



FOR IMMEDIATE RELEASE

SPRINGFIELD REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE # 14-050-9002

ANDREW MCFARLAND MENTAL HEALTH CENTER

INTRODUCTION

The Springfield Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Andrew McFarland Mental Health Center (Center), a state-operated mental health facility that has 125 inpatient beds in Springfield. The allegation states that the Center violated a consumer's rights when the consumer's guardian was not included in discharge conversations and not notified of a court hearing.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102), the Illinois Administrative Code (59 Ill. Admin. Code 112.30), and the Probate Act of 1975 (755 ILCS 5/11a-23).

Specifically, the Center Case Manager discusses discharge with the consumer without notifying the guardian and did not take appropriate steps to notify the guardian of a pending court hearing.

METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed the Health Management Information Director (HMID). The HRA reviewed correspondence from the consumer's guardian and, with consent, reviewed sections of the consumer's record.

FINDINGS

The guardian stated that she is concerned that the consumer has a vulnerable psyche and may be easily upset when having discussions with staff regarding discharge and other sensitive issues. The guardian reported that during May, June and July of 2013 the consumer had some behavioral issues that may have correlated to discussions he had with a Social Worker regarding his moving to a nursing home. The guardian believes conversations regarding discharge may create anxiety with the consumer that may lead to inappropriate behaviors. The guardian explained that the staff know this

and the guardian feels that holding conversations with the consumer should not occur.

The HMID agreed that the consumer is somewhat fragile; however, at most times he is alert and intellectual enough to participate in his treatment planning. In fact, on occasions he shows interest and the ability to articulate his wants, needs and desires. According to the HMID, the consumer is the patient and, while the Center respects the guardian's authority, participation and input; primary care, including treatment and discharge planning must include the consumer.

The HMID stated that guardians always receive a copy of notification of court hearings, and in this case, the guardian was notified of a court date on August 5, 2013, however that petition was withdrawn on August 23, 2013 and there was no hearing.

DOCUMENTATION

Case Management Notes state:

05/06/13: [The consumer] has been compliant with his medications and has been less angry or frustrated on the unit. [The consumer] is easily redirected by staff and [he] follows simple commands. [The consumer] has identified that he would like to go to a nursing home in [an area city]. [The consumer] has had some inappropriate behaviors with other clients on the unit and he has been redirected. [The consumer] had his treatment plan meeting on 05/02/13. [The consumer] was present and was able to engage with the team.

05/14/13: Social Worker sent two referrals to ICF's in regional cities per [the consumer]'s request.....Plan: Social Worker will continue to work on placement with [the consumer] and [the guardian].

06/27/13: Social Worker and treatment team met with [the consumer] to discuss his treatment plan. [The consumer] has been very appropriate on the unit.... [The consumer] has verbalized to staff that he would like to return to a nursing home. When asked why, [the consumer] responded by saying, that he wants to play bingo, go on trips, eat out and have his own money to spend. Social Worker informed [the consumer] and the treatment team that a letter was sent to [the guardian] requesting consents on a variety of nursing homes to be signed so the Social Worker can make potential referrals to the facilities.

07/09/13: Social Worker sent out information to [a regional nursing home] after [the guardian] signed only one consent of the 15 that were sent. [The nursing home] contacted the Social Worker on 07/09/13 to inform that [the consumer] will not be accepted to [the nursing home]... [The consumer] has been asking Social Worker when he is able to go to a nursing home.

07/19/13: Social Worker contacted [the guardian] on 07/25/13 and left a message to update on [the consumer]'s progress including a review of [the consumer]'s treatment plan review which will be completed on 07/25/13. Social Worker also left message regarding needing more consents sign [sic] for nursing home placement. [The consumer] was very pleasant and cooperative in his treatment team meeting. [The consumer] asked appropriate questions and was inquiring about when he is able to leave. [The consumer] is requesting that he leave [the Center] and go to a nursing home. We did review that [the guardian] had signed more consents. [The consumer] also states that [the guardian] told him that he is on to [sic] much medication, [the consumer] asked [the Physician], [The Physician] stated that he is not on a lot of Depakote actually the dose is in normal range. [The consumer] told the team that he does not think he is on a lot of Depakote, but his [guardian] informed him that he is on too much. [The guardian] has not addressed this issue with the nursing staff or clinical staff. [The consumer] has been doing very well, sleeping at night, up during the day, attending groups and has been appropriate on the unit. The medication has been serving [the consumer] very well. [The guardian] has told the [Social Worker] in the past many times that she wants [the consumer] to stay at [the Center]. Social Worker conveyed to [the guardian] on several occasions that [the Center] is not a long term placement facility. [The consumer] is also requesting to leave....

The Center provided a copy of a that a letter dated August 5, 2013 notifying the guardian of a pending court hearing regarding continuation for treatment at the facility.

ANDREW MCFARLAND MENTAL HEALTH CENTER POLICY

Andrew McFarland Mental Health Center Handbook, General Guidelines states:

McFarland Mental Health Center is committed to providing safe, state of the art health care to consumers. Consumer safety initiatives are enhanced by and require the support and involvement of consumers and families. These responsibilities and rules of the hospital have been established to protect the safety of you, other consumers, and staff. They have also been established to promote an atmosphere of recovery, healing and safety.

1. You are responsible, with the assistance of the staff:
 - For participating in the development of your treatment plan...

RESPECT/SAFETY

1. Please be respectful and courteous. Everyone is in varying stages of recovery. If someone is bothering you, please talk to the staff about what you can do.

2. There is no visiting allowed in each other's rooms. Privacy and personal space is to be respected....

McFarland promotes a culture of non-violence. Physical violence or verbal abuse toward self or others will not be tolerated. Physical violence toward others may lead to arrest & prosecution.

Upon admission, we will ask you to complete a Personal Safety Plan to provide us with a list of situations which might upset you, how you manage your anger and how we can best help you. If you or your significant others know of any action(s) or approaches that help you remain calm or gain control please share this information with us. You are responsible for your actions, so help us help you. Tell staff of any situations or problems that are upsetting you on the unit.

Please work with the staff and yourself in maintaining your safety and progressing towards your recovery. Let us know how we can help you make this hospitalization a positive, healing experience.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE

Pursuant to the Mental Health Code:

(a) 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. (405 ILCS 5/2-102).

ILLINOIS ADMINISTRATIVE CODE

PROBATE ACT

Pursuant to the Illinois Probate Act, the personal guardian shall procure and make provision for the ward's support, care, comfort, health and maintenance. (755 ILCS 5/11a-17). In doing so, "Every health care provider...has the right to rely on any decision or direction made by the guardian...that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward. (755 ILCS 5/11a-23 b).

CONCLUSION

The Probate Act states the personal guardian shall procure and make provision for the ward's support, care, comfort, health and maintenance. (755 ILCS 5/11a-17). In doing so, "Every health care provider...has the right to rely on any decision or direction made by the guardian...." (755 ILCS 5/11a-23b) The Mental Health Code states that consumers shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian. Center policy reiterates the role of the recipient in treatment planning.

According to the Treatment/Discharge Plan, the Social Worker and team discussed placement with the consumer when the guardian was not present. Documentation also states that the guardian had been informed of and invited to the treatment plan meeting. The Center provided verification that the guardian was notified of a court date in August. In addition, case management notes indicate that the guardian consent to referrals for nursing home placement and was informed of progress related to discharge to a nursing home.

Based on the documentation, the complaint is not substantiated.