FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT #10-030-9024
Presidential Pavilion

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Presidential Pavilion. It was alleged that the facility did not follow Nursing Home Care Act requirements when it would not call an ambulance or care for a resident who was injured by another resident in the facility, would not allow the resident to report the injury to the proper authorities, and then had the resident hospitalized in a psychiatric unit for no adequate reason. If substantiated, this would violate the Nursing Home Care Act (210 ILCS 45 et seq.), the Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30 et seq.) and the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Presidential Pavilion is a 328- bed Nursing Home and Skilled Nursing Facility.

To review this complaint, the HRA conducted a site visit and interviewed the Acting Administrator, the Former Administrator, the Director of Nursing, and the Rehabilitation Director. The HRA obtained the recipient's record with written consent. The recipient is an adult who maintains her legal rights.

COMPLAINT SUMMARY

The complaint alleges that on 3/23/10 the recipient was hit over the head and on the hand several times by another resident. The complaint states that the staff refused to send the resident to the hospital for treatment and refused to call an ambulance. The complaint states that the resident then went to the hospital on her own, where she was treated. She returned to the nursing home and several days later the complaint indicates that the resident's head and eye began to swell and the nursing home then had her transferred to the hospital for treatment. She then returned to the nursing home and several days later was involuntarily transferred to the hospital for a psychiatric evaluation for "aggression".

FINDINGS

The record contains a written statement of investigation information regarding the alleged incidents (not dated). The nursing home Incident and Accident Coordinator wrote the following for the record:

"On Friday, March 26, 2010 Resident…complained of pain to the left side of face, eye and neck.

Resident reported to nursing supervisor...that she had been in an altercation on Sunday, March 21, 2010 with her roommate- before she went out on pass. Ms.…informed Administrator of alleged incident. He immediately conducted an investigation. Upon further interview with Ms…., resident stated she was in her room and got into an altercation with her roommate and was hit in the head.

Roommate stated she never hit or pushed her, they had a verbal exchange, and that she never laid a hand on her. Ms….left the room very angry and did not come back.

On 3/21/10, the alleged incident, Ms….did not report that she had an altercation with her roommate. She went out on pass with her family and did not return until March 26, 2010 when she reported the alleged incident to the staff.

Upon investigation, it was determined that, no one was present at the time of the alleged incident.

MD was informed of the alleged incident and resident's complaint of pain. The Dr. gave orders to transfer her to … Hospital for medical evaluation.

Resident returned from Sacred Heart Hospital at 11 pm that same night 3/26/10 and there were no further complaint of pain from the resident and no new orders.

On April 3, 2010, Resident at 5 PM was acting very hostile and uncooperative toward staff. She was talking to herself and irritable. She refused to speak with the social worker or the staff. Psychiatrist made aware of situation and Dr….gave order to transfer her for evaluation 13 days after the alleged incident. Resident never returned from the hospital to Presidential Pavilion."

The Nurse's Notes from 3/26/10 state, "resident up and about with complaint of pain on L side face, eye, neck…. Resident ordered to transfer to …Hospital for evaluation". Later another entry states that an ambulance arrived to transport the resident to the hospital and 11 p.m. that "Resident was returning with new order." The physician's orders are included in the record and indicate that the resident was given Tylenol 65 mg when requested and Augmentin, 500 mg each 8 hours for 7 days. The nursing notes do not contain an entry for 3/21/10, the day of the resident's reported injury.

A Written Report of Incident (written 3/26/10 at 5 p.m.) is included in the record. It states, "Resident reported on 3/26/10 that she was hit in the head by her roommate on 3/21/10-no injuries at this time. Never reported to staff and went out on pass [The nursing notes do not show that the resident went out on pass from the 3/21 until 3/26; this was reported by staff]. Now complains of L side of face, eye, and neck pain. MD notified. Send to …Hospital." This report shows that it was faxed to the Illinois Department of Public Health on 3/26/10 and the report itself is included in the record indicating the same information.

An Incident/Accident Report (3/26/10) is included in the record and it states, "Resident states that she had altercation with her Roommate and that she had a knot in her head. Her right hand swollen." This form indicates that first aid was offered but refused, and that the resident refused to go to the hospital. It indicates that the physician was notified as well as a family member and this report was signed by an LPN and the Director of Nursing as well as the Administrator.

A Preliminary Investigation Report completed by the Administrator on 3/26/10 is included in the record. It states that on 3/26/10 at 8:30 p.m. "Resident stated that she got in a altercation with her roommate on 3/21/10." It indicates that the resident "Complained of pain in her head." The section which asks, "based on the initial investigation, review of the medical record, and interview of witnesses during the first 24 hours after the incident, the following are the known facts at this time: "Residents were in the room and [Resident] stated she had an argument with her roommate. Her roommate stated she was arguing with her but she never laid a hand on her or pushed her. She stated she left room angry. [Resident] stated to Admin. that no one was present but her roommate and her. Admin. found no witnesses that to [sic] incident." The report indicates that the individual alleged to have committed the incident has been removed from contact with the victim and will remain so until a conclusion is reached, and that the facility will continue to investigate until a conclusion is reached. It indicates that any reported or noted injuries are being treated in accordance with physician's orders. It also indicates that a Final Investigation report will be sent to the Department of Public health within 5 working days.

The Final Incident Investigation Report by the Administrator is in the record and states, "Resident stated that she got into an altercation with her roommate on 3-21-10. Complained of pain in her head but could not establish how it was caused. Resident was in the room with her roommate when she stated she was arguing but…[Resident] stated to Administrator that no one was present but the roommate and her." This form states that the allegation could not be substantiated. The writer indicates that attached is a summary of all interviews conducted, with the names, addresses, phone numbers, and willingness to testify of all witnesses (the roommate's written statement is included with the report).

The HRA obtained records that were not part of the resident's clinical record at Presidential Pavilion. The first of these are records from the hospital where she was treated on 3/26/10 at 6:55 p.m. The emergency department flowsheet states the chief complaint as: "Sent from NH where another patient struck her on the head Tuesday [3/23/10] with a cane and bit her on the left hand. Patient has dark bruising around eyes." Patient Progress Notes indicate "Two small closed lacerations base of left hand, hematoma underneath left eye, lump on parietal area left scalp, and some facial bruising left forehead." Aftercare instructions include Tylenol 650 mg and Augmentin 500 mg. Also obtained by the HRA is a police report completed on 3/26/10 at 7:15 p.m. for an incident which occurred on 3/26/10 described as: "Offender and Victim [resident] were having an argument over where they should go to buy some narcotics. During the argument that Offender stated to the Victim 'I'm gonna rip off your fake leg and beat your ass with it.' Offender then punched [resident] in the face and fled the scene. [Resident] was transported to …hospital by Lifeline Amb. Private ambulance company…."

On 4/03/10 at 5:00 p.m. the Nurse's Notes indicate: "Resident up and about pacing and talking to her self. Paranoid, suspicious and very hostile toward staff and others. Moody, irritable, uncooperative. Refuse to talk to social worker and see MD. Non-compliant with medication. Cont'd stating leave me alone. Dr…. was called, gave orders to transfer resident to …hospital for psych evaluation." The notes then indicate that an ambulance was called and the recipient was transferred. The final progress note shows that the resident's personal belongings were placed in storage at 6:00 p.m. on 4/03/10. There is no indication from the record that the resident was given a Notice of Discharge or admonished of her right to appeal her discharge.

Staff were interviewed about the complaint. They stated that the resident reported an injury on 3/26/10 stating that it had occurred on the 21st. Staff believed that the recipient had been injured at some time on her pass, which began on the 21st and then reported it later for reasons that are unknown. They felt that the resident was "not the same" person after her pass and was perceived to be more suspicious and paranoid of staff in general. Staff stated that they immediately initiated an investigation of the incident, reported the event to the proper authorities, and sent the recipient to the hospital for treatment of her reported wounds. The staff that interacted with the recipient on the day of the event reported that the resident was confused and hostile and not receptive to staff interaction. Staff also stated that the resident was able to call the police or anyone else regarding the event and that she had no restriction on her use of any phones available.

Staff were interviewed about the forced transfer of the resident to the hospital for a psychiatric evaluation. They stated that the resident had become more angry and suspicious of staff from the time of her pass on 3/21. Staff were asked if any measures or interventions were put in place to address the resident's decompensation and they stated that there were no measures taken. On the day of her hospitalization, the resident was hostile, agitated, aggressive, and refused to speak with anyone. Staff were asked what particular behaviors the resident exhibited and they stated she refused to talk with her social worker, was very hostile, and uncooperative in general. There is no petition in the file and staff were questioned about this. They stated that probably the resident agreed to go to the hospital, even though the HRA pointed out that the reason she was being sent was because she was uncooperative with staff. Staff also stated that they do not generally complete petitions for hospitalizations, but that they are completed at the hospital. Staff were asked if the resident had been discharged or if she could have returned to the facility and they stated that she was not discharged, but that she decided not to return. Staff confirmed that residents are always expected to return after hospitalization.

STATUTORY BASIS

The Nursing Home Care Act states that no resident 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 his status as a resident of a facility" (210 ILCS 45/2-101). Additionally, it states that every resident "shall be permitted to refuse medical treatment and to know the consequences of such action, unless such refusal would be harmful to the health and safety of others and such harm is documented by a physician in the resident's clinical record" (45/2-104 c).

The Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30/) mandates that any employee of a long term care facility that has reasonable cause to believe any resident with whom they have direct contact has been subjected to abuse or neglect "shall immediately report or cause a report to be made to the Illinois Department of Public Health", and anyone required under the Act to report abuse or neglect who fails to do so is guilty of a Class A misdemeanor (30/4). The Act states:

"All reports of suspected abuse or neglect …shall be made immediately by telephone to the Department's central register …or in person or by telephone through the nearest Department office. No long term care facility administrator, agent, or employee, or any other person shall screen reports or otherwise withhold any reports from the Department, and no long term care facility…shall establish any rules, criteria, standards or guidelines to the contrary.

….The report required by this Act shall include the name of the resident, the name and address of the nursing home at which the resident resides; the resident's age; the nature of the resident's condition including any evidence of previous injuries or disabilities, and any other information that the reporter believes might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect."

The Mental Health and Developmental Disabilities Code outlines the process whereby a person 18 years of age or older who is subject to involuntary admission and in need of immediate hospitalization may be admitted to a mental health facility (405 ILCS 5/3-600 et seq.). This process requires a detailed statement of the reason for the assertion that the recipient is in need of involuntary admission, the signs and symptoms of mental illness, and a description of any acts, threats, or behaviors supporting the assertion (3-601).

HOSPITAL POLICY

Presidential Pavilion maintains an Abuse Prevention Program and facility policies and procedures that comply with and expand on state and federal requirements for preventing abuse, neglect and mistreatment of residents.

Presidential Pavilion policy on Abuse, Neglect and Mistreatment states that all employees "are required to report any incident, allegation or suspicion of potential abuse, neglect, or mistreatment they observe, hear about, or suspect to the administrator or an immediate supervisor who must then immediately report it to the administrator." An investigation must immediately begin after the person who has alleged to have harmed a resident is removed from contact with the victim.

Presidential Pavilion policy states that all incidents will be documented, whether or not abuse occurred, was alleged, or suspected. Any and all allegations will result in an investigation. For any incident involving suspicion of abuse, neglect, or mistreatment, the administrator will appoint a person to gather further facts prior to making a determination to conduct an abuse investigation. The nursing staff is responsible for reporting on a facility incident report the appearances of bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or in the absence of the administrator, the

designee. Residents who allegedly mistreated another resident will be removed from contact with that resident. The accused resident's condition will be evaluated to determine the most appropriate therapy and placement.

Presidential Pavilion policy states that a written Final Abuse Investigation Report will be forwarded to the administrator at the conclusion of the investigation and after review by the administrator a final written report and any corrective action is then sent to the Department of Public Health within 5 working days of the reported incident.

Presidential Pavilion policy states that the facility shall immediately contact local law enforcement authorities whenever physical abuse involving physical injury is inflicted on a resident by a staff member or visitor, whenever there is physical abuse involving physical injury by another resident, whenever there is an allegation of sexual abuse of a resident by a staff member, another resident, or a visitor, whenever a crime has been committed by a person other than a resident, or whenever a resident death has occurred other than by disease processes. If there is a finding of abuse by a CNA or licensed staff, the facility will notify the Healthcare Worker Registry or the Department of Financial and Professional Regulation.

CONCLUSION

The record demonstrates that when the resident in this case reported that she had been injured, Presidential Pavilion staff responded by sending her to the hospital and completing an investigation. It is unclear from the documentation when the injury actually occurred, however all records indicate that the recipient was treated in the emergency department on the day the facility states that she reported her injury, and hospital notes indicate she was sent by the nursing home for treatment to this hospital. If the resident is correct that the event occurred on the 23rd, she had several days in which to report the event to anyone of her choosing since her calls were not monitored or restricted. The HRA does not substantiate that the facility did not follow Nursing Home Care Act requirements when it would not call an ambulance or care for a resident who was injured by another resident in the facility, and would not allow the resident to report the injury to the proper authorities.

The second hospitalization is problematic. The only description in the record of the resident's behavior at the time of her forced hospitalization states she was, "Paranoid, suspicious and very hostile toward staff and others. Moody, irritable, uncooperative. Refuse to talk to social worker and see MD. Non-compliant with medication." This narrative does not indicate that the recipient was a threat of immediate harm and in need of hospitalization, and the Nursing Home Care Act allows recipients to refuse medication absent an emergency. If the recipient was not willing to be taken for evaluation, then a petition was necessary to detain her. The facility staff stated that the recipient was "hostile", "moody", and "uncooperative", and at the same time willing to be hospitalized. Since the stated complaint in this case was that the recipient was hospitalized for no adequate reason, the recipient felt that the facility lacked adequate justification for her forced hospitalization, and the HRA agrees. The facility staff was required to complete the Code-mandated requirement to provide "a detailed statement of the reason for the assertion that the recipient is in need of involuntary admission, the signs and symptoms of mental illness, and a description of any acts, threats, or behaviors supporting the

assertion." The HRA substantiates the complaint that the facility had the resident hospitalized in a psychiatric unit for no adequate reason.

RECOMMENDATIONS

1. Train staff that if the resident must be involuntarily hospitalized for a psychiatric evaluation, that a petition is thoroughly completed at the time that the resident is detained against her will.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

PRESIDENTIAL PAVILION, LLC

8001 S. WESTERN AVENUE • CHICAGO, IL 60620 • 773-436-6600 • FAX 773-436-5406

Jill Quinto, HRA Chairperson
Illinois Guardianship and Advocacy Commission
1200 S. 1st Avenue. Box 7009
Hines, Illinois 60141

August 23, 2011

Re : 10-030-9024

Dear Ms. Quinto,

This letter is being written in response to the Guardianship and Advocacy Commission and the Human Rights Authority (HRA) letter sent on August 3, 2011. Pat Betzen requested that we forward to the committee the training agenda and a copy of the attendance sheets for the training that was offered to address the report recommendations. Those copies are enclosed. If there any further questions please contact me. Thank you.

Philip Birn
Administrator

Article VI Emergency Admission by Certification from the Mental Health Code

5/3-600 Involuntary admission - Immediate hospitalization

§3-600. A person 18 years of age or older who is subject to involuntary admission and in need of immediate hospitalization may be admitted to a mental health facility pursuant to this Article. (Formerly Ill. Rev. Stat., ch. 91½, par. 3-600)

5/3-601 Involuntary Admission, Petition

§3-601 (a) When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the director of the facility/organization or another responsible individual (e.g., nurse, social worker).

MHDD-5 (staff should use the most current form available on line): www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL462-2005.pdf

(b) The petition shall include all of the following:

1. a detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern or behavior supporting the assertion and the time and place of their occurrence.
2. The name and address of the spouse, parent, guardian, or substitute decision maker, if any, and close relative, or if none, the name and address of any known friend of the respondent whom the petitioner has reason to believe may know or have any of the other names and addresses. If the petitioner is unable to supply any such names and addresses, the petitioner shall state that diligent inquiry was made to learn this information and specify the steps taken.
3. The petitioner's relationship to the respondent and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent. If the petitioner has a legal or financial interest in the matter or is involved in litigation with the respondent, a statement of why the petitioner believes it would not be practicable or possible for someone else to be the petitioner.
4. The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.

(c) Knowingly making a material false statement in the petition is a Class A40 misdemeanor. (Amended by P.A. 88-484, effective September 10, 1993 and P.A. 91- 726, effective June 2, 2000.) (Formerly Ill. Rev. Stat., ch. 91½, par. 3-601)

5/3-601.1 Admission - Appropriateness (Repealed BY P.A. 91-726, effective June 2, 2000) (Formerly Ill. Rev. Stat., ch. 91½, par. 3-601.1)

5/3-601.2 Consent to admission by healthcare surrogate

§3-601.2 A surrogate decision maker under the Health Care Surrogate Act may not consent to the admission to a mental health facility of a person who lacks decision making capacity. A surrogate may, however, petition for involuntary admission pursuant to this Code. This Section does not affect the authority of a court appointed guardian. (Added by P.A. 90-538, effective December 1, 1997.) (Formerly Ill. Rev. Stat., ch. 91½, par. 3-601.2)

5/3-602 Certificate of Physician, Qualified Examiner, or Clinical Psychologist

§3-602. The petition shall be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208. **MHDD-6** (Formerly Ill. Rev. Stat., ch. 91½, par. 3-602)

5/3-603 Detention Pending Certification - Petition

§3-603. (a) If no physician, qualified examiner, or clinical psychologist is immediately available or it is not possible after a diligent effort to obtain the certificate provided for in Section 3-602, the respondent may be detained for examination in a mental health facility upon presentation of the petition alone pending the obtaining of such a certificate. **MHDD-5**

(b) In such instance the petition shall conform to the requirements of Section 3-601 and further specify that:

1. the petitioner believes, as a result of his personal observation, that the respondent is subject to involuntary admission;
2. a diligent effort was made to obtain a certificate;
3. no physician, qualified examiner, or clinical psychologist could be found who has examined or could examine the respondent; and
4. a diligent effort has been made to convince the respondent to appear voluntarily for examination by a physician, qualified examiner, or clinical psychologist, unless the petitioner reasonably believes that effort would impose a risk of harm to the respondent or others (Amended by P.A. 88-484, effective September 10, 1993; P.A. 91-726, effective June 2, 2000; P.A. 91-837, effective June 16, 2000.; and P.A. 92-16, effective june 28, 2001.) (Formerly ill. Rev. stat., ch. 91½, par. 3-603)

5/3-604 Detention Pending Certificate - Limitation

§3-604. No person detained for examination under this Article on the basis of a petition alone may be held for more than 24 hours unless within that period a certificate is furnished to or by the mental health facility. If no certificate is furnished, the

respondent shall be released forthwith. (Formerly Ill. Rev. Stat., ch. 91½, par. 3-604)

5/3-605 Custody - Transportation

§3-605. (a) Upon receipt of a petition and certification prepared pursuant to this Article, the county sheriff of the county in which a respondent is found shall take a respondent into custody and transport him to a mental health facility, or may make arrangements with another public or private entity including a licensed ambulance service to transport the respondent to the mental health facility. In the event it is determined by such facility that the respondent is in need of commitment or treatment at another mental health facility, the county sheriff shall transport the respondent to the appropriate mental health facility, or the county sheriff may make arrangements with another public or private entity including a licensed ambulance service to transport the respondent to the mental health facility.
(b) The county sheriff may delegate his duties hereunder to another law enforcement body within that county if that law enforcement body agrees.
(c) The transporting authority acting in good faith and without negligence in connection with the transportation of respondents shall incur no liability, civil or criminal, by reason of such transportation.
(d) The respondent and the estate of that respondent are liable for the payment of transportation costs for transporting the respondent to a mental health facility. If the respondent is a beneficiary of a trust described in Section 15.1 of the Trusts and Trustees Act, the trust shall not be considered a part of the respondent's estate and shall not be subject to payment for transportation costs for transporting the respondent to a mental health facility under this Section except to the extent permitted under Section 15.1 of the Trusts and Trustees Act. If the respondent is unable to pay or if the estate of the respondent is insufficient, the responsible relatives are severally liable for the payment of those sums or for the balance due in case less the amount lowing has been paid. If the respondent is covered by insurance, the insurance carrier shall be liable for payment to the extent authorized by the respondent's insurance policy. (Amended by P.A. 81-1527, effective December 18, 1980 and P.A. 87-1158, effective September 18, 1992.) (Formerly Ill. Rev. Stat., ch. 91½, par. 3-605)

5/3-606 Peace Officers - Petitions

§3-606. A peace officer may take a person into custody and transport him to a mental health facility when, as a result of his personal observation, the peace officer has reasonable grounds to believe that the person is subject to involuntary admission and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer shall complete the petition under Section 3-601. (Amended by P.A. 88-484, effective September 10, 1993 and P.A. 91-726, effective June 2, 2000.) (Formerly Ill. Rev. Stat., ch. 91½, par. 3-606)

PRESIDENTIAL PAVILION, LLC

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POLICY: TRANSFER AND DISCHARGE

Transfer and Discharge defined: the movement of a resident to a bed outside the certified facility, whether that bed is in the same physical plant or not. This definition does not include movement of a resident to a bed within the same certified facility.

A resident may be transferred or discharged from this facility under the following circumstances:

I. VOLUNTARY TRANSFER AND DISCHARGE

A resident may voluntarily discharged from this facility after he or she gives the Administrator, a physician, or a nurse of the facility written notice of his or her desire to be discharged. If a guardian has been appointed resident, or, if the resident is a minor, the resident shall be discharged upon written consent of his or her guardian. If the resident is a minor, the guardian is his or her parent, unless there is a court order to the contrary.

If the resident leaves the facility, and he or she (or his or her guardian) does not give written notice of his or her desire to be discharged, and the facility wishes to transfer or discharge the resident, the following Involuntary Transfer or Discharge Procedures are to be followed.

II. INVOLUNTARY TRANSFER AND DISCHARGE

A. **Reasons for which a Resident May Be Transferred or Discharged.** The facility cannot transfer or discharge a resident, unless at least one of the following six conditions is met

1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

2. The resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;

3. The safety of *individuals* (includes non-residents) in the facility is endangered;

POLICY: TRANSFER AND DISCHARGE (con't.)

4. The health of *individuals* (includes non-residents) in the facility would be endangered if the resident were not transferred or discharged;

5. The resident has failed, after reasonable and appropriate notice, to pay for his or her stay at the facility or to have his or her stay paid under Medicare or Medicaid; or

6. The facility ceases to operate.

B. Procedure for Transferring and Discharging a Resident. If at least one of the above conditions is met, and the facility wishes to discharge a resident, the following procedures must be followed *before* a resident can be transferred or discharged:

1. Notify the resident *and*, if known, the resident's family member or legal representative, of the transfer or discharge. The notice must be in writing and be in a language and manner the resident understands.

   The notice must contain:

   (a) the reason for transfer or discharge (one of the six conditions above);

   (b) the effective date of the transfer or discharge;

   (c) the location where the resident is to be transferred or discharged;

   (d) a statement that the resident has the right to appeal the facility's action to the State;

   (e) the name, address and telephone number of the State long-term-care ombudsman;

   (f) *for developmentally disabled residents*, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals; and

POLICY: TRANSFER AND DISCHARGE (con't.)

(g) *for mentally ill residents*, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill residents.

2. Record the reason(s) for the transfer or discharge in the resident's clinical record. The documentation must be made by:

- *the resident's own physician*: if the reason for the transfer or discharge is because (a) the resident's welfare and the resident's, needs cannot be met in the facility, or (b) the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;

- *any physician*: if the reason for the transfer or discharge is because the health of individuals (includes non-residents) in the facility would be endangered if the resident were not transferred or discharged;

- *any appropriate nursing personnel*: if the reason for the transfer or discharge is because (a) the safety of individuals (includes nonresidents) in the facility is endangered (b) the resident has failed, after reasonable and appropriate notice, to pay for his or her stay at the facility or to have his or her stay paid under Medicare or Medicaid; or (c) to facility ceases to operate.

3. Give the notice of transfer or discharge to the resident or the resident's guardian *at least* 30 days before the resident is transferred or discharged. The notice may be made (given to resident or guardian) by the facility *less than* 30 days before transfer or discharge, when at least 1 of 5 conditions is met. **NOTE: Notice must still be given under these conditions**:

(a) the safety of *individuals* (includes non-residents) in the facility would be endangered;

(b) the health of *individuals* in the facility would be endangered;

Date: 7/7/11 Starting Time: 2:00pm Ending Time: 2:30pm # of Contact Hours: _____

Location of In-Service (Facility): Presidential Pavilion

Address: 8001 S. Western Avenue City: Chicago State: IL Zip: 60620

Title/Topic: Rules for Involuntary ~~Recesso~~ Hospitilization for Psychiatric Hospitilization

Name(s) and Credentials of Presenter(s): _____

Measurable Objectives - *Upon completion of this in-service the participants will be able to...*

- Proper way of writing a petition
- Review of Policy and Discharge

Outline of In-Service Information:

- Review of Article VI Emergency Admission by Certification from the Mental Health Code.
- Involuntary admission: Dischage from facility
- Petition - Who may write one
- Admission - Appropriateness
- Detention Pending Certification - Petion
- Review: Transfer and Discharge

Names and Signatures of Attendees:

Print Name	Signature
Sheree Adams	Sheree Adams - LPN
Celonna P. Cowan	- RN
[illegible]	[illegible] RN
Sonya Guillermo	Guillermo RN
Ophelia Guillermo	Ophelia Guillermo RN
Barbara Knox	Barbara Knox RN
M. SAMEDY	M. Samedy LPN
T. Hubbard	T. Hubbard LPN
Yashika Champagne	[illegible] LPN
Laura Lyon	[illegible] LPN
Louise Maize	Louise Maize LPN

NURSE ONLY

LPN

LPN

RN

DO

LPN

LPN

LPN

RN

LPN

LPN

LPN

LPN

LPN

LPN