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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 10-030-9017  
CHICAGO LAKESHORE HOSPITAL

Case summary: The HRA did not substantiate the complaint that Lakeshore Hospital deceived the recipient in order to get her admitted for treatment, denied her communication with her psychologist and others for no reason, and did not allow the recipient to meet with her social worker for the first 8 days of her hospitalization.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Chicago Lakeshore Hospital (Lakeshore). It was alleged that the hospital deceived a recipient in order to get her admitted for treatment, denied her communication with her psychologist and others for no reason, and did not allow the recipient to meet with her social worker for the first 8 days of her hospitalization. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Chicago Lakeshore Hospital is a 147-bed private psychiatric hospital located in Chicago.

To review this complaint, the HRA conducted a site visit and interviewed the Director of Risk Management in person and the recipient's social worker by phone. The HRA obtained the recipient's record with written consent. The recipient is an adult who maintains her legal rights.

COMPLAINT SUMMARY

The complaint states that the recipient was at her psychologist's office when she was petitioned by her psychologist for admission to Chicago Lakeshore Hospital. The complaint alleges that the staff at the hospital told the recipient that she would only be there for one night, and that the recipient protested, saying that she did not want to be admitted, however she was involuntarily held against her will. During her Intake process, the recipient was allegedly told that she could make a phone call when she arrived on the unit, which she did not get. Allegedly, the recipient's psychologist tried several times to call during the first few days of her hospitalization, and left several messages for her which she did not receive. One day the recipient was allegedly on a business call when the phones were turned off. She mentioned this to a nurse and was allegedly told, "You don't have any work. That's all part of your delusion."

Finally, the complaint alleges that the recipient had been in the hospital for 8 days before she was given a private conversation with her social worker.

## FINDINGS

The Lakeshore admission Face Sheet indicates that the recipient was admitted on 10/06/09, brought to Lakeshore by the police department on a petition for involuntary admission completed by the recipient's psychologist. She was placed in a 23-hour observation bed and then transferred to the inpatient Intensive Treatment Unit (ITU). The Presenting Problem/Reason for Hospitalization section of her Discharge Summary states, "The pt. is a 35- year-old Caucasian female who was admitted for hypersexual behavior. She threatened to kill herself. She reports knowing where the gun is that she could kill herself with...She is very psychotic feeling grandiose, hyperv verbal, and labile...she threatened to kill herself and throw herself from the window. She reported knowing where the gun is to shoot herself. She is paranoid, delusional, hyperv verbal and manic." While in the special observation bed the recipient received a Medical History and Physical Examination along with an Intake Assessment. In the History section of the assessment it states, "35 year old female presented to CLSH via CPD due to pt. exhibiting bizarre and psychotic behaviors. Per petition 'Pt. presented to agency to see psychiatrist and started throwing furniture, stripped down to her waist, and started being sexually inappropriate. Pt. threaten to kill herself, throw herself from window and reports knowing where a gun is.' During assessment pt. was paranoid, delusional, hyperv verbal, and manic. Pt. reports being raped fourteen times all over the world. Pt. also believes she has super powers to disappear. Pt. denies HI/SI/AH/VH [homicidal ideation/suicidal ideation/audio hallucinations/visual hallucinations] at this time. Pt. also denies any drug or alcohol use." At the end of the 23- hour observation, the summary noted that the recipient was still psychotic and attention seeking, and she was then admitted to the Intensive Treatment Unit.

The record contains a petition for involuntary admission completed on 10/06/09 (time not given) by the recipient's case manager. The statement of the signs and symptoms of mental illness states, "Client showed at agency to see psychiatrist. Client started throwing furniture, stripped down to her waist. Client was being sexually inappropriate. Client reports she wants to kill herself, throw herself from the window, reported she knows where a gun is." The petition is accompanied by the Rights of Recipients of Mental Health and Developmental Disabilities Services form and this form is stamped "Involuntary Patient Received Rights." The Risk Manager stated this stamp is used for those recipients who refuse to sign or cannot sign their rights documents.

The first certificate, completed on 10/06/09 at 3:40 p.m. by the Intake Clinician states that "The pt. is acutely manic, hyperv verbal, disorganized and delusional. She also endorsed suicidal ideations in her psychiatrist's office today. Pt. is unable to make safe decisions regarding her wellbeing and is in need of psychiatric stabilization at this time". The qualified examiner has certified that the recipient was informed of the purpose of the examination, that she did not have to speak with the examiner, and that her statements could be used in mental health court to determine if she is in need of involuntary treatment. The second certificate, completed on 10/06/09 at 7:20 p.m. by the psychiatrist, states, "35 yr. old white female with history of BPDO [bipolar disorder] with history of noncompliance with meds. Presented with increased

psychosis...per petition patient has been stripping down to waist displaying aggressive behavior/throwing furniture, throwing her out of window." This document also certifies that the recipient has been orally informed of her rights and that she received a copy of the Rights of Recipients.

The Performance Improvement/Risk Manager was interviewed about the recipient's admission. She stated that the recipient was brought to Lakeshore Hospital on 10/06/09 on a petition for involuntary admission that was completed by her psychologist. She was placed in a 23-hour observation bed with the anticipation that if she required inpatient treatment after being assessed, she would then be transferred to a state mental health facility. At the termination of her observation period there were no beds available at the state facility and she was then transferred to the Intensive Treatment Unit due to her threats of suicide. The record shows that the recipient then signed a voluntary application for admission on 10/12/09 and was accepted as a voluntary recipient. The voluntary application document also contains the RN's certification that the recipient has been orally informed of her rights and that she received a copy of the Rights of Recipients. The Risk Manager recognized that there might have been a misunderstanding by the recipient that she would only remain in the facility for 23 hours, however she was not deceived, but held on a petition and certificate, in compliance with the Mental Health Code

The Intake record and progress notes contain no indication that the recipient received or did not receive the phone calls that are due at admission, although facility representatives stated that all admittees are allowed two phone calls at admission. Additionally, the record offers no indication that the recipient requested to make phone calls which she was prevented from making, or that she received messages from persons outside of the facility which she did not get. There were no restrictions of the recipient's right to make phone calls while she was a patient at Lakeshore. The unit phone times are posted and they are 6:30 a.m. until 10:00 p.m. daily. Phone calls are not allowed during group sessions; they are turned off from the main desk at these times, and the Risk Manager stated that perhaps the recipient either had to wait for phone call time or the group session was starting when the phones were shut off. Additionally, the Risk Manager could not confirm or deny that the recipient was told she was delusional when she was speaking to a prospective employer, however she felt that staff would not make this comment. She also reported that short messages may be taken at the nurses' station phone without confirmation that the recipient is in the facility and that no information is given out unless the patient signs a consent. The Risk Manager could not confirm that messages were left at the desk for the recipient. The HRA could not confirm from the recipient's counselor that she left messages for the recipient which the recipient did not get.

The HRA noted that the Rights of Recipients Receiving Mental Health Treatment are posted on the units.

The record contains a Psychosocial/Environmental Assessment completed by the recipient's social worker on 10/07/09. This is the only individual session that the recipient had with her social worker while she was a patient at Lakeshore- her other social work interaction was in a group session held weekly which is noted in the record. The recipient was discharged to a state mental health facility on 10/14/09.

## STATUTORY BASIS

The Mental Health Code states that when a person is asserted to be in need of immediate hospitalization, any person 18 years of age or older may complete a petition (5/3-600), which specifically lists the reasons (5/3-601). The petition is to be accompanied by the certificate of a qualified examiner stating that the recipient is in need of immediate hospitalization. It must also contain the examiner's clinical observations and other factual information that was relied upon in reaching a diagnosis, along with a statement that the recipient was advised of her rights (3-602).

The Mental Health Code states that upon commencement of services or as soon as the recipient's condition permits, the recipient shall be informed orally and in writing of her guaranteed rights which are relevant to her services program. Every facility must also post a summary of the rights which are relevant to the services provided in that facility (5/2-200).

Also, within 12 hours after the involuntary admission of a person to a mental health facility the facility director must give the recipient a copy of the petition and a clear statement explaining the person's legal status and her right to a court hearing (5/3-205). The Mental Health Code mandates that whenever a person is admitted or objects to admission, or whenever the recipient's legal status is to be changed, the facility director will provide the recipient with the address and phone number of the Guardianship and Advocacy Commission and assist them in contacting the Commission if requested (5/3-206). The recipient is allowed to make no less than 2 telephone calls at the time of her admission (5/3-609).

The Code mandates that recipients shall be permitted unimpeded, private and uncensored communications with persons of their choice by mail, telephone and visitation. Correspondence must be conveniently received and mailed and reasonable times and places for the use of telephones and for visits may be established by the facility. Communication may be reasonably restricted only in order to protect the recipient or others from harm, harassment or intimidation. When communication is restricted, the recipient must be advised that she has the right to require the facility to notify the affected parties of the restriction and when the restriction is no longer in effect (5/2-103). Any person may request information from a facility concerning the admission of a recipient. Those making this inquiry must submit proof of identification and list their name, address, phone number, relationship to the recipient and reason for the request. The facility must respond to the inquirer within two working days. If the recipient is located at the facility the recipient will be informed of the request and no information shall be disclosed without the recipient's written consent. If the recipient has consented to the release of information the facility shall inform the inquirer that the recipient is located in the facility, and tell the inquirer how to contact the recipient (5/2-113).

The Mental Health Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (5/2-201).

The Mental Health Code states that when a person is first presented for admission to a mental health facility the facility must provide or arrange for a comprehensive physical, mental and social investigation of the person within three business days. This examination is used to determine whether some program other than hospitalization will meet the needs of the recipient (5/3-205.5). Additionally, the Code states that whenever a person is examined for the purpose of certification, the examiner must inform the person being examined that she does not have to speak with the examiner, and that any statements she makes may be disclosed at a mental health court hearing to determine if she is subject to involuntary treatment (5/3-208).

## HOSPITAL POLICY

Lakeshore Hospital policy (NS-69) states that the Patient Rights according to the Illinois Mental Health Code, will be posted on each Unit, and that patients' rights will only be restricted according to the Mental Health Code standards.

The Lakeshore Admission Policy (NS-01) mandates that each patient will be assessed and oriented to their specific unit upon admission. To achieve this, the Intake Personnel complete a Psychiatric Assessment and Initial Medical Screening, and the recipient is then accompanied to the unit. The Registered Nurse completes the Nursing Assessment and initiates the treatment plan. The policy on admission does not include the two telephone calls which are allowed by the Mental Health Code at admission.

The Lakeshore Hospital Policy (NS-68) states that the patient's right to make and receive phone calls may only be restricted by the attending physician and such an order would name specific individuals whom the patient is not to call, and the reasons for it must be recorded in the patient's medical record. A Restriction of Rights Notice must be completed by the unit nurse for a phone restriction. Each unit establishes times for phone calls which do not interfere with therapeutic activities.

The Lakeshore Hospital Policy (NS-68) states, "There must be sufficient clinical justification and documentation any time the rights of a patient are restricted. Rights of patients may be restricted only within the parameters specified by the Mental Health and Developmental Disabilities Code of the State of Illinois." The policy states that only the attending physician may initiate a restriction of a patient's mail, phone use, or visitors, and the order must include the justification and objective of the restriction.

Lakeshore Hospital Policy (SW-05) states that the Social Worker is responsible for obtaining a social history within three days of admission on every patient. There is no policy for social worker contact during treatment.

## CONCLUSION

The complaint in this case alleges that the hospital deceived the recipient in order to get her admitted for treatment, denied her communication with her psychologist and others for no reason, and did not allow the recipient to meet with her social worker for the first 8 days of her hospitalization. The record shows that the recipient was petitioned for involuntary admission by her psychologist and then properly certified after being examined by qualified examiners at Lakeshore. Although the original plan was to transfer the recipient after her assessment, the decision was made to admit her to the hospital Intensive Treatment Unit after it was determined that she was in need of further care. The recipient may have misunderstood the 23-hour observation period, however there is no indication she was denied her due process rights in being involuntarily admitted for treatment.

The record does not indicate any restriction of the recipient's phone privileges during her hospital stay, either at admission or during her stay at the facility. The phones are turned off during group sessions, however, and this may have impacted her ability to complete a call.

The record shows that the recipient met with her social worker on 10/07/09 for the completion of her psychosocial assessment and then had weekly social work sessions.

The HRA does not substantiate the complaint that Lakeshore Hospital deceived the recipient in order to get her admitted for treatment, denied her communication with her psychologist and others for no reason, and did not allow the recipient to meet with her social worker for the first 8 days of her hospitalization.

## SUGGESTIONS

1. Include in the hospital policy the recipient's Mental Health Code guaranteed right to two phone calls at admission.

2. The HRA suggests that the facility discontinue the use of a stamp on the signature line of the rights statement. If the reason for using the stamp is that the recipient's condition does not allow for her signature on the rights information, then the reason should be documented on the signature line and the facility should attempt to re-explain the rights once the recipient's condition permits. Simply supplying a copy of the rights does not comply with the Mental Health Code requirements.