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**FOR IMMEDIATE RELEASE**

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HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 15-050-9009  
ST. JOHN'S HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of the care provided to an adult patient within St. John's behavioral health program in Springfield. Allegations were that the patient was detained and admitted without cause and authority and that documents contained false information, which, if substantiated, would violate rights protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

An affiliate of the Hospital Sisters Health System, St. John's behavioral health program has fifteen beds and currently treats older adults only. Southern Illinois University School of Medicine provides the program's psychiatrists. The matter was discussed with staff involved in this patient's care and their attorneys. Relevant policies were reviewed as were sections of the patient's record with proper authorization.

The complaint states in summary that the patient was kept at the hospital involuntarily on two occasions. There were reportedly no authorizing documents to do that and if any were created they would not have been based on accurate, truthful observations.

Two of four admissions will be reviewed here: May and July 2014, both involuntary.

FINDINGS

Interviews

Staff explained that admissions can come through the emergency department or by transfer from another facility as in these cases. Petitions and certificates are first reviewed by a charge nurse and a physician who approves admission before a patient arrives. The charge nurse reviews all documents and paperwork with the patient on arrival and covers all applicable rights,

property handling and unit information which are included in an admissions packet. Recipient rights are covered within minutes of sharing admittee rights from the petition. Patients are asked at the same time whether they wish to designate anyone to help with treatment planning and are allowed at least two phone calls upon involuntary admission. It was added that all patients are allowed phone calls regardless of status. All of this information is covered verbally and patients are asked if they understand or have any questions. No one recalled this patient having any questions, misunderstandings or confusion.

The attending psychiatrist agreed that petitions and first certificates usually come with the patient on transfer. He completes a second certificate if suitable for involuntary admission and then files it in court promptly; right away if on a weekday or the immediate Monday if not. He said he advises patients of their rights whenever certifying, including a statement of what the exam is for, that the patient does not have to talk to him and that what is said may be used in a hearing. He always conducts certification exams face-to-face and bases determinations on his and medical students' observations, all of which he said was the case for both of these admissions. He also did not recall the patient having questions or misunderstandings. He said that in both instances she was in dangerous circumstances and had no insight to her illness, which would be reflected in the petitions and certificates or any dictated assessments.

It was pointed out that two petitions were in the July admission record: both from the transferring hospital, but the second one completed a day after the patient's detention started was filed. The staff were uncertain as to whether they required the second petition here or whether their own policy calls for updated or reassessed petitions whenever filing times are exceeded as patients await transfer. They offered however that the state's attorney's office has advised them in the past not to file expired documents. We followed up with the assistant state's attorney on the mental health call who denied the claim, insofar as petitions are concerned.

## Record reviews

May 2014

According to a petition in this record a mental health worker wrote at 12:45 a.m. on Thursday, the 22<sup>nd</sup> that the patient displayed paranoid ideations and delusions, said someone was possessed and that she needed to provide protection "by any means". The attached certificate done an hour later included an emergency department physician's personal observation of similar delusions and a rapid change of topics. The physician declared by signature of having advised appropriate rights before the exam occurred.

The petition and first certificate accompanied the patient to St. John's where she was admitted involuntarily around 8:00 p.m. that night. A nurse verified by signature at 8:05 p.m. of giving her a copy of the petition and covering the rights listed within. A rights of recipients form was signed by another nurse and the patient on the 22<sup>nd</sup> as well although a time was not included. Signatures claimed that the rights had been explained and that a copy was provided. A second certificate was completed by the attending psychiatrist at 11:10 a.m. on the 23<sup>rd</sup> (showing in error the 22<sup>nd</sup>.) He declared by signature that he advised rights before starting the exam, and based his opinion on clinical observations and factual information, including the presentation of manic

symptoms, psychosis and grandiose delusions. The petition, both certificates and proof of service were filed at 1:24 that afternoon.

Documentation surrounding the admission supports the petition and certificate information. Nursing records from the transferring emergency department and nursing assessments on admission describe the patient's dramatic mood changes, rambling and rapid speech, difficulty in focusing and bizarre statements and delusions. Entries immediately following admission referenced how she was pleasant and cooperative nevertheless and that she expressed understanding when her petition and all of her rights were explained to her.

July 2014

According to this record a mental health worker petitioned at 11:30 p.m. on Tuesday, the 29<sup>th</sup> for involuntary admission because the patient was observed putting a necklace in her genitalia. She reported to have Jesus' blood on her and was unable to sleep or carry on conversation. The remaining admission portion of the petition was not completed. An attached certificate done fifteen minutes later included an emergency department physician's personal observations of the same behavior. He added that she had religious delusions and could not care for herself. This physician also declared by signature of having advised appropriate rights before the exam occurred. A second petition was completed by a mental health worker at 11:10 a.m. on the 31<sup>st</sup>, while the patient was still awaiting transfer from the emergency department. Much of the same reasons for involuntary admission were made but it also mentioned how she paced and sang for hours on end. The attached certificate for this one, done eighteen minutes later, included an emergency department physician's personal observations; he noted how she attempted to flee, refused to keep her clothes on and said that God wanted her to kill herself.

Both petitions and certificates accompanied the patient to St. John's where she was admitted involuntarily at 9:52 p.m. on the 31<sup>st</sup>. A nurse signed the admission portion of the petition at the same time, verifying that she provided a copy and covered the rights within. A recipient rights form was signed by the same nurse and the patient about an hour later, both indicating that the information was shared and that a copy was given. The attending psychiatrist completed a third certificate at 10:00 a.m. on the following morning, Aug. 1<sup>st</sup>. He verified by signature again that the patient's rights were explained before the exam and he based his opinions on observations and factual information, including that he found her unstable, refusing to go home with her parents. The second petition, along with the second and third certificates and proof of service, was filed at 1:38 p.m. that afternoon.

There is supportive charting in this record as well. A July 29 Uniform Screening and Referral Form sent from the transferring hospital noted the patient's pressured speech, that she was talking loudly and in circles and was unable to focus. She continually paced and expressed religious preoccupation. The author signed as having observed these behaviors personally and concluded the form by listing contact with five hospitals, each without available beds. The same author returned on the 31<sup>st</sup> to rescreen. She observed nothing different and agreed with a physician to continue pursuing hospitalization. Nursing notes on admission at St. John's described the patient as oriented and cooperative, but in denial, refusing to go home to her family. All of her rights were explained to her.

## CONCLUSION

A St. John's admissions packet for psychiatric patients contains, among others, a recipient rights form, a crisis contact card, authorizations to release information, a list of behavior control strategies and information on advanced directives. It also has a pamphlet that addresses all aspects of care and various policies and responsibilities. Patient advocate and outside agency numbers are listed to report complaints.

Behavior Health Program policies instruct emergency department and unit personnel on the timely completion of legal documents for involuntary admissions pursuant to the Mental Health Code. They call for the completion of petitions and certificates and the advisement of all applicable patient rights, including education on the legal process they face. Original petitions, certificates and proof of services are filed with the circuit clerk within twenty-four hours of admission, excluding weekends and holidays. (Directives 6211-11 and 6211-12).

A person may be admitted as an inpatient to a mental health facility solely under the Mental Health Code. (405 ILCS 5/3-200).

*When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition.... The petition shall include...: A detailed statement of the reason for the assertion...including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.*

*Knowingly making a material false statement in the petition is a Class A misdemeanor. (405 ILCS 5/3-601).*

Petitions were completed at the transferring hospital for involuntary admissions in May and July, each with an evaluator's assertion that the patient was appropriate for hospitalization based on personal observations of signs and symptoms of mental illness, including those that were potentially harmful. The evaluator signed each proclaiming that the statements were true to the best of her knowledge and that false statements have legal consequences.

*The petition shall be accompanied by a certificate...which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, psychiatrist, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain...clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208. (405 ILCS 5/3-602).*

*Whenever a petition has been executed...and prior to this examination for the purpose of certification... the person conducting this examination shall inform the person being examined in*

*a simple comprehensible manner of the purpose of the examination; that he does not have to talk to the examiner; and that any statements he makes may be disclosed at a court hearing on the issue of whether he is subject to involuntary admission. .... (405 ILCS 5/3-208).*

*As soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after admission...the respondent shall be examined by a psychiatrist. .... If, as a result of this second examination, a certificate is executed, the certificate shall be promptly filed with the court. .... If the respondent is not examined or if the psychiatrist, physician, clinical psychologist, or qualified examiner does not execute a certificate pursuant to Section 3-602, the respondent shall be released forthwith. (405 ILCS 5/3-610).*

*Every petition, certificate and proof of service required by this Chapter shall be executed under penalty of perjury as though under oath or affirmation.... (405 ILCS 5/3-203).*

Emergency department physicians and the attending psychiatrist completed timely and thorough certificates to accompany each petition for the May and July admissions. They included their clinical observations and factual information in diagnosing illness and the need for hospitalization, and verified by signature on each that they personally conducted the evaluations and advised the patient of her rights beforehand.

*Within 12 hours after his admission, the respondent shall be given a copy of the petition and a statement as provided in Section 3-206 [the right to contact Guardianship and Advocacy]. .... The respondent shall be allowed to complete no less than 2 telephone calls at the time of his admission to such persons as he chooses. (405 ILCS 5/3-609).*

*Within 12 hours after the admission of a person to a mental health facility under Article VI...the facility director shall give the person a copy of the petition and a clear and concise written statement explaining the person's legal status and his right to counsel and to a court hearing. .... (405 ILCS 5/3-205). Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient...shall be informed orally and in writing of the rights guaranteed by this Chapter.... (405 ILCS 5/2-200).*

*Within 24 hours, excluding Saturdays, Sundays and holidays, after the respondent's admission under this Article, the facility director of the facility shall file 2 copies of the petition, the first certificate, and proof of service of the petition and statement of rights upon the respondent with the court in the county in which the facility is located. Upon completion of the second certificate, the facility director shall promptly file it with the court and provide a copy to the respondent. (405 ILCS 5/3-611).*

Signed documentation verified in both cases that the patient was given copies of two petitions within twelve hours of admission. There was also signed documentation from nursing staff and the patient that the rights of an involuntary admittee along with recipient rights in general were covered verbally and in writing; she clearly had opportunity to question what was happening or contact advocates for assistance if she needed. Petitions, certificates and proof of services were filed timely in each case as well, but the problem lies in the fact that the first, initiating petition from July 29 was not filed at all nor given to the patient after admission as

required under 5/2-601, 5/2-609 and 5/2-611; a second, unnecessary petition from July 31 was filed instead. The initial petition starts the involuntary process, not one from a day or more later, and here the court was not alerted to when this patient's journey actually started. Although there is compelling evidence of the patient's need for immediate, involuntary hospitalization, the filing error constitutes a substantiated rights violation.

### RECOMMENDATIONS

File initial petitions for involuntary admission (405 ILCS 5/3-600 et seq.).

Complete initial petitions and provide copies to the patient (405 ILCS 5/3-205; 3-609).

Stop any potential practice of requiring emergency departments or other transferring facilities to renew, update or reassess petitions beyond the initial one.

Visit policies, appropriate staff and psychiatric response teams to make clarifications on filing petitions.

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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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HUGH J. GRAHAM, III, Retired

June 26, 2015

James Bakunas, Chair Pro Tem  
Human Rights Authority  
Illinois Guardianship and Advocacy Commission  
401 South Spring Street  
521 Stratton Building  
Springfield, Illinois 62706

Re: Guardianship & Advocacy Commission  
Tawanda Berkley  
#15-050-9009  
G & G File No. M-13277

Dear Mr. Bakunas:

St. John's Hospital responds to the recommendations from the Authority as follows:

Although St. John's Hospital understands the Human Rights Authority's position regarding the definition of "admission", St. John's Hospital respectfully questions the Authority's statutory interpretation.

The statutory requirements and obligations cited in the Findings are all triggered by "admission" to a psychiatric facility. As indicated in a recent Appellate Court Decision, admission to the hospital may not be the same as admission to the may psychiatric area (psychiatric facility).

As indicated in the Authority's Findings, the subject petitions upon admission to the psychiatric unit were provided to the Respondent.

The authority makes a finding that a portion of the initial July 29<sup>th</sup> petition was "not completed". St. John's Hospital has no control over petitions and certificates completed at referring facilities (which this July 29<sup>th</sup> petition and certificate were).

In specific response to the recommendations, St. John's Hospital will continue to file with the Court Petitions for Involuntary Admission in accordance with the Mental Health Code.



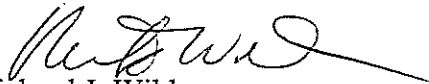
For petitions prepared at St. John's Hospital, the Hospital will complete the Petitions and provide copies to the patient again in accordance with the Mental Health Code.

St. John's Hospital does not currently have a current practice of "requiring emergency departments or other transferring facilities to renew, update or reassess petitions beyond the initial one". St. John's Hospital will use its best efforts to coordinate with referring facilities the appropriate completion of petitions and certificates pursuant to the Mental Health Code.

St. John's will as a matter of continuing education discuss with its staff and response teams, and evaluate policies and procedures regarding compliance with the Mental Health Code.

Thank you for your attention to this matter.

Sincerely yours,



Richard J. Wilderson

RJW/rsw  
cc: Randy Obert  
Amy Bulpitt  
Jill Crum

GUARDIANSHIP & ADVOCACY COMMISSION

Dr. Mary L. Milano, Director

HUMAN RIGHTS AUTHORITY  
LEGAL ADVOCACY SERVICE  
OFFICE OF STATE GUARDIAN



July 2, 2015

Richard J. Wilderson  
Graham & Graham, LTD.  
1201 South Eighth St.  
Springfield, Illinois 62703

Re: #15-050-9009 St. John's Hospital

Dear Mr. Wilderson:

Thank you for responding to our findings at St. John's. After careful consideration the HRA has decided that the response does not adequately address the Commission's concerns and recommendations. As you requested, your initial response will be attached to any public record, however the case remains open.

Statutory interpretations as outlined in the report are exact and the recent Appellate Court Decision you appear to rely on offers nothing similar or supportive to this case; there were no medical or admission complications as in that patient's delay reaching a psychiatric facility. Instead, your client's patient underwent psychiatric evaluation in a transferring facility's emergency department where a petition was appropriately prepared to trigger the involuntary process toward her July transfer and admission at St. John's behavioral health unit (405 ILCS 5/3-601). A second, unnecessary petition also followed her, and it was this petition that St. John's filed along with two certificates after admission; the detaining first petition was not filed (405 ILCS 5/3-601, 3-602, 3-610 and 3-611).

Further, St. John's does in fact have responsibility for petitions from referring facilities when these are the petitions it files with the court. As a result, it must comply with the statutory mandate to complete them within twelve hours of admission, which was not the case with the detaining first petition (405 ILCS 5/3-205 and 3-609). Simply using a petition that fits St. John's admission timeframe without consideration for the amount of time a patient has already been detained at another facility (as evidenced by the initial petition that accompanied the patient to St. John's) does not comply with Mental Health Code mandates.



Two recommendations remain unaddressed:

1. File initial petitions for involuntary admissions (405 ILCS 5/3-600 et seq.).
2. Complete initial petitions and provide copies to patients (405 ILCS 5/3-205 and 3-609).

We appreciate the attention you and the staff at St. John's are giving to such important matters. We look forward to your response within thirty days and working with you to further protect patient rights. Please reach our Administrator, Jon Burnet, if you have any questions or concerns.

Sincerely,

James Bakunas, Vice Chair  
Human Rights Authority,  
Springfield Region

c: Charles Lucore, M.D.  
Teresa Parks, HRA Director

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July 23, 2015

James Bakunas, Vice Chair  
Human Rights Authority  
Springfield Region Guardianship & Advocacy Commission  
401 South Spring Street  
521 Stratton Building  
Springfield, Illinois 62706

Re: #15-050-9009  
Our Client: St. John's Hospital  
G & G File No. M-13277

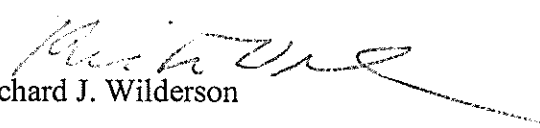
Dear Mr. Bakunas:

In light of your July 2, 2015, letter we have again reviewed my June 26, 2015, letter to you and have discussed this matter with Hospital Representatives. Your letter suggested that two of your recommendations remain unaddressed, however, it was our intent to have responded to those in my earlier letter to you.

For clarification, however, this is advised that St. John's Hospital will file initial petitions for involuntary admissions and will complete any necessary initial petitions and provide copies to patients as recommended.

St. John's Hospital continues to provide quality geriatric psychiatric care to its patients. Thank you for your input regarding these matters.

Sincerely yours,

  
Richard J. Wilderson

RJW/cmb  
cc: Randy Obert  
Amy Bulpitt  
Jill Crum