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Egyptian Regional Human Rights Authority
Report of Findings
17-110-9017
Chester Mental Health Center
July 31, 2018

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

A recipient was inappropriately admitted to the facility.

If found substantiated, the allegation represents a violation 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.

The allegation was that the recipient, who was at Chester as a forensic patient, signed a voluntary admission document once his theim date expired. The recipient was reported to have the age capacity of a 4 year old (approximately) and therefore, does not have the capacity to understand the document he was signing. To investigate the allegations, the HRA interviewed the recipient and staff, reviewed the recipient's record with consent, and examined pertinent policies and mandates.

I. Interviews:

Therapist: The HRA had previously inquired as to whether or not the facility had a policy regarding procedures that are to occur when a forensic patient's theim date expires. The response was that there is not a facility policy, that the facility follows the Mental Health Code and forensic handbook requirements. Therefore, the therapist was asked what the typical procedure is when a patient's theim date passes. She said they try to transfer to a less restrictive facility in the patient's catchment area when possible. Prior to the theim date, the treatment team looks at the plan and works with the patient to see if he will agree to sign a voluntary admission until a less restrictive setting can be secured. For this recipient, he had been in restraints too recently, therefore he could not yet transfer and he agreed to sign a voluntary application for admission. When asked if the treatment team had questioned his capacity to understand what he was signing, the response was that it had been discussed, but no physician had recommended that he did not have capacity and he had no legal guardian. His mother is involved but was unable to care for him or they would have explored that option. The HRA had reviewed documents in the chart indicating that parental rights had been terminated and inquired how the mother could have

been considered for his legal guardian and be involved in his care. It was explained that since he is over 18 years old, he can decide if he wants to have a relationship with her and the recipient currently chooses to speak to her weekly on the phone. She is too far away to visit and has no transportation. The therapist also stated that it was suspected that the mother may have some intellectual disabilities as well. The therapist had also looked into a Community Integrated Living Arrangement (CILA) home as a possible placement prior to his theim date expiring but in order for that to occur a community case coordination service had to complete an assessment. She was currently looking into that at the time of the interview to see if that agency could assess him.

The HRA spoke with the Hospital Administrator following the interview with the therapist regarding concerns over family involvement and guardianship options and he agreed to look into the matter. The HRA was later informed that a Petition for Guardianship had been completed and was with the forensic coordinator.

Recipient: The recipient was interviewed on a Tuesday in April, 2017. He could answer questions in broken sentences, but did not seem to fully understand what was being asked. For example, The HRA asked what day it was and he said "Tuesday, May." When asked if he understood what the paper was that he signed to stay here, he nodded his head yes and said that his "therapist said time was up, signed paper to [another state operated facility], then group home, then to May. Not that long." When asked when he would be leaving he said "long time from now, Wednesday, birthday" and provided a date in October that was his birthday and fell on a Wednesday. He insisted that he would be leaving before his birthday. He then said he was going to "leave this month." When asked if he wanted to stay at Chester he shook his head no and said "won't come back." When asked if he knows what he has to do to leave he said "keep hands to self, no restraints, no fighting, keep hands in pocket, follow rules." At first he thought it was November then he said it was May but he knew his birthday was in October and that was a long time away, but thought that was when he would be discharged. The entire visit he focused on making a list of things on a piece of paper that he said were things he wanted when he gets out. Some of the items on his list were gold teeth and "bling rings."

Forensic Coordinator: The HRA spoke with the Forensic Coordinator in January, 2018 to discuss the status of the recipient's guardianship and transfer to a less secure facility. It was explained that the facility physician would be doing an evaluation that week which is needed for the guardianship. After completed, that along with the Petition would be submitted to legal and the state guardian's intake department and then a hearing would be scheduled. As for the less restrictive environment, at the time of our discussion, Chester was working with the central office to try and facilitate a transfer to a less secure facility as he is now appropriate for a less secure facility.

II. Clinical Chart Review

A. Order Regarding Thiem date: This order dated 1/10/13 stated that the maximum period of time that the recipient would have been required to serve had he been convicted of and received the maximum sentence for the crime that he was acquitted by reason of insanity for minus credit for good behavior was 2 years and 180 days. He was remanded to the Department

of Human Services to receive mental health services for a period not to exceed 2 years and 180 days from the date of the order remanding him to DHS in September, 2013. Therefore, his thiem date was in March, 2017.

B. Progress Notes: A 6/13/17 therapist note documented that a release of information was valid for the community case coordination agency and that the therapist attempted contact with the agency and left a voice mail for the case worker there. On 6/15/17 a therapist note documented that contact was made with the agency. The case worker stated that she was following up with the agency's quality assurance department as they have never accepted anyone from Chester before. The therapist documented that she would be following up with the forensic coordinator regarding the recipient. A psychiatrist progress note dated 6/20/17 documented that on 5/1/17 the recipient was placed in a physical hold for attacking a peer without provocation, but calmed and did not require restraints. On 5/24/17 he was placed in full leather restraints due to "getting into his therapist face, threatening staff and not responding to redirection." On 6/19/17 he again became agitated due to issues involving his commissary. The psychiatrist noted that *"his behavior appears to be related to being disappointed due to not being transferred as soon as expected. He remains preoccupied with leaving Chester and has to be constantly redirected when he gets carried away about it…He remains concrete, with limited comprehension…He is now a civil patient who is awaiting placement…He will be transferred to [facility name] as soon as a bed is available. Staff will no longer discuss transfer plans with the patient until they are finalized."* A 7/28/17 therapist note documented that the case was staffed with the forensic coordinator and that the therapist was sent guardianship paperwork via email from the forensic coordinator. On 8/1/17 a therapist note documented that the recipient's mother was contacted to discuss if she would like to assume guardianship of the recipient. The mother said "of course" but when prompted by the therapist as to if she had transportation or follow up care to help if the recipient is discharged, she stated "we'll have to work on that and I'd need help with that." It was also documented that the therapist had reviewed a psychiatric evaluation done in 2012 which noted that parental rights were terminated in 1992. Later that same day, the therapist documented that paperwork was started for an Office of State Guardian referral. On 8/3/17 the therapist documented contact with the recipient's father regarding possible guardianship. The father stated that he and the mother were never married, just lived together but he was currently taking care of another family member and declined to serve as guardian for the recipient. He was unaware of parental rights being terminated when the therapist questioned him regarding same. A psychiatrist note dated 8/14/17 documented that recipient's level had dropped due to "horse playing and threatening staff." It also was noted that the recipient was no longer preoccupied with leaving Chester and is able to focus on other things. A psychiatrist note dated 9/12/17 documented that the recipient attended his treatment plan review (TPR) that date and was on yellow level and received 11 behavioral reports that month. He was preoccupied with his upcoming birthday and was looking forward to leaving Chester and not coming back. A therapist note dated 9/27/17 documented that when she asked the recipient what he needed to do to transfer the recipient replied by stating *"keep hands to myself, in my pocket, no touch females, I wait on a bed."* When the therapist reviewed separation criteria and discussed recent restraint episode the recipient replied by stating *"okay I got outta this place, my birthday is coming up not that long."* The 10/30/17 therapist note documented the recipient was medication compliant and had not had recent instances of restraint episodes. It was again documented that the recipient had been recommended to transfer to a less secure facility. It was also noted that his guardianship

paperwork had been completed and was given to the forensic coordinator and that the paperwork was with DHS Legal. On 11/26/17 a nursing note documented that the recipient was "severely agitated, broke pencil, yelling and cursing, wanting to go home." The recipient was offered a contingency medication. He stated he did not want a shot but when offered oral medication he agreed. Another therapist note dated 11/28/17 again confirmed that the recipient had been recommended for transfer to a less secure facility and that guardianship paperwork was complete and with DHS Legal. On 12/1/17 a therapist note documented that contact was again made with the community case coordination agency and the worker had confirmed receipt of the referral packet and notified the therapist of who the pre-screening worker would be. They also discussed discharge plans and that the recipient had not had instances of aggression since August, 2017. On 12/4/17 the therapist documented contact she received from the community agency's quality assurance department who was questioning why the recipient needed a screening if he is being transferred to another state operated facility. The quality assurance worker stated that she would like to know who informed the therapist that this was required as she was trying to find out the purpose of the screening. A 12/8/17 therapist note documented contact from the recipient's mother who was also inquiring on the recipient's transfer and was informed that the chief of social work, forensic coordinator, unit director and therapist were all working on his transfer/discharge. On 12/11/17 the therapist documented that the treatment team had met with the recipient who said *"I wanna leave this place."* The therapist discussed separation criteria with the recipient and he stated *"I don't go in restraints, hands in pocket, I wanna leave this place."* The therapist documented that she *"validated and normalized [recipient's] concerns.* On 12/11/17 the therapist and the community agency again spoke and the quality assurance department representative gave the therapist two other state operated facilities that he could be served at.

The HRA also reviewed typed therapist notes dated 6/8/17, 8/11/17, 10/10/17 and 12/8/17 which were all verbatim and stated *"Therapist met with patient to discuss elements associated with signing a voluntary reaffirmation form. Therapist informed patient that should he decide to sign the form he would remain under the care of his treatment team at Chester Mental Health Center and would remain a patient at the facility. Therapist then informed patient he would also be requested to continue to follow the current treatment recommendations set forth by his treatment team. Therapist informed patient that he has met the separation criteria set forth by his treatment team; he will be transfer to a less secure state operated mental health facility closer to his catchment area/support system once a bed is available [recipient]video conference was also rescheduled, but at this time date is unknown. Therapist also made patient aware of his right to sign a request for discharge at this time. This therapist informed the patient that should he decide to sign the request for discharge form, the facility would submit the appropriate paperwork to the [county court] and this patient would receive a court date in which he along with his attorney, would be able to speak with the judge and request his discharge from Chester Mental Health Center. This therapist informed the patient that he would have the opportunity to speak during the court hearing should he choose to exercise this right. This therapist educated this patient about the court process and informed the patient that the Randolph County State's Attorney and staff members of Chester Mental Health Center would also be in attendance and speak at the hearing. This therapist did inform the patient that the staff members from Chester Mental Health Center could be cross examined by this patient's attorney should his attorney feel it would be in the best interest of the patient and helpful for this patient's case."*

C. Application for Voluntary Admission: The first application was dated 3/8/17 and was signed by the recipient and the box was checked indicating that he wished no one to be notified. His social worker signed the form and the forensic coordinator signed for the facility director certifying that the recipient had been examined and was considered clinically suitable for voluntary admission and had the capacity to consent to voluntary admission and is able to understand that he is being admitted to a mental health facility and may request discharge at any time by placing the request in writing at any time. The reaffirmation was signed by the recipient on 4/7/17 for 30 days and witnessed by the social worker. Every 60 days after that he has signed a new reaffirmation.

D. Treatment Plan Reviews (TPRs): A 4/3/17 TPR documented that the recipient's thiem date expired in March and at that time he signed an application for voluntary admission as well as a 30-day affirmation in April and noted that 60 day reaffirmations would be signed thereafter. It was noted that he was still in need of continued inpatient mental health treatment in the Department of Human Services and that Chester has the capacity to provide appropriate treatment. The patient had stated his reason for admission as *"I won't touch anybody. I won't do it again. My birthday is coming up and the judge may let me go home, right?"* The treatment team discussed a discharge plan of him transferring to a less secure state operated facility and noted that he had a video conference on 3/28/17 that had been rescheduled but no date was official at that time. It was noted that his order of preferences for emergency interventions was medication, seclusion then restraints, however seclusion was not an option due to moderate intellectual disability. The nurse had documented that he was compliant with medication and had no physical or verbal aggressive episodes but on 3/29/17 he had requested a PRN medication due to being upset over a failed video conference for transfer. It was noted that he would be transferred to the less secure facility as soon as a bed became available. His full scale IQ was listed as 49. The 8/14/17 TPR noted that transfer to the less secure facility was still appropriate as he was not in need of maximum secure facility. The QIDP documented that the recipient *"continues to fixate on transfer which appears to be a trigger for [behaviors] as a result, staff will discuss transfer as needed with patient. [Recipient] signed voluntary reaffirmation on 4/7/17 and was agreeable to transfer to less secure facility once bed is available."* The psychiatrist had documented that the recipient was no longer preoccupied with leaving Chester and was able to focus on other things. His thought process was described as *"remains concrete, with limited comprehension."* The 9/12/17 TPR documented that the recipient attended the meeting and reported his birthday was coming up. The recipient had received 11 behavior reports this month and reported his medication was putting him to sleep which was addressed by the physician. His deficits are listed as being *"impulsive and sporadically non-cooperative with recommended TX mostly triggered by his environmental triggers. His behavior is childlike (congruent with his DX of Moderate MR); he has no with insight into his illness and his mood is easily aroused." [sic]* The therapist documented that he *"continues to fixate on transfer."* The psychiatrist also documented that the recipient was *"preoccupied with his upcoming birthday. He is looking forward to leaving Chester and not coming back."* The TPR was signed by a nurse, STA and "other staff" as well as the recipient. The 11/7/17 TPR documented that the recipient attended and was asked how he is doing; The recipient stated *"I don't follow rules, who's coming to get me?"* It was noted that he *"continues to fixate on discharge and was redirected to process he has made this reporting period. [Recipient]remained agitated, reported he would not go to*

school the rest of the day and stated 'I want to leave this place, I'm tired of being in this place.'" The therapist documented that the recipient *"presented very upset. He angrily stated that he is tired of being at Chester and wants to go home. He is once again preoccupied with being discharged by his birthday. He states that will not be going to school. He is upset with his therapist whom he blames for still being at Chester. He received 3 BDRs for this review period…"*

E. Initial Psychiatric Evaluation: This evaluation dated 9/7/12 noted past history of DHS hospitalization which began in 2008 and prior symptoms have included moderate mental retardation. The recipient transferred between less secure facilities and Chester due to repeated sexual assaults and aggressive behaviors towards both peers and staff. His previous records also noted that he has difficulty reading, prints his name with difficulty and struggles with rudimentary Math. The indicated grade equivalency is less than Kindergarten level and he has a history of special education classes for a learning disability. Existing records in 2002 and 2004 list a diagnosis of an intellectual disability as well as a 2005 psychological evaluation indicating he met criteria for moderate intellectual disability with a full scale IQ of 42. Social history indicated that when he was 8 years old the Department of Children and Family Services (DCFS) took custody of him because of inadequate supervision and suspicion that he was severely neglected and abused at his home and that his mother and father were uncooperative with the DCFS service plan. Additionally, his parents did not preserve the relationship with him through the visitation rights and parental rights were terminated on 3/15/92. His diagnoses were listed as Axis I Schizoaffective Disorder, Bipolar Type; Axis II Moderate to Severe Intellectual Disability; Axis III History of Seizure Disorder and Leukopenia secondary to Clozapine; Axis IV: Intellectual Disability; Apparent history of childhood abuse and neglect and his global assessment of functioning (GAF) is 47. The Facility Director at Chester, the Director of Nursing and Chief Social Worker signed the evaluation as committee members present and the facility Psychiatrist signed the form.

F. Follow up Utilization Review Form: The form dated 4/27/17 was completed by the social worker and documented that his thiem date expired on 3/8/17 at which time voluntary admission was signed followed by 30 and 60 day reaffirmations. He had met criteria to transfer to a less secure facility and had a video conference scheduled for 3/28/17 but the conference was rescheduled. No reason was listed as to why it was rescheduled and it was noted that at that time the rescheduled date was unknown. At that time he was awaiting bed availability at the less secure facility. Another form dated 7/27/17 signed by the social worker, facility director, quality manager and forensic coordinator reaffirmed he was a voluntary patient as of 3/8/17and was awaiting bed availability at a less secure facility.

III...Facility Policies:

RI .01.01.02.01 Patient Rights: The Patient Rights 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…*

IM .03.01.02.07 Voluntary Admission or Reaffirmation Note policy states that

"*I. Voluntary Admission Note: The coordinating therapist shall document in the progress notes when the patient signs the Voluntary Admission form IL462-2202M. If the patient has a guardian, that person shall be asked for authorization.*
II Voluntary Reaffirmation: After signing the Volunteer Reaffirmation form IL462-0016, the coordinating therapist shall document in the progress notes when the voluntary patient reaffirms his desire to remain voluntary status. Reaffirmation of voluntary status must be completed 30 days after admission, or 30 days after signing for voluntary status, and every 60 days thereafter. If the patient has a guardian, that person shall be asked for authorization for continued Voluntary hospitalization of the patient."

Statutes

The Mental Health and Developmental Disabilities 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 5/3-400) states that *"(a) Any person 16 or older, including a person adjudicated a person with a disability, may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility* ***if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission.***
(b) For purposes of consenting to voluntary admission, a person has the capacity to consent to voluntary admission if, in the professional judgment of the facility director or his or her designee, the person is able to understand that:
(1) He or she is being admitted to a mental health facility.
(2) He or she may request discharge at any time. The request must be in writing, and discharge is not automatic.
(3) Within 5 business days after receipt of the written request for discharge, the facility must either discharge the person or initiate commitment proceedings.
(c) No mental health facility shall require the completion of a petition or certificate as a condition of accepting the admission of a recipient who is being transported to that facility from any other inpatient or outpatient healthcare facility if the recipient has completed an application for voluntary admission to the receiving facility pursuant to this Section"

The Code (405 ILCS 5/3-401) provides that *"(a) the application for admission as a voluntary recipient may be executed by:*
1. The person seeking admission, if 18 or older; or

2. Any interested person, 18 or older, at the request of the person seeking admission; or
3. A minor, 16 or older, as provided in Section 3-502.
(b) The written application form shall contain in large, bold-face type a statement in simple nontechnical terms that the voluntary recipient may be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after giving a written notice of his desire to be discharged, unless within that time, a petition and 2 certificates are filed with the court asserting that the recipient is subject to involuntary admission. Upon admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to the recipient and to any parent, guardian, relative, attorney, or friend who accompanied the recipient to the facility."

The Code (405 ILCS 5/3-404) requires that *"Thirty days after the voluntary admission of a recipient, the facility director shall review the recipient's record and assess the need for continuing hospitalization. The facility director shall consult with the recipient if continuing hospitalization is indicated and request from the recipient an affirmation of his desire for continued treatment. The request and affirmation shall be noted in the recipient's record. Every 60 days thereafter a review shall be conducted and a reaffirmation shall be secured from the recipient for as long as the hospitalization continues. A recipient's failure to reaffirm a desire to continue treatment shall constitute notice of his desire to be discharged."*

The Code (405 ILCS 5/3-908) also provides that *"the facility director of any Department facility may transfer a recipient to another Department facility if he determines the transfer to be clinically advisable and consistent with the treatment needs of the recipient."*

The Code (405 ILCS 5/3-206) says this about a change in recipient's status: *"Whenever a person is admitted or objects to admission, and whenever a recipient is notified that his legal status is to be changed, the facility director of the mental health facility shall provide the person, if he is 12 or older, with the address and phone number of the Guardianship and Advocacy Commission. If the person requests, the facility director shall assist him in contacting the Commission"*

The Forensic Handbook summarizes the Unified Code of Corrections (730 ILCS 5/5-2-4) process following an acquittal by reason of insanity (NGRI) the flow chart is listed below:

- NGRI Finding (730 ILCS 5/5-2-4)
- Ordered to DHS (730 ILCS 5/5-2-4)
- DHS Conducts a placement evaluation at the jail (730 ILCS 5/5-2-4(a))
- Placed in DHS
- Within 30 days a report is sent to the Court
- Hearing
- **IF** found in need of services on an inpatient basis (as in this case)
- Patient is sent to DHS
- Treatment plan is filed with the Court after 30 days and every 60 days thereafter
- End of NGRI commitment period
- Patient is **EITHER** Released from custody **OR** Civilly committed under the Mental Health Code (405 ILCS 5/1-100)

Conclusion

The allegation was that the recipient was inappropriately admitted to the facility due to his level of intellectual functioning and him lacking capacity to understand what signing himself into Chester as a voluntary patient meant. Upon review of chart documentation, the HRA found several references to the recipient having "moderate mental retardation" with full scale IQ being listed as 49. When the HRA interviewed the recipient, he did not seem to fully understand the discussion and what was being asked of him. He was focused on when he would be transferred which he believed would be on or before his birthday and spent most of the interview making a list of items he wanted to have when he was discharged. There was a video conference scheduled for 3/28/17 that was cancelled and on 3/29/17 it was documented that the recipient was given contingency medication due to being upset over the failed video conference for transfer. The recipient's psychiatrist at Chester documented in June that the recipient's *"behavior appears to be related to being disappointed due to not being transferred as soon as expected. He remains preoccupied with leaving Chester and has to be constantly redirected when he gets carried away about it…He remains concrete, with limited comprehension."* At the November treatment meeting the recipient stated *"who's coming to get me…I want to leave this place, I'm tired of being in this place."* The therapist also documented that he *"presented very upset. He angrily stated that he is tired of being at Chester and wants to go home. He is once again preoccupied with being discharged by his birthday. He states that will not be going to school. He is upset with his therapist whom he blames for still being at Chester. He received 3 BDRs [behavior data reports] for this review period…"* During the December treatment meeting which was 9 months after his thiem date had passed and 3 days after he had signed the most recent 60 day reaffirmation for voluntary admission, it was documented that the recipient had said *"I wanna leave this place."* The therapist discussed separation criteria with the recipient and he stated *"I don't go in restraints, hands in pocket, I wanna leave this place."* The therapist had documented in typed verbatim notes in June, August, October and December that she spoke with the recipient about signing a reaffirmation for voluntary admission and explained the complex components of signing such a document, but does not document the recipient's response to those discussions. The HRA questioned whether or not, with a full scale IQ of 49 as documented in his records, the recipient had the capacity to understand what he was signing. However, it was clearly documented in the recipient's chart that he did not want to remain at Chester which was communicated both verbally and behaviorally by the recipient. The record documents mixed information about the recipient's capacity. He was medication complaint which implies the facility was reliant on his medication consents; the treatment team discussed capacity without any physician objection; and, the forensic coordinator declared capacity on the voluntary application. At the same time, the recipient was repeatedly voicing interest in leaving Chester just after signing the voluntary reaffirmation and did not seem to understand the process for requesting discharge nor did staff respond to his interest in leaving with a discharge request form. In addition, the facility is actively seeking state guardianship. Based on the mixed and unclear information about the recipient's capacity and the recipient's repeated statements of his interest in leaving without his pursuing or the staff facilitating a formal discharge request, the HRA **substantiates** the allegation and **recommends** the following:

1. **The Hospital Administrator should review voluntary admission paperwork and document his knowledge of said admission and approval of same if he determines that criteria as outlined in the Mental Health Code (405 ILCS 5/3-400) is met and the recipient has the capacity to understand what he is signing based on capacity criteria also outlined in the Code.**

2. **If a recipient is determined to have capacity and is voicing interest in discharge, provide information and any forms to make a formal discharge request pursuant to the Mental Health Code (405 ILCS 5/3-400).**

The HRA offers the following suggestions:

1. In the future, when a patient's thiem date is approaching, the treating therapist should begin discharge planning well in advance of the thiem date in order to allow enough time for placement arrangements to be made prior to the thiem date. If the patient's capacity is in question, the treatment team should review whether or not the patient meets capacity criteria for voluntary admission to Chester or another less secure facility. If the team determines guardianship may be appropriate, the paperwork should begin early enough for a guardian to be in place prior to the thiem date. If guardianship is appropriate and cannot be obtained prior to the thiem date, the treatment team should petition the Court for either an involuntary admission or temporary/emergency guardian to be put into place until a permanent guardian can be obtained.

2. The HRA was concerned with a therapist note dated 11/4/16 which stated *"Today met with [recipient] and let him call his family, they were not there. We talked about being respectful to staff and if he did not he would only get phone calls when he did have good behavior."* Although communication was not a part of this original complaint, the HRA did want to take this opportunity to suggest that staff be retrained on the Mental Health Code requirements as well facility policies regarding communication. Administration should ensure that staff understands that communication is a right of patients and not a privilege and ensure that staff do not inappropriately restrict patients right to communication with others.

3. There seemed to be some confusion between the therapist and the forensic coordinator as to the status of the Petition for Guardianship. In August, the therapist documented that paperwork had been started for a legal guardian to be appointed. In October, another therapist note documented that paperwork was with DHS Legal. However, in January the forensic coordinator told the HRA that the facility physician would be doing an evaluation that week which was required prior to the Petition being sent to DHS legal for a hearing to be set. The HRA suggests that this process be reviewed by administration and quality assurance to determine if a breakdown occurred and to explore a more efficient process to utilize in the future.

4. Ensure that recipients know that they can contact the Guardianship and Advocacy Commission when admitted or if objecting to admission and whenever there is a change in a recipient's legal status pursuant to the Code's Section 5/3-206.