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**FOR IMMEDIATE RELEASE**

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North Suburban Regional Human Rights Authority  
Report of Findings  
HRA #18-100-9008  
Elgin Mental Health Center

**Introduction**

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (EMHC), Forensic Treatment Program (FTP) after receiving a complaint of alleged rights violations. The complaint accepted for investigation alleged that a new directive has been issued stating that the shower door must remain open while in use; it was reported that this practice is humiliating to the patients. In addition, a patient received an unjust room search, the patient's passes have been withheld, he has been taken off the Consumer Council and he has been moved from a two to a four-bed room all without cause.

The rights of patients receiving services at EMHC are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

Patients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has approximately 315 beds.

**Methodology**

To pursue this investigation, the HRA met with EMHC personnel to discuss the allegations raised in this complaint. The HRA reviewed portions of a patient's clinical record with consent (June-August 2017), and facility policies relevant to the allegations.

**Findings**

At the site visit, it was stated that the unit has two shower areas. One is a single shower stall used for patients that need special attention due to medical or behavioral needs.

The other shower area/room contains three shower stalls and is adjacent to a dayroom. The shower area has a hallway-type area, with three individual shower stalls that are divided by walls and are recessed back from the hallway area. Each stall has a breakaway shower curtain. It was explained that the staff member stands in the open doorway (standard-size) to monitor the showers. One would not be able to see a patient showering from the dayroom. The patient explained that he is an adult who does not need someone monitoring him while he showers.

It was stated that the door, does in fact, need to remain open pursuant to a directive from a recent JCAHO survey that addressed ligature observations. *JCAHO (Joint Commission on Accreditation*

of Healthcare Organizations) is a nonprofit organization that accredits more than 21,000 US health care organizations and programs. A majority of US state governments recognize Joint Commission accreditation as a condition of licensure for the receipt of [Medicaid](#) and [Medicare](#). The Joint Commission announced that in March 1, 2017, its [surveyors will place special focus on suicide, self-harm, and ligature observations in psychiatric hospitals and units](#). Surveyors will document any and all observations of ligature or self-harm risks in the environment during the survey. Multipurpose areas such as common rooms and ERs will be surveyed to see if staff are aware of self-harm, ligature, and suicide prevention and mitigation policies. [And for all findings the facility will be given 60 days to correct the problem.](#)

It was stated that the water faucets do not meet the ligature prevention standards, and therefore all need to be replaced. Until this happens, the temporary solution is to keep the door open. In discussing this, it was stated that both patients and staff members are not happy with this directive. Patients find this humiliating and staff members find the monitoring process unnecessary. The Physician did wonder if this could be done on an individual basis. Subsequent the site visit, the HRA requested invoices/documentation showing that efforts are being made to replace the faucets. Documentation was given showing that ligature resistant sensor operated faucets were ordered and as of January 2018, all needed materials had been delivered and installation will begin.

Regarding the allegation that the patient received an unjust room search without cause and that his grounds passes were pulled without cause, it was stated that the patient was subject to a random room search. It was firstly explained that each evening, unit staff members conduct a security check in each bedroom. When conducting the security check, staff members are looking to ensure that the window screens are intact, light switches are intact (for example) and they are looking for any visible contraband items. Staff members are not to open any drawers or closet during this security check. This is not considered a room search.

It was then explained that Security personnel conduct random room searches – they were not sure how often this occurred. During these searches, the patient has the option of being present during the search. The patient identified in this investigation was subject to a random room search in August 2017 and many contraband items were discovered. The HRA was given a copy of the Security Department Inventory Sheet and the patient's Restriction of Rights Notice that were given subsequent the search. Contraband items included various and multiple computer products, in addition to outdated personal checks, counterfeit identification documents and a passport. The patient was then placed on a unit restriction. The Physician stated that some of the items found, the counterfeit identification documents and the personal checks, could be used as part of an escape plan. Because the patient would not say why or what he intended to do with those items, the restriction was given, which includes all passes.

Regarding the allegation that the patient has been taken off the Consumer Council, the FTP Handbook describes the Consumer Council where representatives from each unit meet two times a month to review all policies and procedures effecting FTP consumers and to give feedback to FTP Administration. At the site visit, staff that were present in the room were not able to confirm if the patient was in fact on the council. The unit already had a representative but they thought that this patient might have been going to the meetings, but again no one was really sure. They did know that he was never formally removed from the council. The patient explained that he had been the council representative while residing on a previous unit. He stated that his peers had voted him in as the male representative for the Hartman unit, but nothing came of this vote and he no longer attends the meetings.

Regarding the allegation that the patient was moved to another room without cause, it was explained that the decision was made by the team because another unstable patient needed the room. It was stated that the patient identified in this case had not done anything inappropriate. The

chart consistently recorded that the patient is stable and without any problems on the unit. There is little if any mention of the unit restriction, the patient council or being moved to another room.

### **Center policy**

The Scans and Searches of Patients policy states (in part) that it is the policy of the Center that patients newly admitted or transferred to the facility shall be searched for contraband. Search means a systematic procedure performed to locate concealed weapons, drugs, alcohol, sharps or other contraband items which are detectable by simple viewing of the patient or the environment. There are six different types of searches: 1) a scan designed to detect metal objects hidden on a person; 2) a pat-down or squeeze search is a systematic procedure used to feel contraband objects or material hidden on a patient's body or in the clothing he/she is wearing; 3) a field search, which is a variation of the patient pat-down search conducted in an open or public area, on or off grounds, but in the most private space possible in such areas; 4) a full body search and a cavity search.

The Center's Grounds Pass Privileges policy states that the Center may seek authorization from the Courts to issue patient grounds pass privileges as part of the patient's overall treatment plan. Its purpose is to provide the patient the responsibility for his/her continued care and restriction. The issuance of a grounds Pass Privilege is an individually determined recommendation based on (a) the clinical needs of the patient, (b) his/her ability to handle the privilege in a reasonable manner, (c) elopement risk assessment and (d) imminent dangerousness. The pass privilege can be revoked if there is a negative change in any of the four above mentioned conditions. Passes include: unsupervised on-grounds pass: requires that a patient may travel on the grounds of the Center without staff escort/supervision. Supervised off-grounds pass: requires that a staff member accompany patient when going off grounds for any purpose or activity. Unsupervised off-grounds pass: enable a patient to leave the facility grounds on his/her own supervision with specific provisions of his/her destination, mode of transportation, time of departure, time of return and call in if required. 30 Minute grounds pass: requires that the patient return to the unit not more than 30 minutes from the time the individual signed out from his/her unit.

### **Conclusion**

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-102,"(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan."

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-104, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section.(a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission."

A new directive had in fact been issued stating that the shower door must remain open while in use and it was acknowledged that this practice is humiliating to the patients. Although measures are in place to install new shower fixtures which will eliminate this practice, all patients have the right to respect and dignity. This should have been addressed on an individual basis instead of a blanket response to the problem. Nevertheless, no recommendations are issued.

The patient received a random room search and passes have been withheld because of the items found in the search; it is concluded that rights have not been violated. Nothing was found to show that the patient had been taken off the consumer council or that he had been moved from a two to a four-bed room without cause; it is concluded that rights have not been violated.

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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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Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Elgin Mental Health Center  
750 South State Street • Elgin, IL 60123

April 11, 2018

Ms. Patricia Getchell - Chairperson  
North Suburban Regional Human Rights Authority  
9511 Harrison Street, W-300  
Des Plaines, IL 60016-1565

Re: HRA #18-100-9008

Dear Ms. Getchell:

Thank you for your thorough review. We are pleased to hear these allegations were unsubstantiated. Be assured that we take these concerns seriously and equally support your contention to maintain privacy and ensure the dignity of our patients. We continue to pursue new shower doors that comply with Joint Commission requirements. Also, testing for new ligature resistant shower curtains continues with the goal being to increase privacy.

Please feel free to include our response with any public release of your Report of Findings.

Sincerely,

Brian Dawson, B.S.  
Hospital Administrator

BD/TZ/aw