diuretic hormone level is lowered. The urine produced by these patients will have low electrolyte concentration and will be produced in large quantities.

According to information in the ww.righthealth.com website, water intoxication is a potentially fatal disturbance in brain functions that results when the normal balance of electrolytes in the body is pushed outside of safe limits of over-consumption of water. Documentation indicated that regardless of the cause of over hydration, fluid intake is usually restricted, but only as advised by a physician.

According to information obtained from www.merck.com website, individuals can have over hydration if they drink too much or if they have a disorder that decreases the body's ability to excrete water. Documentation indicated that often no symptoms occur; however, some individuals may become confused or have seizures. Over hydration can occur when an individual drinks much more water than their body needs because of a psychiatric disorder called Psychogenic Polydipsia. According to the website information, over hydration generally results in low sodium levels in the blood, which can be very dangerous.

Additional Information:

All of the information obtained in the investigation of allegation 1 was reviewed. When the Coordinator spoke with the Representative shortly before the investigation was completed, she stated that the most recent Physician's Order for continuance of the water intoxication protocol for the recipient was issued on 01/08/10. The physician ordered that water remain off in the recipient's room, and his weight and labs monitored per the water intoxication protocol.

Summary of Allegation 2:

According to the recipient's records, he has a diagnosis of Idiopathic Polydipsia, a potentially dangerous condition when over hydration is present. Documentation throughout the recipient's clinical chart indicated that he continues to exhibit water seeking behaviors, which include drinking from his toilet stool. As a result of the recipient's symptoms, Physician's Orders have been issued for implementation of the facility's water intoxication protocol to protect the recipient from over hydration as well as diseases that could occur from drinking water contaminated with harmful bacteria. A goal to address the problem is a part of the recipient's TPRs, progress is reviewed during monthly TPR meetings, and Physician Orders are issued after each review by the treatment team which determines the need for continuance. Staff report that Restriction of Rights Notices have not been issued. The facility considers the recipient's AXIS III

diagnosis of Idiopathic Polydipsia to be a medical issue, having water in a recipient's room is not a right, and implementation of the protocol was necessary to protect the recipient's health.

Conclusion

Although the recipient does not have water in his room, he has access to water. His water intake is monitored, per facility policy, physician's orders, and treatment team review for his protection due to a medical diagnosis. Therefore, the Authority has not determined that a rights violation has occurred. No recommendations are issued.

Suggestion

Even though the recipient's lack of access to water in his room was implemented to address a potentially harmful medical condition, the Authority suggests that a Restriction of Rights Notice be provided each time a Physician's Order is implemented to address the problem. The Restriction of Rights Notice would provide information to the recipient regarding the reasons for the lack of access of water in his room as well as providing information to any individual that the recipient deems appropriate for notification of the continuance of the water intoxication protocol.