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Metro East Regional Human Rights Authority  
Report of Findings  
Alton Mental Health Center  
HRA # 16-070-9001

**INTRODUCTION**

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

- 1. The facility does not ensure the provision of adequate diets and humane services when it does not address the hunger needs of patients prescribed psychotropic medications that cause increased appetite.**

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**

There were two different recipients in this facility that had the same allegation. The first recipient had requested double portions due to being underweight. He was given an order for extra vegetables at lunch and dinner when available, although he states he refused the double portions. He does not participate in vending and states that he goes to bed hungry. He has a dietary consult/nutritional assessment pending.

The second recipient states that he has an order for extra vegetables, but the HRA was unable to find a diet order in his chart to verify if he does have an order for extra vegetables. He has received an order for a dietary consult/nutritional assessment on 8/11/2015, and an entry was made on 8/26/2015.

**RECORD REVIEW**

The Intake Face Sheet dated 8/14/2015 shows that the first recipient's height is listed at 6'1", and he weighs 170 pounds which falls within the normal range (152lbs-189lbs) for the

Body Mass Index (BMI) scale listed in the Nutritional Status Policy. On the medication order and dietary order sheets it shows that the recipient received an order for extra vegetables for lunch and dinner on 8/19/2015, and received a dietary consult on 8/25/2015.

In the progress notes on 8/19/2015 it is stated that the recipient is feeling hungry. It is also written in the progress note that the recipient would be given extra vegetables.

In a progress note dated 8/25/15 it states that the recipient often talks about being hungry, and that the recipient is already on extra vegetables.

The Initial dietary screening for the recipient was done on the day of his admission. It states that he has had a moderate loss of his appetite, weight loss greater than 6.6 pounds in the last three months, and he has suffered psychological stress or acute disease in the past three months. The client then received a dietary consultation on 8/25/15 for hunger.

In the Nutritional consultation on 8/25/2015, the recipient complained of hunger. The attending physician ordered extra vegetables for the recipient. The diet order for the recipient is a heart healthy diet with extra vegetables. The estimated nutritional needs are 2,396 calories. It is also noted that the recipient eats 100% of the meals. It also showed that the recipient's BMI was 21 to less than 23. It states that he does not need a special diet.

For the second recipient, the Intake Face Sheet dated 7/23/2014 shows that the recipient's height is listed at 5'9'' and he weighs 160 pounds which falls within the normal range (136lbs-170lbs) for the BMI scale listed in the Nutritional Status Policy. The medication order sheet dated 8/11/2015 shows that the recipient received his annual dietary consult. It states that the recipient wants bigger portions, or extra portions. On 3/24 the recipient was noticed pulling on his right arm. The writer asked if his arm was hurting him, and he responded by saying no, but when he was at home he wore an arm brace when he slept to help keep his arm straight. On 8/26/2015 he weighed 151 pounds with his brace on.

In a progress note dated 3/22/2015, it states that the recipient's visitors like to bring him snacks when they visit. Staff then reported to one of the visitors the rules on money and snacks, and the visitor became upset with staff. The visitor then talked to another one of the recipient's visitors and they said it was just a recommendation, and that they continue to buy him a candy bar, chips, and a soda on each visit.

The second recipient had his initial nutritional screening on his admission date of 7/23/2014. It states that the recipient has had no loss of appetite, no weight loss in the past three months, and has full mobility. It does state however that the recipient had experienced psychological stress or acute disease in the past three months.

The recipient then received his annual nutritional screening on 8/7/2015. It shows that the recipient had no loss of appetite, no weight loss in the past three months, retained full mobility, had not suffered any psychological stress or acute disease, no neurological problems, and a BMI greater than 23. He is on no special diet.

The recipient then had two nutritional assessments. The first one was on 8/11/2015. The recipient is requesting larger portions. The staff spoke with the recipient and alerted him that large portions were not warranted at that specific time. His diet order is a heart healthy diet with extra fruits and vegetables, but no lettuce as it causes diarrhea. The recipient eats 100% of his meals, and his estimated calorie needs are 2,248. His BMI is within the normal range, and the order for extra fruits and vegetables is adequate to meet the nutrient needs.

The recipient's second consultation was on 8/25/2015. The recipient's weight was reported and reviewed. His weight was 148 pounds, and since admission his weight has been between 148-159 pounds. His diet order is a heart healthy diet with extra fruits and vegetables.

The intake of meals is between 90-100%. Lastly, his BMI is 21.9. The recipient's intake of meals should be adequate to meet nutrient needs. BMI is within the normal limits, but the staff will continue to monitor monthly weights.

## **FINDINGS**

**Allegation: The facility does not ensure the provision of adequate diets and humane services when it does not address the hunger needs of patients prescribed psychotropic medications that cause increased appetite.**

**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 regular diet includes twice daily milk, 6 ounces of protein, 5 servings of fruits/vegetables, and 2000-2200 calories. Variety is essential in menu planning in that no main entrée at lunch or dinner is repeated during a three week cycle. Attempts are made to provide lower fat and sodium items.

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, a concern/complaint form is included in the patient handbook, and the process is explained to every patient during the admission process. A concern/complaint can be filed by a patient, family member, guardian, or by an interested party. When it comes to non-OIG consumer concerns/complaints, there are levels of resolution. When a complaint arises, staff will attempt to resolve any complaint at the unit level with involvement of the treatment team. If the complaint is not resolved at the unit level within 7 days, it will go to the Clinical Director's Office. 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. Unresolved concerns/complaints will be referred to the Hospital Administrator/Designee 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.

According to the Alton Mental Health Policy/Procedure: Nutritional Status: Screening, Assessment, Diet Order, and Consultation, “It is the policy if Alton Mental Health Center to provide for individual medical and nutritional needs of the patients served to promote health and well-being. Physicians shall identify patients at nutritional risk, order a nutritional consult, and order an appropriate diet for patients in a timely manner”. The diet protocol is listed as:

A. Diet Order Protocol

1. A Nutritional Screening (Level 1) will be completed collaboratively on all patients within 24 hours of admission (and annually thereafter) by the admitting/attending physician and the admitting/attending nurse. The admitting/attending physician will order a Nutritional Assessment (Nutritional Status Classification Level 2) when indicated by a score of 12 or greater for any of the 6 categories noted in the Nutritional Screening.
2. The nurse transcribing the order will notify the clinical dietitian via fax or email of the need for a nutritional assessment (Nutritional Status Classification Level 2).
3. All Individuals upon admission should be prescribed one of the following diets, unless the patient has some other medical condition that warrants special attention, or until the nutritional assessment is completed.
  - a. **Health Heart Diet:** contains approximately 2000-2200 calories per day. This diet should be planned to provide a moderate sodium and fat intake, approximately 25 grams of fiber daily.
  - b. **Mechanical Soft Diet:** For individuals with impaired ability to masticate or swallow the regular food. Meats are ground, fruits and vegetables which are easily chewed.
  - c. **No Concentrated Sweets:** Provides adequate nutrition with limited simple carbohydrates based on American Diabetes Association for 1800-2000 calories per day.
  - d. **Heart Healthy Large Portion is Equivalent to High Calorie High Portion Diet:** Provides approximately 3000-3200 calories and approximately 150 Grams of protein. To be prescribed on an individual basis for patients with a status of 3 or 4 on the nutrition status classification due to calorie/protein deficit.
  - e. Diets are calculated as needed to meet individual patient’s needs.
4. All patients receive a snack at night of approximately 300 calories unless individual need requires adjustment.
5. Alterations in diet, including increased amounts or specific types of food items, shall only be prescribed based on the patient’s nutritional/clinical status and not personal preference.

6. A calorie count may be ordered by the physician to monitor a patient's actual oral intake for a period of time. The direct care staff will record on the Caloric Intake Record all foods eaten from the dining room, vending, or Recovery store (all foods eaten regardless of their origin).

The dietitian will calculate the total caloric intake and possibly estimate carbohydrate, protein, or fat intake as appropriate to evaluate the patient's nutritional needs and make recommendations accordingly.

7. Body Mass Index and waist circumference will also be used to evaluate appropriateness of weight.

#### B. Criteria for Identifying Patients At Nutritional Risk

1. Increased nutritional/Calorie needs:
  - a. NPO – No food by mouth (Dietitian must be notified within 24 hours.)
  - b. Decubiti or any lesion of the skin
  - c. History of post surgery/fever/infections
  - d. Radiation or chemotherapy
  - e. Possible food/drug interaction/medications affecting intake
  - f. History of drug/alcohol abuse
  - g. Low hemoglobin/hematocrit
  - h. Serum albumin less than 3.5
  - i. Pregnant or breast feeding.
2. Any problems affecting food and fluid intake and loss:
  - a. Nausea
  - b. Vomiting (prolonged)
  - c. Dehydration
  - d. Constipation
  - e. Fluid restriction
  - f. Excessive fluid consumption
3. Does the recipient accept all major food groups:
  - a. Routine refusal of one or more food groups (as vegetarian, gluten intolerant, or lactose intolerant)
  - b. Excessive number of dislikes
  - c. Religious or cultural restrictions
  - d. Routine refusal of trays
  - e. Regularly consuming less than 75% of food offered

#### C. Nutritional Assessment

1. When indicated, nutritional assessments will be completed on:
  - a. All individuals prescribed therapeutic diets
  - b. All individuals referred by the treatment team, nurse, or physician
  - c. At the dietitian's discretion.

2. If a Level II Nutritional Assessment is ordered by the physician during the admission process, the dietitian will complete the assessment within 10 days upon receipt of physician's order. If a Level II is required beyond the admission process, the dietitian will complete the assessment within 14 days upon receipt of physician's order.
3. Based upon the classification status of the Nutritional status of the Nutritional Assessment (Nutritional Status Classification (Level II)), the dietitian will complete an additional assessment as described below:
  - a. Status 1: Normal Nutrition Status
    - Does not require additional assessment. Physician will notify the dietician of any changes as identified in section A (Criteria for Identifying Patients at Nutritional Risk).
  - b. Status 2: Mildly-Compromised Nutrition Status
    - Does not require additional assessment. Dietician may consult with physician to determine if additional documentation, monitoring, or intake adjustments are needed.
  - c. Status 3: Moderately-Compromised Nutrition Status
    - Dietician will complete an additional assessment, Nutritional Assessment (Level III), within 14 days after completion of the Nutrition Status Classification (Level II). Dietitian will identify nutrition diagnoses, if applicable, nutrition goals and interventions, and establish monitoring and evaluation of patient. The assessment will be filed in the clinical record for physician review and consideration for subsequent treatment interventions.
  - d. Status 4: Severely-Compromised Nutrition Status.
    - Upon completion of the Nutrition Status Classification (Level II), the dietician will immediately consult with the physician to determine possible urgent interventions. The dietician will document the consultation on the Nutritional/Consultation form. The physician/Treatment Team will consider the recommendations of the dietician and document/revise interventions appropriately. IF necessary the physician will write appropriate orders to address risks noted in the Nutritional Status Classification (Level II).
    - In addition, dietician will proceed to complete an additional assessment, Nutritional Assessment (Level III), within 14 days after completion of the Nutritional Status Classification (Level II). Dietician will identify nutritional diagnoses, if applicable, further nutrition goals and interventions, and establish monitoring and evaluation of patient. The assessment will be filed in the clinical

record for physician review and consideration for additional treatment interventions.

4. The dietitian will talk personally with the recipient, where appropriate. The assessment will include:
  - a. Food habits at home, ethnic and religious dietary needs
  - b. Food likes and dislikes
  - c. Normal food intake
  - d. Food allergies
  - e. Feeding concerns: chewing, swallowing, assistive devices, etc.
  - f. Assessment of laboratory data
  - g. Medical Issues
  - h. Calculation of basal energy expenditure
  - i. Appetite
  - j. Food/Drug interaction information
  - k. Problems, goals, and recommendations
  - l. Documentation of nutrition education and patient; understanding instruction

**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 January 15, 2016 by a team from the Metro East HRA. The site visit meeting focused around Alton Mental Health Center not adequately addressing the hunger needs of recipients who are on psychotropic medications that increase appetite. There were two different recipients in this case who had similar complaints; when they were admitted to AMHC they were given dietary consults.

The HRA team spoke with the administrator and director of nursing. They stated that recipients do get a nutrition consultation upon admission, and that they try to individualize. The diet plan that is encouraged is 2,200 calories per day that consists of 3 meals and 2 snacks. They also have an incentive store that includes snacks that they can get access to based on their active participation in their treatment. It was also stated that Alton Mental Health Center has a contractual dietician that is there weekly on Tuesdays. Recipients can also purchase snacks with their own funds nightly when they have access to vending.

### **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. The records reviewed indicated that recipient nutritional needs are assessed and monitored. In addition, nutritional concerns were reviewed by facility staff. Both recipients in this case received dietary orders for extra portions in response to complaints of hunger. 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. Continue to link recipients with dietary staff for addressing individual concerns as much as possible.