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Egyptian Regional Human Rights Authority
Report of Findings
09-110-9046
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 restricted to a unit for 24 days.
2. The recipient was not allowed to have his Bible.
3. The recipient was not allowed to have commissary items.

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 recipient 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 chooses 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 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 be responsible for promptly recording such restriction or use of restraints or seclusion and the reason therefore in the recipient's record."

Investigation Information for Allegation 1

Allegation 1...A recipient at Chester Mental Health Center was restricted to the unit for 24 days. To investigate the allegation, the HRA 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. The facility's Level System Procedure was also reviewed.

I...Interviews:

A...Recipient:

When the Team spoke with the recipient, he stated that he was required to remain on the unit for more than two weeks after his admission because his mental status was very unstable. He informed the Team that as soon as his condition improved he was allowed to attend off the unit activities. He stated that his inability to attend off unit activities was implemented to protect him, as well as others.

B...Representative:

According to the Representative, when a recipient is admitted to the facility he is required to go to the facility infirmary for examination by a physician. The Representative stated that the examination occurs within hours after the recipient's admission, and if examination does not reveal any health concerns the recipient is sent to a unit. The Representative informed the Team that 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 are reviewed and a final TPR is developed within a three-day period. The Representative stated that after the process is completed, a recipient is allowed to attend activities in accordance with the facility's level system procedure.

II...Clinical Chart Review:

A...Treatment Plan Reviews:

Documentation indicated that the recipient was admitted to the facility on 02/06/09 from a county jail with a legal status of Unfit to Stand Trial (UST). According to his records, he had numerous admissions to mental health facilities, an extensive arrest record and a prior admission to Chester Mental Health Center. The record indicated that the recipient was jailed in January 2009 and sent from the jail to the facility after he exhibited "symptoms of a major mental illness."

According to documentation in the 02/06/09 TPR, the recipient's problems areas were listed as follows: 1) being adjudicated as UST on 01/28/09 and 2) having a mood disorder with symptoms of mania at the time of admission.

The recipient's strengths were listed as follows; 1) articulate; 2) cooperative with treatment; 3) history of quick stabilization; and 4) average intelligence.

The recipient's Diagnoses were listed as follows: AXIS I: Bipolar Disorder, (most recent episode manic); Cocaine Abuse; and Alcohol Abuse; AXIS II: None; AXIS III: Obesity; History of a Seizure Disorder; History of Hypertension; Diabetes; Bilateral edema in lower extremities; AXIS IV: UST, Chronic mental health problems, Non-compliance.

According to documentation the recipient's medications were listed as 1) Risperidone 2 mg by mouth twice daily for mania, 2) Depakote ER 1000 mg by mouth twice daily for mania, 3) Haloperidol 5 mg by mouth every 4-6 hours as needed for agitation along with 4) Lorazepam 2 mg by mouth every 4- hours for agitation.

Recordings in the 02/06/09 TPR listed a goal for the recipient to be restored to a level of fitness to stand trial by 01/20/10. Documentation indicated that the recipient's Therapist would conduct an evaluation to determine what the recipient needed to achieve fitness and his progress would be reported at the 21-day TPR. An additional goal listed was for the recipient to reduce mood disorder symptoms, which consisted of psychosis, mania and aggression. Objectives included taking medication as prescribed, following unit rules, and no longer exhibiting symptoms of a bipolar disorder. Symptoms listed included loud hostile speech, aggressiveness, fixation on water (including flooding his room) and psychosis.

According to the recipient's 21-day TPR dated 02/24/09, the recipient's medications had been changed to the following: 1) Risperidone 4 mg by mouth twice daily for mania, 2) Valproic Acid 1500 mg by mouth twice daily for mania; 3) Haloperidol 5 mg by mouth every 4-6 hours as needed for agitation along with; 4) Lorazepam 2 mg by mouth every 4-6 hours as needed for agitation; 5) Clonazepam 0.5 mg by mouth in Am and 2 mg by mouth at bedtime for anxiety; and 6) Trazadone 200 mg by mouth at bedtime for insomnia. Documentation indicated that the recipient gave verbal consent for the medication changes, and his response to the changes was positive.

According to documentation the recipient had shown some clinical improvement; however, he was not able to cooperate with counsel or converse appropriately in order to be considered fit to stand trial. The record indicated that rehabilitation programming would be implemented whenever the recipient expressed an interest in attendance.

The record indicated that group and individual activity programs had recently been initiated in order for the recipient to improve his physical health and social interaction. According to the documentation, the activity programs would also assist him in decreasing his aggressive behaviors, improve his knowledge for court fitness and provide opportunities for him to work cooperatively with others.

Recordings in the 02/24/09 TPR indicated that the recipient had been medication compliant; however, he continued to have episodes of explosive behaviors. Documentation indicated that since his admission, he had been in restraints six times, flooded his room with water, tore up all of his clothing, stuffed the clothing items in his toilet and covered his walls with feces. Due to the recipient's behaviors, a physician ordered that the water be turned off in his room to prevent him from flooding the area.

Documentation in a 03/31/09 TPR indicated that the recipient had shown improvement in his clinical condition and towards his goals. He was no longer considered manic, and he denied having depression. However, he expressed frustration regarding being hospitalized at the facility. The record indicated that the recipient participated in on-unit activities such as pool playing, board games, card games, listening to music and watching TV. According to documentation, his off-unit activity had also increased steadily during the reporting period.

The record indicated that during the period from 02/24/09 to 03/31/09 the recipient had been medication compliant, was no longer manic or aggressive, restraint-free, and was cooperative.

Documentation indicated that in order for the recipient to be returned to the court as fit for trial, he must meet the following criteria: 1) Be able to communicate with counsel and assist in his own defense, 2) be able to appreciate his presence in relations to time, place and things; 3) be able to understand that he is in a court of justice charged with a criminal offense; 4) to show an understanding of his charges and the consequences, as well as court procedures and the roles of the judge, jury, prosecutor and defense attorney; 5) have sufficient memory related to the circumstances surrounding the alleged criminal offense, and to demonstrate a significant reduction in his aggressive behaviors.

B...Progress Notes:

Documentation in the progress notes indicated that the recipient was extremely unstable when he was admitted to the facility on 02/06/09. The record indicated that on 02/08/09 the water was turned off to the recipient's room due to him placing clothing in the toilet. On 02/07/09, the recipient barricaded the door to his room with a mattress and urinated on the floor.

According to a progress note on 02/09/09, the recipient was placed in restraints when he tried to kick a Security Therapy Aide (STA) after the STA requested that the recipient put on his pants and cease walking down the hallways in his undershorts. On 02/10/09, a Registered Nurse (RN) recorded that the recipient had been awake all night and was very psychotic. The RN documented that the recipient was talking to himself, but he was not loud and disruptive to others.

On 02/10/09, a STA recorded that the recipient came out of his room wearing a shirt for a pair of pants. Documentation indicated that when the STA asked the recipient to go to his room and put on a pair of pants, the recipient became very hostile and attempted to hit him. As a result of the recipient's aggressive actions he was placed in restraints.

A RN recorded in a 3 AM Progress Note on 02/11/09 that when the recipient awoke he began drinking from the toilet stool. Due to this behavior, a facility physician wrote an order to lock the recipient out of his room during the day and at night house him in a security room for observation. The order was implemented in order to help regulate the recipient's sleep cycle, as well as to prevent him from playing in the toilet stool.

At 7:55 AM on 02/11/09 the record indicated that the recipient attacked staff after the staff member requested that he pull up his pants. Due to his aggressive actions, he was placed in restraints.

Documentation indicated that on 02/18/09 the recipient's psychiatrist discontinued Depakote and placed the recipient on Valproic Acid. Clonazepam was prescribed and Trazadone was increased to assist the recipient in sleeping.

According to 02/19/09 Progress Notes completed by STAs and an RN, the recipient became belligerent with staff and when he was offered medication to assist him in regaining composure, he refused. The records indicated that the recipient cursed staff, threatened them and attempted to strike one of the staff. As a result of his aggressive behavior, he was placed in restraints.

There was no documentation to indicate that the recipient had been restricted from going to the dining room, attending church services or the gym at any time during his hospitalization.

III...Level System Policy/Procedure

The Authority reviewed the facility's Level System Policy/Procedure. The Policy statement is as follows: "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 individualized approach to the level system."

The overall purpose of the level system is listed as follows, "to reinforce adaptive social behaviors through increased opportunities for positive leisure and educational activities. As patients' exhibit improved social function, they are able to gain access to more areas of the

facility and to engage in a greater number of enjoyable programs. Inherent in the level system is risk management of aggressive acts and other maladaptive behaviors. Patient access to areas within the facility is consistent with the risks posed by their behaviors."

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.

Recipients who are on the red level are allowed the following activities: 1) church; 2) dining room; 3) gym; 4) on-unit activities; 5) commissary-once per week; 6) birthday party; and cook-outs.

The yellow level allows a recipient to attend the following activities: 1) church; 2) dining room; 3) gym; 4) on-unit activities; 5) commissary-twice per week; 6) birthday party; 7) cook-outs; 8) yard; 9) education; 10) library; 11) inter-unit activities; 12) feature films; 13) veteran's party; and 14) eligible to serve on the consumer advisory council.

The green level allows all of the activities listed for the yellow and the following additional activities; 1) game room; 2) CAPS room; and special monthly activities.

In order for a recipient to advance from the red level to the yellow level, he must not exhibit physical aggression, property destruction, sexual predatory behaviors and self injury for a two week period. To advance from the yellow level to the green level, he must not exhibit the behaviors listed for movement from red to yellow plus the following for a two-week period: 1) no verbal threats of harm; 2) compliance with basic module rules; 3) perform activities of daily living; and 4) compliance with medication and treatment.

IV...Additional Information

The Representative informed the Coordinator via telephone that the recipient met the criteria established in his TPR and was returned to court as fit to stand trial on 05/09/09.

Summary

According to the recipient whose rights were alleged to have been violated, when he was admitted to the facility his mental status was unstable, and the recipient was involved in aggressive acts. Recordings in the recipient's 02/24/09 TPR indicated that he had been very aggressive, flooded his room, and smeared feces on the walls since his admission. However, he had been cooperative with treatment and had a history of quick stabilization. According to additional recordings, rehabilitation programming would be implemented whenever the recipient expressed an interest in attending. However, group and individual activity program had initiated shortly before the meeting. Recordings in the Recipient's 03/31/09 TPR indicated that the recipient had shown improvement in his clinical condition and toward his goals. He had participated in numerous on-unit activities and his off-unit activities had steadily increased. According to the facility's Level System Policy/Procedure, as a recipient exhibits improved

social function, he may gain access to more areas of the facility and engage in more programs and activities.

Conclusion

According to interviews and documented information, the recipient was involved in aggressive actions and property destruction for a period of time after his admission. These actions would indicate that he would be on the red level of the facility's Level System Policy/Procedure. As his condition stabilized, he moved to a higher level and his activities increased. There was no evidence that the recipient was restricted from attending church services, gym activities, or going to the dining room at any time during his hospitalization. Evidence indicated that the facility followed its own policy and there was no rights restriction; therefore, the allegation that the recipient was restricted to the unit for 24 days is unsubstantiated. No recommendations are issued.

Allegation 2: The recipient was not allowed to have his Bible. To investigate the allegation, the Team spoke with the recipient whose rights were alleged to have been violated and the Representative. The recipient's records and the Patient Handbook were reviewed. Information obtained in the investigation of allegation 1 was also reviewed.

I...Interviews:

A...Recipient:

According to the recipient, he had a Bible when he was admitted to the facility. However, after requesting the Bible several times, it was eventually given to him after approximately three weeks after his admission. The recipient did not recall the staff member(s) to whom he had made the requests.

B...Representative:

The Representative stated that all of a recipient's personal property is inventoried when he is admitted and sent to property control for storage. However, if he has a Bible he may take the Bible to his room. According to the Representative, all clothing is inventoried, sent to the facility laundry for washing, marked with the recipient's name, and returned to the recipient.

II...Record Review:

When the HRA reviewed the recipient's Personal Property Inventory dated 02/06/09, the date of his admission, the following items were listed: 1) 3 cartons Newport cigarettes; 2) 1 carton Marlboro cigarettes; 3) 1 carton Camel Cigarettes, 4) 1 package Newport cigarettes; 5) 2 lighters; 6) an outdoor pocket knife; 7) Fossil watch; 8) cell phone-Sprint Sanyo; 9) black wallet; 10) checkbook-AM. Bank & Trust; 11) Illinois ID card; 12) Social Security Card; 13) Link card; 14) Metro Link card; 15) Visa Debit Card-Atira; 16) Visa Debit card-AM Bank & Trust; 17) voters card; 18) Hallmark card; 19) 2 Hardees thick burger cards; 20) Rock Island library card;

21) District 22 ID card; 22) Applebee's card; 23) Jewel-Osco Card; 24) 2 small Jewel-Osco cards; 25) 2 Metro Link passes; and 26) a bag with miscellaneous receipts.

The recipient's clothing inventory included 1 black XXL Stafford leather jacket, 1 pair of white tennis shoes with no metal, 1 pair size 40 silver tab jeans and 1 black sleeveless Waukon tee shirt.

There was no documentation that indicated that the recipient had a Bible when he was admitted to the facility.

III...Patient Handbook

According to documentation in the Clothing & Personal Property Section of the Patient Handbook, all of a recipient's clothing is inventoried and automatically sent to the facility laundry. Shoes will be checked for metal before a recipient may receive them and if metal is found those shoes will be stored in the clothing room. A recipient is allowed at least six sets of clothing, one pair of shoes, one belt and one jacket. These may be facility clothing or personal clothes. Any personal clothing that a recipient would like to wear will be marked with his name so that he will get it back after laundering.

Upon arrival at the facility, all of a recipient's personal property is inventoried and sent to the facility's property control supervisor for storage. Documentation indicated that if a recipient has a Bible and wishes to take it with him to the unit he is allowed to do so.

Summary

When the recipient was admitted to the facility on 02/06/09, staff at the facility listed all of the items that he brought with him on a Personal Property Inventory Form. Documentation items did not include a Bible. The recipient indicated that he had brought a Bible with him. However, when he requested to take it to his room, he had to wait three weeks before he was able to do so. He stated that he made several requests to staff members, but could not recall who he had spoken to regarding the Bible.

Conclusion

Based on the information obtained, the HRA could not verify that the Bible arrived with the recipient when he was admitted to the facility. Therefore, the allegation that the he was not allowed to have his Bible is unsubstantiated. No recommendations are issued.

Suggestions:

1. Whenever a recipient voices concerns about not having a Bible, the facility should provide one for his use while he resides at the facility.

Allegation 3... The recipient was not allowed to have commissary items. To investigate the allegation, the Team spoke with the recipient and the Representative. Information obtained to

investigate allegation 1 and 2 was reviewed. Facility policy pertinent to the allegation was also reviewed.

I...Interviews:

A...Recipient:

When the Team spoke to the recipient about the allegation, he stated that he was not allowed to have commissary items for a two-three week period after his admission. He informed the Team that he was not provided with a reason for not receiving the items.

B...Representative:

When the Team spoke with the Representative, she stated that it was possible that the recipient did not have any money in his commissary account; however, she could not determine if this was the case. Shortly after the site visit, the Coordinator called the Representative to request copies of the recipient's commissary account and the date of his commissary purchases. She informed the Coordinator that the recipient had been found fit and returned to court to stand charges, and his records were sent with him. After speaking with staff in charge of the commissary accounts, the Representative informed the Coordinator that none of the recipient's records pertinent to the allegation were available.

II... Progress Notes:

When the HRA reviewed the recipient's Progress Notes for February 2009, there was no documentation to indicate that the recipient had expressed any problems with obtaining commissary items or there was any restriction pertinent to his purchases.

III...Policies/Procedures:

A...Level System Policy/Procedure:

Documentation indicated that recipients on all levels of the Procedure are allowed to have commissary items. Recipients on the red Level have commissary privileges once weekly, while recipients on the yellow and green have twice weekly access to commissary items.

B...Transferring of Patient's Monies From Trust Fund to Commissary (Commissary Policy):

According to the Commissary Policy statement, "Patients are afforded the opportunity to purchase items from the Commissary twice each week unless the week has been shortened due to a holiday. In order for patients to make purchases, funds must first be available in the Commissary. These funds are made available via a transfer from the Patients Trust Fund to the Commissary every other day."

The Procedure is listed as follows: 1) On the day a transfer is to be made, the Trust Fund Officer will run a report entitled, "Accounts Receivable Customer Summary Sorted by Last

Name". This report is run at the end of the specified day after the commissary has completed filling orders. 2) The Trust Fund Office will review the Report to determine which recipients need to have funds transferred to the commissary account. If the balance is below \$15.00, available funds may be transferred. The total in the commissary account should normally be no more than \$30.00. The Trust Fund Office will review the report entitled, "Trust Fund Computer Printout", to ascertain the availability of funds that could be transferred to the commissary account. If funds deposited into the Trust Fund have been made via a personal check or currency exchange money order, these funds are not made available until twelve working days from the date the funds were deposited in the bank. This is noted on the Trust Fund Computer Printout as "hold" and the release date listed. Then the date is reached, the funds can be transferred to the Commissary or used for other approved purchases. 3) If it has been determined that funds are needed and available, the Trust Fund Officer will circle the patient's name noting the amount to be transferred on the Trust Fund Computer Printout.

Summary

According to the recipient, he was not allowed to have commissary items for a period of between two and three weeks. Review of his clinical chart indicated that the recipient's condition was very unstable during that period of time. However, according to the facility's Level System Procedure, recipients who are on the red level, the level of protection from harm, are allowed commissary once weekly. The HRA did not observe any documentation in the Progress Notes that indicated that the recipient had expressed problems obtaining commissary items or any restriction pertinent to his obtaining the items. However, the recipient's commissary records were not available for HRA's review due to his being found fit to stand trial when the request was made.

Conclusion

Based on the information obtained, the allegation that the recipient did not receive commissary items for a two to three week period can not be substantiated. However, due to the Authority's inability to obtain his commissary records, it can not be determined with certainty that he was able to obtain the items during the two to three week period. No recommendations are issued.

Suggestion

Facility staff should document in Progress Notes when a recipient has requested commissary items that can not be provided and the reason(s) (i.e lack of funds) for the denial.