



FOR IMMEDIATE RELEASE

**HUMAN RIGHTS AUTHORITY METRO EAST REGION
HRA CASE # 15-070-9013
ALTON MENTAL HEALTH CENTER**

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations in the care provided to an inpatient at Alton Mental Health Center located in Alton, Illinois. The allegation is as follows:

1. Facility recipients do not receive adequate diets and the facility complaint process is inadequate.

If substantiated, the allegations would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and regulations that govern hospital settings (77 Illinois Administrative Code 250).

Alton Mental Health Center is a medium security state-operated mental health center that serves approximately 110 individuals from across the state in its forensics program and approximately 10 individuals in its civil program. Individuals receiving civil services are primarily from Randolph, Greene, Bond, Madison, and St. Clair Counties.

To investigate the allegations, these matters were discussed with staff involved in this patient's care. Relevant policies were reviewed as was the Mental Health and Developmental Disabilities Code and the Illinois Administrative Code. The Illinois Administrative Code is enforceable in state-operated facilities when violations involve recipients receiving Medicare services.

COMPLAINT SUMMARY

The allegation states that there are too many trans fats on the menu being served at every meal and complaints about healthy menus generate a statement that "no action will be taken."

The HRA was unable to secure a release to review the record. This case is strictly examining the policies, procedures, and practices at Alton Mental Health Center to ensure compliance with the Mental Health and Developmental Disabilities Code and the Administrative Code.

FINDINGS

Allegation: Facility recipients do not receive adequate diets and the facility complaint process is inadequate.

Policy: In the Alton Mental Health Center Policy/Procedure: Menu Planning it states, "It is the policy of Alton Mental Health Center (AMHC) to assure that nutrition care service meets the patients' basic nutritional needs and provides for therapeutic diets. Nutrition care practices are standardized throughout the organization."

It is also documented in the Policy/Procedure: Menu Planning that the staff responsible for the recipient diets is the Dietary Manager (Registered, Licensed Dietitian). "The facility

menu consists of seasonal menu cycles. Each cycle is a three or six week plan. The menus are prepared utilizing the guidelines of the National Research Council. Foremost in planning is variety and demonstrated patient food preferences. Cultural and ethnic food preferences are also considered. Meals are planned and served in an aesthetically pleasing manner. Patient's input is sought in meal planning."

Certain guidelines are utilized in the preparation of the regular diet as stated in the Policy/Procedure: Menu Planning:

- a. Milk is served twice daily.
- b. Eggs may be served at breakfast.
- c. A minimum of 6 ounces of meat or protein source is served daily. Protein sources used include eggs, beef, pork, chicken, turkey, fish, cheese, and beans.
- d. Variety is essential with no main entrée at lunch or dinner being repeated during the three week cycle.
- e. A minimum of 5 servings from the fruit/vegetable group are served daily.
- f. A heart healthy diet generally provides around 2000-2200 calories.
- g. Attempts are made to provide lower fat and sodium items, few foods are fried, and added fats are kept to a minimum.
- h. The "Heart Healthy" diet is planned to minimize revisions necessary for therapeutic diets.
- i. Salt substitute is not routinely available other than by physician's orders.
- j. Grapefruit juice and grapefruit is not routinely available.

It is also documented in the Policy/Procedure: Menu Planning, "Therapeutic diets included on the menu cycle are as ordered by the physician."

According to the Alton Mental Health Center Policy/Procedure: Diet Orders – Regular and Therapeutic diets: "Each patient is prescribed an individualized diet. A patient may be prescribed a regular diet or may be prescribed a therapeutic diet based on their individual medical needs. All patients within the facility will have a diet order, including those that are NPO (nothing by mouth)."

According to the Alton Mental Health Center Policy/Procedure: Consumer Concerns/Complaints, Reporting and Resolving, it states that, "It is the policy of the Alton Mental Health Center (AMHC) that patients, families, significant others, and other interested parties have open recourse and opportunity to identify and resolve concerns and complaints regarding treatment, other services, or conditions at AMHC. It is the policy of AMHC to review complaints and suggestions from patients, their families, and friends to improve services and treatment".

According to the Alton Mental Health Center Policy/Procedure: Consumer Concerns/Complaints: Reporting and Resolving, the complaint process includes the following:

1. The Consumer Concern/Complaint Form is to be included in the patient handbook, and the concerns/complaint process will be explained to the patient as a part of the admission process. In addition, the process and a form will be included in the AMHC Visitor's Handbook. The facility will inform all patients, guardians, and the public how to report concerns/complaints and the process of resolution.

2. A concern/complaint can be filed by a patient, a family member, the guardian, or by an interested party. Any clinical staff member may assist the patient (or any of the aforementioned individuals) in formulating the complaint, and subsequently documenting it on the AMHC Consumer Concern/Complaint Form.
3. Any Complaint alleging any of the following will be reported to OIG following established reporting protocol which includes reporting to the Security Department and subsequent referral to the Office of the Inspector General:
 - a. Any physical or mental abuse or neglect;
 - b. Verbal abuse by staff; or
 - c. Any sexual abuse
4. For non-OIG consumer concerns/complaints, these are the levels of resolution:
 - a. Staff receiving concerns/complaints on the unit will attempt to satisfactorily resolve the complaint at the unit level, with the involvement of the treatment team or through the community meeting
 - b. Concerns/complaints on the unit not resolved within 7 days of receipt can be submitted in writing or forwarded if already in writing to the Clinical Director's Office.
 - c. The Clinical Director's Office will send the complaint to the person (s), department, or the committee in the organization that can best resolve the concern/complaint. The receiving individual (s) has 7 working days from receipt to resolve the issue. The action (s) taken, as well as the resolution or lack thereof, will be documented on the complaint form and shared with the complainant. The original completed complaint form will be sent to/maintained by the Clinical Director's Office.
 - d. Unresolved concerns/complaints will be referred to the Hospital Administrator/Designee who has the ultimate responsibility for resolving the concern/complaint. If the issue cannot be resolved, the Hospital Administrator/Designee will see to it that the complainant is informed.
 - e. Should the patient be discharged prior to resolution, the facility will inform the complainant by mail of the outcome of the process.
 - f. Trends of concerns/complaints and specific relevant systemic issues are reviewed at daily afternoon Leadership meetings.

In a review of the Center's Patient Handbook, the HRA found that the complaint process was described in the handbook and a copy of the complaint form was also included.

Statute: Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) states that: "(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.”

Pursuant to the Administrative Code (77 Ill. Admin. Code 250.1610), “There shall be an organized department of dietetics, and a well defined plan of operation designed to meet the needs of the patients whether the services are centralized, decentralized or provided under contractual agreement.”

Section 250.1610 of the Administrative Code states that “Planning menus for all general and therapeutic diets [be] in accordance with the current recommended Daily Dietary Allowances of the Food and Nutrition Board, National Research Council, and in accordance with the principles of good dietetic management.”

Section 250.1610 of the Administrative Code addresses “Administering all the nutritional aspects of patient care including, but not necessarily limited to:

- A.) taking nutrition histories and recording in patients' medical charts;
- B.) interviewing patients regarding food habits;
- C.) giving diet counseling to patients and their families; encouraging patient participation in planning their own diets;
- D.) participating in appropriate ward rounds and conferences, or by other methods; sharing specialized knowledge with medical and nursing staffs and other appropriate interdisciplinary team members involved in the care of the patient;
- E.) consulting with patient care team(s).”

Finally, the Administrative Code (77 Ill. Admin. Code 250.1630) requires that “Menus shall be planned, and followed, to meet the nutritional needs of patients in accordance with physicians' orders and, to the extent medically possible, in accordance with the current recommended Dietary Allowances established by the Food and Nutrition Board, National Research Council. When changes in the current day's menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu.”

Interviews:

A site visit was completed on June 23, 2015 by a team from the Metro East HRA. The HRA team met with the dietitian, business manager, and the kitchen manager. In the site visit meeting it was discussed that there indeed are Trans fats in the menu, but the guidelines for developing the menu are from the Liberalized Diet Policy. The diet supplied by the menu is a heart healthy diet with a range of 2000 to 2200 calories; however, alternative diets are available if there is a related condition that calls for a specific diet. Recipient’s dietary needs are reassessed annually or upon request. It was also discussed in the site investigation that the menu changes every 6 months.

Since the HRA allegation was anonymously filed, the HRA could not determine if a complaint regarding the issue was reported and addressed. However, the grievance process was discussed with staff who indicated that a complaint on the matter was not filed with the facility.

CONCLUSION

Based on the available information obtained in the policies, interviews, and the statute, the HRA concludes that the policies are in compliance with the requirements of the Mental Health and Administrative Codes. Policies are in place to address patient nutritional needs and the policy references the National Research Council guidelines consistent with Illinois Administrative Code requirements. The Center has a grievance/complaint process in place and that process is included in the patient handbook. Therefore the allegation that the recipients receive inadequate diets, and the facility's complaint process is inadequate is **unsubstantiated**.

SUGGESTIONS

1. Continue to seek input from recipients about meals and menu options while also addressing individual concerns as they arise.
2. Involve dietary staff in addressing menu/meal concerns.
3. Link recipients with dietary staff for addressing individual concerns as much as possible.