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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 12-030-9017

CHICAGO LAKESHORE HOSPITAL

Case summary: The HRA substantiated the complaint that Chicago Lakeshore Hospital detained, restrained, and administered psychotropic medication in violation of the Mental Health Code. They have submitted a corrective action plan and request that it is not published herein.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Chicago Lakeshore Hospital (Lakeshore). It was alleged that the hospital detained, restrained, and administered forced psychotropic medication in violation of the Mental Health Code (405 ILCS 5).

Lakeshore is a 147-bed private psychiatric hospital located in Chicago.

To review this complaint, the HRA conducted a site visit and interviewed the Director of Risk Management. The HRA obtained the recipient's record with written consent.

COMPLAINT SUMMARY

The complaint centers around an involuntary hospitalization which occurred on 9/29/11 at Lakeshore. The recipient in this case had been to Chicago to attend a focus group and have lunch with friends. On her way home she approached a CTA (Chicago Transit Authority) employee about the lateness of the train, and the employee appeared to be angered by the questioning. As the recipient was walking away the employee and others made loud sexual comments about the recipient and she told them she was reporting them to the transportation authorities. The CTA employee then called a nearby police officer who laughed at the recipient. The recipient called the officer a name and was then handcuffed and forced into a police car and taken to Lakeshore. She was not told where she was going, was not questioned, or arrested.

The complaint indicates that upon arrival at Lakeshore the recipient was placed in seclusion while crying hysterically, and was never given the opportunity to explain what had

happened. She was then placed in restraints and injected with psychotropic medication, having no idea what the medication was or its side effects. The complaint indicates that the recipient was not asked if she had any allergies or if she had any religious prohibition against medication, which she does. After being medicated the recipient spoke to a staff member who admitted that this was not the first time someone had been brought to Lakeshore mistakenly by the police and she was advised, "to stay quiet and do as you're told if you want to get out of here quickly." Throughout this period the complaint alleges that the recipient had no knowledge of her rights, no knowledge of what type of hospital she was in, or what the disposition of her situation could be. She was assessed by an Intake staff and determined to be "psychotic". Later she was administered more medication and forced to take a blood test, all the while protesting that she had no insurance and could not pay for this treatment. More than 24 hours after her admission she was examined by a psychiatrist who told her there was no reason to admit her and she was then released.

FINDINGS

The Face Sheet of the clinical record indicates that the recipient was admitted on 9/29/11 at 2:58 p.m. Her admitting diagnosis is listed as "Unspecified Episodic Mood Disorder." A Petition for Involuntary Admission is included in the record which states that it was completed on the same date at 1:40 p.m. by the police officer involved in the event for the stated reason, "Above individual is a disturbance at the Howard red line station. Above was spitting on CTA employee and disturbing customers. Above is combative, unpredictable, and threatening." The petition indicates that the recipient was given a copy of the petition and provided with the Rights of Individuals Receiving Mental Health and Developmental Services at 3:00 p.m., however there is no form of this kind in the record.

The record shows that on 9/29/11 at 1:45 p.m. an order was placed for emergency medication and restraint for the recipient. The medication order states, "Please give Haldol 5mg, Ativan 2mg, and Cogentin 1mg IM [intramuscularly] x1 for severe agitation." The restraint order describes events as: Patient presents as a CPD [Chicago Police Department] drop threatening staff, non-redirectable, harm to self and others." The purpose of the restraint is listed as "To prevent harm to self and others." The order requests 4-point Velcro and 1 chest restraint for up to 4 hours. A Restriction of Rights Notice is included in the record and gives the following reason for the restraint: "Patient presents as a CPD drop with complaint of severe agitation .207 Breathalizer, non-redirectable, threatening staff, and trying to elope." The Notice indicates that a copy was given to the recipient only. The restraint flowsheet is also included in the record and indicates that the recipient was in restraints from 2:00 p.m. until 4:05 p.m. and was given opportunities for liquids, food, toileting, as well as vital sign checks.

The recipient's Intake Assessment, completed on 9/29/11 is included in the record, but it does not indicate what time it was completed (the narrative indicates it was completed while the recipient was in restraints). It states, "42 yr old Caucasian female presenting as police drop. Chief complaint per police is the pt was spitting at CTA employee at an El station. When police intervened the pt became uncooperative, defiant, and eventually had to be handcuffed. Upon arrival to CLH the pt continued to be uncooperative, was unable to to follow directions and remain calm. She eventually was put into five point restraints as she was continuing to verbalize

to staff 'You're all fucked!' The patient was banging her feet on the seclusion room door, charged at police to leave and continued to yell and scream at staff. She denies that she was spitting at anyone rather she was just leaving a focus group she was attending and was getting upset that it was taking a long time for the train to arrive. She also denied any mental health history, recent use of alcohol however she does smell of alcohol and was unable to perform the breathalyzer machine to check. She is denying any thoughts of harm to self, others, or psychosis. She perseverates on obtaining her wallet and being left out of restraints so she can go home. She is alert and oriented however displays poor insight, poor direction and unpredictability." The Mental Status Examination indicates that the recipient is belligerent, agitated, loud, labile, alert and oriented x4, with no delusions, no hallucinations, no suicidal or homicidal ideations, and a medium level of risk. The Integrated Summary indicates that the psychiatrist reviewed the assessment and agreed that the patient should be admitted "for psych stabilization until transfer to the state psychiatric hospital if needed." Until then, she was to be placed in a locked psychiatric unit, given 15 minute safety checks, a psychiatric consult, medical evaluation, mood stabilization, and group psychotherapy.

The record also contains an Inpatient Certificate completed by an Intake Clinician on 9/29/11 at 2:20 p.m. This document indicates that the recipient is reasonably expected "to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed" and that she is in need of immediate hospitalization for the following reason: "Pt. is unpredictable, agitated, and was spitting on patron: CTA staff at the red line station. Is a current threat of harm and unsafe." The certificate also contains a certification that the recipient has been informed of the purpose of the examination, that she did not have to speak to the examiner, and that statements made could later be used in a mental health hearing.

There is no indication that the recipient was allowed phone calls upon her admission.

The record indicates that the recipient was administered Haldol and Ativan again on 9/29/11 at 6:00 p.m. for "anxiety" and "agitation". The record states that the medication was given orally and not injected. There is no physician's statement of decisional capacity at that time for the recipient, and there is no indication that she gave informed consent for the medication. The Physician Admission Orders are included in the record and were completed on 9/29/11 at 5:00 p.m. with the diagnosis of Psychosis, NOS (not otherwise specified).

The record shows that on 9/29/11 at 4:54 p.m. the recipient's blood was drawn and urine collected for analysis. The record shows that a Medical History and Physical Exam was completed on 9/30/11 at 7:20 a.m. It states that the recipient showed "multiple …[illegible], excoriations, ecchymoses [skin loss and bruising] from restraints and police handling." The attending physician also noted on 9/30/11 that the recipient had "multiple contusions due to restraints" and the recipient's psychiatrist made note of this and prescribed a pain reliever for the pain.

On 9/30/11 an Activity Therapy Assessment was completed. The section on "What do you feel is the reason for your hospitalization" states, "I don't know- I had an altercation with some people on El because the train was not running and I was frustrated because nobody …[illegible] so I started yelling… [illegible] and police was called and nobody told me that I was

coming here- they handcuffed me pretty brutally and took me here- if this is a psych hospital, I clearly don't belong here because I am a pretty 'together' person."

On 9/30/11 (the time is not noted, however the report was dictated at 3:02 p.m.) the Initial Psychiatric Evaluation was completed on the recipient. It states, "The patient is a 42-year-old Caucasian female who is very pleasant and cooperative throughout the entire interview. The patient starts crying when she talks about what happened. She is visibly shocked with her behavior that she displayed yesterday after she had a couple mixed drinks with her friends. What happened later is she got upset when she talked with CTA workers. Apparently, that patient spat on them, this is something she vehemently denies. The patient tells me, 'I was drunk but I remember everything. Yes, I was very inappropriately agitated. I never hit anyone. I never spat on anyone. I don't do things like this, not now, not ever.' The patient was very agitated when she came to the hospital. She had to be put on five-point restraints as she continued verbalizing inappropriate statements and screaming. When she came to the floor on ITU, she quiet down. The patient was given some medication, which was Ativan. Today, she is very pleasant and cooperative." On this date the recipient's parents and fiancé visited the facility for a family session and confirmed the information that the recipient had given. She was then discharged to her home.

Hospital Representative Response

Hospital staff was interviewed regarding the complaint. Staff indicated that the recipient was a police department drop-off and a police officer completed the petition. Staff was asked if a police drop-off necessitates a hospitalization and she reported that no, the recipient would progress through the same certification process but the officer would add his information to the petition. The staff indicated that there is a separate room in the Intake Department for police drop-offs and this is where the recipient was initially placed. HRA staff were escorted to the police drop-off room, which appears to be a seclusion room, with a door, isolated from the rest of Intake, and it has an adjoining room which also has a door where staff can observe the drop-off room.

Hospital staff was asked about the recipient's detention, particularly that she was restrained and medicated almost upon arrival. Staff indicated that the recipient had arrived under the influence of alcohol and that she attempted to escape, necessitating her restraints. Staff was asked why the recipient was diagnosed as "psychotic" when she had no symptoms of psychosis in her Intake assessment. She replied that that was decision of the licensed clinician at the time and that a psychiatrist then evaluated the recipient and determined that she did not require hospitalization. She stated that generally the Intake clinician will assess the patient and then call the physician on duty and give him the information and he advises on whether to proceed with certification and admission. The recipient was evaluated by the psychiatrist the morning after her arrival, however the document did not include the time so it is not possible to say that she was evaluated within a 24- hour period as required by the Code. Also, staff confirmed that the record was missing the Rights of Individuals Receiving Mental Health and Developmental Services form.

Hospital staff was interviewed about the restraint. She stated that the staff who apply restraints are trained in its application and have certificates for completion of training in this area. She also noted that the cuts and bruises that were noted on the recipient might have been the result of the police officer placing her in handcuffs and this is an indication of the recipient's resistance to the officer.

Hospital staff was interviewed about the recipient's medication. She confirmed that there were no consents for medication in the record and no physician statement of decisional capacity for the medication that was administered orally.

STATUTORY BASIS

The Mental Health Code states that when a person is asserted to be in such condition that immediate hospitalization is necessary for the protection of the person or others from physical harm, any person 18 years or older may present a petition (5/3-601a). The petition must contain a detailed statement of the reason for the involuntary admission, and include the signs and symptoms of a mental illness and a description of any acts, threats or other behaviors that support the assertion as well as the time and place of their occurrence (3-601 b). The petition must be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate must indicate that the physician or qualified examiner personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician or qualified examiner's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement that the respondent was advised of his rights (3-602). If a physician, qualified examiner, or clinical psychologist is not immediately available or after diligent effort it is not possible to obtain a certificate, the respondent may be detained for examination in a mental health facility upon presentation of the petition alone, pending the obtaining of a certificate. If that is the case, in addition to the requirements outlined in 3-601, the petition must further specify that the petitioner believes, as a result of his personal observation, that the respondent is subject to involuntary admission, that a diligent effort was made to obtain a certificate, that no physician, qualified examiner, or clinical psychologist could be found who has examined or could examine the respondent, and that a diligent effort was made to convince the respondent to appear for examination, unless the petitioner reasonably believes that effort would endanger the respondent or others (3-603). No one detained for examination on the basis of a petition alone may be held for more than 24 hours unless within that time a certificate is furnished to or by the mental health facility. If no certificate is furnished, the respondent must be released (3-604). Upon completion of one certificate, the facility may begin treatment of the respondent, however the respondent must be informed of his right to refuse medication and if he refuses, the medication shall not be given unless it is necessary to prevent him from causing serious harm to himself or others (3-608).

The Mental Health Code states that whenever a petition has been executed, and prior to the examination for the purpose of certification, the person conducting the exam must inform the person being examined in a simple comprehensible manner the purpose of the examination, that the respondent does not have to talk to the examiner, and that any statements he makes may be disclosed in a court hearing to decide whether he is subject to involuntary admission. If the

person being examined has not been so informed, the examiner must not be permitted to testify at any subsequent court hearing regarding the respondent's admission (3-208).

Within 12 hours after admission, the respondent must be given a copy of the petition and a statement as provided in 3-206 (whenever a person is admitted involuntarily or objects to admission, and whenever a recipient is notified that his legal status has changed, the facility director shall provide the person 12 years and older, with the address and phone number of the Guardianship and Advocacy Commission. If the person requests, the facility director must assist him in contacting them). No later than 24 hours, excluding weekends and holidays, after admission, a copy of the petition and statement must be given or sent to the respondent's attorney and guardian, if any. The respondent will be asked if he wants these documents sent to any other people, and at least 2 other people designated by the respondent can receive these documents. The respondent will be allowed to make no less than 2 phone calls at the time of admission to such people as he chooses (3-609).

As soon as possible but no later than 24 hours, excluding weekends and holidays, after admission, the respondent must be examined by a psychiatrist. The psychiatrist may be a member of the staff of the facility but not the person who executed the first certificate. If the respondent is not examined or if the psychiatrist does not execute a certificate, the respondent must be released (3-610).

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment. As a means to this end, it outlines how recipients are to be informed of their proposed treatments and provides for their participation in this process to the extent possible:

"(a-5) If the services include the administration of…psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. …. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2- 107 [below]…." (405 ILCS 5/2-102).

Should the recipient wish to exercise the right to refuse treatment, the Mental Health Code guarantees this right unless the recipient threatens serious and imminent physical harm to himself or others:

"An adult recipient of services…must be informed of the recipient's right to refuse medication… The recipient…shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication... If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient…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" (405 ILCS 5/2-107).

"A medical…emergency exists when delay for the purpose of obtaining consent would endanger the life or adversely and substantially affect the health of a recipient of services. When a medical…emergency exists, if a physician…who examines a recipient determines that the recipient is not capable of giving informed consent, essential medical…procedures may be performed without consent" (405 ILCS 5/2-111).

Additionally, the Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

Restraint is a therapeutic tool that the Mental Health Code carefully regulates. Although its use is to prevent physical harm, the Code outlines specific measures to ensure that it is safe and professionally applied:

"Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff.

(a) Except as provided in this Section, restraint shall be employed only upon the written order of a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities. No restraint shall be ordered unless the physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities, after personally observing and examining the recipient, is clinically satisfied that the use of restraint is justified to prevent the recipient from causing physical harm to himself or others. In no event may restraint continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities or a physician confirms, in writing, following a personal examination of the recipient, that the restraint does not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition. The order shall state the events leading up to the need for restraint and the purposes for which restraint is employed. The order shall also state the length of time restraint is to be employed and the clinical justification for that length of time. No order for restraint shall be valid for more than 16 hours. If further restraint is required, a new order must be issued pursuant to the requirements provided in this Section….

(c) The person who orders restraint shall inform the facility director or his designee in writing of the use of restraint within 24 hours.

(d) The facility director shall review all restraint orders daily and shall inquire into the reasons for the orders for restraint by any person who routinely orders them.

(e) Restraint may be employed during all or part of one 24 hour period, the period commencing with the initial application of the restraint. However, once restraint has been employed during one 24 hour period, it shall not be used again on the same recipient during the next 48 hours without the prior written authorization of the facility director.

(f) Restraint shall be employed in a humane and therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The qualified person shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others…. (405 ILCS 5/2-108)."

The Mental Health Code defines Seclusion as "the sequestration by placement of a recipient alone in a room which he has not means of leaving" (405 ILCS 5/1-126). It may be used only as a therapeutic tool to prevent a recipient from causing physical harm to himself or others. Seclusion requires a written order of a physician, clinical psychologist, clinical social worker, or registered nurse (405 ILCS 5/2-109). A recipient who is restrained may only be secluded at the same time pursuant to an explicit written authorization by a physician or those named above (405 ILCS 5/2-108 i).

HOSPITAL POLICY

Chicago Lakeshore Hospital provided their policy and procedure regarding Involuntary Admission (#AD208). The policy states, "Chicago Lakeshore Hospital accepts involuntary patients if the admitting psychiatrist feels the person clinically appropriate for such admission. A person subject to involuntary admission must be eighteen years of age or older and mentally ill and in need of immediate hospitalization for the protection of self and others. When such a person is presented for admission a petition must accompany the patient or be prepared at admission by the facility director or designee of the hospital, or by any concerned party of

eighteen years or older. The patient may be admitted for 24 hours at which time the 1st certificate must be secured or the patient will be discharged."

Chicago Lakeshore Hospital provided their policy and procedure regarding Administration of Medication (#NS-43-A). The policy states, "Every patient has the right to refuse any medication, including PRN's [as needed medication]. Documentation of refusal is made in the progress notes by using the refusal stamp. If a patient refuses medication it will not be given, unless deemed necessary to prevent the patient from causing serious harm to himself and others; in which case the attending physician is notified. If a patient refuses a "NOW, STAT" or one time only medication, the Physician will be contacted immediately, regardless of time and documented in the progress notes. If medication is given to a patient to prevent causing serious harm to self or others, a restriction of rights is completed for each episode."

Chicago Lakeshore Hospital provided their policy and procedure regarding Use of Restraint/Seclusion (#NS-65). The policy states, "The purpose of applying restraints or placing a patient in seclusion is to manage behavior that signifies imminent danger of patient to self or others. The clinical indication for the use of restraints/seclusion shall outweigh the known contraindications. …Restraints/Seclusion should be initiated only after less restrictive measures have failed. Non-physical interventions are always the choice to de-escalate a potential emergency situation." Suggested examples of non-physical interventions include: Verbal limits/verbal intervention, diversional activities, and PRN medication.

Lakeshore Policy #NS-69 states that all Restrictions of Rights are "instituted according to the Mental Health Code Standards."

Lakeshore Policy #NS-68 Restriction of Rights indicates that all restrictions of rights, including medication against the recipient's will, must originate with a physician's order giving the type of restriction, the clinical justification for the restriction, and the duration of the restriction. It also states that a Restriction of Rights form is to be completed by the RN, and that the patient is to be notified verbally and in writing of such restriction. Also, policy states that the patient must be asked if he/she wants a copy of the form sent to another party. A copy of the form is then given to the patient and one copy is sent to Medical Records, where copies are made and sent to the persons indicated by the patient and also to the Medical Director.

CONCLUSION

Detention. The recipient was detained on a petition completed by a Chicago Police Department officer at 1:40 p.m. on 9/29/11. Almost immediately she was placed in seclusion and then in restraints and administered forced psychotropic medication. She was given rights information at 3:00 p.m., while in restraints and medicated, and there is no evidence she was ever given the Rights of Individuals Receiving Mental Health and Developmental Services document. If the facility believed the recipient was an imminent threat of physical harm they failed to describe this in the record. Also, the Mental Health Code requires that the recipient be evaluated by a psychiatrist within 24 hours after admission. Although we do not know when the psychiatrist evaluated the recipient, the report was dictated at 3:02 p.m. and the recipient was admitted at 1:40 p.m. the day before. The dates did not fall on weekends or holidays, and a

required second certificate completed by the psychiatrist was not included in the record. The HRA substantiates the complaint that Lakeshore detained the recipient in violation of the Mental Health Code.

Restraint. As staff noted when interviewed by the HRA, the patients who are dropped off at the facility by police are placed in a room isolated from the Intake, with a door which can be locked and an adjoining room for observing the individual. It is seclusion. So the HRA wonders why the recipient would require both restraints and medication when the record describes only "severe agitation, .207 Breathalizer (which the record earlier had said could not be obtained), non-redirectable, threatening staff (which was never described in the documentation, so how was she threatening?), and trying to elope". This recipient had never had a mental illness and had never received medication or been hospitalized for such. She was not told by the police officer where she was being taken and did not know she was in a psychiatric hospital. She did not know what medications were being forced upon her or what they would do to her and she was then placed in 4-point restraints with a chest restraint as well. It seems reasonable that she would be severely agitated and we question why she wasn't isolated in the receiving room and simply allowed to explain her situation and have her rights explained to her. It appears the facility never met their own or the Code's requirement for "imminent threat of physical harm" and their response (seclusion, medication **and** restraint) appears excessive and not the "least restrictive" treatment. Additionally, staff should examine their process to allow for more compassion in their response to agitated new admittees. The HRA substantiates the complaint that Lakeshore restrained the recipient in violation of the Mental Health Code.

Forced psychotropic medication. The recipient in this case received two rounds of psychotropic medication: One at 2:00 p.m. along with restraint, and again at 6:00 p.m. the same night for "anxiety/aggression" and "agitation." The hospital staff indicated that the recipient "accepted" this medication because it was administered orally, however the recipient stated that she was coerced into taking the medication for fear she would again be injected and restrained. If the recipient accepted the medication, for whatever reason, the record is missing Mental Health Code mandated documentation, including a physician statement of decisional capacity and the recipient's informed consent. Additionally, there is no indication from the record that the forced psychotropic medication was needed to prevent serious and imminent physical harm- stating that the medication was "given for severe agitation" grossly fails to meet the standard. The HRA also notes that the recipient's blood was drawn for routine blood analysis and there is no medical reason presented in the record to force this over the objection of the recipient. Without the recipient's consent or a medical reason to override it, the facility has violated the recipient's right to refuse treatment. The HRA substantiates the complaint that Lakeshore administered forced psychotropic medication in violation of the Mental Health Code.

RECOMMENDATIONS

1. Ensure that persons who are being certified for inpatient hospitalization are informed of the purpose of the examination, that they do not have to speak with the examiner, that any statements they make may be related in a mental health court hearing to determine their need for treatment, and make certain that they receive and understand the Rights of Individuals Receiving Mental Health and Developmental Services. If the recipient is unable to understand their rights,

note this in the clinical record and attempt to repeat and clarify the procedural rights when the recipient is stabilized.

2. Develop policy and train staff in all the Mental Health Code requirements concerning psychotropic medication. Ensure that recipients are informed of their right to refuse medication, secure informed consent after reviewing the side effects, risks and benefits of the medication along with alternatives, and include a physician's written statement of decisional capacity in the record.

3. Ensure that blood draws are ordered by a physician and obtain consent for all medical procedures. Ensure that the documentation reflects a medical justification when orders are carried out over the objection of the recipient.

4. Train all staff in the use of restraints. Ensure that restraints are used only when necessary to prevent physical harm to the recipient and others and that it is applied in a humane and therapeutic manner.

5. Train all staff in the use of seclusion. Seclusion is a therapeutic tool and must be ordered by a physician, clinical psychologist, clinical social worker or registered nurse. Note that a recipient who is restrained may only be secluded at the same time pursuant to an explicit written order by a physician or those named above.

SUGGESTIONS

1. It is not noted in the record that the recipient was given the opportunity to make at least two phone calls at admission. Ensure that recipients are given these calls and note it in the record.

2. Several of the staff entries and some documents in the record do not give the time that they were written. Review with staff the importance of the accuracy of documentation, especially that which directly addresses the recipient's liberty issues.