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## HUMAN RIGHTS AUTHORITY-CHICAGO REGION

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### REPORT 19-030-9004 Roseland Community Hospital

#### INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation due to complaints of rights violations in the care of a patient at Roseland Community Hospital in Chicago, Illinois. The allegation was that a patient's grievances of abuse by Emergency and Security Department staff were not adequately handled.

Roseland Community Hospital (Roseland) is a privately and state funded hospital with 134-staffed beds that provides services to over 20,000 patients annually. The hospital provides services to over 600 patients who have a mental illness in the emergency department annually.

Substantiated findings of an improper grievance investigation would violate standards under the Code of Federal Regulations (42 CFR 482).

#### COMPLAINT SUMMARY

It was reported that a patient was talked to rudely, physically restrained and assaulted with a slap while in the emergency department. A formal complaint was allegedly made to hospital personnel and a response was received about a month later, which provided no resolution. The patient was never contacted by the hospital about the allegations until receiving a letter that concluded that the hospital had "discussions/trainings on customer service."

#### FINDINGS

##### *Site Visit and Interviews*

The HRA conducted a site visit to Roseland on March 25, 2019. The HRA interviewed the risk manager. During the interview the HRA asked the staff to explain the process of addressing a complaint or grievance, the risk manager stated that the hospital has implemented new policies to address complaints due to this complaint and a recent public health audit. The risk manager did not go into detail about what happened to the patient but provided the HRA with the new policies and procedures.

The risk manager stated that an allegation was made by the patient that the hospital takes all allegations seriously. The risk manager stated that once an allegation is made it is reviewed and investigated. The HRA was also informed that the staff person who was alleged to be the aggressor was no longer employed by the facility.

The risk manager then informed the HRA that public health had visited the facility in November of 2018. The risk manager further stated that the hospital was now in compliance with all deficiencies that IDPH listed.

### *Record Review*

The HRA conducted a review of the patient's record. The patient was admitted to the hospital from home. The patient was escorted to the hospital by the Chicago Fire Department. Upon entering the facility, per psychiatric notes, she was, "combative; assaultive; spitting on staff." The notes state that the patient was given a 1 to 1 for "observation, awaiting Dr. evaluation."

About an hour after arrival, the notes illustrate that patient attempted to "abscond from the bathroom, stating she has a right to kill herself if she chooses." The nursing notes state that a therapeutic restraint order was entered. About thirty minutes into the restraint the patient was given forced medications due to "threatening to cause bodily harm to staff."

There is nothing in the record to imply potential assault of the patient by staff. However, per the notes the patient requested to speak with the nursing supervisor about a private matter. The note details that the patient did not want to discuss the matter with anyone except the supervisor. The record does contain correspondence from the risk manager.

Roseland provided correspondence from the hospital to the patient and it was signed by the risk manager. The letter is dated July 25, 2018 and does not clearly address the complaint or how it was investigated. It also does not mention any specific steps the hospital has implemented to ensure grievances like this no longer occur. However, it does state that the hospital had "discussions/trainings on customer service." There are no other issues to ascertain from the record, as the patient was discharged shortly after requesting to speak with the supervisor.

### *Illinois Department of Public Health Report Review*

The HRA reviewed CMS 2567 form from Illinois Department of Public Health (IDPH) complaint number IL106128/182987.

The form details several deficiencies and lists the provider's actions to correct them. The form indicates that the "hospital failed to ensure that a thorough abuse investigation was conducted to determine if the allegations were unfounded." The form continues, "the hospital failed to ensure that staff was educated on the different types of abuse and how to protect the patient from abuse." Finally, the form states that "the hospital failed to develop and implement an abuse policy

with the required components of abuse.” There is no mention of the abuse claim being substantiated.

Under the section entitled provider’s plan of corrective action, it is noted that “the hospital has created a new policy ... that identifies steps to be taken to initiate an investigation.” It furthers that trainings for the new policy will be included in the “hospital orientation and annual competency training.” The form details that all staff were trained on new policies, and the changes were made satisfactory on November 30, 2018.

Finally, the form states, “The CEO reached out to hospital legal counsel to conduct further investigations with select [emergency department] staff who [were] care team ... the interviews were started on November 12, 2018 and ongoing through November 30, 2018.” The form details that the subsequent investigation was satisfactory on November 30, 2018.

### *Policy Review*

The HRA reviewed Roseland’s policy on Abuse and Neglect. The policy defines the various types of abuse and neglect, as well as, identifies a seven-step approach to detect, investigate, report and prevent instances of abuse and neglect. This policy was revised in November of 2018 as a response to a complaint filed with the Illinois Department of Public Health. This policy also states that Roseland must train all staff on how to report and identify instances of abuse and neglect.

The policy notes that a “licensed healthcare professionals shall notify the appropriate authorities immediately of all cases of suspected abuse/neglect. A licensed healthcare professional shall notify social services of the suspected case(s) the next working day for reports that occur after hours.”

The Abuse and Neglect policy has a section entitled internal abuse policy which details what is to occur when a patient, family or staff member alleges that abuse occurs in the facility by other staff. It requires that reported allegations of abuse/neglect can be immediately taken to the supervisor on duty, the chief nursing officer and the Vice President for patient care services. These actions are in accordance with the Illinois Hospital Licensing Act (210 ILCS 85/9.6)

The Illinois Hospital Licensing Act requires, “any hospital [personnel] who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible ... upon receiving a report under this Section, the hospital shall promptly conduct an internal review to ensure the alleged victim's safety”.

The HRA also reviewed Roseland’s policy on Allegations of Abuse or Neglect. The policy establishes procedures for reporting, investigating and follow up when an allegation of abuse or neglect is made. The policy was created in November of 2018 and mandates that all “employees who witness or have knowledge of patient abuse shall immediately report it ...”

The policy also states that investigations “will proceed without unreasonable delay.” The policy also requires the facility to “prepare a summary report of the investigation.” It furthers that a file with the summary of the report and actions taken will be maintained by the hospital administrator and the risk manager. Essentially, the policy on Allegations of Abuse or Neglect is a more concise version of the Abuse and Neglect Policy. Thus, this policy is also in line with 210 ILCS 85/9.6.

Additionally, the HRA reviewed Roseland’s policy on Patients’ Rights/Grievance Process. This policy establishes a timeline to which “investigation and resolution of complaints may not exceed 7 days from the date of initiation.” It furthers that “in the event a resolution cannot be determined in 7 days the patient then will receive a letter stating the resolution within 30 days or less.” This policy is in line with Federal Regulations as they require that, “the hospital must establish a process for prompt resolution of patient grievance and must inform each patient whom to contact to file a grievance.” (42 CFR 482.13)

## CONCLUSION

*The allegations of abuse by Emergency/Security Department staff were not adequately handled.*

Under the Code of Federal Regulations:

The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances.... The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care.... The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital. The grievance process must specify time frames for review of the grievance and the provision of a response. In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. (42 CFR 482.13).

Based on the information provided and the documentation reviewed, the abuse complaint was investigated by the IDPH where it was found that “the hospital failed to ensure that a thorough abuse investigation was conducted.” The hospital has since instituted new policies and procedures to comply with licensing requirements. The hospital is also now in compliance with the Code of Federal Regulations with a newly implemented complaint log which establishes a “clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.” (42 CFR 482.13). The HRA was also given copies of the Risk Investigation Form and Risk Statement Form. Both forms are to be given to the Risk Manager within 24-hours of incident to ensure timely investigation of grievances. Furthermore, the HRA was provided with sign in sheets for training on the new abuse/neglect policies. The trainings are given to all new employees and annually to all staff.

Roseland however, has never complied with the Regulations by actually providing the patient with an adequate response to her grievance even after a second, more thorough investigation. A violation is substantiated.

#### RECOMMENDATION

Provide the patient with a Regulation-compliant response based on the hospital's second investigation.