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**FOR IMMEDIATE RELEASE**

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**Egyptian Regional Human Rights Authority  
Report of Findings  
15-110-9005  
Chester Mental Health Center**

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Chester Mental Health Center:

- 1. Inadequate treatment due to a recipient not seeing a therapist for 2-3 months, emergency preferences not being followed and a recipient was not allowed to attend rehabilitation classes due to refusing to take medication.**
- 2. Restriction of rights forms were not given when property was restricted.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2 et al.), and Chester policies.

Chester Mental Health Center is a state-operated mental health facility serving approximately 240 recipients; it is considered the most secure and restrictive state-operated mental health facility in the state.

To investigate the allegations, the HRA interviewed the recipient, reviewed the recipient's record with consent, and examined pertinent policies and mandates.

**I. Interviews:**

Recipient: The HRA met with the recipient in late August, 2014. According to the recipient, he was restricted from attending class around 8/15/14 for refusing to take a mood stabilizer medication which he stated is taken only for migraine headaches. He stated that no restriction of rights form was given to him for the class restriction.

Another concern was that staff had come into his room and taken some paperwork that he said was research he had done relating to his legal case. He also stated that the unit manager had "gave orders" for excessive papers to be thrown away which also included telephone numbers for family and his attorney, magazines and articles that he had been saving for 5 years and papers he was supposed to send to the FBI. The recipient also stated that staff refused to give him his radio, headphones, drinking cup, bible and bible reference and no restriction of rights forms were issued for these items. He stated he had contacted the human rights committee at Chester but stated that "it is only a merry go round that never stops." When asked if he had discussed his

class and property restrictions with his therapist or treatment team, he stated that he had not seen a therapist in 2-3 months.

The HRA also questioned administrative staff at Chester regarding policies relating to how often a patient is required to see his therapist when undergoing treatment at the facility. The HRA was told that there is not currently a policy which addresses how often a patient should meet with his therapist. The treatment team decides that based on each individual patient's needs. However, the HRA was also informed that Chester is in the process of adopting the Center for Medicare and Medicaid Services (CMMS) required timeframe that most other hospitals follow. Previously, Chester did not have this policy because they are not CMMS certified and were not bound to those requirements so it has always been based on individual patient needs. Chester is, however, going to move toward the CMMS requirements by choice and once those requirements are put into place, the schedule would be as follows: a minimum of once per week meetings with the therapist for the first eight weeks and then once per month after that until discharge.

The final concern voiced by the recipient was that on 8/21/14 he was given an emergency enforced medication because his PRN [as needed] medication had already been given and he could not have more of the same.

## **II. Clinical Chart Review**

The HRA reviewed the "designation of emergency preference and notification" dated 8/20/13 (admission date) and it listed the following preferred order of intervention: 1 Emergency Medication 2 Seclusion 3 Restraint.

- A. Treatment Plan Reviews (TPRs): TPRs for June through September, 2014 were reviewed. All TPRs listed the same emergency preference as noted above on the admission form. A 6/8/14 Interim Treatment Plan was held due to the recipient entering and exiting classrooms in education without permission. When verbal redirection was attempted, the recipient raised his fist towards the teacher and he was placed in a physical hold and was escorted back to his living unit. He was "held from Rehab/Education department for next two weeks" as a result of his actions. The 6/18/14 TPR documented in the *Response to Medication* section that the therapist indicated that the recipient was "really putting a lot of effort to do better." It also noted from the activity therapist that the recipient participated in 10 activities and attends the treatment mall on a regular basis. The vocational instructors stated that he attended 100% of Administrative Support and Information Processing, Horticulture, Homemaking, Music Appreciation and Adult living classes. Art Therapy class noted a 25% attendance. There was one instance of medication refusal reported. The HRA found no guidelines in the TPR indicating how often the recipient should see his therapist, however, the therapist indicated in the TPR that he was seen for substance abuse by stating "patient continues to deny any correlations between his use of substances and negative events in his life. Patient is extremely adept at avoiding those issues which require reflection and introspection."

The 7/16/14 TPR documented behavioral decompensation of the recipient. In the *discussion section* of the TPR it was stated that the recipient's overall behavior had been "very problematic" and noted that the recipient had been "verbally abusive, physically threatening and oppositional" and stated that he "managed to acquire 8 BDR's [behavioral data report] for a variety of infractions which range from medication refusal to the throwing of water on a female STA I as she performed her duties. In between the patient found time to bully others, threaten staff and not follow established module rules. Through it all the patient failed to develop insight into how his actions have landed him into this situation. The key behavioral trigger was the patient's asking for a decreased amount of medication. Prior to the second medication decrease, the patient's overall behavior was good..." The *response to medication* section stated that "patient manifested a setback during this reporting period. He had previously asked that his Topiramate medication be reduced in dose as his false and stubborn perception that it was mainly for his migraine without taking into account a dose provided that it has also helped stabilize his mood. There was noticeable change in his mood and general disposition. Moreover, he recently needed advice and currently is showing signs of reverting back to his previous behaviors." The TPR noted a decrease in Topiramate from 150 mg to 75 mg and Clonazepam increase from 1 mg to 1.5 mg. The substance abuse goal noted verbatim from the therapist what the June TPR stated. The vocational section stated verbatim what the June TPR stated with the exception of one class in which it was stated that there was no report that review period. On 8/11/14 another Interim Treatment Plan meeting was held due to the recipient attacking a peer in the restroom for cutting in front of him in line to use the restroom. The recipient was placed in a physical hold and escorted back to his unit. As a result of his actions, he was placed on red level and "will not be attending vocational rehab."

The 8/13/14 TPR noted a continued decompensation behaviorally documenting an instance when he was placed in full leather restraints for fighting with a peer, informing staff he was not going to listen to them anymore, declining PRN medication and stating that when he is "levied the consequences of his actions, becomes more avoidant of personal responsibility." The Topiramate medication is listed at 50 mg and Gabapentin 100 mg was added. In the *Response to Medication* section it stated "patient has been displaying an up and down course as he would resort to inappropriate and childish ways of resolving issues often when he does not get his way, and would try to manipulate his environment to gratify his needs. He again went into a period of refusing his meals. He did ask to be given additional medication to 'help deal with my anger problems.' Gabapentin was added after being counseled about its benefits and side effects." The therapist's notes in this TPR stated verbatim what the previous TPRs had stated. The vocational instructors reported 100% attendance in Art Therapy; Administrative Support and Information Processing and Music Appreciation classes; 71% attendance in Horticulture; 93% in Homemaking; and 75% in Adult Living.

The 9/10/14 TPR documented that the recipient had displayed verbal aggression toward staff and had destroyed property due to the recipient being found in another patient's room and placed on red level. He had made a threat towards the unit manager stating "If I don't get what I want then she will see what will happen." Another threat towards the

therapist was documented in which the patient stated “I will punch her in the jaw next time I see her.” It was noted that he refused medication “multiple times” and later it was documented he refused “at least 12 times”. He had also taken a battery out of the day room clock and “claimed to flush it.” It was also noted that he attempted to damage three sinks on the module and that staff found a hole in his ceiling toward the end of the month to which he stated he was “trying to make a hole to get out” but it was noted that he recanted and reported it was there when he moved in the room. He was moved to another unit due to “being a security risk.” His medication in this TPR was listed as 3 mg Clonazepam, 100 mg Gabapentin, and Lorazepam PRN every 4 hours for agitation and IM [intramuscular] PRN for severe agitation. Topiramate was not listed as a current medication. The *Response to Medication* section stated that the recipient’s “overall treatment continues to be sabotaged by impulsive behavior and childish demands and acting out behaviors in attempts to manipulate his environment to satisfy his needs. His persistent refusal of his Topiramate has ended up in discontinuing this medication. Gabapentin has been manipulated because he insists that this medication is currently helping him better...because of elopement and security risks, a transfer back to the more secure unit of the facility was decided and patient was informed about this determination during the TPR.” The vocational instructors reported a significant decrease in class attendance this period. Art therapy attendance was at 0% due to unit restriction; Administrative Support & Information Processing reported 18% attendance; Horticulture reported 25% attendance; Homemaking reported 7% attendance due to unit restriction and noted that he would be dropped from class next month if attendance is not at 75% or higher.

- B. Restriction of Rights (ROR): An 8/21/14 ROR form was reviewed which confirmed that staff administered emergency medication for increased aggressive behavior, threatening staff and becoming increasingly agitated. The form documented that the recipient “is agreeable to PRN.” It was also documented that the individual preference was not utilized for the following reason “pt [patient] just received medication Clonazepam 2 mg at 2015, PRN also Clonazepam. Emergency Enforced Lorazepam 2 mg given PO [orally] pt understood and agreed.”

A ROR form dated 9/10/14 documented that the recipient was “restricted to his unit due to elopement risk. Patient cut hole in ceiling in his room on [unit].” The restriction was in place from 8/21/14 at 9:30 a.m. to 9/21/14 at 9:30 a.m.

The HRA inquired with the Human Rights Committee Chairman to see if there were any additional ROR forms in a separate file that would document any of the recipient’s property being restricted. His response was that since the recipient was moved from one unit to another on 9/10/14, due to cutting a hole in the ceiling of his room, his property was still on the previous unit. He also stated that there were multiple issues being reviewed by security because there were missing metal screws from a faceplate in his room that he used to cut the ceiling. However, he stated that the doctor’s note did specifically state that the recipient could have religious texts. The following day, 9/11/14, the recipient was placed on 1:1 supervision for suicide watch after he reported that he cut the hole in the ceiling with the intent of hanging himself on a bar. He

remained on 1:1 until 9/15/15. On 9/22/14, his therapist and the Chairman met with the recipient to go through his property that had been sent to his new unit. He was permitted to have items that were not considered contraband (those were returned to personal property.) The Chairman further explained that when patients are on suicide watch, ROR for property are not issued and that the process of transferring his property from one unit to another may take several days. He found no ROR forms for property.

- C. Progress Notes: A 4/5/14 Social Work note documented that the recipient was seen and they discussed feelings of depression and the recipient refusing meals but he stated that he was also fasting for religious purposes. The next case note documenting contact with a therapist was on 7/8/14. The Therapist note documented a meeting with the recipient along with a Psychologist, Security Therapy Aide (STA) and Registered Nurse (RN) to address the recipient's actions of throwing water on another STA. The recipient admitted to it and stated that he "let her into his confidence too soon." The recipient then tried to change the subject to address when he would get his property back and it was explained that "right now returning the property immediately wasn't an objective. The patient needed to realize that actions have consequences." The following two days of case notes documented that the recipient requested changes to his medication and was referred to the Psychiatrist and his medications were adjusted per his request. The next therapist note the HRA reviewed was dated 9/3/14 when the recipient had a new therapist assigned. They discussed financial issues that he was concerned with and the therapist helped him to obtain some documents he requested. A Social Worker note dated 9/4/14 documented discussions with STAs on the unit to inquire about comments made by the recipient. It was documented that he stated that if he had to do 2 weeks on the unit someone would be hurt. This was following his 2 week unit restriction for going into another patient's room which is against module rules. The social worker discussed this with the recipient who in turn requested to move to another unit which the therapist noted was to "skirt doing the 2 weeks on the unit thereby again circumventing rules and not dealing with consequences." A Therapist Note dated 9/8/14 documented a meeting with the recipient to discuss him taking a battery out of the clock and damaging the sinks. The recipient stated he was upset about not being allowed to return to class after 2 days and he believed that after 2 days of good behavior he should get to go back to school and he wanted to revise his treatment plan to state that. It was explained to him that after being on 1:1 supervision for suicide watch, he was not clinically stable enough to return to rehab. He became agitated and threatened the therapist saying "shits gonna happen if you keep f\*\*\*ing with me. I have nothing to lose." After the session he requested and received PRN Lorazepam however, it was noted in nursing case notes that he continued to escalate and threaten staff therefore the doctor was contacted and he ordered Diphenhydramine 100 mg PO [orally] "if refuse, give IM [intramuscular]. Patient accepted Diphenhydramine 100 mg PO." It was noted that the medication was effective. It was later noted that he refused that evening's medication as well as all medications except vitamins through 9/10/14 when he was given Lorazepam orally at 3:15 p.m. It was noted to be "minimally effective." Case notes from 9/10/14 document a large hole in the ceiling covered with paper being discovered when a thermostat was being repaired in his room. The recipient was moved to a different unit for security reasons. The doctor ordered him to be housed in the "steel ceiling security room. He can have 2 safety blankets, regular clothing and no

personal property.” A Therapist met with the recipient at 5:30 p.m. on the day of the hole being discovered to discuss it with him. He denied it stating it had been there and was just discovered. Since a faceplate to a light cover was used to make the hole and the screws had not been recovered, it was noted in the Therapist’s note that “once his property is sent over from his last unit, we will go through it carefully and use a metal detector to make sure he does not have screws or other metal objects amongst his things. We will allow him access to his possessions as we feel he can safely have them without causing risk to property, his peers, staff or himself.” A Psychiatrist Note dated 9/11/14 documented a meeting with the recipient in which he admitted to cutting the ceiling to find a bar from which he could hang himself. He also reported that he had a plastic bag and had planned to kill himself that day. As a result, he was placed on 1:1 observation to prevent suicidal behaviors. His 1:1 observation was reviewed and continued on 9/12/14. On 9/15/14 it was reduced to frequent observation and he was allowed to have clothing at night. On 9/19/14 a nursing note documented that the doctor had ordered that the recipient “may move to regular room. He can have personal papers, regular bedding and his pillows and religious text. May have eye glasses, when not in use, hold at nurse’s station.” On 9/22/14 a Social Work Therapist note stated that the therapist and unit director had met with the recipient and his “property was delivered to the conference room. Property was sorted by patient under staff observation. Some property was designated by recipient to be donated to the token store in the rehabilitation department. The remaining property was divided between what was allowed on the module and the remaining property was returned to property control for storage...” A 9/24/14 Social Work Therapist note documented that the treatment team met that day, reviewed the restrictions and agreed “to extend the current restricted to building but can attend courtyard restriction.” [sic] Another Social Work Therapist note on 9/24/14 documented that the recipient was given his allowable property along with medical records which were sent in by an outside advocacy agency after the facility verified from legal that he was eligible to receive the records that the outside agency sent.

- D. Class Attendance Records: Attendance records along with Patients’ Movement Charts for June through August were reviewed. The records for June showed that the recipient attended classes every day during that month. July’s patients’ movement forms did not document any class attendance for the recipient until July 10<sup>th</sup> but he did go to the courtyard some during that time. From July 10<sup>th</sup> through the end of the month, he attended every day except two. The patients’ movement forms for August documented daily attendance through the 8<sup>th</sup> and then no attendance until the 25<sup>th</sup>.

### **III...Facility Policies:**

RI .01.01.02.01 Patient Rights: The Patient Rights policy states “*It is the policy of Chester Mental Health Center (CMHC) to respect the rights of patients and not to abridge said rights without cause and without due process. Restrictions, as such, should have a clinical rationale and serve to facilitate a therapeutic treatment setting. Each patient admitted to Chester Mental Health Center shall be treated with respect and shall be ensured of all rights under Sections 2-100 to 2-111 of the Mental Health and Developmental Disabilities Code. Restrictions of rights and corresponding rationale shall be properly documented in the patient’s*

*clinical records.” This policy states that a patient has the right to “be provided with adequate and humane care and services in the least restrictive environment pursuant to an individual treatment plan...*

*A. Non - Emergency Restriction of Rights*

*1. A restriction of a patient’s rights should be based on clinical assessment of the patient and/or the situation. A Notice Regarding Restricted Rights of Individuals (IL462-2004M) will be issued to restrict the patient’s rights.*

*2. If any of the patient’s rights as described in Section I. of this procedure are restricted then a Restriction of Rights of Individuals (IL462-2004M) will be initiated. This includes when a patient is restrained, secluded and/or subject to a physical hold.*

*3. The Unit Director or designee will ensure that the initiation of the restriction is reported, discussed, and approved at the Facility Morning meeting.*

*4. When a Restriction of Rights is implemented and reviewed by the treatment team – emergency or non-emergency they will ensure the restriction form is approved and signed by the Facility Director or designee. When the Restriction of Rights involves mail, access to the patient’s room, or telephone, the form IL 462-2004M must be signed by the Facility Director or designee prior to initiation of the restriction.*

*B. Emergency Restriction of Rights*

*1. A restriction of a patient’s rights should be based on an assessment of the patient and/or the situation affecting the safety of the patient or others by clinical staff on duty who oversees the patient’s treatment plan. A Notice Regarding Restricted Rights of Individuals (IL462-2004M) will be issued to temporarily restrict the patient’s rights. A progress note will be documented in the patient’s record showing justification for the restriction of rights and explanation of actions taken.*

*2. A restriction imposed during off hours as an emergency intervention shall be reviewed by the treatment team on the next working day to determine whether continuation is indicated. If continuation is indicated the form IL462-2004M must be signed by the Facility Director or designee.”*

TX .06.00.00.02 Special Observation policy states in the *Special Observation used for Suicide Attempt/Threat, Self-Injurious, or Self-Destructive Behavior* section that “An order for special observation is generated according to the attached *Department of Human Services Program Directive*. Unless otherwise indicated by the physician’s order, the individual will be placed in a room that is safe and secure. While in the room, the individual’s clothing will be restricted to his shorts. The room will contain suicide blankets, a mattress, and a security bed when necessary. Any personal property articles added to the room must be explicitly written in the physician’s order. The individual will not be placed in seclusion. He will only be permitted on-unit activities under staff supervision. When out of the room the individual will wear regular clothing....The individual’s psychiatrist, or if unavailable, another psychiatrist on duty may order discontinuation of special observation for a suicide attempt/threat, self-injurious, or self-destructive behavior. The *Suicide Reassessment Form (CMHC-746)* is to be completed by the psychiatrist when 1:1 observation for suicidal ideation/self-harm is discontinued. Unless the individual’s clinical condition clearly warrants, the psychiatrist will effect a gradual release from special observation status, particularly in reference to the individual’s access to clothing

*and personal items. The psychiatrist will prescribe follow-up services as determined necessary...*”

RI .03.07.00.02 Patient Personal Property policy states *“Patients who reside at Chester Mental Health Center shall be permitted to receive, possess and use personal property and shall be provided with storage space for such property items. Limits to storage space have been established and specified in this policy. Possession and use of certain property may be prohibited or restricted by the Hospital Administrator and or the treatment team to protect the patient and or others from harm... Possession and use of certain property may be prohibited or restricted to protect the patient or others from harm...Any item deemed by the Hospital Administrator to be a danger to the patient or others may be prohibited or restricted through the restriction of rights process documented on form IL462-2004 M (formerly MHDD-4)... Items determined by the treatment team to be a danger to the patient or others or to be detrimental to treatment goals may be prohibited or restricted through the restriction of rights process documented on form IL462-2004 M (formerly MHDD-4).”*

### **Statutes**

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100) guarantees that *“no recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.”*

The Code (405 ILCS 5/2-102) states *“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.”*

The Code (405 ILCS 5/2-104) provides that *“Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission. (b) The professional responsible for overseeing the implementation of a recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm. (c) When a recipient is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him.”*



The Code (405 ILCS 5/2-107) provides that “(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of **the recipient's right to refuse medication or electroconvulsive therapy**. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. 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, guardian, or substitute decision maker, if any, 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. (b) Psychotropic medication or electroconvulsive therapy may be administered under this Section for up to 24 hours only if the circumstances leading up to the need for emergency treatment are set forth in writing in the recipient's record.”

The Code (405 ILCS 5/2-201) states that “(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to:

- (1) The recipient and, if such recipient is a minor or under guardianship, his parent or guardian;
- (2) A person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice;
- (3) The facility director;
- (4) the Guardianship and Advocacy Commission, or the agency designated under “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,<sup>1</sup> if either is so designated; and
- (5) The recipient's substitute decision maker, if any.

The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient's record.

(b) The facility director shall maintain a file of all notices of restrictions of rights, or the use of restraint or seclusion for the past 3 years. The facility director shall allow the Guardianship and Advocacy Commission, the agency designated by the Governor under Section 1 of ‘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, and the Department to examine and copy such records upon request. Records obtained under this Section shall not be further disclosed except pursuant to written authorization of the recipient under Section 5 of the Mental Health and Developmental Disabilities Confidentiality Act”

### Conclusion

The allegation of inadequate treatment was based on complaints that the recipient had not seen a therapist for 2-3 months, that emergency preferences were not followed and that he was restricted from class for refusing medication. The HRA reviewed case notes which documented

that the recipient saw his therapist on 4/5/14 however the next documented therapy session was on 7/8/14. The recipient and therapist again met on 7/16/14 and then on 9/3/14 when a new therapist was assigned to him. Although there was a documented lapse in therapy sessions for 3 months, the treatment plans did not specify how often he was supposed to see his therapist and the only goal that was included in the TPR which the therapist was responsible for was substance abuse; in that section of the TPR, it was not specified how often the therapist met with him, only that he *“has problems with introspection and reflection...denies a correlation between substance abuse and the negative events in his life”* The facility does not currently have set guidelines to follow as to how often a therapist is to meet with patients, but the facility did advise the HRA that a process was beginning to adopt set guidelines that will be followed in the future.

The emergency preferences portion of the allegation was based on an 8/21/14 incident in which the recipient was given a Lorazepam injection for agitation and increasingly aggressive behavior. When the HRA reviewed the chart, it was discovered that the recipient had listed emergency enforced medication as his first preference for emergency intervention. The HRA reviewed a restriction of rights form for that same date which documented the recipient displaying threatening and aggressive behavior to justify emergency medication being given as required by the Mental Health Code (405 ILCS 5/2-107

The last component of this allegation was that the recipient was restricted from class attendance due to refusing medication. The TPRs documented 75-100% class attendance until September's TPR which documented 0-25% attendance due to unit restriction. When the HRA reviewed documentation around this timeframe, there was some medication refusal documented, however it was discovered that the recipient was restricted to his unit and even moved to another unit for safety reasons due to an elopement or suicide watch following an incident when the recipient cut a hole in the ceiling in his room.

For these reasons, the allegation is **unsubstantiated**. The following **suggestions** are made:

1. The initial TPR document should specify how often a recipient is to see his therapist and subsequent TPRs should document in either the discussion section or in the problems/goals section completed by the therapist, how often he or she met with the patient that reporting period.
2. Although the facility does not currently have guidelines on how often a therapist is to meet with patients, the HRA contends that 3 months is a long time for a patient in a mental health hospital to go without having an opportunity to speak with a therapist. The HRA suggests that while the new CMMS guidelines are being implemented into policy, administration should ensure that therapists are giving patients an opportunity to speak to them at least once per month.
3. The 7/16/14 TPR quoted a therapist as saying that this recipient *“managed to acquire 8 BDR's for a variety of **infractions** which range from medication refusal to the throwing of water on a female STA I as she performed her duties.”* Medication refusal is in no way an infraction but a guaranteed right. The HRA acknowledges that

BDRs are used to document behavior of recipients, however this statement leads one to believe that medication refusal is being considered an “infraction” by staff, which suggests consequences occur when a recipient refuses medication. The HRA strongly suggests that staff be retrained on recipients’ rights to refuse medication and that if privileges are being restricted due to a recipient refusing medication, it is a violation of the Mental Health Code (405 ILCS 5/2-107). Instead, staff should document behaviors that might result from those refusals, but not the medication refusal itself.

The next allegation was that the recipient was not given restriction of rights forms when his property was restricted. The Human Rights Chairman at Chester informed the HRA that when a patient is on suicide watch, they do not receive a restriction of rights form for any property that is restricted. Chester policy did not state that restriction of rights forms should be completed during suicide watch but did state that “*any personal property articles added to the room must be explicitly written in the physician’s order.*” The HRA reviewed the doctor’s order which allowed the recipient to have his “religious text” in the room with him. However, there is no provision in the Mental Health Code regarding restriction of rights (405 ILCS 5/2-104 or 5/2-201) that allows a provider to restrict property without notice. Chester’s personal property policy states that notice must be given whenever a patient’s property is restricted unless the item is considered contraband, which none of the items in this case were. In addition, on 09-10-14, the physician specifically ordered “no personal property”; likewise, therapist case notes from 09-10-14 clearly documented that property was being kept from the recipient until the facility could examine the property for safety concerns. Therefore, the allegation is **substantiated**. The following **recommendations** are made:

1. Administration should review Chester Mental Health’s policy on special observation and include a requirement that restriction of rights forms must be completed even when property is restricted due to special observation to be in compliance with the Mental Health Code requirements (405 ILCS 5/2-104 or 5/2-201.)
2. Staff should be retrained on the Mental Health Code regarding restriction of rights including property as well as on Chester Mental Health Policies RI .01.01.02.01 Patient Rights, TX .06.00.00.02 Special Observation policy and RI .03.07.00.02 Patient Personal Property to ensure that restriction of rights notices are issued when property is restricted.