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Egyptian Regional Human Rights Authority  
Report of Findings  
10-110-9001  
Chester Mental Health Center  
April 27, 2010

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chester Mental Health Center, a state-operated mental health facility located in Chester. The facility, which is the most restrictive mental health center in the state, provides services for approximately 250 male residents. The specific allegation is as follows:

Chester Mental Health Center staff members confiscated a recipient's property from his room and have refused to return the items that were taken.

Statutes

If substantiated the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-104 and 405 ILCS 5/2-201).

Section 5/2-104 of the Code states, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission. (b) The professional responsible for overseeing the implementation of a recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm. (c) When a recipient is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him."

Section 5/2-201 states, "Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to (1) the recipient and, if the recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designed under 'An Act in relation to the protection and advocacy of the rights of persons with

developmental disabilities and amending the Acts therein named 'approved September 20, 1985, if either is so designated; and (5) the recipient's substitute decision maker, if any. The professional shall be responsible for promptly recording such restriction or use of restraints or seclusion and the reason therefore in the recipient's record."

### Complaint Information

According to the complaint that was registered with the HRA, facility staff members took items from a recipient's room and when he asked for the property, the staff members refused to return the items.

### Investigation Information

Allegation: Chester Mental Health Center staff confiscated a recipient's property from his room and refused to return the items that were taken. To investigate the allegation, the HRA Team (Team), consisting of two members and the HRA Coordinator (Coordinator) conducted a site visit at the facility. During the visit, the Team spoke with the recipient whose rights were alleged to have been violated and a Representative (Representative) from the facility's Human Rights Committee. The recipient's clinical chart was reviewed, with the written authorization of the recipient's guardian. At the time of the site visit, a member of the Team observed the recipient's room. The Coordinator spoke via telephone with the Chairman (Chairman) of the facility's Human Rights Committee. The Patient's Handbook was also reviewed.

#### I: Interviews:

##### A...Recipient:

When the Team spoke with the recipient, he stated that his issue of concern was not being able to have a desk and chair in his room. He stated that some of the other recipients had the items in their room; however, he was denied the items. The recipient did not express that the articles were taken from his room, but related that they were not present in the room when he was sent to the unit.

The recipient stated that he has been at the facility for approximately 5 years after being transferred from another less restrictive state-operated mental health facility. He informed the Team that he was transferred to Chester Mental Health Center after he exhibited a problem with anger control at the transferring facility. At the time of the site visit, the recipient stated that he was on the yellow level, the mid level of participation, in the facility's level system procedure. He informed the Team that he had been in restraints several times since his admission.

The recipient stated that he has a guardian who comes to visit. The recipient's guardian provided written consent for the HRA to review the recipient's clinical chart.

##### B...Representative:

When the Team spoke with the Representative about the allegation, she stated that she was not aware of any items being taken from the recipient's room. She stated that if something was found in his room that would cause self harm or harm to others, the item would be removed from his room and appropriate documentation would be completed.

#### C...Chairman:

The Coordinator spoke via telephone with the Chairman after the site visit was conducted. The Chairman stated that several rooms on Unit B3 do not have desks and chairs. He stated that these rooms are provided for individuals who have self-abusive behaviors, such as head banging. The recipients may also destroy or use property in aggressive actions. The Chairman stated that recipients who have desks in their rooms have storage space for clothing items. However, recipients who do not have a desk may store clothing items on a pull out rack attached to the door in the recipient's room. Additional clothing items are stored in a central clothing area on the unit and are provided to the recipient as needed. The Chairman informed the Coordinator that none of the recipients have wardrobes/armoires in their rooms due to safety issues.

#### II: Observation of the Recipient's Room:

A Team Member went to Unit B3 to observe the recipient's room. According to the Member, the recipient's room contained a bed with sheets and covers on it, a waste paper basket, a tooth brush, and a tube of tooth paste. The Member stated that the recipient did not have a desk, chair, clock, radio, or any clothing in his room. The Member related that staff informed him that most of the recipient's clothing was stored in a hall closet across from his room.

#### III: Clinical Chart Review:

##### A...Treatment Plan Reviews (TPRs):

Documentation in a 07/27/09 TPR indicated that the 36-year-old recipient was admitted to the facility on 10/19/04 from a less restrictive state-operated mental health center where he had been since 09/09/04. According to the record, the recipient had become physically aggressive and unmanageable in a less secure setting necessitating the transfer to a more structured, secure environment. Documentation revealed that this was the recipient's second admission to the facility, the first being on 03/05/97 to 07/30/98. His Legal status was listed as Voluntary.

The recipient's problem areas were listed as follows: 1) verbal aggression; 2) physical aggression; 3) self-injurious behaviors; 4) property destruction; 5) Sickle Cell Disease; and 6) bilateral hearing loss.

The recipient's diagnoses were listed as follows: AXIS I: Intermittent Explosive Disorder; AXIS II: Borderline Intellectual Functioning; AXIS III: Hearing Loss, (marked on right ear, moderate conductive loss on left ear), Left Myringotomy (with insertion of tube on left 7/26/05), Congenital Right Hip Deformity, Sickle Cell Anemia (By History; History of Streptococcal

Meningitis; History of Burns (right forearm); AXIS IV: Psychosocial Stressors; Lack of social support and being in different foster home and placements since early childhood.

The recipient's medications were listed as follows: 1) Risperidone 2 mg by mouth in the AM and 4 mg at bedtime to control agitation, aggression, and paranoia; 2) Clonazepam 1 mg at 9 AM, 1 PM and 6 PM and 2 mg at 9 PM to control anxiety, agitation, aggression and mood instability; and 3) Lorazepam 2 mg every 4 hours as needed for anxiety and agitation.

The recipient's 08/27/09 TPR contained a goal to address the recipient's verbal and physical aggression, self-injurious behaviors, and property destruction. Objectives to obtain the goal were listed as follows: 1) take medication as prescribed for at least 3 consecutive weeks; 2) demonstrate an understanding of medication dosage, potential side effect and expected effects by 12/09; 3) follow unit rules and routines by 12/09; and 4) have no instances of physical aggression or property destruction by 12/09.

A Behavior Management Plan was implemented for the recipient to exhibit an increase in replacement behaviors as defined in the TPR goal by 06/10. The potential functions of the recipient's maladaptive targeted behaviors were listed as an attempt to gain attention from staff and to secure tangible items, such as a radio and tape player. Documentation indicated that the recipient would benefit from a daily schedule which provided opportunities for him to engage in preferred activities that would enable him to experience attention from staff. He should also be provided with training of specific skills in managing his behavioral responses to the heightened emotions which lead to the maladaptive behaviors.

Objectives listed in the Behavior Program Section of the TPR included the following: 1) The recipient will earn at least 75 % of his reinforcement for three consecutive months by 11/09. 2) The recipient will learn constructive self-expression and increased interest and pleasure through art and music by 08/09. Behavior Date Reports, the recipient's monitoring calendar, restraint data, seclusion data and PRN medication data were listed as sources of data collection. The TPR also included goals to monitor his Sickle Cell Disease and his hearing loss.

Documentation in the Extent to Which Benefitting From Treatment Section of the TPR indicated that the recipient had shown a worsening of behavioral problems. He had been placed in restraints on three occasions and had a significant increase in PRN medications for agitation. The record indicated the problem behaviors occurred during the morning hours. According to the documentation, the recipient's therapist was going to address the morning hour difficulties with the recipient, and the psychiatrist was adding Depakote to his medications.

Documentation in a 08/27/09 TPR indicated that the recipient's response to the medication changes had been positive. The recipient had been restrained for a total of 19 hours and had received PRN medications on 11 occasions during the month of July. However, in August, he had required no restraints and only 2 PRN medication administrations. Additional recording revealed that the recipient had been cooperative with his behavior plan and had done a better job of keeping up with his behavior calendar. He had earned the use of a tape player and at the time of the review had some of his favorite tapes. Documentation indicated that he would be able to earn a hand held game should he continue showing favorable responses.

Problem areas in the 08/27/09 TPR were listed as follows: verbal aggression, physical aggression, self-injurious behaviors, property destruction, Sickle Cell Disease, and bilaterally hearing loss. Documentation indicated that the recipient, on occasion, bangs his head against hard surfaces such as a desk, door, and on one relatively recent occasion, he had banged his head against the nurses' station. According to the record, the recipient will break property, such as his radio. On occasion he will also slam his door and flip over his bed.

Documentation indicated that the treatment team would meet each month in order to evaluate the data collected and to determine if modification in the behavior management plan would be warranted. The record indicated that if the recipient showed significant improvements (over 50% reduction in target behavior over a three-month period) fading of positive reinforcement items would be commenced. If 100% of maladaptive targeted behaviors ceased for a period of 6 months, the behavior management plan would be discontinued and a plan for transition to a less secure setting would be implemented.

In the Extent to Which Benefitting from Treatment Section of the TPR documentation indicated that the recipient had shown significant improvement since the last TPR. The addition of Depakote had been considered helpful. Additionally, the recipient had been more compliant in managing his behavior plan and keeping up with his behavior calendar.

#### B...Progress Notes:

The HRA reviewed Progress Notes in the recipient's clinical chart for the period of 07/09 to 10/09. Documentation in a 07/05/09 Progress Note indicated that the recipient slammed doors and brought a plastic knife back from breakfast. He then asked staff what he had to do to be placed into restraints and walked to the restraint room.

On 07/06/09, the recipient became agitated during breakfast and threw his breakfast tray. He refused PRN medication and demanded to be placed in restraints and threatened to kick, bite and hit staff if he was not "tied down".

Documentation in a 07/02/09 Psychology Note indicated that the recipient had a recent "setback", including aggression, agitation, threatening behaviors and, at times, property destruction. The Psychologist reported that the recipient had earned reinforcers in June; however, he appeared to enjoy the disruption that takes place on the module and the staff attention when he requires restraint. The psychologist recorded that the recipient's treatment plan was recently changed to include a behavior plan which provides opportunities for him to receive reinforcers for the performance of adaptive social functions.

In a 07/23/09 Progress Note completed by a facility psychologist, documentation indicated that the recipient had experienced periods of psychomotor agitation, requested PRN medication and reported sleep disturbances. Additional documentation revealed that the recipient had not been placed in restraints and followed his behavior plan to the point of earning reinforcers since Depakote had been prescribed.

Documentation in a 07/24/09 indicated that the recipient was returned to his room after throwing a bowl in the dining area.

A STA recorded that at 7 AM on 07/26/09 the recipient began flooding his room by plugging his sink with paper. The water was immediately turned off to his room. According to the STA's documentation when staff counseled the recipient regarding his actions he stated that he was mad at his therapist but unable to elaborate. He was offered PRN medication; however he refused, appeared to calm himself, and then requested the medication. However, before the medication could be administered, the recipient spontaneously charged from his room, swinging wildly at staff, attempted to kick, bite and spit on staff. A physical hold was applied and he was escorted to the restraint area. An Additional Note completed by an RN indicated that at 7:25 AM on 07/26/09, the recipient became very agitated and staff's redirection efforts failed. When PRN medication was offered, the recipient initially refused, but requested that medication shortly after his refusal. However, prior to the RN being able to administer the medication, the recipient's behaviors escalated, and he began to swing his fist at staff. The record indicated that when he was placed in a physical hold, he attempted to kick and bite staff; therefore, he was placed in four point restraints for the self protection and the protection of others.

Documentation in a 07/30/09 Progress Note indicated that the recipient was arguing with another patient and when staff asked him to go to his room to calm down, he requested PRN medication. However, before the RN could obtain the medication, the recipient demanded to be placed in restraints and threatened to hurt someone.

According to a 09/05/09 Progress Notes, the recipient became agitated and began yelling, banging on a door and for no apparent reason turned the bed over in his room. He was offered PRN medication and accepted.

Documentation in a 09/13/09 Progress Note indicated that the recipient tore up his shoes apparently during the night time hours and was still upset at 7:10 AM. According to the record, he requested PRN medication. However, when the medication was given to him he threw it away and returned to his room.

According to a RN's 09/18/09 Progress Note when the recipient came to receive his evening medication, he began to slam the door and requested PRN medication and stated "tie me down or I will hurt someone." The RN recorded that the recipient walked to his room and was placed in four point restraints. Documentation indicated that the recipient was placed in restraints at 4:45 PM and met the criteria for release at 9:45 PM.

A psychologist recorded in a 09/30/09 Progress Note that the recipient continued to present behavior management problems, including non-compliance with facility schedule, verbal aggression, threatening gestures, and episodes of severe psychomotor agitation. The psychologist documented that the recipient did not require restraints during the month of August. Conversely, he was placed in restraints on one occasion during September. However, overall he had shown some gradual improvement, but not to the extent that he should be recommended for transfer to a less secure setting.

### C...Additional Information:

During HRA's review of the recipient's clinical chart, there was no documentation to indicate that restrictions were implemented or Restriction of Rights Notices given to the recipient pertinent to the allegation.

### IV: Patient Handbook (Handbook):

Upon admission to the facility, recipient's are provided with a Handbook which outlines the following: 1) general guidelines for visitors; 2) bringing or sending items to patients; 3) a description of the hospital 4) patients served; 5) the treatment program; 6) security; 7) frequently asked questions; 8) national patient safety goals; and 9) quality/safety notice.

In the frequently asked questions section of the Handbook, recipients are informed that when they arrive at the facility a member of the clothing room staff will measure each recipient to ensure a proper fit of clothing and shoes. Documentation indicated that recipients are encouraged to wear their personal clothing whenever possible. However if no suitable personal clothing is available, clothing will be provided by the State. State issued clothing must be returned when a recipient leaves the hospital. Recipients are informed that clothing is laundered in bulk, and for this reason, wash and wear or permanent press items are recommended. Recipients are also informed that cleaning knits, woolens, or special items must be paid by for by the recipient.

Documentation indicated that before given to any recipient, all personal clothing is inventoried and sent to the clothing room to be labeled with the patient's name and recorded on the patient's personal property list. Recipients are informed that the process takes several days, but once completed the recipient may request items from his personal property by contacting the unit manager. According to record, if the item is not considered contraband and if there is sufficient space in the recipient's room, the item will be given to the recipient.

According to documentation in the Handbook, since storage space within the hospital is limited, the amount of items a recipient may keep with him are limited. To ensure the safety and security of recipients and staff, many items are not permitted. Items that are considered contraband will either be sent to the recipient's home, at his expense, or stored in the Personal Property Office where a record of all items is maintained. If a recipient wants an item from his personal property and his clinical condition justifies having the item, he is instructed to inform his therapist of the unit manager to request the item. Recipients are informed that from time to time, a recipient's clinical condition may require temporary removal and storage of an item (e.g. a radio); however, the item will be returned to the recipient when clinical appropriate.

### Summary

According to the complaint, a recipient at the facility had property confiscated from his room, and staff members had refused to return the items. However, when the Team spoke with

the recipient whose rights were alleged to have been violated, he stated that he was sent to a room that does not have a desk or a chair. According to the Chairman, several rooms on the unit where the recipient resides do not have desks and chairs. These rooms are provided for individuals who exhibit self-abusive behaviors, property destruction, and use property in aggressive actions toward others. The Chairman stated that recipients who have desks in their rooms have storage for clothing; however, recipients who do not store their clothing on a pull out rack on their door and in a central clothing area. When a Team member observed the recipient's room, he noted that the recipient did not have a desk, chair, closet or area for clothing storage, and was informed by staff that the recipient's clothing items were stored in a hall closet across from his room. Documentation throughout the recipient's clinical chart indicated that he had exhibited self abusive behaviors, destroyed property, and was physically aggressive toward staff and other recipients. His TPRs addressed the issues by developing a behavior plan which allowed the recipient to earn the use of various items as a reward and to reinforce appropriate behaviors. Upon admission recipients are provided with information regarding allowable property and informed that to ensure the safety of recipients as well as staff some items would not be allowed in recipients' rooms.

### Conclusion

Based on the information obtained during the course of the investigation no rights violation occurred. Therefore, the allegation that facility staff confiscated a recipient's property from his room and refused to return the confiscated items is unsubstantiated.

### Suggestions

However, the following suggestions are issued:

1. A facility staff member should document in the recipient's clinical chart the specific reason(s) the recipient was placed in a room without a desk and chair.
2. If a recipient is not allowed to have clothing items in his room, the recipient should be provided with a Restriction of Rights Notice pertinent to the restriction.