



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 21-050-9010
Andrew McFarland Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of potential rights violations at Andrew McFarland Mental Health Center, a Department of Human Services hospital in Springfield that treats adult civil and forensic patients. The allegation is that a patient's right to services in the least restrictive environment was violated when his privileges were taken away without adequate cause.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and program policy.

An HRA team met with McFarland's Quality Manager and members of the patient's treatment team. Relevant policies were reviewed as were portions of the patient's record with authorization. This patient resides on a medium-secure unit under NGRI (Not Guilty by Reason of Insanity) status.

COMPLAINT SUMMARY

The complaint states that the patient was attacked by a peer who antagonized him for some time. When the patient said f_ you in response, the peer physically beat him, leaving a reported concussion and bruising. The patient's privileges were reduced as a result, even though he allegedly never provoked the incident. He previously had staff supervision but was placed on unit restriction where he remains at the time of this writing.

FINDINGS

Members of the treatment team explained the privilege levels in question: on unit level a patient may not leave his or her residence unit but has access to the outside patio, and on staff

level a patient, with supervision, may venture to other areas on grounds, perhaps to other groups, a central programming room with computers or to a café for example. Safety, elopement or incidents of physical aggressions would typically constitute a violation which may result in privilege losses as was the case here. The patient's psychiatrist said that she was concerned about more than one altercation the patient had with peers and that she decided to order unit restriction for his and others' safety. The staff also recalled several situations that led up to the revoked privileges, not only including the physical attack on the patient that was not totally unprovoked, but times when he was abusive to peers, such as throwing a shoe at a roommate and having a near physical encounter with a peer in the café prior to that, or being uncooperative with staff and hospital rules. They said the patient continues to work against his chances for progress, citing more hostility toward peers and stoking them; yelling at them, making them sleep on his schedule, controlling the television, and throwing mattresses and bedding on the floor, which is why he is still on unit level today.

Regarding follow up care after the attack and loss of privileges, the staff said the patient declined a hospital visit but was seen immediately by their own medical personnel for injuries. The aggressor was moved to another unit. We were told that they have discussed with the patient why his privileges were reduced and what would be expected of him to regain them. In this case he was given a written list of requirements to restore staff supervision level, all of which should be adequately documented.

According to incident notes on May 28, 2021, the patient got into a verbal argument with a peer and said "f_ you bitch", which prompted the peer to swing at him. The patient was able to grab the peer's hand and stop the hit, and both were successfully redirected. On June 1 the patient was eating lunch when a peer walked up and hit him three times in the face "unprovoked". Staff quickly intervened and the patient was taken to an exam room with a bloody nose and mouth. He complained of having blurred vision, a stiff neck, a headache and a concussion, at which time a physician was called to examine him. He refused an offer to go to the hospital for further exams and close observations over the next twenty-four hours were ordered. Later that afternoon the unit's clinical director approached the patient to discuss the recent incident and observed the patient throwing a shoe towards his roommate. When asked for an explanation, the patient said that his roommate put the shoe on his papers and he threw it off. Both were reminded to avoid conflicts and keep their distances, and in result, the psychiatrist ordered a temporary placement on unit restriction level "for safety reasons". Nursing entries on the following day reference an unremarkable neuro check where the patient was noted to have clear speech and strong hand grasps.

Nursing and incident notes, treatment plan reviews and psychiatric evaluations reflect ongoing struggles after his staff level privileges were reinstated on July 8. On July 11, the patient was noted to yell profanities at a roommate and staff after he occupied the bathroom for a long period; on July 13 he repeatedly yelled at a roommate to prevent him from sleeping; on July 16 he loudly lectured a roommate; on July 20 he was asked repeatedly to put the t.v. input back after his video game and he refused, "smirking at staff", and on July 21 he was returned to unit restriction level for continuing to be uncooperative with staff. On August 1 the patient became angry at his roommate who opened the room door and he threw the roommate's mattress and bedding on the floor; on August 21 he was noted to be antagonistic toward others, and he called

one peer a “professional perv”. There were other matters considered “routine” but outside of rules, like taking food to his room, sharing food and not respecting privacy at the nurses’ desk.

A list of requirements to restore staff level privileges was reviewed. The patient and two treatment team members signed the sheet on August 3. It stated that safety for everyone was a primary reason for setting rules and behavioral boundaries. The patient’s privilege level had been reduced due to observed behavioral patterns on and off the unit and that the situation would be reviewed with him every two weeks. The observed behaviors included sharing food, leaving meal trays for peers to access; verbal and physical aggressions, monopolizing shared bathroom times resulting in altercations, deliberately preventing roommate from sleeping and the failure to follow staff directions. It concluded by stating that in order to regain privilege levels, the staff must not observe more violations of the listed items.

CONCLUSION

McFarland’s forensics policy (MD 402) states that privileges will be granted incrementally based on treatment progress and demonstration that the patient is able to function in decreased structure without presenting dangerous behavior. Unit supervision allows access to secured areas and patients cannot be taken off unit unless for medical reasons. Staff supervision allows the patient to go to non-forensic, secure areas, i.e. the cafeteria and the psychosocial rehab area. The courts may be petitioned to grant higher privilege levels that give added independence and responsibility.

The Code calls for all services to be provided in the least restrictive environment (405 ILCS 5/2-102a). The courts and facility policies structure privileges on patient responses to treatment/services and expected rules, so they must be earned. In this case it seems by the documentation and staff statements that the patient’s current privilege level is necessarily limited because of unsafe patterns, and what is needed to be less restrictive has been made clear. A rights violation is not substantiated.

RESPONSE

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