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REPORT OF FINDINGS
TINLEY PARK MENTAL HEALTH CENTER— 10-040-9006
HUMAN RIGHTS AUTHORITY— South Suburban Region

[Case Summary—— The Authority did not substantiate the complaint as presented; the public record on this case is recorded below. A provider response is not included in the public record.]

INTRODUCTION

The South Suburban Regional Human Rights Authority (HRA) has completed its investigation into allegations concerning Tinley Park Mental Health Center, a state-operated facility with a current census of about 60 recipients. The complaint alleged that a recipient was given psychotropic medication because she was praying. She reportedly had side effects from the medication, and she was threatened with another injection for praying on the following day. The complaint also alleged that the facility did not provide diets as requested by the recipient. If substantiated, these allegations would violate the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

METHODOLOGY

To pursue the investigation, the facility's Attending Psychiatrist, the Chief Registered Dietitian and a Registered Nurse were interviewed. The adult recipient's record and a copy of her Guardianship Order, dated January 23rd, 2009, were reviewed with written consent. This order appoints guardianship over the recipient's personal care and finances. Relevant facility policies were also reviewed.

COMPLAINT STATEMENT

The complaint stated that the recipient was given medication against her will on July 30th, 2009. She was praying at her bedside when Prolixin 5 mg Intramuscularly (IM) was administered. On that next day she reportedly had side effects such as rapid breathing and dizziness from the medication. She was threatened with another injection for kneeling and praying. Additionally, the complaint stated that the recipient requested a vegan diet based on her religion, but her input was not considered by the facility. (Vegans, in addition to being vegetarians, do not eat, drink or use other animal products and by-products such as eggs, dairy products, honey, leather, soaps, etc. derived from animal products).

FINDINGS

After reviewing the record, the HRA determined that the 142 pound recipient was readmitted to Tinley on July 24th, 2009. She had been recently discharged from the facility, and she was involuntarily transferred from a local hospital on a petition completed on July 22nd. A Comprehensive Psychiatric Assessment including a Physical Examination Report which stated that the recipient refused to talk to the Intake Psychiatrist without an attorney present. She would not allow the physician to examine her nor answer medical questions. She was diagnosed with Paranoid Psychosis, and Schizophrenia needed ruling out. A general diet was ordered during the admission process. There were no ethnic or religious food preferences noted on the nutritional screening form. Another form documented that the recipient verbally consented to medication although she has a legal guardian. The form lacked the specific medications and the range of dosages to be administered, but the admitting orders included Olanzapine (Zyprexa) 10 mg nightly and Olanzapine 5 mg every eight hours for agitation and Benztropine (Cogentin) for side effects 2 mg twice daily as needed (PRN). The record contained a Voluntary Application signed on the admission day.

The assigned psychiatrist recorded that the recipient was familiar from her previous hospital stay. On the admission day she was observed on her knees in her room. On questioning, she stood up and said, "I am repenting for my sins," and that she had sinned by going back home. She then declined to talk to the clinician. Three days later, the recipient was described as psychotic and noncompliant with medication. She was reportedly walking around on the unit with her eyes closed. She was asked to open her eyes for safety reasons many times but alleged that God had told her to close them. On that same day the Comprehensive Inpatient Psychiatric Evaluation and the 72-hour treatment staffing were completed. Her diagnosis was changed to Schizoaffective Disorder. Her treatment plan included goal objectives concerning psychosis. One objective stated that a court order for treatment would be considered if she continued to refuse medication. The recipient did not sign the plan that documented her refusal to be involved in the treatment planning process, and a copy of the plan was offered.

Medication Administration Records (MARs) confirmed that Fluphenazine HCL (Prolixin) 5 mg and Benztropine 2 mg Intramuscularly (IM) were administered on July 30th at 2:10 p.m. Corresponding progress notes stated that the recipient was a danger to self because of her psychotic condition. She would not open her eyes, and she was bumping into walls, chairs and others. As before, she claimed that God had told her to close them. On that next day she reported that her eyes were opened because she was no longer having migraine headaches. The psychiatrist also recorded that the recipient's insight was poor, and that medication side effects were not observed.

On August 2nd, the recipient asserted that she did not need medication and complained about her diet. She reportedly had been informed by the Clinical Dietician that the facility could not provide a vegan diet as requested. A vegetarian diet was offered, but she refused to eat or drink liquids although encouragement was provided. On the 10th, the dietician wrote that the recipient weighed 136 pounds because she was fasting. The facility's vegetarian diet that consisted of fruits, vegetables, milk, eggs and pasta were explained. Substitute food items would be offered because she did not like eggs and milk. Her beliefs about a vegan diet were "extreme." And, she was redirected to her physician or social worker because she wanted her priest to be called concerning her religious fasting practices.

According to entries in the record, the recipient remained delusional and religiously preoccupied. On August 11th, the recipient was described as somewhat catatonic with a bed sheet wrapped around her waist. She was starting to show signs of dehydration such as dry lips and skin. The psychiatrist reportedly left a phone message for the recipient's priest (with her verbal permission). It was recorded that the recipient would be encouraged to eat and to drink fluids. On that next day she was angry because her food tray contained cheese and yogurt that come from animal products. These items were removed from her diet and more vegetables, fruits, bread products and fruit juices were added. A Nutritional and Dietary Assessment, completed on the 13th, indicated that a vegetarian diet had been ordered. It listed the recipient's food dislikes such as meats, milk, cheese and yogurt. According to the assessment, the recipient was suspicious of food. Her intake was poor due to her beliefs, fasting and preference to eat vegetables and fruits. She would not listen to the dietician concerning an appropriate vegetarian diet. Her meal plan would be modified according to her vegan diet.

On the August 25th, the social worker spoke to the recipient's priest, (with her verbal permission), who reported that her religious denomination practiced fasting on Wednesdays and abstaining from eating meat on Fridays. Her religion does not practice sustained fasting except for Easter Lent and another unspecified occasion in November. And, the priest said that there was no reason why the recipient needed to keep her eyes closed except for praying like any other religion. The recipient reportedly did not believe that her priest had been called when she was informed about the conversation. On that same day a psychiatry note stated that the recipient's left elbow was red and swollen and that her knees were also infected. She asked the clinician for bandages to clean her infected areas and said that kneeling had caused the problem. She was informed that her wounds also required antibiotics. The plan was to clean the recipient's wounds with normal saline, apply Bacitin, and Duricef 500 mg would be administered for 10 days. Subsequently, she called 911 five times. When the police responded to the recipient's call, she alleged that she was being held against her will, and that she did not want antibiotics because her wounds were not infected. On the 26th, the medical physician wrote that the recipient was not fully cooperative with being examined for cellulitis on her left elbow, knees and toes. She reportedly denied having any pain, and Duricef was continued. A goal concerning her medical problem was added to her treatment plan. Two days later, the recipient was observed kneeling on a pillow.

Medication records reflected that Haloperidal 5 mg and Benadryl 50 mg IM were given on August 29th at 12:50 a.m. A corresponding nursing note stated the recipient was yelling in the hallway and disturbing other patients. A peer complained that she was not able to sleep because of the noise. Her roommate was scared because the recipient had been standing over her bed. She told the nurse, "I know what you did, you killed the person." The recipient called 911, redirections failed, and oral medications were refused. On the 31st, the physician referenced that the recipient continued to kneel against medical recommendations. The wounds on her left elbow and her knees had not worsened, but they were not getting better. The lesions on her toes were improving. It was documented that wound care would be offered twice daily, Septra was ordered, and Duricef was discontinued. As before, the recipient was advised against kneeling.

According to MARs, the recipient routinely did not accept medical care for cellulitis. She was also allowed to refuse Olanzapine, and the medication was never administered. Entries reflected that the recipient refused to eat and drink fluids. She encouraged her peers to abstain from drinking water because she believed that the water was contaminated. She also told peers about their right to refuse medication and encouraged them to do so. On September 2nd, a dietary note reflected that the 112 pound recipient claimed that a vegan diet was not being provided. She was reassured that the facility was working with her concerning her dietary request.

Medication records indicated that Haloperidal 5 mg and Benztropine 2 mg (IM) were given on September 3rd at 8:40 a.m. According to a corresponding nursing note, the recipient threw her peers' food in the garbage can, and she pushed past the staff. She was very agitated; she was not directable and would not accept oral medications. On the 4th, the psychiatrist wrote that the recipient was observed kneeling on a pillow on the previous day. A petition for involuntary medication on the basis of her deteriorating condition would be completed. On that same day MARs indicated that Fluphenazine HCL 5 mg and Benztropine 2 mg (IM) were administered at 10:30 p.m. It was recorded that the recipient came out of her room and grabbed (or attempted to grab) both staff and a peer when emergency medication was being administered. She continued to interfere with the staff and additional personnel were needed to escort her back to her room. She came out of her room again and called 911. Another entry stated that the recipient had encouraged the same peer to refuse food and medications earlier on that same day. Rights restriction notices for all emergent medications administered further documented that the recipient did not have any preferences for emergency interventions. The September 3rd notice does not indicate whether she wanted someone to be informed of the restriction. According to psychiatry notes, the recipient remained psychotic, and she was reminded that a petition for involuntary treatment was being prepared.

On September 9th, a dietary note referenced that the recipient acknowledged that a vegan diet was being provided, and she refused to be weighed. She also acknowledged placing a sign on the water fountain stating do not drink because there was "medication" in the water. Another recipient reportedly asked the psychiatrist if the sign was really true. On October 6th, the recipient weighed 106 pounds. The physician recorded that Ensure (a dietary supplement) would be offered twice daily, and she would be weighed every other day. Two days later, the dietician noted that rice and beans would be provided as requested by the recipient. She refused Ensure because she believed that the supplement contained animal proteins, and she would not listen to the dietician's explanation. She also would not accept Enlive, a dietary supplement drink made from fruits.

According to progress notes, the recipient remained delusional. On October 9th, the social worker noted that the recipient demanded that her request for discharge be rescinded, but she wanted to be discharged immediately. On that same day a petition and certificate for emergency involuntary hospitalization were completed. On the 13th, a judicial order for the administration of involuntary treatment was obtained. The 90-day order authorized Tinley's physician to administer the following medications: 1) Risperidone 2-6 mg and Benztropine 2-4 mg orally daily and Risperidone Consta 25-50 mg IM every two weeks. Fluphenazine HCL 5-40 mg orally or IM daily, Fluphenazine Decanoate 12.5-25 mg IM every two weeks and Aripiprazole 10-30 mg orally daily were listed as alternative medications. According to the

order, laboratory work such as Complete Blood Count, Comprehensive Metabolic Panel and Lipid Profile should be done.

On October 13th, Risperidone 1 mg orally was given as authorized by the court order. She was allowed to refuse Benztropine 2 mg orally based on her report that the medication had too many side effects. Subsequently, the psychiatrist wrote that the recipient did not believe that medication had been court ordered and was reminded that she could not refuse medication. Fluphenazine HCL 5 mg daily would be given if Risperidone and Benztropine were not accepted. The record lacked a statement that written information regarding the court-ordered medications was given.

Entries indicated that the recipient remained at risk for diminished oral intake, and she weighed 102 pounds on October 14th. A physician's note referenced that the recipient did not appear to be in any physical distress. She was uncooperative with being examined and having her vital signs checked. On the 16th, 19th, 21st and the 22nd she weighed 107, 104, 101 and 103 pounds respectively. Her electrolytes were normal. All wounds were healed except for those on her left elbow. Although pastas were added to her meal plan, she consumed very little food and liquids and declined snacks. On the 23rd, the psychiatrist recorded that Risperidone IM would be given because the recipient was suspected of not swallowing the oral medication form. On the 27th, the recipient weighed 107 pounds, and she was counseled again about adequate nourishment. Two days later, the recipient was showing other signs of improvement such as attending therapy groups. According to the psychiatrist's entry, the recipient's insight was still poor, and Risperdal Consta would be considered.

On November 2nd, the 115 pound recipient's albumins (proteins) were low. The plan was to continue offering Ensure; Ferrous Sulfate (iron pills) and a peanut butter and jelly sandwich between meals were also recommended. Two days later, the recipient refused Risperidone by mouth and requested the medication by injection. She reportedly grabbed for the needle in the nurse's hand, she pushed a staff person, and directed profanity towards another staff member when medication was administered. She then said "I just waste all the medicine, [expletive] all of you." Fluphenazine 5 mg IM was given because the recipient had previously complained about side effects from Risperidone. On November 5th, 13th, 18th, and the 25th, the recipient weighed 118, 120, 125 and 124 pounds respectively. Soy milk was offered at bedtime, and Ensure was discontinued. She did not accept Ferrous Sulfate as ordered. A physician note stated that she was no longer malnourished. Broccoli, cabbage, rice and beans were removed from her meal plan as requested. On December 2nd, the recipient weighed 132 pounds, and medical interventions were no longer needed. She reportedly had no physical complaints, her albumins had improved, and she was no longer anemic. On the 11th and the 25th, Fluphenazine Decanoate 12.5 mg IM was given as scheduled. According to progress notes, the recipient continued to improve psychiatrically, and she was discharged from the facility on January 12th.

When the complaint was discussed with the facility's staff, the attending psychiatrist explained that she had a good relationship with the recipient during her previous stay. She said that the recipient was very psychotic upon her readmission to the facility. She exhibited bizarre posturing with her hands, she refused to eat, and she was often observed kneeling or standing in one position without moving. She usually walked around on the unit

with her eyes closed. Her peers reportedly tried to avoid her, but there was a concern that she would bump into a very psychotic peer. She said that side effects from emergency medications were not observed. She expected the recipient to complain about side effects, but she did not complain. According to a progress note, the recipient refused Benztropine (for side effects) 2 mg orally on October 13th as authorized by the court order. This was the only reference in the record concerning her report about medication side effects.

The recipient reportedly showed the psychiatrist her elbows and knees that contained cellulitis, and she was referred to the facility's medical physician. She said that the voluntary recipient rescinded her request for discharge many times. In October, the recipient wanted to rescind her request for discharge, but she lacked the capacity to make reasoned decisions, and the psychiatrist petitioned for involuntary admission. According to the psychiatrist, she did not petition for involuntary medication sooner because she was hoping that the recipient would be compliant with medication like before.

In regard to the dietary complaint, the Clinical Dietitian said that she agrees with the American Dietetic Association (ADA) that appropriately planned vegan diets are healthful and nutritional. She said that the ADA also recommends that people who follow this kind of diet should take vitamin B-12 injections. She said that individuals can eat yogurt on a vegan diet. The meal plan for this recipient consisted of yogurt during her previous admission to the facility. She would not accept a vegetarian diet. She would not drink Ensure because the dietary supplement contains a little animal fat according to the label. She even took off her wrist watch because of the leather band. The HRA was informed that the facility tried to meet the recipient's request for a vegan diet. She lost a significant amount of weight because of her alleged religion fasting practices. The recipient's priest reported that the recipient's religious denomination abstains from eating on certain holidays. The dietician said that about half of the facility's recipients are on special diets because of health problems.

According to Tinley's policy entitled "Assessment of Patient Needs," each patient who presents to the facility for services shall receive a comprehensive, multi-disciplinary assessment that indentifies his individual needs. The information gathered in the assessment process is integrated by the treatment team into a Master Treatment Plan that addresses the patient's individual needs and goals. The assessment focuses on the emotional, physical, cognitive, social, cultural and spiritual dimensions. The Admitting Psychiatrist is responsible for developing the initial treatment plan. A medical history and physical assessment must be done, which includes a pain screening within 24 hours of admission. A Functional Screening is done that includes a nutritional screening. The unit psychiatrist must interview the recipient and complete a psychiatric evaluation within 72 hours. The Medical Specialist completes a nutritional screening within 24 hours of admission. An order will be written if determined that a full assessment is needed, which is then completed by the dietitian. A social investigation and the Master Treatment Plan must also be done within the 72 hour timeframe. The unit psychiatrist reviews all completed assessments, and this information will be discussed with the treatment team. The integrated information including input from the patient and family determines the priorities of care in the Master Treatment Plan.

Tinley's policy entitled, "Administration of Psychotropic Medication" (Dated May 4, 2007) states that the Illinois Department of Human Services Program Directive 02.06.02.020 effective May 31st, 2006 in conjunction with the following procedures has been adopted in its entirety as the facility policy. The policy outlines procedures such as orders stating that medication can be intravenously administered if the patient refuses may only be written after a determination is made that an emergency exists, unless the order is written in the context of a court order for medication, a mental health treatment preference declaration or a power of attorney.

The Department's directive states that the treating physician, with the support of the interdisciplinary team, may file a petition for the administration of authorized involuntary treatment (IL 462-2025) with the circuit court for court-order treatment under Section 2-107 of the Code.

The facility's "Consumer's Rights and Responsibilities" statement #7 states consumers have a right to practice their faith. This includes worship, diet, prayer and other regular religious disciplines of their faith. A consumer's legal status or safety concerns might effect how their religious rights can be accommodated. Consumers may file a written complaint with the facility's Human Rights Officer if they feel that their right to religious practice has been denied.

According to the facility's consumer's rights statement #13, consumers shall be given the opportunity for ongoing participation in the treatment plan's development and that a copy of their plans will be provided.

CONCLUSION

Section 5/2-102 (a) of the Code,

> Guarantees all recipients of services that adequate and humane care and services shall be provided, pursuant to individual services plans…. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.
>
> (a-5) If the services include the administration of psychotropic medication and electroconvulsive therapy, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment …. If the recipient lacks the capacity to make

> a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to Section 5/2-107 ….

Section 5/2-107 (a) (b) of the Code states,

> An adult recipient of services…must be informed of the recipient's rights to refuse medication ….If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent harm to the recipient or others and no less restrictive alternative is available….psychotropic medication or electroconvulsive therapy may be given under this Section for up to 24 hours only if the circumstances leading up to the need for emergency treatment are set forth in writing in the recipient's record.

According to Section 5/2-107.1 of the Code,

> (a-5) Notwithstanding the provisions of Section 5/2-107 of the Code authorized involuntary treatment may be administered to an adult recipient of services without informed consent of the recipient under the following standards: 1) Any person 18 years or older, including any guardian, may petition the circuit court for an order authorizing the administration of psychotropic medication or electroconvulsive therapy to a recipient of services….6) An order issued under this subsection (a-5) shall designate the persons authorized to administer the treatment under the standards and procedures of this subsection (a-5). Those persons shall have complete discretion not to administer any treatment under this Section. The order shall also specify the medications and the anticipated range of dosages that have been authorized and may include a list of any alternative medications and range of dosages deemed necessary.
>
> (d) Nothing in this Section shall prevent the administration of psychotropic medication or electroconvulsive therapy to recipients in an emergency under Section 2-107 of the Act.

Section 5/2-201 of the Code states, "whenever any rights of a recipient of services are restricted a prompt notice of the restriction shall be given to the recipient."

The complaint alleged that a recipient was given psychotropic medication because she was praying. She reportedly had side effects from the medication, and she was threatened with another injection for praying on the following day. The complaint also alleged that the facility did not provide diets as requested by the recipient. Supportive documentation indicated that the facility completed the intake psychiatric evaluation report within 24 hours in accordance with the facility's policy. A Functional Screening was also done that included a nutritional screening.

There were no ethnic or religious food preferences noted on the form. At intake, a comprehensive physical examination report documented that the recipient was uncooperative with the assessment. The comprehensive inpatient psychiatric evaluation and the social investigation were completed on the day of admission. On August 13th, a full nutritional screening assessment indicated that a vegetarian diet was offered.

Progress notes detailed that the recipient was very delusional and religiously preoccupied. She developed cellulitis on her elbows and knees because of constantly kneeling on them to pray. She consistently declined medical care and antibiotics for her infected areas. She called 911 many times inappropriately. On July 30th, emergency medication was given because the recipient would not open her eyes and was bumping into walls, chairs and others. On that next day the psychiatrist recorded that medication side effects were not observed. There was no written evidence found in the record that she was threatened with another injection on the following day. Medication records also indicated that emergent medication was administered on August 29th, September 3rd and 4th after less restrictive alternatives failed. The record contained rights restriction notices for all emergent medications administered, and they documented that the recipient did not have any preferences for emergency interventions under Section 5/2-200 of the Code. The notice for the September 3rd incident does not indicate whether she wanted someone to be notified of the restriction.

According to dietary notes and the staff interviewed, the recipient's input regarding her diet was considered under Section 5/2-102, and her meal plan was modified to a vegan diet on August 13th. But, she had a significant weight loss because of her delusional thoughts. She claimed that her religion included fasting and refused many vegetarian food items offered by the facility. She also refused to drink fluids for hydration on many days. A court order for medication was obtained under Section 5/2-107.1 of the Code and the Department's directive (IL 462-2025) because she continued to decompensate. The October 13th treatment order included the specific medications to be administered and the range of dosages as required under the Section. According to MARs, court-ordered medications were administered, but there was no evidence that written medication sheets were provided.

The Authority does not substantiate the complaints in this report. No violations of the Sections, the facility policies or consumer's rights statement #7 and #13 or the Department's directive concerning petitioning for the administration of authorized involuntary treatment were found.

SUGGESTIONS

1. Follow Section 5/2-102 (a-5) and ensure that written drug information is provided.

2. Be sure to complete all rights restriction notices.

3. Be sure to check the box on the signature page indicating whether the recipient was offered a copy of his or her treatment plan.

4. The facility should continue trying to secure emergency treatment preferences from recipients.

COMMENT

According to progress notes, the psychiatrist and the social worker talked to the recipient's priest although there was no written authorization found in her record. The Mental Health and Developmental Disabilities Confidentiality Act Section 110/2 define communication as "any … in connection with providing mental health … services to a recipient." We again suggest that the facility follow Section 110/5 (a) of the Act stating that,

> Records and communications may be disclosed to someone other than those persons entitled listed in Section 4 of this Act only with the written consent of those persons who are entitled to inspect and copy a recipient record pursuant to Section 4 of this Act.