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**FOR IMMEDIATE RELEASE**

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North Suburban Regional Human Rights Authority  
Report of Findings  
HRA #14-100-9009  
Elgin Mental Health Center

**Introduction**

In December 2013, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (hereafter referred to as Center), Forensic Treatment Program (FTP) Unit I. A complaint was received that alleged that a consumer received inadequate medical care; the consumer was experiencing heart attack symptoms and staff members did not transport him to a local hospital for medical services and staff members failed to monitor his condition. It was also alleged that the consumer is not receiving the correct heart and blood pressure medications and he is being denied the medication Protonix (Protonix is used to treat erosive esophagitis (damage to the esophagus from stomach acid), and other conditions involving excess stomach acid.) Lastly it was alleged that the consumer is unable to use the telephone and he is being restricted from contacting the Illinois Office of the Inspector General and the State's Attorney. The rights of consumers are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/ 2-102 and 5/2-103).

Recipients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

**Methodology**

To pursue this investigation, the HRA interviewed the consumer via telephone and with written consent reviewed portions of his clinical record. The HRA discussed the allegation with the consumer's Attending Physician and his Case Manager.

**Findings**

The clinical record contained data on a male consumer remanded to the FTP program on July 24, 2013. The admitting documentation notes that the consumer has Wolff-Parkinson-White syndrome (WPW). (WPW is the presence of an extra, abnormal electrical pathway in the heart that leads to periods of a very fast heartbeat.) On August 2, 2013, progress notes documented that the Medical Director of the Day (MOD) was asked to see the consumer due to his complaints of a racing heart and chest discomfort. About an hour after the initial complaint, the consumer was sent to a nearby medical hospital for an evaluation. The consumer returned to the Center few hours later

and the Emergency Department work-up was negative. The consumer's primary care Physician from the Center ordered a cardiology consultation. The consumer received the consultation on September 16, 2013 and the cardiologist recommended that the consumer's medication be modified; the consumer refused/declined the medication recommendations. Subsequent reports of increased blood pressure and/or heart racing complaints/symptoms from the consumer were immediately addressed by medical personnel via examinations, vitals taken, medication given and relaxation techniques encouraged. It is noted that the Physician ordered an MRI (Magnetic resonance imaging) of the brain, podiatry consultations, a mammogram, optometry consultation and with the consumer's consent; requests were made of a few area hospitals to obtain the consumer's past medical records.

Regarding the allegation that the consumer was not receiving the correct heart and blood pressure medications, the chart indicated that the physician ordered medications for the consumer's medical and mental health symptoms. The Physician documented that the medication Protonix was non-formulary and efforts were made to get this specific medication approved, but the requests were denied.

At the site visit, the Physician stated that the consumer wanted Benzodiazepines for his heart condition and that he would not order that medication as it was not appropriate for his heart condition. The Physician reiterated what was written in the clinical record, in that the consumer was seen by a cardiologist who wanted to change medications and consumer refused/declined the recommendations. About a month after admission, the Physician modified the blood pressure medication and it was documented that the consumer agreed with the modification. The Physician also noted (and the chart confirms) that the consumer was scheduled for echocardiogram and he refused to go to the scheduled appointment. The Physician explained that the Protonix medication is non-formulary and that he attempted to get approval to obtain the medication but the requests were denied. The Physician did order a substitute medication.

Regarding the phone restriction allegation, the clinical record showed that the Public Defender's Office contacted the Center saying that the consumer had made repeated death threats; according to the Restriction of Rights Notice dated August 1, 2013, the consumer's right to communication was restricted for fourteen days. The chart showed that the restriction was reviewed on the fourteenth day and the restriction was extended for an additional 30 days. The chart documented that the consumer called his bank (8/12/13) under staff supervision and that he called his Public Defender (from another county) on the lawyers' phone (8/23/13). On September 11, 2013, it was documented that the consumer requested to use the phone to contact his attorney and when the Center Operator denied placing the call due to the number given by the consumer, the consumer placed a call on the unit's general telephone. The progress note documented that the staff member realized that the consumer was still on the phone restriction and when the consumer did not willingly terminate the call, the phone was disconnected. On 9/13/13 the Case Manager documented that he assisted the consumer in making a call to a law firm from the legal telephone. It was also decided on this date (9/13/14) that the communication restriction would not be renewed and the consumer was advised of same. A few weeks later it was noted that the consumer was using the legal phone for non-legal calls. On September 20, 2013, progress notes documented that the Public Defender contacted the Center again saying that the consumer had been making threatening calls. The consumer received a two-week communication restriction; the restriction was reviewed within the timeframe and it was extended for an additional 30 days. The chart did not show that the consumer asked and was denied access to the Illinois Office of the Inspector General or to a State's Attorney. It is noted that he did place calls to a few outside advocacy agencies.

At the site visit, it was stated that the consumer was placed on a communication restriction because the Public Defender's office asked that he be prevented from calling them. It was stated

that the consumer could not use the unit's general phone, but he was able to use the telephone in the Case Manager's office as well as the legal telephone.

The Center's Patient Phone Use policy states (in part) that "each patient treatment unit shall have a public telephone for patient use located on or near the unit. All patients shall be provided access between 6:30 a.m. and 10:00 p.m. to the public telephone, during their free time, for the purpose of placing and receiving personal calls [exceptions are noted in the policy]. The policy goes on to state that any individual restriction of the public telephones shall be in compliance with the Mental Health and Developmental Disabilities Code, and shall be documented in the patient's clinical record, as well as on the Notice Regarding Restriction of Rights of Recipient.

The FTP's Phone Procedures policy states that "patients shall be allowed to place calls to attorney with minimal reasonable limitations to the number, length, and time of calls. Patients have 2 options when making calls: a) they may use the free phones located in the unit dayrooms during approved items or; b) they may use the designated attorney phones (located in the conference room) with assistance from staff (available 24 hours a day/7 days a week.) Those patients wishing to use on-unit attorney phones to contact their attorneys, will comply with the following protocol: a) the patient will notify staff (caseworker, charge nurse) that they wish to use the attorney phone to place a phone call to their attorney; b) staff work to schedule a time for the phone call in a timely manner - no later than the end of the shift during which the request is made..."

### **Conclusion**

Pursuant to Section 2-102(a) of the Illinois Mental Health and Developmental Disabilities Code, "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."

Based on the information obtained, the complaint that a consumer was experiencing heart attack symptoms and staff members did not transport him to a local hospital for medical services and staff members failed to monitor his condition is unsubstantiated. The evidence does not support the claim that the consumer was not receiving the correct heart and blood pressure medications. The consumer was denied Protonix because it was non-formulary. Efforts were made to get this medication approved without success; another medication was substituted. Consumer rights were not violated.

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 5/2-103, "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation... Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities. (d) No facility shall prevent any attorney who represents a recipient or who has been requested to do so by any relative or family member of

the recipient, from visiting a recipient during normal business hours, unless that recipient refuses to meet with the attorney." Section 5/2-201 requires that issuance of restriction of rights notices whenever rights are restricted.

The clinical record contained documentation showing that the consumer's communication was restricted based on requests from an outside party that the communication cease; documentation showed that the consumer had access to the telephone when requested. Nothing was found to support the assertion that the consumer was denied access to the Illinois Office of the Inspector General and the States' Attorney. It is concluded that consumer rights were not violated; the allegation is unsubstantiated.

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## **RESPONSE**

**Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.**

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Pat Quinn, Governor

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Michelle R.B. Saddler, Secretary

**Division of Mental Health - Region 2**  
**Elgin Mental Health Center**

**RECOVERY IS OUR VISION**  
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

April 15, 2014

Ms. Kori Larson - Chairperson  
North Suburban Regional Human Rights Authority  
9511 Harrison Street, W-300  
Des Plaines, IL 60016-1565

Re: HRA #14-100-9009

Dear Ms. Larson:

Thank you for your thorough review of this matter. I note that none of the allegations were substantiated. The staff at the Elgin Mental Health Center strives to provide the best possible care and treatment for our patients. As always, we will continue to work to quickly resolve any patient concerns.

Please include our response with any public release of your Report of Findings.

Sincerely,

Paul N. Brock, M.S., M.P.A., M.H.A.  
Hospital Administrator

PNB/JP/aw



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