FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Streamwood Behavioral Health System
HRA #11-100-9013

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Streamwood Behavioral Health Systems (SBHS). In April 2011, the HRA notified SBHS of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints investigated were the following:

- Severe understaffing resulted in a chaotic environment; recipients abused other recipients and staff members did not intervene.
- Staff members bully the recipients.
- There were only three bathrooms for 28-36 recipients; the bathrooms were locked which meant that the recipients had to request to use the bathroom-recipients were often denied access to the bathroom for long periods of time, there was an absence of toilet paper or soap in the bathrooms.
- There was an absence of reading or art materials on the unit and recipients could not exercise without earning sufficient points.
- There was a lack of cleanliness and the unit had a strong mildew odor.
- Bodily hair was found in some food items.
- A family member asked that the recipient be discharged and was told that the recipient could not be discharged home, but the recipient could be transferred to another facility after the recipient signed a 5-day notice of discharge, family members were later informed (by staff) that the family misunderstood staff and that the recipient could be transferred without a 5-day notice of discharge; it was stated that the miscommunication resulted in a delay in the discharge.
- A recipient was denied access to a topical gel for tooth/gum pain.
- Program points were taken away for sleep when sedating medication was causing this effect.
- A cavity check was completed at the time of admission with no hospital gown and conducted in an intimidating and demeaning manner.
- A complaint was filed with DCFS in retaliation for making complaints and for threatening to contact outside advocacy agencies.

If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Licensing Standards for Child Care Institutions and

Maternity Centers (89 Ill. Admin. Code 404). "Child care institution" means a child care facility where more than 7 children are received and maintained for the purpose of providing them with care or training or both.

The HRA conducted on-site visits in May and September 2011. While at SBHS, the HRA discussed the allegations with the Chief Operating Officer, the Medical Director, a Registered Nurse, the Program Manager/Therapist, a Dietician, the Chief Nursing Officer, the Director of Risk Management/Performance Improvement and the unit's Nurse Manager. The complainant was interviewed by telephone. The HRA reviewed the chart of the recipient's whose rights were alleged to have been violated with written consent. Also reviewed were policies relevant to the allegations. The HRA interviewed recipients receiving inpatient services.

The HRA acknowledges the full cooperation of hospital personnel.

Background

SBHS provides mental health services to children and adolescents that include: outpatient assessment and therapy, intensive outpatient programs, partial day hospitalization, residential care and inpatient crisis stabilization. They offer a full staff of licensed social workers, professional counselors, nurses, psychologists and psychiatrists that provide treatment at every level of care. The facility is a subsidiary of Psychiatric Solutions, Incorporated, a behavioral health management firm that serves thirty-one states from its headquarters in Franklin, Tennessee.

The investigation focused on the Self Harm Program, which is a 24-bed inpatient program for 12-17 year old females who exhibit self destructive behaviors and are in need of stabilization due to chronic internalizing and externalizing behaviors; they also should have had previous treatment failures, including outpatient and/or psychiatric hospitalizations. The program has its own wing located within the main inpatient hospital building, but is separated from other inpatient units.

The prominent treatment philosophy utilized in this program is Dialectical Behavior Therapy (DBT). DBT combines elements of cognitive-behavioral techniques, relaxation, self soothing, and enhancement of self awareness skills. This approach emphasizes the acceptance of adolescents as they are, while encouraging them and teaching them skills which will enable them to make positive changes in their lives.

Allegation: Severe understaffing resulted in a chaotic environment; recipients abused other recipients and staff members did not intervene

Findings

The record revealed data on a 16-year-old female who was admitted to the hospital on January 6, 2011, due to suicidal ideation. The chart contained an Application By An Adult For The Admission of a Minor for the admission which documented that the mother gave consent for the admission. She was transferred to another hospital for in-recipient services on January 13, 2011.

A review of the clinical record showed that during the afternoon hours on the day after admission, the recipient was noted to have appropriate but minimal interaction with her peers. Later that evening, it was documented that she was demanding and rude and that she was having a hard time accepting feedback from her peers. The following afternoon it was documented that the recipient showed good boundaries and socially interacted with her peers appropriately. On the 11th, it was documented that the recipient was easily agitated by her peers and that staff members provided feedback and encouraged the use of coping skills. On the 12th during individual therapy, it was documented that the recipient spent most of the day in the quiet room, refusing to go to groups. When asked about staying in the quiet room, the recipient reported that she hated the hospital and that the people were mean. When asked to elaborate, the recipient said that "people

don't pay attention to me - I need people to pay attention to me." The recipient also reported feeling suicidal but then recanted that statement. She did say she needed a break from her home and she thought that SBHS would be like the other hospital with classier people and nicer staff. The recipient blamed her peers for being mean to her and when asked by the therapist to further describe what happened, the recipient refused.

Later that day during a family session, it was documented that the recipient presented in a negative mood and that she focused on making complaints about the staff, peers and the hospital in general. The therapist stated she could take care of two concerns immediately -the recipient would receive a different roommate and she would be able to program away from this peer. The entry indicated that the mother had become more concerned about the recipient's well-being and safety as the session ended. The mother requested to file a grievance regarding her observation of the unit and some staff interaction. The following day, the Therapist called the mother regarding issues with the facility and the mother wanted the recipient transferred to another hospital due to her dissatisfaction with the hospital. The Therapist also wrote that the mother expressed fears about an aggressive peer on the unit and she wanted to make sure that the recipient's room was changed. When asked, the Therapist stated that the "aggressive peer" was not aggressive with the recipient identified in this case.

At the site visit, it was stated that during the time of the recipient's hospitalization, the unit was no more or less chaotic than usual; it was noted that the unit does serve a challenging population. Hospital staff stated that there were no reports of this recipient being abused by others and that she did not really engage with others on the unit. It was stated that when there is a problem between peers, a few options are available - they will change roommates (which happens all the time), discuss the problems with the recipients involved, put the recipients on opposites (no interaction/opposite side of the room, etc.), place the recipient on a precautions, etc. When problems arise, staff are advised of the problems during the shift-to-shift meetings. And, the issues would be addressed in the clinical record.

Regarding the staffing ratios, it was stated that they have about forty recipients on each unit; there is one counselor for four adolescents during the day shift. There is one RN for about 24 recipients during a 24-hour period. The staffing ratios are not based on an acuity system, but rather on the unit census and subjective acuity. The HRA requested and reviewed the staffing levels during the period in question; they seemed to comply with the standards set by hospital policy.

When interviewing the recipients on the day of the first site visit, each recipient expressed that they felt safe on the unit. A few mentioned that recently another peer had acted out and that her behavior caused the unit to become quite hectic, but other than that incident, they had no complaints.

The HRA inquired into hospital surveys post discharge to see if there were any reports of staff misconduct. We were advised that they have surveys that are submitted to corporate and that the results are tracked in comparison to other sites and that as *stand only data* it would not be helpful.

The Staff to Meet Recipient Needs policy states (in part) that it is the policy of SBHS nursing services to provide levels of nursing care that meet recipient needs. The Nurse Manager/designee in collaboration with the unit nurse will assess on a shift by shift basis, or more frequently as needed, the need to adjust staffing levels in order to meet the nursing care needs of the recipient. The Nurse Manager/designee will consult with the Chief Nursing Officer/Director of Nursing on a daily basis, identifying trends regarding recipient acuity and milieu issues, the Chief Nursing Officer will then provide an annual assessment (or as needed) during the budget process to determine adequate staffing for the upcoming year.

The Management of the Agitated/Assaultive Recipient policy states (in part) that all program staff are responsible for recognizing and observing the signs of potentially violent behavior,

reporting it to the appropriate staff and acting within the limits of their position descriptions to protect, with the least restrictive method, the recipient, all other recipients and visitors, the staff will maintain the recipient's rights and treat the recipient humanely. Staff will intervene as follows for the recipient who has been determined to have potential for assault: the recipient will be assigned to a room without a roommate whenever possible or direct observation by staff will be provided for precautions requiring this.

Conclusion

The Administrative Code, Section 404.28 states (in part) that "Groupings and supervision of children shall provide for individual attention and consideration of each child. Groups shall consist of a maximum of 15 children. Child care staff shall provide appropriate supervision to children at all times. Two or more groups may share common programs and living accommodations but sufficient numbers of child care workers shall be maintained. The institution shall assign one or more child care workers for direct supervision of each group to be on duty and readily available while the children are awake and on the premises. Girls shall be under the direct supervision of adult female staff while in their living quarters. For night time supervision, there shall be at least one person on duty and awake for each two groups occupying common or attached living quarters. Girls shall be under the direct supervision of adult female staff during the night. Additional staff shall be on call in case of emergency or other need. When the needs of individual children dictate, additional staff may be required to meet the needs of all children. The appropriate ratio shall be determined through consultation among the parent/guardian, staff, resource personnel and the Department." Section 404.37 of the Administrative Code states that "staff shall not abuse or neglect children and shall protect children from harm at all times."

The HRA did not find any evidence that severe understaffing resulted in a chaotic environment or that recipients abused other recipients and staff members did not intervene.

Allegation: Staff members bully the recipients

Findings

At the site visit, it was stated that staff members receive a two week orientation at the time of employment. At that time, the staff member is trained in mandated abuse/neglect reporting as well as Crisis Prevention Institute Training. They have had no reports about staff members bullying the recipients.

When discussing this allegation with the recipients, each recipient stated that staff members are nice, there seemed to be enough staff on the unit to address their needs; no one mentioned that staff members were inappropriate.

The Patient Rights and Responsibilities policy states (in part) that "Streamwood Behavioral Health Systems will, within its abilities: offer treatment consistent with the mission statement; offer treatment free of discrimination of race, religion, sex, sexual orientation, ethnicity, age, disability, or sources of payment for care and render care in a way that considers, respects and protects the personal dignity of each patient consistent with applicable laws and regulations."

Conclusion

Section 404.37 of the Administrative Code states that "staff shall not abuse or neglect children and shall protect children from harm at all times."

Based on the information obtained, the allegation that staff members bully the recipients is unsubstantiated.

Allegation: There were only three bathrooms for 28-36 recipients; the bathrooms were locked which meant that the recipients had to request to use the bathroom-

recipients were often denied access to the bathroom for long periods of time, there was an absence of toilet paper or soap in the bathrooms

Findings

The HRA toured the unit and found that in general, there are two recipients per room. Each room has a bathroom which had a toilet, sink and shower. The recipient must get a staff member to unlock the door for use. Of the two bathrooms observed, each room had toilet paper. There was no soap in either the shower or on the sink. The unit had hand sanitizers located in the hallway for use. One two-person room is without a bathroom, the girls in this room must use the bathroom adjacent to their bedroom. The HRA was told that there is no soap in the rooms and that the bathrooms are locked for safety reasons.

When discussing this allegation with the recipients, no one had any problem with getting the bathroom door unlocked in a timely manner. All recipients knew about the hand sanitizers in the hallway; one recipient said that the sanitizers are not used by the recipients on a consistent basis.

Conclusion

Section 404.44 of the Administrative Code states "Lavatory, bath, and toilet facilities for children shall: consist of one toilet and one lavatory for every 6 children; be equipped with hot and cold running water and shall be located near the sleeping quarters."

Each bedroom with the exception of one had a bathroom; the allegation that there were only three bathrooms for 28-36 recipients is unsubstantiated. The bathrooms are locked for safety reasons; the HRA found no evidence to show that recipients were often denied access to the bathroom for long periods of time; the allegation is unsubstantiated. During the HRA observation, there was not an absence of toilet paper in the bathrooms; soap is not supplied in each bathroom due to safety reasons.

According to the Centers for Disease Control and Prevention, "Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands." The HRA has concerns about the lack of soap in the bathrooms.

Although the Center for Disease Control and Prevention recognizes the use of hand sanitizer as a hand cleaning alternative, the HRA strongly suggests that the facility revisit this matter to ensure that each bathroom has soap that can be safely used.

Allegation: There was an absence of reading or art materials on the unit and recipients could not exercise without earning sufficient points

Findings

A tour of the unit showed that the unit is divided into two sections and each section has a day room. The day room contained a television, lounge chairs, tables, etc. It was stated that all leisure materials - board games, books, puzzles, and movies are locked in cabinet for safety reasons. A review of the locked cabinet showed that materials were available; the materials were somewhat sparse.

In discussing the allegation that recipients could not exercise without earning sufficient points, it was stated that all recipients are allowed to go to the gym and/or outside exercise activities and that the points do not factor into this activity. The only reason a recipient might be prevented

from participating in an off unit activity would be if that recipient was medically or behaviorally unable to leave the unit. It was also stated that the unit offers some exercise classes (yoga).

Conclusion

Pursuant to Section 404.36 of the Administrative Code, "Recreation activities play a major role in the development of children. Recreation should enhance sportsmanship, coordination, and peer acceptance. Recreation should be appropriately planned for after school hours, weekends, and holidays. An exercise room and a yard of sufficient area to allow strenuous physical exercises must be accessible."

There were some leisure activity materials available on the unit; the allegation is unsubstantiated. Physical exercise is not contingent upon earning program points; the allegation is unsubstantiated.

Allegation: There was a lack of cleanliness and the unit had a strong mildew odor

Findings

The HRA did not notice any odor and unit seemed clean. When asked, it was stated that cleaning personnel clean the units on a daily basis. The HRA was told that the cleaning service is contracted to an outside source. A checklist for daily cleaning was obtained, which included cleaning and sanitizing, sweeping, mopping etc. At the second site visit, the HRA asked for completed checklists during the period in question. The company was contacted and was told that completed checklists are kept for only three months.

Conclusion

Pursuant to Section 404.443 of the Administrative Code, "Buildings shall be maintained in compliance with state and local ordinances for health, safety and sanitation. Housekeeping and repair programs shall be scheduled and shall be the responsibility of housekeeping and maintenance personnel."

The HRA found no evidence to support this allegation.

Allegation: Bodily hair was found in some food items

Findings

The Dietitian stated that if hair was found in a food item this would not be acceptable, but she also acknowledged that this unfortunately might happen. If recipients have complaints about the food, they are to report to unit staff who then contacts the kitchen to report the complaint. It was stated that they have had no complaints of hair in food. It was also stated that each meal is monitored to ensure correct temperature, correct food items, etc.

The HRA toured the kitchen and learned that all meals are prepared in the kitchen; recipients are served cafeteria style and eat in the off-unit dining room. Upon entering the kitchen we observed three employees preparing the up-coming meal; only two had on hair nets; two employees preparing food items did not have on gloves. Upon entering the food preparation area, the HRA was not given a hair net until the net was requested by an HRA representative. The HRA observed a staff member entering the food preparation area without securing a hair net. The HRA noted that cleaning bleach was left near a food preparation area and also noted a few containers of food items left uncovered.

When discussing the meals with the recipients, most were so-so on the food taste. They did say that the hot food was served hot/ cold food was served cold. One recipient did say she did not get enough to eat. No one mentioned that hairs were found in the food.

Conclusion

Pursuant to Section 404.38 of the Administrative Code, "Meals shall be served under clean and sanitary conditions."

The Food and Drug Administration (21 CFR 110.10) states in part that "All persons working in direct contact with food, food-contact surfaces, and food-packaging materials shall conform to hygienic practices while on duty to the extent necessary to protect against contamination of food. The methods for maintaining cleanliness include, but are not limited to (5) Maintaining gloves, if they are used in food handling, in an intact, clean, and sanitary condition. The gloves should be of an impermeable material. (6) Wearing, where appropriate, in an effective manner, hair nets, headbands, caps, beard covers, or other effective hair restraints." This Section also states that "Taking any other necessary precautions to protect against contamination of food, food-contact surfaces, or food-packaging materials with microorganisms or foreign substances including, but not limited to, perspiration, hair, cosmetics, tobacco, chemicals, and medicines applied to the skin."

Some of the food service personnel were without hair nets and gloves - a violation of the Code of Federation Regulation. Since bleach was found on or near a food preparation area, it is found that the food service personnel were not taking the necessary precautions to protect against food-contact surface contamination.

Recommendation

The facility must ensure that all persons working in direct contact with food and food contact surfaces conform to hygienic practices.

The facility must protect against the contamination of food, food-contact surfaces, including, but not limited to, perspiration, hair, cosmetics, tobacco, chemicals, and medicines applied to the skin.

Allegation: A family member asked that the recipient be discharged and was told that the recipient could not be discharged home, but the recipient could be transferred to another facility after the recipient signed a 5-day notice of discharge, family members was later informed that she misunderstood staff and that the recipient could be transferred without a 5-day; it was stated that the miscommunication resulted in a delay in the discharge.

Findings

As stated previously, the chart contained an Application By An Adult For The Admission of a Minor for the admission which documented that the mother gave consent for the admission. The chart contained a Request for Discharge form, signed by the mother on January 11, 2011.

At the site visit, it was stated that the hospital does not facilitate transfers - if the recipient or family wants another facility they must make the arrangements. It was stated that about two months prior to this hospitalization, this recipient had received in-recipient services at another hospital and that the family knew at the time of admission to SBHS that they wanted the recipient to go back to that hospital. And, they were actively pursing admission to that hospital. It was stated that when the transfer was not secured within a few days, the family member requested that the recipient be discharged home. Hospital personnel explained that for safety reasons the recipient could not be discharged home, thus the family was asked to sign a five-day notice of discharge. It was relayed that the family member did not understand that a transfer could have occurred during the five-day period, but that the five-day was necessary for the recipient's safety.

The facility's Admission of Recipients policy states (in part) that recipients will be admitted to the least restrictive level of care in the continuum as deemed appropriate per admission criteria.

Assessment and Referral staff verify the completion of a Voluntary application form and review recipient and guardian rights prior to admission. A & R staff process the Adult for the Admission of a Minor application for all minor voluntary admittess by attaining parent/guardian signatures on the application for admission or in emergency situations when the parent, guardian or person in loco parentis is unavailable, the signatures on the application of an interested party as designated by the Illinois Mental Health Code. The Discharge of Recipients policy states (in part) that the physician gives a "discharged by transfer" order when a recipient is being discharged directly to another hospital. A copy of the recipient information and transfer form is to accompany the recipient.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Sections 3-503 and 3-508, "Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment. The application may be executed by a parent or guardian or, in the absence of a parent or guardian, by a person in loco parentis. 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 prepared pursuant to paragraph (c of Section 3-507)."

The HRA does not find that recipient rights were violated when the facility presented the family member with the five-day notice of discharge. However, the HRA takes this opportunity to suggest that when a recipient and/or family member requests discharge, staff members ensure that the discharge process is thoroughly explained and documentation should state the same.

Allegation: A recipient was denied access to a topical gel for tooth/gum pain

Findings

According to the clinical record, on the day of admission, it was documented that the recipient had no current problems with her teeth. On January 11th, it was documented that the recipient was given Tylenol for a toothache; it was documented that the medication relieved the pain. The HRA found nothing in the chart about the recipient requesting a topical gel. At the site visit, it was stated that the hospital would not send recipients to a dental clinic because of the short length of stay and also due to safety reasons. It was stated that when as needed medication is given for pain; the nurse is to follow-up to ensure the pain has been relieved.

Conclusion

Pursuant to Section 404.18 of the Administrative Code, "A qualified physician working in collaboration with the administrator shall be designated to assure that comprehensive medical and health services are provided according to the needs of the children and the requirements of this part."

The recipient complained of a toothache and she received pain relief medication; rights were not violated.

Allegation: Program points were taken away for sleep when the sedating medication was causing this effect

Findings

A review of the 15-minute monitoring chart showed that the recipient slept through the night; there was no indication that she slept at any other time. Therapist notes showed that when she attended groups, she was attentive, focused and participated; she also refused groups. There was

nothing in the chart to indicate that the recipient expressed being tired from her medication, or that staff members observed her sleeping too much during awake hours.

Staff members explained that each recipient earns points daily and that points are not taken away. A recipient can earn points for simply showing up for a group and even sleeping through said group, since as explained by staff, a recipient has the right to refuse treatment. It was stated that if a recipient is sleeping a lot during groups or sleeping a lot in general, medical personnel are alerted to rule-out any medical concerns.

A review of a Self-Harm Unit Point Sheet (obtained from the recipient's family) showed how points are earned:

Behavior:

0 points =majority of time disruptive, inappropriate or extremely withdrawn; unable to remain in group

1 point = some staff intervention; responding positively to it

2 points= consistently appropriate behavior

Participation:

0 points =did not attend group; asked to leave, slept, or refused to talk

1= offered feedback to others, but did not initiate self-disclosure

2=active, both offering feedback and self-disclosing

A review of two days of completed sheets showed that the recipient slept during groups on a few occasions and points were not subtracted from the total.

In discussing this allegation with the recipients, each recipient stated that points can and are taken away if unit rules are broken.

The Recipient Handbook states that the Point/Level System is one way that shows "us you are ready to be discharged is through the Point/Level System. You can earn points for making positive choices, participating in groups, and talking about why you are in the hospital. Points are earned for each group every day and tracked on a Point sheet. Points are added up every night while you are asleep and this will give your level for the next day. Every day you work to earn a level. If you have a bad day, you still have the opportunity to start fresh the next day to earn points to make a level."

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "a recipient of services shall be provided with adequate and humane care and services in the least restrictive environment…"

The HRA found that points were not taken away when the recipient slept during groups. However, she did not earn points for simple attendance as explained by staff and each recipient interviewed stated that points are taken away - also a contradiction to what was explained by staff members and inferred in the patient handbook.

Hospital administration must ensure that staff members are not abusing the point system by taking away points for rule infractions and clarify such in the patient handbook.

Allegation: A cavity check was completed at the time of admission with no hospital gown and conducted in an intimidating and demeaning manner.

Findings

The chart contained a body inspection form. The form identifies if a wound site is observed, and the site must be indicated with a code (A=abrasion, Br=bruise, B=burn, P=piercing,

etc.). The observer is to explain the physical marks (accident, self-mutilation, etc.) and indicate whether contraband was found. The body inspection for this recipient indicated that contraband was not found and that she had some self-inflicted markings. The chart contained a physician's order for the inspection and a Notice Regarding Rights of Recipients form, which showed that the recipient received a belongings search and an unclothed body check.

At the site visit, it was stated that cavity checks are not completed - body checks are conducted to observe for contraband, open wounds, scars, tattoos, etc. It was stated that recipients are placed in a gown and are asked to squat.

The HRA spoke to the recipients about this process. Each recipient interviewed stated that gowns were given and that underclothing remained on; each recipient stated that they had to squat. The recipients were able to articulate that staff members are checking for tattoos, body piercings, wounds, etc., and that it was needed for safety reasons. No one stated that it was conducted in an intimidating or demeaning manner.

The facility's Body Inspection policy states (in part) that SBHS will ensure a safe environment as well as assessing for self-injurious behaviors for recipients, staff and others by means of conducting body inspections accordingly. Staff will conduct inspections at the time of admission and as deemed necessary if contraband is suspected or self-injurious behaviors occur, adhering to the following protocol: 1) the recipient will be taken into a room which ensures privacy; 2) one nurse and another staff member of the same sex as the recipient will conduct the inspection; 3) the body inspection will occur as a portion of the medical history and physical conducted by the nurse; 4) staff will explain to the recipient the need for the inspection; 5) staff will explain to the recipient carefully and thoroughly, how the inspection will be conducted; 6) staff will ask the recipient to disrobe and hand articles of clothing to the staff member; 7) staff will provide the recipient a gown to wear during the inspection of his/her clothing; 8) staff will observe the recipient for contraband which is taped or otherwise attached to the body; 9) staff will observe the recipient for any bruising, scarring, tattoos or any other abnormal body markings. The policy goes on to state that the nurse will obtain a physician's order and complete a restriction of rights form for each episode.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "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." Section 2-112 of the Code states that each recipient shall be free from abuse and neglect.

Based on the information received, it is concluded that the recipient received a body inspection at the time of admission; nothing indicates that a cavity check was completed or that the inspection was completed without a gown; the allegation is unsubstantiated.

However, the HRA has grave concerns about making every recipient squat. Unless there is an individualized reasonable suspicion to believe that a recipient is concealing contraband, it is recommended that this blanket practice be stopped.

Allegation: A complaint was filed with DCFS in retaliation for making complaints and for threatening to contact outside advocacy agencies.

Findings

According to the Assessment & Referral data that was gathered at the time of admission, a report was made to the Department of Children and Family Services based on information that was reported by the recipient at the time of admission.

At the site visit, it was stated that mandated reporting is addressed with new employees at the time of their two-week orientation training. It was stated that issues are reviewed with the treatment team prior to a call being made and that they report any reasonable allegation. The recipient made some statements at the time of admission that were assessed to be reportable.

The facility's Child Abuse/Neglect, Reporting to the Department of Children & Family Services policy states (in part) that when child abuse or neglect is suspected by any hospital staff during the pursuance of their duties or is alleged by a recipient, the hospital is mandated by Illinois State Law to contact the DCFS hotline and report the information regarding this for persons in custodial care capacity (parents, immediate family, any person responsible for the child's welfare, any person residing in the same home as the child or a paramour of the child's parent), in accordance with the Illinois compiled statutes.

Conclusion

Pursuant to Section 4 of the Abused and Neglected Child Reporting Act, "Persons required to report; privileged communications; transmitting false report. Any physician, resident, intern, hospital, hospital administrator and personnel engaged in examination, care and treatment of persons…having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department."

A compliant was filed with DCFS on the day of admission; the allegation that the report to DCFS was made in retaliation for making complaints and for threatening to contact outside advocacy agencies is unsubstantiated.

RESPONSE

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

SBHS
STREAMWOOD
BEHAVIORAL
HEALTHCARE
SYSTEM

December 7, 2011

Ms. Julie Sass
Rights Coordinator
Guardianship & Advocacy Commission
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Dear Julie,

Enclosed please find the Dietary Department Action Plan that we have developed in response to the recommendations that were formalized by the recent Guardianship & Advocacy Investigation HRA#11-100-9013. I apologize for the delay in providing this response to you. We sincerely appreciate the time, effort and assistance that you have provided to us during this investigation process.

Thank you for bringing this issue to our attention so that we may take all actions necessary to further improve the quality of the treatment that we provide to our consumers. If there are any additional recommendations, please do not hesitate to contact me as we appreciate your feedback and recommendations.

Sincerely,

Brynn O'Brien, MA, LCPC, CIPP
Compliance & Privacy Officer and Quality Specialist

Enclosure

1400 E. Irving Park Road, Streamwood, IL 60107 | Tel 630.837.9000 | Fax 630.837.2639 | www.streamwoodhospital.com |

Streamwood Behavioral Healthcare Center

DIETARY DEPARTMENT
G & A Commission Investigation Action Plan
HRA#11-100-9013

Date/Year: December 6, 2011

Recommendation (s)	Action Plan
The facility must ensure that all persons working in direct contact with food and food contact surfaces conform to hygiene practices	• Dietary policy 1900.97 requires employees to wear hair net while working with foods. • An in-service to reiterate the above policy was provided to all dietary staff on May 24, 01. • Individualized Performance Improvement plans were provided to several dietary staff. • Dietary cooks to check daily to ensure all staff wear hair net. • Dietary cooks to notify the Dietary Director if further follow-up is necessary. • Dietary Department recommendations regarding this issue was reviewed verbally during the Quality Council Committee • An overview of the Dietary Department Action Plan will be further reviewed during the next Department Head Committee
The facility must protect against the contamination of food, food-contact surfaces, including, but not limited to, perspiration, hair, cosmetics, tobacco, chemicals, and medicines applied to the skin.	• Dietary policy 1900.100 requires staff to keep clean, damp cloth available while serving foods for wiping food spills and food-contact surfaces. • IDPH requires moist cloths to be kept clean and rinsed frequently in sanitizing solutions. • Dietary cooks to ensure the sanitizer solution buckets are placed away from food source to avoid contamination. • Dietary director or designee to check daily per current protocols • Dietary Department recommendations were reviewed verbally during the Quality Council Committee • An overview of the Dietary Department Action Plan will be further reviewed during the next Department Head Committee