



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 15-030-9014

St. Bernard Hospital

Summary: The HRA substantiates the complaint that the facility restrained and administered forced emergency psychotropic medication in violation of the Mental Health Code. The provider response follows the report.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at St. Bernard Hospital. It was alleged that the facility restrained and administered forced emergency psychotropic medication in violation of the Mental Health Code. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Hospital Licensing Act (210 ILCS 85).

St Bernard Hospital is a Catholic teaching hospital sponsored by the Religious Order of St. Joseph and serves the community of Englewood. The Emergency Department incorporates an 8-bed Behavioral Health Unit.

To review these complaints, the HRA conducted a site visit and interviewed the Vice-President of Care Coordination, the Emergency Department Manager, the Vice President of Nursing, and the Director of Nursing. Relevant hospital policies were reviewed, and records were obtained with the written consent of the recipient.

COMPLAINT SUMMARY

The complaint indicates that the recipient was admitted to the emergency department and placed in restraints as well as administered forced emergency medication for no reason.

FINDINGS

The hospital record shows that the recipient was brought to St. Bernard Hospital Emergency Department (ED) by police on 4/02/15 at 11:46 p.m. The reason for the visit simply states, "I'm feeling tired and my feet hurts." The ED Record/History and Physical states, "Pt. presents with bizarre behavior and rambling conversation. No other associated complaint." His Review of Symptoms statement reads, "Psychological: Behavioral Problem, emotional problems, hallucinations. All Other Symptoms Reviewed: Reviewed and Negative." The recipient's Psychiatric Triage Evaluation Notes are included and they indicate that his behavior was anxious, his thought process showed "loose associations; flight of ideas; disorganized", and in the security risk section it states, "Homicidal; violent". This section also shows the recipient had no prior psychiatric history or hospitalization. He was placed on close observation and checked every 15 minutes.

The record contains a Petition for Involuntary/Judicial Admission, completed on 4/03/15 at 4:00 a.m. The stated reason for the need for immediate hospitalization is "Displays bizarre behavior, with flight of ideas and very disorganized thoughts. With on and off aggression." The petition indicates that the recipient has been apprised of his rights. A certificate accompanies the petition and it includes the examiner's certification that the recipient was informed of the purpose of his examination, that he did not have to respond to the examiner, and that any information he provided could be used in a mental health court hearing.

Progress Notes from the recipient's hospitalization are included in the record. The first entry, made at 4:00 a.m. on 4/02/15 states, "The patient was brought in by CFD1 with incident-dispatch: psychiatric emergency. Patient states pain on his feet due to excessive walking, non-trauma. Noted staples at the back of his head. MD was made aware. He will not state when he obtained the staples. Patient is displaying bizarre behavior while in the ED. Converses with all staff in ED with disorganized thoughts, pacing at the bedside. Re-directs and re-orientes to reality as possible."

At 4:24 a.m. the same day the notes include indications of behavior problems: "Patient remained to be belligerent with bouts of aggression. His thoughts are disorganized. Ordered medications were given with security assistance." The following entries in the Notes reflect the remainder of the recipient's experience in the ED:

5:10 a.m. Received Patient up pacing and elevated pressured speech. Need redirection with security present for safety.

5:28 a.m. Called security patient won't follow direction. Informed doctor and ordered to restrain patient.

7:25 a.m. Patient received in restraints. Patient has sexual preoccupation. Patient airway clear, non-labored breathing and warm to touch...

8:00 a.m. Patient release from restraints.... [Patient debriefed].

10:26 a.m. Patient is very hard to redirect. Pt won't stay on bed. Pt is talking inappropriate (sic) to female staff. This writer don't feel safe sitting in the milieu....

12:45 p.m. Patient redirection failed. Patient combative with staff and other patients. Patient put in restraints.

4:45 p.m. Patient release from restraint.... [Patient debriefed].

8:56 p.m. Called security to redirect the patient back to bed. Gave his advisory warning.

9:45 p.m. Pt won't follow direction and called security to assist and control of situation.

9:52 p.m. Informed M.D. about aggressive behavior. Restrained with 4 point leather per M.D.

12:00 The patient was release from restraints [Patient debriefed].

The record contains three Restraint Orders. The first Restraint Order was completed on 4/03/15 at 5:28 a.m. and indicates that the locked wrist/restraint is ordered for no more than 4 hours for "Aggressive behavior" that threatens the safety of self and others. It notes that the recipient was personally examined to ensure that the restraints were necessary and that they did not pose an undue medical risk to the patient. A flow sheet that notes all 15-minute checks of the recipient is included in the record. The alternatives which were attempted before this order was executed were redirection, medication, time-out and close observation.

The second Restraint Order, completed on 4/03/15 at 12:45 p.m. indicates that the locked wrist/ankle restraint is ordered for no more than 4 hours for "Aggressive Behavior that threatens the safety of self" as well as others. It notes that the patient was personally examined to ensure that the restraints were necessary and that they did not pose an undue medical risk to the patient. A flow-sheet that notes all 15-minute checks of the recipient is included in the record. The alternatives which were attempted before this order was executed were redirection, medication, and close observation.

The third Restraint and Seclusion Order was completed on 4/03/15 at 9:52 p.m. and indicates that locked wrist/ankle restraint is ordered for no more than 4 hours for "Aggressive Behavior" that threatens the safety of the patient and others. It notes that the recipient was personally examined to ensure that the restraints were necessary and that they did not pose an undue medical risk to the patient. A flow-sheet that notes all 15-minute checks of the recipient is included in the record. The alternatives which were attempted before this order was executed were redirection, medication, one-to-one with staff, and close observation.

The record contains two Consents for Release of Information for Notification of Restriction of Rights forms for 4/03/15- one at 5:28 a.m. and one at 11:52 p.m. Both forms indicate that the recipient was administered emergency medication, was placed in restraints, was placed on one-to-one supervision, and full siderails were utilized. The forms also indicate that the recipient wanted no one notified of his restrictions and that he was given a copy of both forms.

The record contains the Observation/Restraint Flowsheets for each restraint episode. They indicate that the recipient was checked each 15 minutes for circulation, movement, and sensation, his pulse and respiration rates were checked each 2 hours, and he was offered toileting and meals.

The Medication Administration Record shows that on 4/03/15 at 4:14 a.m. the recipient received an injection of Haldol 5 mg and Lorazepam 2 mg. and Haldol 5 mg at 5:34 a.m. On 4/04/15 at 3:00 a.m. the recipient received an injection of Haldol 5 mg and Lorazepam 2 mg. The record shows that the recipient was offered and accepted all emergency medication and that the recipient preferences for emergency treatment were offered and utilized.

HOSPITAL REPRESENTATIVE RESPONSE

Hospital representatives were interviewed about the complaint. They indicated that the staff from the Behavioral Health Unit investigated the complaint and interviewed the staff from the Emergency Department. Staff who were present at the time of the event reported that the recipient, who was very psychotic at the time, was wandering from his bed and approaching female patients in their beds, making sexual comments. The recipient was redirected by staff and also by security who was present in the ED, however he would not remain in his bed and erupted into threats of aggression several times. Staff acknowledged that the descriptions describing “dangerousness” could have been more explicit in the notes. The staff from the Behavioral Health Unit then completed an inservice for the ED staff to discuss the use of forced emergency medication and its documentation in the clinical record. Staff were asked about the use of emergency medication and the statement in the record that the medication was “offered and accepted” by the recipient. Staff indicated that on the Behavioral Health Unit the recipient would be given information regarding the risks, benefits and alternatives to prescribed medication and an informed consent would be obtained, however the ED did not obtain the recipient’s consent for the medication because it is considered a “crisis intervention” and that the recipient signs for consent to treatment in general. Also, on the Behavioral Health Unit a separate form for Preferences for Emergency Treatment is completed by the recipient at admission, however in the ED the recipient is offered alternative interventions and if these are not effective, it is noted in the record and the process proceeds to more restrictive interventions.

Staff were interviewed about the Restriction of Rights Notices issued for this event. They indicated that the ED staff always issue Restriction of Rights Notices whenever the rights of recipients are restricted in any way. They indicated that whenever a physician’s order for restraint is printed, the Restriction of Rights Notice is automatically printed within a packet of forms required by the Mental Health Code. In this case, staff assured the HRA that Rights Notices were completed for each restraint event, even though the record is missing one Notice.

STATUTES

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment: "A recipient of services shall be provided with adequate and humane 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." Section 2-200 d states:

"Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall advise the recipient as to the circumstances under which the law permits the use of emergency forced medication under subsection (a) of Section 2-207, restraint under section 2-208, or seclusion under Section 2-109. At the same time, the facility shall inquire of the recipient which form of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record and communicated by the facility to the recipient's guardian or substitute decision maker, if any, and any other individual designated by the recipient. If any such circumstances subsequently do arise, the facility shall give due consideration to the preferences of the recipient regarding which form of intervention to use as communicated to the facility by the recipient or as stated in the recipient's advance directive."

The Mental Health Code describes the requirements for the administration of psychotropic medication and its refusal:

"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 [to prevent harm]...." (405 ILCS 5/2-102 a-5).

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).

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).

The Mental Health Code states that 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. In no event may

restraint continue for longer than 2 hours unless within that time a nurse with supervisory responsibilities or a physician confirms in writing that the restraint does not pose an undue risk to the recipient's health in light of their medical condition. Orders for restraint must include the events leading up to the need for restraint and the length of time the restraint will be employed, not to exceed 16 hours.

Restraint is to be employed in a humane and therapeutic manner and the person restrained must be observed by a qualified person as often as is clinically appropriate but no less than once every 15 minutes. The person must maintain a record of the observations. Unless there is an immediate danger that the recipient will physically harm himself or others, restraint must be loosely applied to permit freedom of movement. Also, the recipient must 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. Every facility that employs restraint shall provide training in the safe and humane application of each type of restraint used. Whenever restraint is used, a member of the facility staff will remain with the recipient at all times unless the recipient has been secluded. A person who has been restrained and secluded shall be observed by a qualified person as often as is clinically appropriate but in no event less than every 15 minutes. Whenever restraint is used, the recipient shall be advised of his right to have any person, including the Guardianship and Advocacy Commission or the agency designated pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act notified of the restraint.

HOSPITAL POLICY

St. Bernard Hospital provided the hospital policy and procedure related to Psychotropic Medications (#6-6006). The policy requires a physician's order for all medications and also the recipient's documented informed consent, which includes advice on possible alternative treatments and the risks, benefits, and possible consequences of these alternatives. The consent includes the physician's statement of the recipient's decisional capacity. An adult recipient may refuse medication, however if a recipient refuses oral medication but accepts an injection, this does not constitute refusal. The recipient's refusal of medication, staff action, and information given to the recipient must be documented. The policy states that medication will not be administered involuntarily "unless it is necessary to prevent the patient from causing serious harm to him/herself or others." The policy also states, "The statutory criterion 'causing serious harm to him/herself or others, does not specify that the harm be physical harm. If a patient's behavior is such that it seriously disrupts the milieu, this may constitute a 'necessity to prevent the patient from causing serious harm to him/herself or others' and medication may be given as clinically indicated even over the patient's refusal." The policy requires documentation giving the reasons for involuntary medication and requires a Restriction of Rights form.

St. Bernard Hospital provided policy and procedure related to Utilization of Human Restraint ((#6-1000-145). This policy states, "It is the policy of Saint Bernard Hospital that physical restraint shall be employed only in an emergency as a therapeutic measure to prevent a recipient from causing physical harm to himself/herself or physical abuse to others. Non-physical interventions are the first choice, unless safety issues demand immediate physical response. Restraint may only be applied by staff trained in the application of the particular type

to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint used as a convenience to staff.” Each use of restraint or seclusion requires a physician’s written order, and a progress note must accompany an order, detailing the events that led up to the need for the use of physical restraint. No restraint is ordered unless a physician or the charge nurse, after 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/herself or others. Under emergency circumstances, the temporary physical restraint of a recipient may be authorized by the charge nurse for a period of time not to exceed one hour in duration. In no event are restraints to be continued for longer than one hour unless within that time 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. Also, a physician face-to-face evaluation is required every 4 hours for recipients 18 years and older until the recipient’s behavior no longer endangers themselves or others.

St. Bernard restraint policy outlines the care of the recipient who is placed in restraints. It states that all patients placed in restraints will be searched for contraband before being placed in restraints. A staff member is to remain with the patient at all times while the recipient is in restraints, and the recipient must be observed by a qualified person as often as is clinically appropriate but no less than every 15 minutes, with pulse and respiration rates being assessed every two hours. The restrained recipient is to be offered fluids and toileting opportunities, and given the opportunity to move freely during each two hour period while awake, unless contraindicated.

St. Bernard restraint policy states that as early as feasible in the restraint and seclusion process, the individual is made aware of the rationale for the use of restraint and the behavioral criteria for discontinuation. Also, the recipient is to be advised of his/her right to have a person of his/her choosing, including Guardianship and Advocacy Commission, notified of this event. A “Notice Regarding Restriction of Rights” form is to be completed for each restraint episode.

CONCLUSION

The Physician Orders and Restriction of Rights forms for restraint and emergency medication in this case do not describe a situation where the recipient was an “imminent threat of physical harm.” The recollection of staff who were present at the time of the event in this case does suggest a threat of harm, however it was not described this way or supported in the clinical record. Also, the record is missing one Restriction of Rights Notice for the 12:45 p.m. event. Additionally, the record is unclear about the administration of medication: the medication can be prescribed as a scheduled medication, in which case an informed consent is necessary, or as an emergency intervention, to prevent harm. The record indicates that the recipient “was offered and accepted” all medication, so it follows that he would have been given information about his planned medication and then signed a consent, which he did not. And while he may have signed a general consent for treatment on admission to the ED, that consent did not cover specific requirements for capacity-based informed consent for psychotropic medications under the Code. The HRA substantiates the complaint that the facility restrained and administered forced emergency psychotropic medication in violation of the Mental Health Code.

RECOMMENDATIONS

1. Review with the ED staff the Mental Health Code requirement which states that recipients must be given the opportunity to refuse medication and if refused, it shall not be given unless it is necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available.
2. Remind staff to complete and issue a Restriction of Rights Notice whenever the rights of the recipient are restricted and enter this document into the clinical record.
3. Revise the hospital policy to comply with the Mental Health Code requirement for psychotropic medication that “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”.

SUGGESTIONS

1. Update the Notice Regarding Restriction of Rights of an Individual IL 462-2004D.
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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.

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

September 25, 2015

Ashley Casati, HRA Chairperson
Illinois Guardianship and Advocacy Commission
1200 S. 1st Ave, Box 7009
Hines, IL 60141

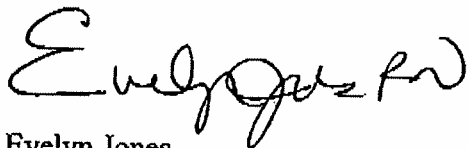
Dear Ms. Casati:

Enclosed you will find the Plan of Correction for report #15-030-9014, along with the updated policy related to Psychotropic medication (#6-6006) and the Revised Restriction of Rights Notice.

The Emergency Department staff has been educated on the above and a quality improvement has been developed to monitor compliance.

Should you have any questions please contact Evelyn Jones, RN, Vice President of Nursing at (773) 962-4075.

Sincerely,



Evelyn Jones
Vice President of Nursing



QUALITY IMPROVEMENT STATEMENT

As a facility that provides behavioral health programs and services, St. Bernard Hospital must comply with the requirements and standards set forth by the State of Illinois Mental Health Code. The following plan of corrections addresses the findings and recommendations sited in the Human Rights Authority of Illinois Guardianship and Advocacy report.

This effort should improve the patient outcome of the Behavior health patients

PLAN OF CORRECTIONS – REPORT 15-030-9014

RECOMMENDATION (OPPORTUNITY FOR IMPROVEMENT)	INDIVIDUAL (S) RESPONSIBLE	PLAN OF CORRECTION	COMPLETION DATE
<p>Review with the ED staff the Mental Health Code requirement which states that recipients must be given the opportunity to refuse medication and if refused, it shall not be given unless it is necessary to prevent the recipient from causing serious and imminent physician harm to the recipient or others and less restrictive alternate is available</p>	<p>Nurse Manger/ Assistant Nurse Manger of the ED</p>	<p>The ED staff has been in-serviced on the Mental Health code related to refusal of medication and the Updated Psychotropic Medication policy.</p>	<p>September 4, 2015</p>
<p>Remind the staff to complete and issue the Restriction of rights Notice whenever the rights of the recipient are restricted and enter this documentation into the clinical record.</p>	<p>Nurse Manger/ Assistant Nurse Manger of the ED</p>	<p>The Nursing staff was educated on the Updated Restriction of Rights Notice IL 462-2004D, and reminded to complete and issue the Restriction of Rights Notice whenever the rights of the recipient are restricted and place this document in the medical record.</p>	<p>September 4, 2015</p>

RECOMMENDATION (OPPORTUNITY FOR IMPROVEMENT)	INDIVIDUAL (S) RESPONSIBLE	PLAN OF CORRECTION	COMPLETION DATE
<p>Revise the hospital policy to comply with the Mental Health Code requirement for psychotropic medication that "If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious harm and imminent physical harm to the recipient or others and no less restrictive alternative is available.</p>	<p>The hospital policy related to Psychotropic Medication (#6-6006) has been revised to comply with the Mental Health Code requirement for psychotropic medication refusal.</p>	<p>See attached policy.</p>	<p>August 28, 2015</p>
<p>Update the Notice Regarding Restriction of Rights of an individual. IL. 462-2004D.</p>	<p>The Restriction of Rights of an individual Notice has been updated to meet the IL. 462-2004D.</p>	<p>The Nursing staff was educated on the Updated Restriction of Rights Notice IL 462-2004D, and reminded to complete and issue the Restriction of Rights Notice whenever the rights of the recipient are restricted and place this document in the medical record. See Attached Restriction of Rights Notice.</p>	<p>September 2, 2015</p>

**ST. BERNARD HOSPITAL AND HEALTH CARE CENTER
326 West 64th Street Chicago, Illinois 60621**

DEPARTMENTAL POLICY

DEPARTMENT: NURSING SERVICES - PSYCHIATRY

SUBJECT: PSYCHOTROPIC MEDICATIONS

Effective Date: 11/93

Review Date: 10/05; 10/97; 9/2000; 10/05; 9/09; 8/15;

Revised Date: 9/09; 5/14; 8/15

Page 1 of 3 **POLICY# 6-6006**

PURPOSE: To define who has the right to order and administer medication; To define the procedure wherein adult patients or parent / guardian of a minor patient have the right to refuse medication.

POLICY: All medications are ordered by a physician and may be administered only by a physician or nurse. A telephone order for medication is acceptable when received by a nurse and countersigned within 24 hours by the physician. Adult patients or the parent/guardian of a minor patient have the right to refuse medication.

- PROCEDURE:**
1. Medication is prescribed and administered as indicated by the clinical needs of the patient.
 2. The physician prescribing psychotropic medication will explain the risks and benefits of taking this medication to the patient. The physician will ask the patient for their consent to medicate, documenting agreement or refusal on the Psychotropic Medication Consent Form.

SUBJECT: PSYCHOTROPIC MEDICATIONS
PAGE 2 OF 3

- The physician will also determine and document whether the patient has the capacity to make decisions about his/her healthcare on the Psychotropic Medication Consent Form.
3. A Registered Nurse will provide a patient who has been newly prescribed psychotropic medications, with medication monographs. The nurse will also review each monograph with the patient. Both the patient and the nurse will record their signatures on the top page of each monograph, as evidence that this process has occurred. A duplicate set of the signed monographs will be placed in the patient's chart.
 4. An adult patient (18 years of age or older) or his/her parent / guardian, if the patient is a minor, may refuse medication.
 5. If the patient refuses oral medication, but willingly accepts IM medication, this does not constitute refusal.
 6. The attending Psychiatrist must advise the patient or parent / guardian of alternative treatments available, if any, and also of the risks and benefits of each alternative.
 7. The patient, or parent / guardian must also be informed of the possible consequences, if any (including the possibility of discharge or transfer), for the patient who refuses medication.
 8. The patient's refusal of medication, staff action, and information given to the patient must be documented.

SUBJECT: PSYCHOTROPIC MEDICATIONS
PAGE 3 OF 3

9. Treatment by medication of the involuntary patient may be initiated upon completion of one certificate.
10. The patient must be informed of his/her right to refuse medication. If such services are refused, medication shall not be given involuntarily unless it is necessary to prevent the patient from causing serious and imminent physical harm to him/herself or others and no, less restrictive alternate is available. Then and only then medication may be given as clinically indicated even over the patient's refusal.
11. The involuntary medicating of a patient and reasons for doing so shall be documented in the chart and a Restriction of Rights Form completed and given to the patient and other designated recipients.

Director of Nursing

Vice President of Nursing

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER 326 WEST 64TH ST, CHICAGO, IL 60621

NOTICE REGARDING RESTRICTION OF RIGHTS OF AN INDIVIDUAL

Regarding (Name): _____ Identification Number: _____ who is receiving services at _____ on _____ at _____ O A.M. O P.M certain rights of the above named individual were restricted as follows:

Restriction Information

Reason for Restriction

- Emergency use of exclusionary time out
Physical holding restraint
Restraint device applied
Transport procedure/device used
Chemical restraint administered

Due to: _____
Due to: _____
Due to: _____
Due to: _____
Due to: _____

Medication: _____ Dosage: _____ Route of administration: _____

- Movement/freedom of access

Due to: _____

Specify: _____ on _____ Restriction expires at: _____ O A.M. O P.M

- Restriction from Visitors Telephone

Due to: _____

- Personal Possessions Mail

Other specify: _____ on _____ Restriction expires at: _____ O A.M. O P.M

- Searches of Person Room

Due to: _____

- Other restrictions not listed

Due to: _____

specify: _____

Certifications

I certify that on _____ I, _____ informed the individual served, as clearly as possible, regarding the reason for his/her restriction of rights.

I also: provided a copy of this notice to the individual attempted to provide a copy of this notice to the individual, but he/she did not accept

I certify that on _____ I, _____ mailed a copy of this notice to

- His/Her guardian of person or parent of person under 18 years of age each of the following entities required to receive this notice.
Person designated by Individual
Other person Specify relationship:
Representative of the Guardianship and Advocacy Commission

Name: _____
Address: _____
Name: _____
Address: _____
Name: _____
Address: _____

I certify this notice has been placed in the individual's record.

Signature and Title of Employee Completing Notice: _____ Date: _____