



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 17-050-9010
LINCOLN PRAIRIE BEHAVIORAL HEALTH CENTER

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission conducted an investigation into the care provided to a patient at Lincoln Prairie Behavioral Health Center in Springfield, which provides a variety of mental health services including inpatient hospitalization to children and adolescents, ages three to seventeen. Complaints are that a patient's parents were misled about admission, which was not followed under the Code. Adequate and humane care was not provided when the patient was made to wear the same clothes and sleep without a pillow for days, eat food that she was to avoid and clean her own vomit. A staff member claimed to have worked sixteen-hour days and the unit had dirty, sticky floors and were fly infested. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA visited the facility where the issues were discussed with representatives from administration and those directly involved in this patient's care, including all staff persons identified in the complaint. Relevant policies were reviewed as were sections of the patient's record with authorization.

COMPLANT SUMMARY

It was alleged that parents and their a fourteen-year-old daughter were at Lincoln Prairie for assessment when they were given no choice about admission, threatened with a report to the Department of Children and Family Services if they did not admit her. The assessor implied that afterwards they could remove their daughter if unsatisfied with the care. They learned about outpatient treatment on the next day and requested that option but were denied their daughter's discharge until a full five days were up, two staff telling the father that was by law.

The parents reportedly explained at the time of the initial assessment that the patient had Asperger's Syndrome, which causes texture and food issues; she only wears loose clothing, nothing confining, and eats certain foods, particularly chicken nuggets, pizza and banquet turkey. For several days the patient's clothes were missing and she had to wear the same ones since

admission and she went without a pillow on her bed until she complained to her parents about a sore neck. She also complained to them about not eating much as the food being served was unsuitable to what she needed. She developed an upset stomach at one point, vomited on her bed and then had to clean it herself. It was further said that a nurse mentioned having worked sixteen-hour days and that the unit/visiting area was filthy and covered in flies.

FINDINGS

Admission: parents were misled about admission, which was not followed under the Code.

Interviews

The assessment/referral therapist involved in this patient's admission explained that she covers all options with families: outpatient, partial and inpatient hospitalizations. She completed an assessment and then talked about the apparent risks and safety concerns and how inpatient seemed the best for her situation. She said it appeared to her that the parents were on board with everything. She went over the admit application and the related rights as well as the two typical ways for discharge, either by physician order or a five-day request. She completed the form and the parents signed it. At this point the patient became very agitated and started hyperventilating. This got the parents understandably upset and she asked them to step out so she could help the patient calm down. She and a patient advocate carried on with that and another staff person joined the parents outside the room. The admission eventually resumed.

The therapist denied saying to the parents that a five-day hospitalization was mandatory or that they could simply remove her at any time. Asked then how she explains the five-day element to patients and families, she said she states that they have *up to* five days, not counting weekends and holidays, to evaluate for discharge. The patient advocate who was present during the intake was interviewed as well, and he verified the same. The other staff member who joined the parents outside the room during intake remembered saying to the parents that they could sign a discharge request if they chose to and that the doctor would evaluate and decide within five days. A unit coordinator and a nurse who met with the parents after admission said that they never made an absolute statement that the patient had to be there for five days either, but that an evaluation for discharge can take that amount of time. They told us that safety is the focus in determining appropriateness for anyone's discharge and that in this case and in general, they see evaluations begin right away or at least within twenty-four hours of a request. All of them denied making threats about contacting the DCFS if the daughter was not admitted, but said they believe other hospital and community agents do.

Records

The patient's chart contained an application by an adult for admission, signed by her mother on February 15, 2017. The assessment/referral therapist signed the form too, in declaration of having explained their discharge rights and providing a copy. According to the discharge statement on the form, "If your parent...requests your discharge, you shall be discharged at the earliest appropriate time not to exceed 5 days excluding Saturdays, Sundays and holidays..." The mother signed a request for discharge forty minutes later. The form states,

“I request that...be discharged from LPBHC at the earliest appropriate time, not to exceed five days, excluding Saturdays, Sundays and holidays after the date indicated by my signature unless I withdraw this request in writing.”

Nursing entries described how the patient remained tearful and scared on the unit that first day, and that the father believed the environment was causing his daughter more stress and wanted her discharged on the second day. A psychiatrist completed an examination within twenty-four hours of the submitted discharge request, and he noted that the patient would benefit from continued hospitalization. His documentation from a day later included another evaluation and a statement that he discussed with the parents their desire for discharge, the patient's symptoms and that they agreed to keep her there a full five days. Similarly on the discharge summary dated February 22, precisely five days later, minus the Saturday and Sunday, the psychiatrist wrote that just after admission the parents pressured for discharge but agreed to the five days after he discussed her extreme mood swings and the importance for the right medication.

CONCLUSION

Lincoln Prairie's discharging policy (PC 299.0) refers to an earliest appropriate discharge within fifteen days for requests by minors and within five days for requests by parents, both excluding weekends and holidays, and then sets forth the process for a physician to either not contest and allow discharge or contest, triggering the court process. A request may be withdrawn at any time by completing a withdrawal of request form.

Under the Mental Health Code,

(a) Objection may be made to the admission of a minor under Section 3-503 or 3-504. When an objection is made, the minor shall be discharged at the earliest appropriate time, not to exceed 15 days, excluding Saturdays, Sundays and holidays, unless the objection is withdrawn in writing or unless, within that time, a petition for review of the admission and 2 certificates are filed with the court.

(b) The written objection shall be submitted to the facility director of the facility by an interested person 18 years of age or older on the minor's behalf or by the minor himself if he is 12 years of age or older. Each objection shall be noted in the minor's record. (405 ILCS 5/3-507).

Whenever a parent, guardian, or person in loco parentis requests the discharge of a minor admitted under Section 3-503 or 3-504, the minor shall be discharged at the earliest appropriate time, not to exceed 5 days to the custody of such person unless within that time the minor, if he is 12 years of age or older, or the facility director objects to the discharge in which event he shall file with the court a petition for review of the admission accompanied by 2 certificates.... (405 ILCS 5/3-508).

Clearly, something did not sit right with the parents when they requested discharge forty minutes after admitting their daughter and when the father expressed how stressful the environment was for her shortly thereafter; they thought they could take her out or choose

another treatment option. Although the claim of how the parents were informed of the discharge process is not discredited, there is no factual evidence to say they were intentionally misled. The HRA recognizes that admission and discharge forms are prepared by the Department of Human Services, not Lincoln Prairie, which erroneously includes the weekend/holiday exclusion in calculating five days after a parent's discharge request that is not provided for in Section 3-508 of the Code—information that is used to inform parents of theirs and their child's rights. The patient was, however, discharged seven days following her mother's written request, which was five days excluding the weekend. Since there was no written rescission of that request and no petition filed, the patient was discharged two days late and a rights violation is substantiated.

RECOMMENDATION

Discharge patients within five days pursuant to Section 3-508 in its current language and ensure that policies are consistent with Code requirements. Consult with Lincoln Prairie legal and the Department of Human Services on proceeding with forms.

SUGGESTION

The discharge request policy seems misleading when it states that staff responding to a request is to explain that the physician will either: a) not contest and allow discharge, or, b) contest. A, implies that discharge is immediate and mentions nothing about explaining the evaluation period to the requestor. This should be added.

Adequate and humane care: the patient was made to wear the same clothes and sleep without a pillow for days, eat food she was to avoid and clean her own vomit.

Interviews

Regarding the patient's clothes, the staff agreed there was a problem at first when they were missing for a couple days. The unit coordinator heard from the father that his daughter was going without and she said they were searching. She eventually found them mixed in the laundry. She told us that the patient was offered other clothing in the meantime but that she did not want to wear scrubs. She also verified with techs on the unit that the patient showered each day. Asked about documenting clothing and belongings brought into the facility, the staff said that all is to be documented on arrival. The same coordinator also recalled the pillow incident and that a few days in when the parents were visiting in the room she heard the patient say she had no pillow. "What do you mean you have no pillow?" she asked. The patient told her that she asked for one on the first night, and was told they had no more. She was given one right away. She thought it was possible she actually had one as none of the staff recalled her asking for one, and when environmental rounds are completed three times every day, it would be likely that staff would notice a missing pillow. She said the patient also never complained to them about neck pain.

On the matter of the food, the therapist said that indeed, the parents mentioned the patient having Asperger's and the food and texture issues that go with it, and she told them there was a nutritionist there who would be involved. The staff said that the nutritionist was consulted and met with the patient regularly, as the record should show. The nursing officer and the patient advocate recalled the father coming to them with these issues and complaints of the vomiting incident. They said they would look into it and get back to him verbally, which they did. The nursing officer said that she interviewed the staff present at the time and reviewed video tape. What she found was that the patient had been sick on her bed, the staff went to get cleaning supplies and on return, the patient said she wanted to do it on her own. On tape, she observed the patient grab non-latex gloves and a single sanitary wipe from the staff and proceed to clean the mattress, which is what she reported to the father. She said she admonished the staff for giving in to the patient and that next time it would be more appropriate to insist on cleaning it herself. We asked to see the video, but were told that the earliest available recordings were from March 5.

Records

Initial intake and nursing assessments refer to the patient having Asperger's along with touch and texture sensitivities and having experienced some weight loss prior to admission. A patient belongings inventory completed on admission noted that one hoodie and one pair of shoes went to the unit with the patient and nothing else. Another inventory completed at arrival on the unit checked off toothpaste, a toothbrush, deodorant and rubber bands for braces and nothing else. None of the clothing items that the parents brought in later that day was inventoried.

A registered dietician was consulted on the patient's first full day, and following her initial assessment and determination, she recommended a regular diet and continual follow-ups. She also commented about the patient's poor food intake and having offered preferred meal changes that the patient declined twice. According to the dietician's entries a couple days later, the patient still had a "somewhat" poor appetite and that she was offered meal adjustments to her preference again, which she declined, saying there was no reason to change anything. There is nothing documented about the vomiting incident, only that the patient had experienced nausea over a few days.

CONCLUSION

Lincoln Prairie's patient handbook that is provided to all patients and their families, states that all personal belongings brought to the facility shall be checked in at reception. Their patient belongings policy (PC-422) requires the completion of an inventory form that is signed by the patient and the parent at admission and then each time belongings are brought in. A food preferences policy (PC-944) states that patients with limited food likes and sensory food issues will be referred to the dietician, who will make alternative meal plans. Special or preferred food may be purchased and incorporated in the alternative plans. Per the facility's cleaning patient rooms policy (EC-825), environmental services staff will clean patient rooms in a sanitary manner in order to prevent the spread of pathogens.

According to the Code,

Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property.... 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. (405 ILCS 5/2-104).

A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment.... (405 ILCS 5/2-102a).

The patient's clothes were not inventoried as required when they were brought into the facility and were lost for about two days, which caused her to wear the same ones she arrived in until the others were found. Even though she was offered scrubs temporarily, the staff were well aware of the patient's sensitivity to texture, so naturally she would object to wearing them. It is also inadequate not to inform the parents of the need for more clothing the moment it was noticed the patient had not changed. In any case, she has the right to retain and wear her own clothing. Although the coordinator said that no one remembered the patient asking for a pillow, it is not the patient's responsibility to do so, the fact is there was no pillow on her bed when the parents were visiting and when the coordinator was surprised to hear the patient telling them about that and her sore neck. Again, inadequate care, and violations are substantiated. The matter was immediately resolved.

A dietician was consulted who was aware of the patient's nutritional needs and preferences, who met with the patient several times and offered her meal alternatives. Ultimately, the patient had the opportunity to choose exactly what she would or would not eat, and a violation is not substantiated. The complaint claims that the patient was made to clean her own vomit, the staff member involved claimed that the patient wanted to do it herself and, the nursing officer observed the patient "grabbing" cleaning supplies from that staff. While it seems harmless to have let the patient do it, policy says the staff are to do the cleaning. Unknown hazards could be lurking and we agree with the nursing officer who rebuked the staff for allowing it. A violation is substantiated, and has been resolved.

RECOMMENDATIONS

Cover personal belongings policy with appropriate staff and require inventories to be documented thoroughly.

If staff noticed the patient showering each day her clothes were missing, then they obviously noticed her wearing the same clothes and needed to alert parents/guardians to the situation immediately. This must be covered with the staff as well.

SUGGESTION

Lincoln Prairie's patient belongings policy (PC-422) states that patients are not allowed to wear their own personal clothing except for a sweatshirt with no strings, bras without wires, underwear and socks. All other clothing will be made accessible to the patient throughout their stay. The last part is unclear, perhaps meaning accessible for special circumstances, but not being allowed to wear their own personal clothing, as a blanket rule, is a violation of the Code's intention for all recipients in mental health facilities to *possess and use personal property*, unless necessary to prevent harm. Hard to image blue jeans, chinos or t-shirts being harmful, maybe sometimes gang-related or offensive; in any case, the hospital is encouraged to revise its policy and begin making individual determinations on who may not wear their own personal clothing and complete due restriction notifications accordingly. (405 ILCS 5/2-104 and 2-201).

The patient handbook refers to a procedure whereby formal grievances can be addressed with the patient advocate. A verbal response comes within twenty-four hours, followed by a written summary within seven days, which details the steps taken to investigate and dates of resolution, all of which complies with federal requirements (42 CFR 482.13). In this case, the nursing officer and patient advocate said they met with the father about his complaints and that they responded verbally. Perhaps the parties were satisfied with the results but a written response may have allayed any need to complain outside the hospital.

The Guardianship and Advocacy Commission's contact information listed in the patient handbook is incorrect and should be changed to: 521 Stratton Building, 401 S. Spring St., Springfield, Illinois 62706. (217) 785-1540.

Adequate and humane care: A staff member claimed to have worked a sixteen-hour day and the unit had dirty, sticky floors and were fly infested.

Interviews

The staff person who made the sixteen-hour day remark told the HRA that she did say that to the father, but not as a complaint. Rather, she was saying she would not be there the following day, that she worked a double shift and may not be available but could be if needed. The nurses said that some of them pick up double shifts as they choose, which is not mandatory. They believe their shifts are supported with the appropriate number of staff: RNs, LPNs and behavioral health technicians, and their typical staff to patient ratio is 1:4 for children and 1:5 for adolescents. Regarding cleanliness on the units, cleaning crews are on duty from 5 a.m. to 10 p.m., and up to 8 p.m. on weekends. Crews are readily available and carry radios. The staff did not recall any time when their facility or any part was fly-infested. This writer toured the units and visiting areas during an unannounced visit and found them clean, and without flies or other insects. The HRA team toured again following our interviews and found the same conditions.

CONCLUSION

The hospital's cleaning schedule (EC-836) calls for the daily cleaning of patient lounge areas, bathrooms, rooms and floors, and removal of dirty linens and trash. More intense cleaning tasks are listed on weekly and monthly bases. Staffing policies (PC-401C) state that it is their

intention to maintain a nursing staff level that supports safe and therapeutic patient care. The nursing department will not utilize mandatory overtime. Staffing can be adjusted to meet changes in census and acuity, with appropriately determined core ratios. A minimum of one RN will be on each unit at all times.

Safe and therapeutic care is the concern of this complaint. The staff we interviewed, including administrators, were certain that is not compromised with double shifts, which is voluntary and not taken on by everyone. Lincoln Prairie policies allow for staffing ratios per acuity as do state regulations (77 Ill. Admin. Code 250), and nothing prohibits extra hours. The facility may have been unclean and had flies when the parents visited, but it was in fine condition when we dropped in and then observed a second time. There is no evidence to say that patient rights are being violated. The complaints are unsubstantiated.

SUGGESTION

Sixteen hours is a very long day to work, especially when caring for other people who need close supervision. The HRA encourages management to track employees who take on double shifts and monitor for excessive, unreasonable times put in on duty.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.



August 9, 2017

Ms. Tara Dunning, Chair
Human Rights Authority
Illinois Guardianship and Advocacy Commission
#521 Stratton Building
401 South Spring Street
Springfield, Illinois 62706

RE: #17-050-9010

Dear Ms. Dunning:

We have received the Human Rights Authority report of findings for the case listed above. Enclosed you will find our response and supporting documentation.

If you have any questions or require further information, please contact me at (217) 585-1180.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Hittmeier". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Robert Hittmeier, LCPC
Chief Operations Officer

Enclosures

August 1, 2017

IGAC Response to Report #17-050-9010

Finding #1

- Admission: parents were misled about admission, which was not followed under the Code.

Conclusion

- The patient was discharged two days late and a rights violation is substantiated.

Recommendation

- Discharge patients within five days pursuant to Section 3-508 in its current language and ensure that policies are consistent with Code requirements.

Suggestion

- Discharge Request policy seems misleading; explain the evaluation period to the requestor of the discharge.

Lincoln Prairie Action:

- Policy # PC 299.0 amended to reflect specific language related to a 5-day notice, signed by parent/guardian; the 5 day assessment period begins on the day signed, unless after 5pm in which it will begin the following day. This 5 day assessment period INCLUDES WEEKENDS AND HOLIDAYS.
- The attending physician or Nurse Practitioner will, within the 5 day period, assess the patient to determine their ability to be safely discharged to the parent or guardian, which can occur anytime during the 5 day period, depending on the patient's clinical presentation. (see attached policy PC-299)

Finding #2

- The patient's clothes were not inventoried as required when they were brought into the facility.

Conclusion

Inadequate care and violations are substantiated

Recommendation

- Cover personal belongings policy with appropriate staff and require inventories to be documented thoroughly.

Suggestion

- Change Patient Belongings Policy (PC-422) to include that all patient personal clothing that meets criteria (no wires, strings, hoods, or parts that could be considered a ligature risk) will be allowed to be possessed and used.

Lincoln Prairie Action:

- Cover and review with Nursing staff, Assessment and Referral staff and Administration the requirements of the Personal Belongings Policy, including the requirement to complete and inventory; and the specific changes to the policy related to what can be possessed and used related to the patients personal property. (see attached policy PC-422)
- The Guardianship and Advocacy Commission's contact information listed in the Patient Handbook has been corrected to reflect: 521 Stratton Building, 401 South Spring Street, Springfield, Illinois 62706, (217) 785-1540. (see attachment Patient Handbook)