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Egyptian Regional Human Rights Authority
Report of Findings
11-110-9033
Chester Mental Health Center
August 23, 2011

The Egyptian Regional Human Rights (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 recipients. The specific allegations are as follows:

1. A recipient at Chester Mental Health Center has been restricted from drinking coffee.
2. The water has been turned off in a recipient's room.
3. A recipient is forced to take medications that are causing significant side effects.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-100 (a), 5/2-102 (a), 5/2-102 (a-5) 5/2-107 (a) and 5/2-201). Section 5/1-101.2 is pertinent to the allegation.

Section 5-/2-100 (a) states, "No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services."

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."

Section 5/2-102 (a-5) states, " If the services include the administration of authorized involuntary treatment, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of treatment, as well as alternative to the proposed treatment, to the extend 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. The physician or the

physician's designee shall provide to the recipient's substitute decision maker, if any, the same written information that is required to be presented to the recipient in writing. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2-107 or 2-107.1 or (ii) pursuant to the power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration of mental health treatment under the Mental Health Treatment Preference Declaration Act. A surrogate decision maker, other than a court appointed guardian, under the Health Care Surrogate Act may not consent to the administration of authorized involuntary treatment. A surrogate may however, petition for administration of authorized involuntary treatment pursuant to this Act. If the recipient is under guardianship and the guardian is authorized to consent to the administration of authorized involuntary treatment pursuant to subsection (c) of Section 2-107.1 of this Code, the physician shall advise the guardian in writing of the side effects and risks of treatment, alternatives to the proposed treatment, and the risks and benefits to the treatment. A qualified professional shall be responsible for overseeing the implementation of such plan. Such care and treatment shall make reasonable accommodation of any physical disability of the recipient, including but not limited to the regular use of sign language for hearing impaired individual for whom sign language is a primary mode of communication. If the recipient is unable to communicate effectively in English, the facility shall make reasonable efforts to provide services to the recipient in a language that the recipient understands."

Section 5/2-107 (a) states. "An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services."

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 designated under 'An Act in relation to the protection and advocacy of 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 therefor in the recipient's record."

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 reasonably 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."

Investigation Information for Allegation 1

A recipient at Chester Mental Health Center has been restricted from drinking coffee. To investigate the allegation, the HRA Investigation Team (Team), consisting of one member and the HRA Coordinator (Coordinator), conducted two site visits at the facility. During the initial 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 his clinical chart were requested. When an additional visit was conducted, the Team, consisting of two members and the Coordinator, spoke with the recipient. The Authority reviewed copies of information from the recipient's clinical chart which were pertinent to the allegation. The Authority also reviewed the Patient Handbook, which is given to a recipient upon admission.

I...Interviews:

A...Recipient:

During the initial visit, the recipient informed the Team that it is his understanding that coffee with caffeine interferes with the efficacy of some of the medications that he is taking. He stated that he is given de-caffeinated coffee during meal times and doesn't have a problem with not being allowed to have caffeinated coffee. However, commissary staff will not allow him to purchase any type of coffee during commissary periods. The recipient informed the Team that the commissary staff members are not consistent with their denial and allow some other recipients to purchase decaffeinated coffee. He did not provide names of witnesses who could verify that there were occasions when commissary staff denied his purchase of decaffeinated coffee. When the Team spoke with the recipient during a second visit to the facility, he stated that he no longer chooses to drink any type of coffee.

B...Chairman:

The Chairman informed the Team that coffee with caffeine can interfere with some of the medications that have been prescribed. Therefore, it is not served in the dining room or made available in the commissary for recipients' purchase. However, the Chairman stated that de-caffeinated coffee is available to recipients in both areas. The Chairman related that it is possible that a recipient would not be allowed to purchase de-caffeinated coffee in the commissary if he was on a water protocol due to a diagnosis of water intoxication. He stated that this type of restriction would be reviewed by a recipient Treatment Team and Physician's Orders would be required.

II:...Clinical Chart Review:

A...Treatment Plan Reviews (TPRs)

Documentation in a 02/15/11 TPR indicated that the recipient was admitted to the facility on 02/29/08 from a correctional facility. The record indicated that the recipient was found subject to involuntary admission upon reaching his projected parole date. Additional documentation indicated that the recipient has a lengthy psychiatric history dating back to 1977.

The recipient's diagnoses were listed as follows: AXIS I: Schizoaffective Disorder, Bipolar Type ; Paraphilia NOS (Not Otherwise Specified), H/O (History Of) Non-compliance with medications; AXIS II Antisocial Personality Disorder; AXIS III: Hypertension, Non-Insulin Dependent Diabetes Mellitus, Dyslipidemia, Overweight, Mild Spurring in lower back (pain); AXIS IV: Chronic Mental Illness, Numerous Psychiatric Hospitalizations, and H/O Incarcerations.

The recipient's problem areas were listed as follows: 1) Inappropriate Sexual Behavior; 2) Psychotic Symptoms; 3) Hypertension; 4) Obesity; and 5) Physical Aggression. His strengths were listed as 1) Able to perform ADLs (Activities of Daily Living) independently; 2) Medication compliant at present time; 3) Able to communicate needs; and 4) Average intelligence.

According to documentation in the 02/15/11 TPR, goals and objectives to address each problem area were incorporated in the recipient's TPR. Recordings in the Extent to Which Benefitting from Treatment Section indicated that the recipient's overall response to treatment had been unfavorable. The record indicated that a facility Psychiatrist had increased the recipient's Risperdal due to his "increased paranoia".

The recipient's 03/15/11 TPR contained a goal to stabilize and manage blood sugar and prevent hyperglycemic/hypoglycemic episodes to address his diabetic condition. One of the objectives was for the recipient to demonstrate an understanding of the importance of proper nutrition, exercise and maintaining weight in the Ideal Body Range. Documentation indicated that the recipient refused any diet except a regular diet, and had been noted to "strong arm and manipulate others" for inappropriate foods. There was no documentation to indicate that the recipient had been restricted from drinking de-caffeinated coffee.

Documentation in the recipient's 04/12/11 TPR indicated that during the reporting period the recipient's response to treatment had been unfavorable, and he had exhibited an increase in grossly irrational content of speech.

Recordings in the recipient's 05/10/11 TPR indicated that the recipient's current weight continued to be well above his Ideal Body Weight (IBW) of 160-196. However, he remained on regular diet due to his refusal to have a specialized diet. The Authority did not observe any documentation in the 05/10/11 or 06/07/11 TPRs to indicate that the recipient had experienced any problems which would lead to the restriction of de-caffeinated coffee.

B...Progress Notes:

The Authority's review of Progress Notes from 01/22/11 through 07/08/11 did not reveal any documentation to indicate that the recipient had been restricted from drinking coffee.

C...Restriction of Rights Notice(s) (Notice):

The Authority did not observe any Notice in the recipient's clinical chart to indicate that the recipient had been restricted from drinking coffee.

III...Patient Handbook (Handbook):

The Patient Handbook, which is given to a recipient when he is admitted to the facility, provides information about the facility and answers some of the most frequently asked questions.

The Bringing or Sending Items to Patients Section of the Handbook addresses policies regarding bringing food items to recipient. The Policy states, "To ensure good physical and mental health for our patients, visitors should only bring caffeine free drinks and food items with limited amounts of sugar. No food or other items may be taken back to the unit by the patient, therefore, the amount of food brought by a visitor should be limited and must be consumed during the visit or taken out by the visitor at the conclusion of the visit. To ensure a safe living environment, no metal or glass items may be given to a patient. Only a reasonable amount of food items should be sent to the hospital in order to prevent problems with insects and spoilage. For medical reasons, patient's dietary needs will be considered and diets will be strictly adhered to."

Recipients are provided with information regarding the method for ordering commissary items. According to documentation, "If a patient has money in his Trust Fund account, a portion of it will be transferred to his commissary account each month if requested. If he does not have money in his Trust Fund Account at transfer time, but receives money later, it will be transferred to his commissary account upon receipt; however, it usually takes three to five day for this transfer to be processed, so a patient should not expect to order items from the commissary the very day he receives money. "

Recipients are informed that there are numerous items available for purchase in the commissary. Food products, candy, dental supplies, toiletries, some clothing and writing materials were listed as available items. Recipients are notified that, when approved by their therapist, items such as a radio and a wristwatch may be purchased.

According to the documentation, "Each unit orders commissary twice a week. The patient completes an order with a Security Therapy Aide, and if he has sufficient funds, the items are charged to his account and delivered to him on the unit. All commissary purchases are reviewed for appropriateness, taking the patient's physical and clinical condition into consideration."

Summary of Allegation 1

The recipient whose rights were alleged to have been violated informed the Team that he is allowed to drink de-caffeinated coffee in the dining room. However, there have been occasions when he was not allowed to purchase de-caffeinated coffee from the commissary. The recipient did not provide the names of staff or other recipients who witnessed his denial of being able to purchase the item. The Authority's review of the recipient's records did not reveal any information which would indicate that the recipient was restricted from purchasing de-caffeinated coffee from the commissary. Additional information reviewed indicated that recipients are informed in the Handbook that caffeine free drinks are allowable and provides the outline of the procedure for ordering items from the commissary.

Conclusion of Allegation 1

Although beverages with caffeine are prohibited due to the potential for interfering with some of the medications prescribed for recipients, recipients are allowed to have caffeine free items, such as decaffeinated coffee. Therefore, the allegation that a recipient at the facility was not allowed to drink coffee is unsubstantiated. No recommendations are issued.

Investigation for Allegation 2

Allegation 2: The water has been turned off in a recipient's room. To investigate the allegation, the Team conducted two site visits at the facility. During the initial visit the Team spoke with the recipient whose rights were alleged to have been violated and the Chairman. Information from the recipient's clinical chart was reviewed. A facility policy was also reviewed.

I ...Interviews:

A: Recipient:

During the initial visit, the recipient informed the Team that the water to his toilet stool had been turned off so that staff members could verify whether he had a bowel movement. He stated that he had informed staff that he was not having bowel movements and requested prune juice to resolve the problem. He stated that he had provided the false information in order to receive the prune juice because it reminded him of coffee.

The recipient stated that all of the water in his room was not turned off, and he remained able to obtain water to drink for the sink faucets. However, for sanitary reasons he would like to be able to flush his stool.

During the second visit, the recipient stated his water remained disconnected to the stool and was only turned on so that a staff member could flush the stool. He stated that since his weight had recently fluctuated, he had concerns that the water disconnection was implemented due to him having a problem with water intoxication.

The recipient stated that he had not been provided with a Restriction of Rights Notice at any time since the water to the stool had been disconnected.

B...Chairman:

According to the Chairman, in accordance with the facility's water intoxication protocol, water could be turned off in a recipient's room to prevent or minimize the complication associated with water intoxication. However, a physician's order would be required before this occurs, and the recipient would be provided with a Notice pertinent to the restriction.

The Chairman stated that it was his understanding that the water had only been turned off to the recipient's stool. He informed that Team that this procedure was implemented after the recipient falsely reported his bowel function.

According to the Chairman, the restriction has been periodically reviewed and Notices provided.

II...Clinical Chart Review:

A...TPRs

The recipient's TPR for the following dates were reviewed: 02/15/11, 03/14/11, 04/12/11, 05/10/11 and 06/07/11. The AXIS III Diagnoses on all of the TPRs were listed as follows: Hypertension, Non-Insulin Dependent Diabetes Mellitus, Dyslipidemia, Overweight and Mild Spurring in Lower Back. Neither of the TPRs indicated that the recipient has a diagnosis of Water Intoxication.

Documentation in the recipient's 02/15/11 TPR indicated that the recipient presents rather frequent complaints, and it is suspect that these complaints are presented for the secondary gain of receiving attention from a nurse. According to the documentation, during the TPR meeting the recipient admitted to "lying to the nurse" about his bowel function. He stated, "prune juice and milk of magnesia...it remind me of coffee." The record indicated that the treatment team emphasized to the recipient the importance of telling the truth, especially regarding medical/health related issues.

B...Progress Notes

According to an RN's 05/07/11 Progress Note, the recipient had experienced multiple bowel movements with some loose stools. The RN recorded that the recipient had failed to accurately inform staff about his bowel movements and when confronted stated that he understood the reason for accurately reporting and agreed to do so in the future.

The HRA's review of Progress Notes from 01/22/11 to 07/08/11 did not reveal any additional information pertinent to the allegation.

C...Notices

A Notice was provided to the recipient on 04/01/11 at 11 AM stating the water was turned off in his toilet in order for staff to monitor his bowel movement. Documentation indicated that the recipient did not wish to have anyone notified of the restriction. There was no documentation to indicate the length of time that the restriction was implemented.

A Notice dated 04/26/11 at 11 AM recorded that the water to the recipient's stool had been turned off in order to monitor his bowel movements. The record indicated that the recipient had expressed that he did not want anyone notified of the restriction. No time frame was listed for the restriction to be applied.

A Notice dated 05/24/11 at 11 AM indicated that the water was turned off to the toilet only in order to monitor the recipient's bowel movement due to the recipient being "a poor historian of BM's". Documentation indicated that he did not wish to have anyone notified of the restriction. There was documentation in the Notice to indicate the time frame that the restriction was employed.

D...Physician's Orders (Orders)

The HRA observed Orders dated 02/01/11, 03/01/11, 03/29/11, and 05/24/11 for the water to be turned off to the toilet in the recipient's room in order that staff might monitor the recipient's bowel movements.

III...Water Intoxication Protocol (Policy)

According to the Policy Statement, "In an effort to evaluate, diagnose, minimize complications, and prevent impending severe water intoxication in patients which may lead to out of institution hospitalization, Chester Mental Health Center utilizes a water intoxication protocol."

According to the Procedure, recipients who meet the following criteria may be placed on water intoxication protocol; 1) Those with a previous diagnosis and no justification for omitting the diagnosis; 2) Recipients with sodium level of 125 meq/liter or less within the previous year; 3) Recipients with seizures of unknown causes (suspected water intoxication); or 4) Any recipient suspected by the attending physician as appropriate for the therapy.

The Policy lists a psychiatrist, staff medical physician, or the Medical Officer of the Day (MOD) as those who are eligible to order that the protocol be implemented.

Appropriate interventions include: 1) Appropriate therapeutic intervention to resolve low sodium levels if present; 2) If the recipient has an individual treatment plan written specifically for him, it should be followed over the general water protocol; 3) If the recipient does not have an individualized water protocol treatment plan, the treating physician (the psychiatrist when available) should initiate necessary interventions; 4) If the recipient has been admitted to the infirmary for a medical emergency, his weight and electrolyte levels should be rechecked the following day before returning him to his home unit; 5) Recalculation of a recipient's weight will

be done by the pharmacy. The recipient will be kept on the unit and weighed four consecutive mornings upon waking. The water in his room should be shut off at night to stop him from drinking and to give a true "dry" body weight.

Operation guidelines for recipient on fluid restriction included the following: 1) If possible, the recipient is to be placed in a room in which the water control closet door has been modified to facilitate opening, and the water is to be turned off. Unit staff will monitor the patient's toilet when completing routine security checks and, if necessary, flush the toilet and 2) The recipient is to be observed closely to monitor and control water intake.

The guidelines for removal of a recipient from the protocol include the following. 1) The recipient has not exceeded his maximum allowable body weight in the past six months; 2) His serum sodium level has not been below 125 meq/liter in the past six months; and 3) A physician does not suspect that the recipient is drinking excessive fluids.

Summary of Allegation 2

During the initial interview, the recipient informed the Team that the water to the toilet stool in his room had been disconnected due to his inaccurate reporting of bowel movements. During an interview at a later date, the recipient was concerned that he had been diagnosed as having a problem with water intoxication. He informed the Team that the water to his stool remained disconnected; however, he was able to obtain water from the faucet in the sink. According to the Chairman, a physician may order that the water intoxication protocol be implemented provided the conditions outlined in the facility's Policy are present. Conversely, in this case the water to the recipient's toilet stool was turned off so that staff could monitor the recipient's bowel function after he had made false reports. Documentation in the recipient's clinical chart revealed that the water was turned off due to the recipient's false reporting of his bowel function in order to obtain prune juice and milk of magnesia. The HRA did not observe any documentation to indicate that the recipient was placed on a water intoxication protocol. Physician's Orders indicated that a facility physician had ordered the water to be turned off to the stool in the recipient's room in order that his bowel movements could be monitored. Notices were provided to the recipient relevant to the restrictive procedure. However, none of the Notices reviewed contained an established time frame for the restriction, making it difficult to determine if the restriction was implemented for the day issued or a continuance from Notice to Notice.

Conclusion

Based on the information obtained, even though the water was turned off to the toilet stool in the recipient's room, he was able to obtain water from his faucet. Therefore, the allegation that the water was turned off in his room is unsubstantiated. No rights violation occurred and no recommendations are issued.

Suggestions

Nevertheless, the Authority offers the following suggestions:

1. Restriction of Rights Notices should clearly reflect the time frame involved for a restrictive procedure.

2. When a restriction is implemented, a recipient's TPR should contain documentation relevant to the restriction and the review of the restriction to determine its appropriateness.

3. Relevant documentation should be incorporated in the progress notes in the Recipient's clinical chart.

Investigation Information for Allegation 3

Allegation 3: A recipient is forced to take medications that are causing significant side effects. To investigate the allegation, the Team conducted two site visits at the facility. During both visits, the Team spoke with the recipient. Information from the recipient's clinical chart pertinent to the allegation was reviewed with his written authorization. During the initial visit, the Team spoke with the Chairman.

I...Interviews:

A...Recipient:

During the initial visit, the recipient informed the Team that he is being forced to take medications that are causing him to have severe shaking in his hands and head. He stated that the shaking is uncomfortable and embarrassing. He related that he is taking several medications, but believes that the Risperdal is the medication that is causing the adverse side effects. The Team observed the recipient's hand tremors, but did not note any problems with his head shaking.

When the final visit was conducted, the recipient related that medications are still administered that he would prefer not to take. However, the tremors that he had previously experienced had improved. He related that he was not certain if the medications that he was required to take were court-ordered. The Team observed that there had been significant improvement in the recipient's hand tremors since the initial site visit.

II...Clinical Chart Review:

A...TPRs

Documentation in the recipient's TPRs dated 02/11/11, 03/15/11, 04/12/11, 05/10/11, and 06/07/11 listed that the recipient was taking the following psychotropic medications. Riseridone 4 mg BID (twice daily) for psychosis and mood stabilization; Divalproex ER 2000 mg every HS (at bedtime);for mood labiality; Clonazepam 2 mg TID (Three times daily); Benztropine 2 mg

for EPS (Extrapramidal Symptoms), Amitriplyline 25 mg po (by mouth) HS for insomnia; and Bupropion SR 150 mg BID for depression.

Documentation in the recipient's TPRs indicated that the recipient has tremors of both hands due to the administration of Divalproex and/or Risperidone. According to documentation in the each of the TPRs, the VPA (Valproic Acid) levels were mildly high at 107.9, but no reduction in the dose of VPA (Divalproex) was done as the drug level could be up to 120 mcg/ml. The record indicated that his liver enzymes and amylase (pancreatic enzyme) were within normal limits, which indicated that there was no evidence of drug toxicity.

According to the recipient's 02/15/11, 03/15/11, 4/12/11, 5/10/11 and 6/17/11 TPRs the recipient had signed medication consents for the medications to address his psychotic symptoms. The medications were listed as Risperidone, Lorazepam, VPA, Clonazepam, and Benztropine. Documentation indicated that the recipient had not refused any of the medications during the above reporting periods. Recordings by a facility psychiatrist in each of the TPRs indicated that the recipient had demonstrated an understanding of the benefits and risks associated with the medication, as well as, the capacity to make a decision concerning the administration of the medications.. Additional documentation denoted that a screening for TD (Tardive Dyskinesia) had been conducted on 02/16/11. TD is characterized by involuntary, repetitive body movements which may appear after use of antipsychotic medications.

B...Progress Notes:

An RN documented in a 02/16/11 Progress Note that a semi-annual TD rating had been completed. It was noted that the recipient had mild tremors in head and tongue and bilaterally in his hands. A rating of 2, which indicates mild involuntary movements, was recorded.

A RN recorded in a 02/25/11 Progress Note that she had notified the recipient's Therapist regarding the recipient's multiple complaints about his hands shaking. The RN documented that the recipient's Psychiatrist was aware of the recipient's complaints and had addressed the issue at the previous treatment plan meeting by adding Benztropine. The RN recorded that continued observation would be conducted and the matter would be reviewed with the Psychiatrist on the following day.

Documentation in a 04/12/11 indicated that the Psychiatrist had ordered Sinemet 25/100 mg to be administered at bedtime for the Parkinson type symptoms (involuntary movements).

In a 06/21/11 Progress Note, the Psychiatrist recorded that the recipient's VPA levels were above 102.7. However, he was not experiencing tremors and his gait remained normal. Documentation indicated that the Psychiatrist ordered VPA dosage to be decreased and repeated VPA levels to be taken on 06/28/11.

C...Dyskinesia Identification Condensed Users Scale (DISCUS)

Documentation in the DISCUS completed on 02/16/11 indicated that the recipient did not have any facial tics and grimaces, ocular blinking, lip chewing/smacking, lower lip thrusts, tongue thrusts, or Athetoid/Myokymic/Lateral (involuntary, purposeless movements, quivering on side) tongue movement. He was not exhibiting any abnormal movement in the upper of lower limbs. However, he was having minimal tongue tremor and Retrocollis/Torticollis (head drawn back/stiff with muscle spasm) in the head/neck /trunk areas. The Total DISCUS Score was listed as 2, which is rated in the mild range of involuntary movements. The Evaluator noted that at the time of the evaluation, the recipient was experiencing some bilateral tremors in his hands. Documentation indicated that the recipient had greater than 90 days of neuroleptic exposure. However, a TD diagnosis was not warranted when the evaluation was conducted. The record indicated that an evaluation would be conducted on a semi-annual basis with the next exam date listed as 08/16/11.

D... Medication Administration Records (MARs) and Physician's Orders.

The HRA reviewed MARs from February 1 through June 30, 2011. According to the MARs, during the entire period Benztropine was administered to address extra pyramidal symptoms. Sinemet, a medication for Parkinson type symptoms, was commenced on 04/12/11. Physician's Orders indicated monthly review of the medications, and re-issuance of Orders for the psycotropic medications, as well as, medications to reduce/control extra pyramidal symptoms.

E...Additional Information:

The HRA's investigation did not reveal any documentation to indicate that the psychotropic medication administered to the recipient were court-ordered. The Authority observed a form signed by the recipient on 04/16/11 providing consent for the administration of the psychotropic medications. Each psychotropic medication listed on the MARS was listed on the Consent Form. Dosage ranges were also listed on the Consent Form. Documentation indicated that the physician had discussed the following information with the recipient: 1) What medications the recipient would be taking and the dosage ranges; 2) What the medications would do for the recipient; 3) Whether the medication requires periodic testing/procedures to ensure safety/efficacy; 4) The possible side effects of the recommended medications including Tardive Dyskinesia; 5) Other treatments and their effectiveness, availability and risks; 6) The right to refuse and what could happen if the recipient chose to refuse; 7) An attempt would be made to reduce the dosage to the lowest effective dose once the recipient was stabilized. The recipient was also informed that the consent remained in effect for one calendar year; however, he had the right to revoke the consent at any time.

Summary

According to the recipient, he was required to take medications which caused him to have hand and head tremors. During the initial visit with the recipient at the facility, the Team noted the reported hand tremors. However, when the second visit was conducted, the Team did not observe any type of involuntary movements. According to the documentation in the recipient's clinical chart, the recipient had signed consents for the administration of the anti-psychotic

medications and had not refused to take any of the medications during the entire period of the HRAs review. Additional documentation indicated that treatment for the involuntary movements was administered, and all of the psychotropic medications were reviewed on a monthly basis by a facility physician and the recipient's treatment team. Additionally, DISCUS screening for TD is conducted on a bi-annual basis.

Conclusion

The HRA did not discover any documented evidence that would indicate that the recipient was forced to take psychotropic medication. Although, it is unfortunate that the recipient experienced some involuntary movements, the record indicated that treatment was administered and the recipient's condition closely monitored. Therefore, the allegation that the recipient was forced to take medications that are causing significant side effects is unsubstantiated. No recommendations are issued.

Suggestion

The Authority suggests that a decisional capacity statement be added to the Consent Form. The statement should be signed by a facility psychiatrist signifying his/her assessment of the recipient's capacity to make an informed decision pertinent to the administration of the medications listed on the Form.