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Egyptian Regional Human Rights Authority
Report of Findings
11-110-9021
Chester Mental Health Center
May 26, 2011

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 240 male recipients. The specific allegations are as follows:

1. Chester Mental Health Center has not honored a recipient's request for a vegetarian diet.
2. A recipient does not have access to a social worker.
3. A staff member has released confidential information about a recipient.
4. The unit where a recipient resides is not clean.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/1-101.1, 405 ILCS 5/1-101.2, 405 ILCS 5/1-117.1, 405 ILCS 5/2-102 (a) and 405 ILCS 5/2-112) and the Mental Health and Developmental Disabilities Confidentiality Act (Act) (740 ILCS 110/5 (a)).

Section 5/1-101.1, states "'Abuse' means any physical injury, sexual abuse, or mental injury inflicted on a recipient of services other than by accidental means."

Section 5/1-101.2 states, "'Adequate and humane care and services' means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonable calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others."

Section 5/1-117.1 states, "'Neglect' means the failure to provide adequate medical or personal care or maintenance to a recipient of services, which failure results in physical or mental injury to a recipient or in the deterioration of a recipient's physical or mental condition."

Section 5/2-102 (a) 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 preference regarding emergency interventions under subsection (d) of Section 2-100 shall be noted in the recipient's treatment plan."

Section 5/2-112 states, "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect."

Section 110/5 (a) of the Act states, "Except as provided in Sections 6 through 12.2 of this Act, records and communications may be disclosed to someone other than those persons list in Section 4 of this Act only with the written consent to those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act."

Investigation Information for Allegation 1:

Allegation 1: Chester Mental Health Center has not honored a recipient's request for a vegetarian diet. 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 recipient whose rights were alleged to have been violated and the Chairman (Chairman) of the facility's Human Rights Committee. With the recipient's written authorization, copies of information from the recipient's clinical chart were reviewed by the Authority. A sample vegetarian tray was brought from the kitchen for the Team members to examine.

I...Interviews:

A...Recipient:

When the Team spoke with the recipient, he stated that upon admission to the facility he informed staff that he did not wish to eat meat. He stated that his request was honored, and he is presently receiving a vegetarian tray. However, he would like to have more "cottage fried okra, celery, and carrots" incorporated into his menu.

B: Chairman:

The Chairman stated that specialized diets are ordered by a facility physician, taking into consideration the recipient's medical/nutritional needs, religious customs and dietary preferences. According to the Chairman, upon completion, Physician's Orders are sent to dietary staff for implementation. He stated that recipients with specialized diets are served prior to those with

regular diets. The trays are set up by staff members as recipients enter the dining room, and the recipients return their trays, bowls and cups to the dish room to be prepared for washing after their meals are completed.

The Chairman informed the Coordinator that a recipient can address any area of concern, including menu issues, in unit meetings which are held periodically. He stated that plans are being made to have a specific time established each day for the unit meeting. The daily meetings would establish a time for staff to speak with the recipients about the plans for the day, to introduce new recipients and staff members and to allow recipients to voice their concerns.

II: Clinical Chart Review:

A...Treatment Plan Reviews (TPR):

According to documentation in a 11/10/10 TPR, the recipient was admitted to the facility on 11/09/10 as a transfer from another state-operated mental health facility. The record indicated that the recipient was transferred due to the aggressive and self-injurious behaviors that he exhibited at the less secure setting. Documentation indicated that the recipient had three prior admissions. The recipient's legal status was listed as Voluntary.

The recipient's diagnoses were listed as follows: AXIS I: Bipolar II Disorder, Manic with Psychotic Features; AXIS II: Mild Mental Retardation; AXIS III: GERD (Gastroesophageal Reflux Disease), Neurofibromatosis, Hypercholesterolemia, Hypothyroidism, Akathosis Secondary to Haloperidol and AXIS IV: UST (Unfit to Stand Trial).

The recipient's problem areas were listed as follows: 1) non-compliance with medication; 2) mood disorder; 3) psychosis; 4) mental retardation, mild; 5) hypertension; 6) thyroid disorder; and hyperlipidemia. His strengths were listed as: 1) He is familiar with rules, procedures, and requirements since he has been previously admitted to the facility; 2) He is capable of completing activities of daily living independently; and 3) He has verbally expressed an intent to cooperate with treatment. Documentation indicated that goals and objectives to address each of the recipient's problem areas were incorporated in the IHP.

Objectives to address the problem area of hyperlipidemia included following; 1) taking medication as prescribed; 2) being compliant with labs; 3) demonstrating an understanding of proper nutrition, exercise and maintaining weight with the ideal body weight range, and 4) demonstrating an understanding of medications, names and dosages. Documentation indicated that a dietary referral had been made and the recipient was requesting a vegetarian diet. Subsequent TPRs on 12/02/10, 12/30/10 and 01/27/11 recorded that the recipient was receiving a vegetarian diet, without tomato products, orange juice or oranges. The record indicated that the recipient had reported that he was allergic to tomatoes and oranges.

The recipient's medications were listed as follows: 1) VPA (Valproic Acid) 1000 mg every AM and 1750 mg every HS (at bedtime) for mood stabilization; 2) Gabapentin 300 mg BID (twice daily) for mood stabilization; 3) Diphenhydramine 50 mg for anxiety; 4) Benztropine 1 mg BID for EPS (Extrapyramidal symptoms); 5) Oxcarbazepine 300 mg BID for mood

stabilization, Alprazolam 0.5 mg TID (three times daily); and Olanzapine 15 mg every AM for psychosis.

The record indicated that the recipient was informed of the circumstances under which the law permits the use of emergency medications or restraint. Should any of these circumstances arise, the recipient stated that his first choice of intervention was emergency medication followed by restraint application.

B... Additional Documentation:

Documentation in an 11/23/10 medical progress note indicated that the recipient's vital signs, weight, and height had been measured, diagnostic labs had been conducted and medications reviewed. The recipient's diet was listed as meat free with no tomato, orange or orange juice products.

The HRA observed a 02/10/11 Physician Order for the recipient to receive a meat free diet with no tomato products, orange juice or oranges.

Summary of Allegation 1

According to the recipient whose rights were alleged to have been violated, he receives a vegetarian diet; however, there are specific vegetables that he would like to have added to the diet. Documentation in the recipient's clinical chart, including a Physician's Order indicated that the recipient was receiving a meat free diet without tomato products, oranges or orange juice.

Conclusion of Allegation 1

Based on the information obtained, the allegation that the recipient's request for a vegetarian tray has not been honored is unsubstantiated. No recommendations are issued.

Investigation for Allegation 2:

Allegation 2: A recipient does not have access to a social worker. To investigate the allegation, the Team spoke with the recipient whose rights were alleged to have been violated and the Chairman. With the recipient's written authorization, the Authority reviewed copies of information from his clinical chart. The Patient Handbook was also reviewed.

I... Interviews:

A...Recipient:

During a site visit at the facility, the recipient informed the Team that he does not have a social worker to assist him in addressing his issues of concern. When the Team asked him if he was able to speak with a therapist, he provided the name of his therapist and stated that he meets with her periodically to address his problems/concerns.

B...Chairman:

According to the Chairman, each recipient is assigned a therapist, who is either a psychologist or a social worker. The therapist is a member of a recipient's treatment team, which is responsible for developing and arranging appropriate treatment for the recipient. The Chairman stated that in this specific case, the recipient was assigned a psychologist rather than a social worker, who not only provides therapy, but serves as a case manager.

II...Record Review:

Documentation in the recipient's 12/02/10 TPR indicated a staff psychiatrist, the psychologist who acts as the recipient's therapist, a coordinating therapist, the unit manager, a Security Therapy Aide (STA) and the recipient were present for the TPR meeting. According to the recipient's 12/30/10 TPR, a staff psychiatrist, a psychologist (in the absence of the recipient's therapist), a coordinating therapist, the unit manager, a Registered Nurse (RN), a STA and the recipient attended and participated in the formulation of the recipient's treatment plan. A staff psychiatrist, the recipient's therapist/psychologist, a coordinating therapist, the unit director, a Licensed Practical Nurse (LPN), a STA and the recipient attended the 01/27/11 treatment plan meeting.

The Authority reviewed the Therapist's Monthly Progress Notes for 11/10, 12/10, 01/11 and 02/11. Documentation indicated that the therapist met with the recipient and assessed his affect, mood, motor activity, speech patterns and thought processes. The Therapist recorded the recipient's behaviors and documented that she had reviewed the findings, as well as, the facility and unit rules/ procedures with the recipient.

III...Patient Handbook (Handbook):

The Authority reviewed the Patient Handbook, which is given to recipients upon admission to the facility. The Handbook provides information about the services and provides answers to frequently asked questions concerning the facility.

Documentation in The Treatment Program Section of the Handbook is as follows, "Each patient is assigned to a treatment team on his residential unit and that team is responsible for developing an individualized treatment plan and arranging appropriate treatment services for the patient. Most of the team staff, including the therapist (either a psychologist or social worker), psychiatrist, nurse, security therapy aides and activity therapist, have offices on the unit with their patients. This allows frequent daily interaction with their patients. Other members of the treatment team may include an educator or vocational instructors, who are located in the

rehabilitation department. Teamwork, by all persons involved in the individual treatment of each patient, is the heart of treatment at the hospital."

Summary of Allegation 2

According to the recipient, he does not have a social worker assigned to his treatment team and to act as his case manager. When the Team spoke with the Chairman, he stated that each recipient is assigned a psychologist or a social worker to act as a therapist and to address case management issues. Documentation in the recipient's clinical chart indicated that the recipient was assigned a psychologist rather than a social worker to act as his therapist. The record indicated that his therapist conducted at least monthly sessions with the recipient to assess his progress, review unit rules/procedures, to provide therapy and to address case management issues. According to the Handbook, either a psychologist or a social worker is assigned to each recipient who is admitted to the facility and acts as a therapist and case manager.

Conclusion

Although the recipient does not have someone who is a social worker assigned to his treatment team and to act as a case manager, per facility policy he was assigned a psychologist, who works in the same capacity. Therefore, a rights restriction did not occur and the allegation that the recipient did not have access to a social worker is unsubstantiated. No recommendations are issued.

Comments and Suggestions

Considering the recipient's AXIS II diagnosis, the Authority suggests the following:

- 1) The recipient's therapist should attempt to explain to the recipient the facility's policy pertinent to a social worker or a psychologist acting in the same capacity.
- 2) The Patient Handbook should be presented to each recipient in an understandable manner, whether it is written material, video, staff reading/explaining the material, etc.

Investigation Information for Allegation 3:

Allegation 3... A staff member has released confidential information about a recipient: To investigate the allegation, the HRA Team spoke with the recipient who rights were alleged to have been violated when a site visit was conducted at the facility, and the Coordinator spoke with the Chairman. The Authority reviewed the Patient Handbook.

I...Interviews:

A...Recipient:

During the site visit, the Team spoke with the recipient about the allegation. He informed the Team that a staff member approached him to determine if he wanted to continue his Voluntary Legal Status, and during the conversation the staff member "brought up his past". The recipient stated that he felt that his previous history should be forgotten and not ever discussed. However, he did not provide any information that would indicate that the staff member's conversation was in the presence of or could be heard by other recipients or staff members.

B: Chairman

The Chairman stated that the facility's human rights committee had not received any complaints regarding a staff member talking about the recipient's history in the presence of others.

II: Patient Handbook:

According to documentation in the Patient Handbook, information regarding a recipient will not be released without prior written consent of the recipient. This includes information to relatives, unless they are the individual's legal guardian. The reason listed was "because the Mental Health and Developmental Disabilities Confidentiality Act, which became law in 1979, makes it illegal to release any information about a patient, except under specific circumstances, without the prior written consent of the patient". Recipients are informed that the Act states that it is a violation of a recipient's confidentiality to even acknowledge that the individual is a recipient at the facility without first obtaining his written authorization.

Documentation in the Patient Handbook indicated that information about an individual's progress would not be given to the recipient or family members on the telephone. According to information in the Handbook, when the facility receives a request for information via telephone, there is no way to verify who is calling. Therefore, it is virtually impossible for the facility staff to answer any questions over the telephone.

Summary and Conclusion of Allegation 3

According to the recipient, a staff member brought up his past history while she was speaking to him regarding his legal status. The recipient indicated that he did not believe that his previous behaviors should have been discussed. However, he did not provide information to indicate that the discussion was conducted in the presence of others. The Chairman stated that the facility's human rights committee had not received any complaints regarding staff members talking about patient's history in the presence of others. Therefore, the allegation that a staff member released confidential information about the recipient is unsubstantiated. No recommendations are issued.

Allegation 4: The unit where a recipient resides is not clean. To investigate the allegation, the Team conducted interviews with two recipients and the Chairman and toured Unit B.

I...Interviews:

A...Recipient 1:

During the site visit, Recipient 1 informed the Team that there have been occasions when Unit B was messy and dirty. However, recently housekeeping has improved the unit by conducting more regular cleaning.

B...Recipient 2

During a site visit, the Team spoke with Recipient 2 regarding housekeeping issues. He stated that housekeeping on Unit B was adequate on the date of the visit and the majority of the time. However, there were some days when there could be improvement.

C: Chairman:

According to the Chairman, the housekeeping staff members are dedicated workers who take pride in their work and perform their jobs well. However, at times there have been staff shortages in the department due to injuries, vacation, and transfer of designated housekeeping staff into STA positions. He stated that when an individual is hired as a housekeeper and transfers into a security position, it may be sometime before the housekeeping position is filled. He stated due to the State's budgetary crisis, staff positions are not quickly filled and funds are not available for new furniture/supplies on the unit. He related when there is a shortage of staff the housekeepers' duties significantly increase making it difficult to sustain the level of desired services.

The Chairman stated that there are sixty-seven recipients housed on the three modules within Unit B.

II...Tour of Unit B:

When the Team toured the two modules on Unit B, it was noted that the floors had some scuff marks and dust, but were not what the Team termed as dirty. The Team observed several chairs that had been recently upholstered; however, many of the chairs had dirty spots on them and would have benefited from cleaning or new coverings. All other areas were clean and no clutter was observed.

Summary

Based on interviews and observation, it appears that improvements could be made provided there was adequate funding for staff, purchase of new furniture and/or recovering of existing furniture. It also seems that there may be some days when housekeeping does not reach the desired level. However, the evidence does not indicate that the unit is considered dirty and adheres to the facility's regulations about housekeeping standards; therefore, the allegation is unsubstantiated. No recommendations are issued.

Suggestions

The Authority offers the following suggestions:

1. Every effort should be made to maintain a level of housekeeping staff to provide consistent approved housekeeping on all of the units.
2. Efforts should be secure funding to replace or reupholster the existing furniture on the Units.