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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 10-030-9003

Kindred Hospital

Case summary: The HRA did not substantiate that complaint that the unit was dirty, that the recipient was given a cot instead of a bed, and that she did not receive a dresser until she demanded one.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Kindred Hospital. It was alleged that the hospital was dirty. The complaint alleges that the floors, furniture and bathroom were filthy and that the recipient was given a cot instead of a bed and did not receive a dresser until she demanded one. Also, it was alleged that the phones did not work on a regular basis. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Illinois Administrative Code for hospitals (77 Ill. Admin. Code 250).

Kindred Hospital is a long-term acute care hospital in Chicago which houses a 30-bed behavioral health unit.

To review this complaint, the HRA conducted an unannounced site visit to view conditions on the behavioral health unit and a site visit with an interview of the Director of Risk Management and the Unit Manager. The HRA obtained the recipient's record with written consent. The recipient is an adult who maintains her legal rights.

FINDINGS

The record indicates that the recipient was petitioned for involuntary commitment on 7/12/09 due to depression and on 7/13/09 she signed a voluntary application and was admitted to the behavioral health unit. The same day she completed a Request for Discharge and was then discharged to her family on 7/15/09. The complaint indicates that during the recipient's stay at Kindred, the facility was dirty and the recipient was given a cot instead of a bed. Also, the complaint indicates that the recipient did not receive a dresser until she demanded it and the phones on the unit were not working on a regular basis.

To investigate the conditions of the unit, the HRA made an unannounced visit there on 6/22/10, and observed the entire unit, along with all bedrooms, bathrooms, group areas, dining hall and art therapy room. Although the unit, including the floors and furniture, did not appear to be dirty, the odor on the unit was oppressive, even in the dining hall. The only area not affected by the odor was the art therapy room, which was bright, well decorated, and fresh. The bedrooms were clean and each recipient has his own locked storage space for personal objects. Any other papers, writing utensils, books, or non-personal items can be placed in a dresser which is shared with another recipient. All bedrooms had their appropriate number of dressers. The unit has two bathrooms (three stalls each) for recipients (30 bed capacity) which are across from the nurses' station and are monitored at all times (there are no bathrooms in patient rooms). These areas also smelled very bad but appeared to be clean. In this same area are two wall pay phones that are available any time except during group therapy, and there are also two free phones in an enclosed area which are available from 12:45 p.m. until 1:30 p.m. and from 6:45 p.m. until 8:00 p.m. All of the phones were operable at the time of the visit.

At a follow-up site visit held on 7/16/10, hospital representatives were interviewed regarding the conditions on the unit, particularly the odor (which had improved considerably). They stated that some of the recipients are elderly patients from nursing homes who may be incontinent. Although the unit has maintenance personnel who come through the unit constantly all day, sometimes the unit staff are called upon to clean up accidents until maintenance can come to sanitize the area. Since there are no nurses' aides on the unit, nurses as well as counselors are responsible for observing and aiding with showers (also there are only female nurses on the morning shift).

Staff reported that cots are never used on the unit- if there are no available beds, then new patients are not accepted for admission. Also, although the recipients do share a dresser with one other recipient in the same room, each recipient has a locked storage space for belongings.

Staff reported that at least within the last year the phones have never been out of order. Pay phones also have incoming calls and are located across from the nurse's station so that they are always monitored. These phones offer no privacy. Private, free phones, used to speak with attorneys or counselors, are available in a private office room also used by the counselors. All group times and phone times are posted on the wall by the phones.

There is no indication from the record, and staff confirmed that the recipient in this case did not lodge a complaint or grievance regarding the conditions of the unit. Staff reported that there is a grievance form that is available at the nurse's station. Complaints go from the unit secretary to the unit manager, and then to the Chief Nursing Officer. Staff reported that complaints are generally resolved within two working days.

## STATUTORY BASIS

The Illinois Administrative Code (Section 250.1710) directs hospitals and ambulatory facilities to have an organized housekeeping department under competent supervision, with a staff of supervisory and support personnel related to the size and complexity of the facility and to the scope of the services provided. With the goal of providing "a hygienic environment for patients and staff", it states, "....specific housekeeping procedures shall be developed and

available for all departments and services." Also, techniques must be identified for the maintenance of cleaning schedules, and "The entire facility, including but not limited to the floors, walls, windows, doors, ceilings, fixtures, equipment, and furnishings, shall be maintained in good repair, clean and free of insects, rodents and trash." The dusting, mopping or vacuuming of the facility must be done in a manner "that will not spread dust or other particulate matter."

Under the Illinois Administrative Code (Section 250.1040), bedding is provided with a suitable mattress, pillow and coverings for each patient. Additionally, it states that each patient shall have a bedside table and chair, which can be moved if necessary. It also states that there shall be "sufficient and satisfactory storage space for clothing, toilet articles, and other personal belongings of patients." There can be exceptions for bedding requirements where clinically contraindicated on psychiatric units (Section 250.2280).

The Mental Health Code adds that recipients "...shall be permitted to receive, possess, and use personal property and shall be provided with a reasonable amount of storage space therefor..." (5/2-104).

The Mental Health Code states that recipients "...shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone, and visitation." (5/2-103). Additionally, it maintains that the facility director shall ensure that telephones are reasonably accessible (5/2-103 (a)).

## HOSPITAL POLICY

Kindred Hospital policy (PL-0030 and PL-0031) outlines the procedures for the cleaning of occupied and unoccupied rooms. It details the removal of trash and the use of disinfectants to clean the various areas of rooms, including floors, furniture, and restrooms.

Kindred Hospital policy (MH 0106) states that all patients are permitted the use of a telephone, and this right may only be temporarily restricted (cannot exceed 12 hours) by the attending physician to protect the recipient or others from harm, harassment or intimidation.

## CONCLUSION

The HRA conducted an unannounced site visit to the Kindred behavioral health unit to determine the conditions of the unit floors, furniture, and bathrooms, and to confirm the placement of dressers, and beds, and phones. Although the floors, furniture and bathrooms appeared clean, the oppressive odor of the unit was overwhelming to the point of being distracting. In effect, it was difficult to assume the area was clean in the presence of such an oppressive odor, however there was no visible evidence to confirm that the unit was not clean. Additionally, on a return visit the odor was not present. For this reason the HRA does not substantiate the complaint that the hospital was dirty.

The HRA found that each recipient was given a bed and there were no cots on the unit at the time of the HRA's visits. Additionally, the HRA found that each recipient was afforded a reasonable amount of storage space and that additional, locked storage is available in each room for each recipient. The HRA does not substantiate that the recipient was given a cot instead of a bed and that she did not receive a dresser until she demanded it.

The HRA accepts that the phones, both free and pay, are maintained in working order. However neither option offers privacy for unimpeded, private phone calls as mandated by the Mental Health Code, particularly the pay phones across from the nurse's station. This appears to be a very busy area and the phones are located very near the bathrooms used by the entire unit. The HRA does not substantiate the complaint that the phones on the unit are not in working order, however it does note that the recipients on the behavioral health unit are not afforded privacy for unimpeded, private phone calls.

## SUGGESTIONS

1. The odor on the unit was not present on the second, planned visit to Kindred. Maintenance staff should continue with whatever measure was needed to improve the smell of the unit. If necessary, add additional bathrooms, since there are no bathrooms in the patients' rooms. Additionally, develop policy and procedure for unit housekeeping to address the common areas which include the only bathrooms on the unit.

2. Provide for private, unimpeded phone calls by locating phones away from the bathroom/nurse's station area.