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**HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION**

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Report 24-050-9011  
Packard Mental Health Center

**INTRODUCTION**

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of potential rights violations at Packard Mental Health Center, a Department of Human Services hospital in Springfield that treats adults in civil and forensic programs. The allegation is that a patient was restrained, and his property confiscated for inadequate reasons. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA met with administrators and members of a treatment team involved in the incident in question. Relevant program policies were reviewed as were sections of the patient's record with authorization. This patient has resided on several units at Packard, medium and minimum secure, on NGRI (Not Guilty by Reason of Insanity) status since 2018.

**COMPLAINT SUMMARY**

The complaint states that the patient was suddenly approached by staff and told to turn over a pair of socks that were said to be a ligature hazard and a urinal that a physician ordered for him the day before. He had the same socks for several years on other units without a previous problem. He asked for a restriction notice for his confiscated property, and the staff said no, that a notice was not necessary. The patient refused to turn over the socks and the staff along with several security guards reportedly tackled him and put him in a restraint chair to retrieve them. He was then taken to a higher security unit where he remains today. Most of his clothes and foods were soon returned to him at the new unit, except for his shoes and a hat and possibly other items.

## FINDINGS

According to nursing progress notes from May 28, two staff members approached the patient about having long black socks that were considered contraband as well as multiple Styrofoam cups in his room. The patient admitted to having the socks and explained that he used them to cover patient phones for infection control. Staff insisted on taking the socks if they were over 18 inches, and the patient refused saying all other units he was on allowed them and that he wanted a restriction notice if he had to give them up. He also explained that he urinated in the cups at night since the bathroom was too far away and that he was waiting for a physician's approval to use a urinal instead. The staff said a restriction notice was not needed for the contraband socks, and they would discuss the matter with administration and get back to him. A urinal was provided to the patient later that afternoon on a physician's order.

Staff approached the patient again on the unit patio on the 29<sup>th</sup> and explained that after discussion with the Hospital Clinical Management Team, the socks would need to be inspected and the urinal taken away since it was inappropriate for someone with no trouble walking and that the collected urine could be used as a weapon. They offered to explore other options for sanitizing the phones, and the patient again refused to hand over the socks, one of which he had on him. He was warned about a physical hold to search him, and the patient responded again that he would not give over the sock without a restriction notice. The staff then returned with security officers and several other personnel; they explained once again that they needed the sock to inspect whether it was over 18 inches; the patient refused saying they would not get the sock without a physical hold, and the team proceeded to surround and hold him. According to the rest of the entry, the patient began to struggle and stood onto a bench where he had been sitting. The team tried to bring him down from the bench, and all of them lost balance and fell to the ground. The patient complained of hurting his hand and knee when they went down. Once they collected themselves, he agreed to contract for safety and the team released him from the hold, continued the search and retrieved the sock which turned out to be over 18 inches. Then the team began to question the boots he was wearing because they had metal fasteners, laces that were too long and potential steel toes. In summary, they asked for the boots; the patient refused; they started another hold; the patient struggled again and raised his leg "in a kicking position", and he was placed into restraints. He was taken to a restraint room where the boots were eventually removed and determined also to be contraband, with metal fasteners and laces over 18 inches. His room was searched where a matching sock and the urinal were retrieved. As the patient was immediately being transferred to a more secure unit, staff went to his room for another pair of shoes to give him and found those to have laces over 18 inches, which were confiscated as well. It was later noted that the patient had scraped his hand and knee in the fall and that a physician had assessed the wound areas.

Two restriction notices were issued, one for the physical hold and one for the restraints, and each detailed the need to search the patient and the physical struggles that resulted. The forms indicated that the patient's intervention preference was used, but not whether he was asked if anyone was to be notified.

The HRA reviewed a video of the incident, and verified the documented account although the video had no sound, so the staff explained what was being said as it went along.

They assured that the 2 security and 6 additional staff members were present for a show of force, and the several of them who performed the hold maintained a calm tone while encouraging the patient to contract for safety throughout. What was viewed on footage appeared to go as documented in the nursing notes, including the fall that seemed to be a loss of balance as opposed to a tackle. Regarding the situation in general, the clinical nurse manager involved in the hold said they try to follow all rules and policies “to a T” with this patient who expects the same in return, so it was important not to issue a restriction notice for contraband. None of the staff we interviewed were able to say when the patient got the socks, boots or laces or how long he had them, nor did the staff from the unit where he previously resided.

There were no property restriction notices issued to the patient although several non-contraband items were confiscated according to notes when he entered the new unit following the incident: “The team has gone through his personal items and gave him the items that he is allowed to have on a medium secure unit. He also has been instructed to have his family/friends on the next visit arrange that all the items that are not allowed on the unit to be taken home. .... He is not allowed his boots, large brim hat, electric razor and waterpik on the unit which [are] on the contraband list.” The complaint claimed that various paperback books, legal papers and electronics were confiscated as well, however none of this can be verified because the facility failed to provide adequate property documentation as requested. We therefore rely on follow-up with the patient who stated that his hat, some clothes, and his boots were returned eventually, about 3 weeks or so after the transfer, which should have been justified with restriction notices. He reports that his boots, which were said to be previously approved by another unit clinical nurse manager, were taken away once again on the new unit when staff reportedly said they were unfair to have when other patients went without- again, this is not verified by appropriate facility documentation.

The only property logs provided for our review were unclear and confusing. For example: “(undated/unit unidentified) returned to patient: 15 pairs white socks; 5 pants; 1 bandana [meanwhile, bandanas are on the restricted list]; 1 shorts; 5 shirts. (undated/unit unidentified) stored on unit: 16 shirts; returned to patient: 4 pairs shoes; 8 pairs pants; 5 pairs pants; 9 shirts; (undated/unit unidentified) storage: 2 books; 2 ripped shirts; 1 tan pants; 4 belts; 3 boxes; 11 ear plugs; 3 bottles; returned to patient: 10 shirts; 1 pair shoes; 4 underwear.” Signatures spaces for the patient are unsigned. “(2018/Lincoln South) stored on unit: 1 package Burt’s Bees supplies; 1 Walmart gift card; in storage: reading glasses; 10 pair white socks; 1 pr white tennis shoes; 1 black hat....; returned to patient: 5 socks....”, this one is signed by the patient. “(2018/Lincoln South) returned to patient: 6 pair white socks; 6 pair dark socks.... (2022/Monroe) stored on unit: 9 pairs of socks....”

## CONCLUSION

Packard policy (MD460) states that restraint use is limited to emergencies where there is a “clear and present danger” of harm and may not be used for coercion or discipline. A restriction notice is to be completed for each use. The Procedures are near identical outlines of the Mental Health Code that guarantees a patient’s freedom from use unless it is necessary to prevent physical harm and includes the requirement to complete restriction notices and contact

any person or agency so designated. (405 ILCS 5/2-108 and 2-201). All care and services are to be adequate and humane and provided in the least restrictive environment. (405 ILCS 5/2-102a).

Packard's Guide to Recovery which is shared with all patients on admission contains contraband and restricted items lists for minimum and medium secure units. Contraband items are confiscated and not returned, and restricted items are not allowed for use and are sent home or stored until discharge. The restricted list on each identifies any strings longer than 18 inches, hard toed shoes or footwear "considered" potentially dangerous, clothing that "could pose a risk of injury", and "other hazardous items as determined by the Treatment Team". They do not list socks specifically. We have a copy from 2024, but it is uncertain which year this was issued to this patient since he has been there for over six years. Packard policy (PS128) addresses acceptable patient properties but not the logging of them. Contraband policy (PS125) states that the hospital reserves the right to designate an item as contraband based on individual need. "Any contraband or restricted item taken from a patient shall be documented on a Personal Property Form (DMHDD-1). This form shall show the patient's name, a brief description of the item, the signature of the staff member receiving the property, and shall be handled in accordance with FIS201, "Receipt of Patient's Money and Personal Property." We were not provided a complete copy of any such form for this patient's incident under review, and no current form or list for what he may possess or have in storage- at least not since 2022. The Mental Health Code allows patients to possess and use personal property unless deemed unsafe provided they are notified on admission. (405 ILCS 5/2-104).

The HRA finds partially shared responsibility in this needless situation. Indeed the patient was warned of what would happen if he refused to give up his socks and boots, but perhaps being sure he had the most updated contraband and restricted lists in hand and going over the lists with him before the physical intervention might have deescalated the situation; it might have been an education for the patient and a less restrictive option as well, certainly a more rational, therapeutic one, which is an environment the facility is supposed to provide. And, since the clinical nurse manager insisted that he must follow policy by not issuing a notice for contraband, we apply the same logic and insist that staff failed to follow policy in the first place by allowing the patient to have contraband socks, laces, boots and then another pair of shoes, for who knows how long- they have no idea. Packard bears the weight of this unfortunate incident, and the unnecessary restraint could have been avoided. Restriction notices were not issued to the patient when acceptable items like his hat and other clothing items were confiscated for weeks, and the notice issued for the restraint failed to indicate whether he was asked if any person or agency was to be notified. Property forms attached to policies were not completed as well. Protected rights violations are substantiated.

### Recommendations

- Administration and treatment teams must revisit this incident to identify less restrictive, therapeutic ways to address future incidents
- Ensure that unit staff inspect items entering the facility for contraband/restricted items
- Ensure that staff complete restriction notice forms: including anyone to be notified
- Remind staff to complete restriction notices whenever harmless properties are confiscated for any length of time

-Remind staff to follow policies and complete forms for confiscated properties

Suggestions

-revisit contraband lists periodically with long-term patients

-require the itemization of patient properties when they transfer from unit to unit

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**RESPONSE**

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

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JB Pritzker, Governor

**Packard Mental Health Center**  
901 Southwind Drive • Springfield, IL 62703

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Dulce M. Quintero, Secretary Designate

March 13, 2025

James Bakunas, Chair  
Human Rights  
Authority

Illinois Guardianship and Advocacy  
Commission 830 South Spring Street  
Springfield, Illinois 62704

Re: #24-050-9011

Mr. Bakunas:

Packard Mental Health Center recently received the Report of Finding for the case number listed above which involved recommendations and suggestions.

Based on these, the following has occurred at Packard:

- Discussion has occurred with each treatment team regarding the identification of the least restrictive and most therapeutic way to enforce issues with contraband.
- Re-educate staff regularly through quarterly policy refreshers about contraband, restriction of rights, individual and room searches, proper itemization of patient belongings upon admission and transfers between units.
- Ensure that patients receive an updated copy or have access to the Guide for recovery and Contraband list annually and any time the policy changes.

Thank you for assisting us in ensuring all patient rights are maintained.

Sincerely,

**Becky Wilson**

Becky Wilson, RN, BSN,  
MPH Quality Manager

Packard Mental Health Center