



FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
10-110-9049
Choate Mental Health Center
Mental Health Division
February 22, 2011

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Choate Mental Health Center, a state-operated mental health facility located in Anna. Choate Mental Health Center is comprised of two divisions, a division for individuals with developmental disabilities and a division for persons with mental health issues. This report is regarding services within the mental health division of the facility. The specific allegation is as follows:

Choate Mental Health Center (Mental Health Division) does not have a sufficient number of nursing staff to provide adequate care and services for recipients.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102(a)), The Medical Patient Rights Act (Act) (410 ILCS 50/3 (a)) and the Code of Federal Regulations (Federal Code) (42 C.F. R. 482.62 (d)).

Section 5/2-102 (a) of the Code states, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. 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."

Section 50/3 (a) of the Act states, " The following rights are hereby established: (a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law."

Section 482.62 of the Federal Code, provides standards for special staff requirements for psychiatric hospital. According to section (d), the standard for nursing services, "The hospital must have a qualified director of psychiatric nursing services. In addition to the director of nursing, there must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient. (1) The director of psychiatric nursing services must be a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the National League for Nursing, or be qualified by education and experience in the care of the mentally ill. The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished. (2) The staffing pattern must insure the availability of a registered professional nurse 24 hours each day. There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program."

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of one member and the HRA Coordinator (Coordinator) conducted a site visit at the facility. During the visit, the Team spoke with the facility Director and two Supervising Registered Nurses (RNs). The Coordinator spoke with a recipient who resides in the MI division of the facility. The Authority reviewed the following information: 1) Illinois Department of Central Management Services (CMS) Position Descriptions for Registered Nurse I, Registered Nurse II, and Director of Nursing; 2) Schedule of Programs, 3) Direct Nursing Staffing Forms for targeted days, 4) Nursing Needs Assessment, and 6) Documentation of overtime for July, August and September 2010. With the guardians' written authorization, the Authority reviewed the Individual Program Plans (IPPs) and scheduled programming for two recipients. An August 2010 Recertification Survey and October 2010 follow up survey were reviewed.

I: Interviews:

A: Director

According to the Director, a recertification survey was conducted by federal surveyors in August 2010. The Director stated that the survey indicated that the facility was cited for two issues involving treatment plans and the lack of active treatment; however, no citations were issued pertinent to the lack of nursing staff.

The Director informed the Team that in order to determine the treatments to be provided evaluations are conducted to identify a recipient's strengths, assets, and problem areas. The Director stated that the areas identified in the evaluations are addressed in a recipient's treatment plan and classes are scheduled to assist the recipient in maximizing his/her potential. The Director stated that financial incentives have recently been implemented to persuade recipients to attend the scheduled programming, and staff members have provided encouragement for attendance in the active treatment programs. According to the Director, an RN conducts classes relevant to healthy lifestyle issues throughout the day. However, an additional RN is always available to address any medical problem that might occur while classes are being conducted.

The Director informed the Team that a follow-up survey indicated that the facility's efforts to provide consistent and focused active treatment have been successful and the citations identified in the August 2010 survey had been appropriately addressed.

The Director stated that the MI Division consists of the Upper and Lower Treatment Complex. The Upper Treatment Complex is a unit utilized for individuals with acute mental health problems which are expected to require short term treatment. The Lower Treatment Complex houses recipients who are expected to remain at the facility for more than ninety days. The Director stated that some of the individuals who reside on the Lower Treatment Complex have court involvement with legal statuses of Unfit to Stand Trial (UST) or Not Guilty by Reason on Insanity (NGRI). The Director informed the Team that a third unit, which housed children and adolescence, was recently closed and individuals on the unit were transferred to another facility.

B: RNs

When the Team spoke with the RNs, neither RN expressed any concerns regarding having an inadequate number of nurses to address the recipients' physical and programming needs. Both nurses informed the Team that when an RN was involved in program presentation another RN was available to address any medical issue that might occur.

C: Recipient:

When the Coordinator spoke with a recipient who resides in the MI Division of the facility, he did not list any concerns regarding the lack of nursing or direct care staff. However, he stated that the recent implementation of programming did not allow an adequate amount of time free of scheduled activities.

II: Documents

A...CMS Registered Nurse Position Description...Choate Mental Health Center

1): Registered Nurse I

Documentation indicated that the RN I is under the general supervision of the nursing supervisor and the direction of the lead worker RN. According to the Position Description, the RN I is to provide nursing care and treatment services for acute, severe and persistently mentally ill adults or acute adolescent/children at the facility.

A description of duties and responsibilities include the following: A) following the nursing process by continuously assessing recipients and collecting data that is comprehensive, accurate and systematic. This includes 1) the admission process, 2) nursing assessments, 3) nursing diagnosis, 4) observing for and monitoring infections, illness and injury, 5) insuring completion of labs, x-ray and other diagnostic studies, 6) and medication histories. The RN I should actively participate in the team process, write corresponding notes, assess a recipient for discharge, and develop nursing instruction for discharge plans.

An RN I's assigned responsibilities are to provide nursing actions that promote, maintain and/or develop the individual's strength, restore physical and mental health to prevent illness and infection and identify a response to the health problem. This includes the following: 1) crisis interventions; 2) guidance to assist recipient in coping constructively; 3) use observations and communication techniques to assist recipients; 4) collaborate with other mental health professionals to provide habilitation services and active treatment; 5) provide health teaching; 6) insure activities of daily living needs are adequately met; 7) administer or insure appropriate administration of medication, restraint, and other behavior therapies; and 8) prepare and administer medications.

Additional responsibilities include 1) participation with other interdisciplinary team members in the development and revisions of recipients' individualized treatment plans; 2) provides structure and maintain a therapeutic environment including providing the recipient with protection from injury, assault and infections and providing emergency treatment; and 3) promoting an aesthetically pleasing environment.

The RN I is also responsible for facilitating unit/clinic operations, gathering and processing data used to monitor and evaluate care by completing Medication Administration Reviews (MARS), injury logs, and required reports and documentation. The RN I is also in charge of providing instructions and explanations in recipients' care and treatment and the use of equipment to non-professional nursing personnel. Additional duties include 1) attending in-service training to maintain skills and to provide appropriate instruction to other staff members, 2) attending nursing discipline meetings, 3) participation in quality assurance activities, and 4) successfully completing initial and annual training such as aggression management, medication administration, and Cardiopulmonary Resuscitation (CPR).

The RN I is required to have graduated from an approved nursing education program resulting in an Associate or Diploma Degree in Nursing or a Bachelor's Degree in Nursing and licensure as a Registered Nurse in the State of Illinois.

2): Registered Nurse II:

A Position Description for a RN II includes all the responsibilities listed for an RN, as well as functioning as a lead worker, coordinating and delegating care to Licensed Practical Nurses (LPNs), providing work direction to Mental Health Technician staff, monitoring duties of the assigned personnel, and assigning the Nursing Supervisor –personnel in the evaluation process of LPNs and Mental Health Technician staff.

The RN II is required to have graduated from an approved nursing education program resulting in an Associate of Diploma Degree in Nursing, have two years of progressively responsible professional nursing experience, and be licensed as a Registered Nurse in the State of Illinois.

3): Director of Nursing (DON)

According to the CMS Position Description, the DON must have a Master's Degree in Nursing with a specialty in psychiatric nursing in the provision of services to persons with mental illness, two years of professional supervisory nursing experience and a current license as a RN in the state of Illinois. The DON must also have knowledge of JCAHO (Joint Commission on Accreditation of Healthcare Organizations) requirements, Medicare standards, and experience in psychiatric nursing.

According to the Position Description, the DON is responsible for planning, organizing, directing and managing all aspects of the nursing services and staff members who provide day-to-day care of the recipients at the hospital. Additional duties include developing and establishing goal and objective of nursing care and clinical support services. The DON is under the administrative direction of the Medical Director and is assigned to assist the Medical Director in the management of health-related services within the facility.

B: Schedule of Programs:

The Authority reviewed the facility's schedule of Programs. Documentation indicated that recipients were involved in Activities of Daily Living (ADLs) and/or dorm care from 7 AM to 7:30 AM daily. Medication administration was conducted daily from 7 AM to 8 AM. A community meeting was held Monday through Friday from 8 AM to 8:30 AM. During the remainder of the AM, from Monday through Friday a choice of two or three classes were scheduled to be conducted for a one hour period, except on Thursday from 10:30 AM to 11:30 AM when Applied Academics was the only class offered. For the period from 11:30 AM to 12:30 PM lunch and socialization times were scheduled. Snack time and/or a trip to the facility café were scheduled from 2:30 PM to 3:15 PM and a second snack time, community meeting, and medication administration was scheduled from 8 PM to 9 PM. Except for time allotted snack times and dinner hour from 5 PM to 6 PM, recipients were involved in a choice of two to four classes scheduled each hour during the PM hours. Recipients were allowed relaxation periods before lights were turned off at 10:30 PM Monday through Thursday and 12 PM on Friday and Saturday. On Saturday, recipients were allowed free time until 10:30 AM. At that time a class pertinent to goal setting was held. During seven additional one hour periods throughout the day, classes were scheduled. The schedule indicated that at 4 PM on the second Saturday of the month chapel services were arranged to be conducted at the chapel and at 10:30

AM on Wednesday after the second Saturday, a chapel service was scheduled to be held on the unit.

Examples of scheduled classes included the following: food preparation, bike riding, goal setting, speaking up, physical fitness, money management, medication education, coping skills, applied academics, health and wellness, diabetic education, horticulture, nutrition, triggers and questions, hygiene, arts/crafts, pottery, illness management, DBT (Dialectical Behavior Therapy), anger management, social skills, coping with trauma, social skills, conflict resolution, WRAP (Wellness Recover Action Plan), Best (Basic Employability Skills Training), SOE (Subsidized Occupational Employment), CARL (Choices & Responsibilities In Life) yoga, recreation education, communication skills, seniors, job readiness, legal issues, weight management, self esteem, healthy lifestyle, current events, human sexuality, sleep hygiene, relaxation, and comfort room.

According to the documentation, an RN was scheduled to conduct three classes on Monday, two classes on Wednesday, one class on Wednesday, one class on Thursday, and two classes on Friday and Saturday.

C: Direct Nursing Staffing Forms (Staffing Forms):

The Authority reviewed Staffing Forms for the target days of 07/20/10, 07/31/10, 08/01/10, and 08/02/10. According to documentation the 07/20/10 census for Upper Treatment Complex was eighteen. During the 7 AM to 3 PM shift, two RNs and three mental health technicians were scheduled. Two RNs and five technicians were scheduled for the 3 PM to 11 PM shift, and four mental health technicians and a RN was shared with another unit (Children and Adolescence) were scheduled for the 11 PM to 7 AM shift.

The 07/20/10 census for the Lower Treatment Complex was listed as twenty-five. Three RNs and five technicians were scheduled for the 7 AM to 3 PM shift. Three RNs and six mental health technicians were scheduled for the 3 PM to 11 PM shift. One nurse and four technicians were scheduled for the 11 PM to 7 AM shift.

Documentation indicated that the Children and Adolescence Unit was open on 07/20/10. The record indicated that an RN and two technicians were scheduled for the 7 AM to 3 PM shift for a recipient population of six. One nurse and two technicians worked during the 3 PM to 11 PM shift. A Nurse was shared with another unit (Upper Treatment Complex) for the 11 PM to 7 AM shift and two mental health technicians were assigned to the unit.

According to documentation, the census on the Upper Treatment Complex was nineteen on 07/31/10. Two RNs and five technicians were scheduled for the 7 AM to 3 PM shift. Two RNs and five technicians were scheduled for the 3 PM to 11 PM shift. Four technicians were scheduled for the 11 PM to 7 AM shift and a RN was shared with another unit.

The record indicated that on 07/31/10, twenty-five recipients resided on the Lower Treatment Complex. Two RNs and six technicians were scheduled for the 7AM to 3 PM and the

3 PM to 11 PM shifts. One RN and four technicians were scheduled for the 11 PM to 7 AM shift.

Three recipients were hospitalized on the Children and Adolescence Unit on 07/31/10. Staffing patterns were documented as follows: one RN and two technicians for the 7 AM to 3 PM and 3 PM to 11 PM shift; two technicians were scheduled and an RN was shared with another unit for the 11 PM to 7 AM shift.

On 08/01/10, the census for the Lower Treatment Complex was listed as twenty-five. Two RNs and six technicians were scheduled for the 7 AM to 3 PM and the 3 PM to 11 PM shifts. An RN and four technicians were present for the 3 PM to 11 PM shift.

The record indicated that nineteen recipients were housed on the Upper Treatment Complex on 08/01/10. Two RNs and five technicians were scheduled for the 7 AM to 3 PM and the 3 PM to 11 PM shifts. The record indicated that four technicians were present for the 11 PM to 7 AM shift, and an RN was shared with another unit.

On 08/01/10, the census for the Children and Adolescent Unit was listed as three. One RN and two technicians worked the 7AM to 3 PM and 3PM to 11 PM shifts. Two technicians were scheduled for the 11 PM to 7 AM shift and a RN was shared with the Upper Treatment Complex.

According to documentation on 08/02/10 twenty-five individuals were recipients on the Lower Treatment Complex. Two RNs and six technicians were present for the 7 AM to 3 PM and the 3 PM to 11 PM shifts. One RN and four technicians worked on the 11 PM to 7 AM shift.

The 08/02/10 census for the Upper Treatment Complex was listed as nineteen. Two RNs and five technicians were scheduled for the 7 AM to 3 PM and the 3 PM to 11 PM shifts. One nurse and four technicians worked on the 11 PM to 7 AM shift.

The population on the Children and Adolescent Unit was listed as three on 08/02/10. One RN and two technicians were scheduled for the 7 AM to 3 PM and the 3 PM to 11 PM shifts. An RN and two technicians were scheduled for the 11 PM to 7 AM shift.

D: Nursing Needs Assessments:

Documentation indicated that data was collected and documented in the Nursing Needs Assessments in order to evaluate the adequacy of the 24-hour nursing personnel staff, including RN coverage, based on the identified care needs of the recipient. According to the record, an RN completed a needs assessment for every recipient residing within the MI division. The information was compiled for each unit in order to determine staffing needs. All of the Nursing Assessment Forms reviewed by the HRA were dated 08/03/10.

Analysis of the assessments of the nineteen individuals residing on the Upper Treatment Complex indicated the following: 1) Age...eight from 19-35, ten from 36-64 and one is 65+; 2)

Self Care...eleven are independent and eight require partial assistance; 3) Mobility...nineteen are independent; 4) Special Treatment Interventions...three have seizure precautions and 5) Psychiatric Nursing Care Problems; sixteen have potentially assaultive behaviors.

The Census for Lower Treatment Complex was listed as twenty-five. Assessments indicated the following: 1) Age...four from 19-35, fourteen from 36-64 and eight 65+; 2) Self Care...nine are independent, nine require partial assistance and seven require total assistance with three or more self-help skills; 3) Mobility...twenty are independent and five require partial assistance from staff; 4) Special Treatment Interventions...one requires dressing changes, two require decubitus care, three require diabetic checks, two require range of motion exercises, four require skin care, one requires catheter care, seven require escort off the unit to meals, twenty-five require escort of the unit to appointments and one requires post surgical protection; 4) Psychiatric Nursing Care Problems...seven were listed as potentially assaultive, two were listed as actively assaultive and four were listed as having an intermediate risk for suicide.

When the Nursing Needs Assessment was completed for the Children and Adolescence Unit, two recipients were hospitalized. Both individuals were listed as being between twelve and eighteen, independent in all aspects of self care, independent in mobility, and require no special treatment interventions. One of the recipients was listed as having a low risk for suicide.

E...Overtime Records:

The Authority reviewed the overtime records pertinent to nurses for July, August and September 2010. According to the records submitted the following overtime was documented: 1) 07/19/10...Due to a nurse being on vacation, overtime was necessary for the first shift on the Children and Adolescence unit and two nurses were required to work 45 minutes overtime on the 11 PM to 7 AM shift . Both nurses worked during their scheduled meal time. One of the nurses provided coverage on the Children and Adolescence and Upper Treatment Complex and the second nurse worked on the Lower Treatment Complex.

The record indicated that on 07/24/10 one nurse worked overtime on the Children and Adolescence Unit from 6:45 AM to 3 PM, and two nurses worked from 3 PM to 11 PM, one of the Lower Treatment Complex and one on the Upper Treatment Complex. The reason listed for the overtime was due to vacation of other nurses. Two additional nurses worked 45 minutes overtime on the 10:45 PM to 7 AM shift.

According to 08/08/10 documentation, an RN worked overtime on the Children and Adolescence unit 3 PM to 11 PM, and two nurses worked from 2:45 PM to 11 PM, one of the Upper Treatment Complex and the other on the Lower Treatment Complex. A nurse worked from 11 PM to 11:45 PM to assist in getting paper work completed after a "code orange" (physical altercation between peers) occurred. Two additional nurses worked during their scheduled meal time, a period of 45 minutes.

The 08/28/10 record indicated that due to two vacancies and two nurses being sick, four nurses worked an overtime shift. Two nurses worked from 6:45 AM to 2:45 PM (Upper Treatment Complex and Children and Adolescence Unit). A nurse worked on the Lower

Treatment Complex from 3 PM to 11 PM and another worked from 2:45 PM to 10:45 PM on the Children and Adolescence Unit. Two additional nurses worked 45 minutes overtime on the 10:45 PM to 7 AM shift (Upper and Lower Treatment Complexes).

According to documentation on 09/15/10, a nurse worked overtime from 6:45 AM to 2:45 PM on the Upper Treatment Complex due to the scheduled nurse's illness. Four additional nurses worked overtime to attend training.

III: Recipient Records:

With the written authorization of the recipients' guardian, the Authority reviewed the records of two recipients. Documentation indicated that Recipient A is a fifty-one year old legally incompetent female with diagnoses listed as follows: AXIS I: Schizoaffective Disorder, Bipolar Type; AXIS II: Borderline Personality Disorder; AXIS III GERD (Gastro-Esophageal Reflux Disease), Dyslipidemia, Hypothyroidism; and AXIS IV: Environmental Support. The record indicated that the recipient was admitted from the community in August 2009.

Problem areas listed on Recipient A's IPP included the following: 1) difficulty finding a suitable discharge setting; 2) diagnosis of Schizoaffective Disorder/Bipolar Type; and 3) obesity. The IPP contained the following goals: 1) to be accepted by and agree to go to a group home; 2) to gain insight into her mental illness and be able to live a full and productive life in the community; 3) to lose enough weight to reach her Ideal Body Mass Index. Numerous short term objectives were listed for each of the identified goals.

Documentation in Recipient A's 10/27/10 class/activity schedule indicated that the recipient attended classes throughout the day. According to the record, the recipient attended the following classes taught by RNs: 1) Monday Hygiene...12:30 PM to 1:30 PM, Weight Management... 4:15 PM to 5 PM, and Healthy Life Style...7 PM to 8 PM; 2) Tuesday: Nutrition...4:15 PM to 5 PM and Medication Education 7 PM to 8 PM; 3) Wednesday: Medication Education...4:15 PM to 5 PM; 4) Thursday: Healthy Lifestyle 4:15 PM to 5 PM; 5) Friday: Nutrition 10:30 AM to 11:30 AM; 6) Saturday: Medication Education ...4:15 PM to 5 PM and Hygiene 7 PM to 8 PM; 7) Sunday: Weight Management...4:15 PM to 5 PM.

According to recordings in Recipient B's October 2010 IPP, she was admitted to the facility in June 2008 from an area nursing facility. The recipient's diagnoses were listed as follows: AXIS I: Schizophrenia, Paranoid Type; AXIS II: No Diagnosis; AXIS III: Insulin Dependent Diabetes Mellitus; and AXIS IV: Chronic Mental Illness.

Problem areas documented in Recipient B's IPP were listed as follows: 1) psychosis, 2) discharge placement, 3) Diabetes Mellitus, Insulin Dependent, 4) Tardive Dyskinesia, 5) pain, and 6) potential for falls/injuries. Long term goals and numerous objectives were listed to assist the recipient in each of the problem areas.

A goal for the recipient to demonstrate appropriate interaction and participation in programs without excessive influence from delusions and hallucinations associated with the

psychosis was implemented in order that she might be able to move towards placement in a less restrictive setting.

Documentation in the IPP recorded a goal for the recipient to demonstrate an increased insight into her need for placement, to the extent that she would consider a structured living environment necessary for her success in the community. Additional goals included the following: 1) to achieve and maintain blood glucose levels with normal limits (70-120 mg/dl); 2) to verbalize a brief understanding of Tardive Dyskinesia and its causes; 3) to describe her pain as a level 0 on a scale of 0 to 10 within 60 minutes of receiving prescribed pain medication; and 4) to be injury free while her left ankle is immobilized by using a wheelchair to assist with safe mobility seeking assistance for self care as needed.

According to Recipient B's 10/27/10 class/activity schedule the recipient attended the following classes with RNs providing the instructions; Tuesday: Nutrition 4:15 PM to 5 PM...Medication Education...7 PM to 8 PM; Wednesday: Medication Education 4:15 PM to 5 PM; Friday: Nutrition 10:30 AM to 11:30 AM...Sleep Hygiene 7 PM to 8 PM; Saturday: Medication Education 4:15 PM to 5 PM; and Sunday: 7 PM to 8 PM.

IV: Recertification Survey:

Documentation indicated that a recertification survey was conducted at the facility by federal contract surveyors for the Department of Health and Human Services Centers for Medicare and Medicaid Services from August 2, 2010 to August 4, 2010. The facility was cited for the following: 1) determination of the degree and intensity of treatment provided to individuals; 2) providing psychiatric evaluations that reported memory function in measurable terms; 3) each recipient having a psychiatric evaluation, which included an inventory of the recipient's asset in a descriptive, not interpretive fashion; 4) documenting treatment in such a way to assure that all active therapeutic efforts are included; 5) having the Medical Director monitor and evaluate the quality and appropriateness of services and treatment provided by medical staff; and 6) having the Director of Nursing demonstrate competence to participate in the formulation of individual treatment plans, to give skilled nursing care/therapy and to direct, monitor and evaluate the nursing care provided.

The Authority reviewed a copy of an 11/02/10 letter sent to the facility from the Centers for Medicare and Medicaid Services. According to documentation in the letter, when federal surveyors conducted the post-certification revisit to the facility on 10/20/10 a determination had been made that all deficiencies from the August 27, 2010 survey had been corrected. Therefore, the termination of re-certification had been rescinded effective November 23, 2010.

Additional documentation indicated that during the 10/20/10, the facility was cited for failure to release a recipient from restraints as soon as the release criteria were met. The facility was informed that a plan of correction should be received within ten calendar day of receipt of the notice.

Summary

During a site visit to the facility, the Director informed the Team that when the Department of Health and Human Services Centers for Medicare and Medicaid Services conducted a recertification survey in August 2010, the facility received some citations. However, none were pertinent to lack of adequate numbers of nursing staff. The Director stated that when a follow-up survey was conducted in October 2010, the termination of re-certification was cancelled, and certification was issued. Neither Supervising RN interviewed by the Team expressed any problem with having an adequate number of nurses to attend to recipients' medical issues. When the HRA Coordinator asked a recipient who resides in the MI division of the facility if he had any concerns relevant to having an adequate number of nurses to address his medical needs, the recipient stated that he did not believe that there was a problem in that area. Documentation indicated that nursing needs assessments are conducted in order to determine the level of nursing staff required. Each recipient's IPP addresses problem areas and goals/objectives and programs are implemented to assist the recipient addressing those issues of concern. Additional records reviewed documented the following: 1) availability of an RN to address medical issues while another RN was conducting programming; 2) an RN available 24 hours daily for coverage on each unit, and 3) an adequate number of nurses (RNs and LPNs) and other mental health workers (Technicians) to provide necessary nursing care. Additionally, the facility's job description and requirements are in accordance with the Federal Code mandates.

Conclusion

Based on the information presented to the HRA, the allegation that Choate Mental Health Center (MI Division) does not have a sufficient number of nursing staff to provide adequate care and services to recipients is unsubstantiated. No recommendations are issued.