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**FOR IMMEDIATE RELEASE**

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**REPORT OF FINDINGS**  
**AMITA HEALTH SAINT JOSEPH MEDICAL CENTER– 21-040-9002**  
**HUMAN RIGHTS AUTHORITY- South Suburban Region**

**INTRODUCTION**

The South Suburban Regional Human Rights Authority (HRA), the investigative division of the Illinois Guardianship & Advocacy Commission has completed its investigation into an allegation concerning Amita Health Saint Joseph Medical Center. The complaint stated that a recipient was transferred to a facility located miles away from his home on a petition improperly prepared. If substantiated, this allegation would violate the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

Located in Joliet, this 788-bed acute care hospital has a behavioral health unit, which serves 22 adult and 9 adolescent recipients.

**METHODOLOGY**

To pursue the investigation, the hospital's administration and medical staff were interviewed. The recipient's record was reviewed with written consent of his guardian who also provided related correspondences. Relevant hospital policies were reviewed. Additionally, the HRA reviewed the hospital's response to the complaint that was not part of the record.

**FINDINGS**

**Information from the record, interviews, and program policy**

According to the record, the recipient was transported by ambulance to the hospital's emergency department for a psychiatric evaluation on Sunday, April 26<sup>th</sup>, 2020 around 11:19 p.m. A petition prepared by his mother on that same day documented that the recipient had exhibited symptoms of manic behavior and was doing "jumping jacks" on the street curbside and flashing hand signs to the oncoming street traffic. It stated that the police were called because the recipient had allegedly pushed and threatened to kill his neighbor. A certificate, completed by the attending physician on the 27<sup>th</sup> at 3:10 a.m., documented that the recipient has a history of Bipolar Disorder and had been recently hospitalized for homicidal behavior. It stated that the recipient had been running in the streets and had threatened to kill his neighbor. He reportedly had acknowledged pushing his neighbor because he was angry. The petition and the certificate asserted that the recipient needed immediate hospitalization because he was reasonably expected to engage in physical harm to self or others. The recipient's record documented that the hospital's psychiatrist was consulted prior to his admission to the hospital's adult behavioral health unit on the 27<sup>th</sup>. He was admitted to the hospital's

adult behavioral health unit on the 27<sup>th</sup> after the attending physician consulted with the hospital's psychiatrist.

For April 27<sup>th</sup>, 2020, the nursing notes documented that the recipient's legal guardian verbally consented to the administration psychotropic medication. The guardian also told the nurse that the recipient may sign a voluntary application, a request for discharge form, and paperwork for his admission to the hospital. His record documented that a copy of the petition and "Rights of Individuals Receiving Mental Health and Developmental Services" were provided, and orally explained at 10:30 p.m. An Application for Voluntary Admission was signed at 10:30 p.m. which was also signed by a nurse who affirmed that rights under this status were admonished and a copy of the form was provided. According to the voluntary form, the recipient had been examined and was found clinically suitable for voluntary admission and had the capacity to consent to admission under this status. His record contained a request for discharge form signed on that same day at 10:30 p.m., but there was no clear documentation of any follow up concerning this request found in his record.

For April 29<sup>th</sup>, 2020, a psychiatry note documented that the recipient was compliant with medication and that his symptoms had started to show some improvement on that same day. The social services notes indicated that the guardian had reported that the recipient would not be allowed to return to his mother's home according to the family member's landlord. The community prescreening agency worker was informed about the need for an alternative placement that included an intermediate care facility. A phone message was left for the recipient's mother about other family members willing to allow him to stay with them. It was recorded that referral information was provided to several named facilities on that next day. His record indicated that the Illinois Department of Human Services, the Division of Developmental Disabilities' Special Support Team (SST) was involved with him. The guardian's notes documented that the prescreening agency worker had requested help with finding an alternative emergency placement because of the waiting list for placement in a state operated developmental disabilities facility. A meeting would soon be held with the SST and the Department concerning the placement issue.

For May 4<sup>th</sup>, 2020, the nursing notes documented that the recipient said that he was hoping to be discharged from the hospital on that same day. He reportedly was yelling that he wanted to leave and was "going to jump the [expletive]" if he did not get any medication on the 6<sup>th</sup>. Again, the recipient's record lacked any documentation that his request to be discharged was given any consideration by the clinical team. For May 11<sup>th</sup> and 12<sup>th</sup>, the social services notes documented that the recipient was informed about his discharge plan and that he needed to exhibit good behavior to be accepted for placement in a group home or state operated facility. He reportedly said [expletive] that and he was going to be in the hospital for three months regardless. It was recorded that the prescreening agency worker had provided more than twenty-five referrals packets to community living facilities and group homes. However, a placement had not been found due to his behaviors or the receiving sources were not accepting new clients because of the covid-19 virus. The guardian's notes recorded that she had attended a meeting with the Department, the hospital's staff, and the recipient's medical health insurance provider on the 14<sup>th</sup>. The hospital's social worker had reported that medication as needed had not been administered since May 11<sup>th</sup>, but the guardian said that her agency was notified that medication had been administered on that previous night. The hospital's social worker said that the guardian was wrong about the medication issue. The hospital's Unit Manager reported that medication was being administered upon the recipient's request. Then, according to the guardian's notes, the hospital's Unit Manager started yelling that the recipient is

“too much” and “you all don’t know what the hell [is] going on.” She said that the recipient makes the other patients upset and that she wanted him out of the hospital. According to the guardian caseworker’s note, the medication discrepancy would be reported to the Illinois Department of Public Health.

For May 15<sup>th</sup>, 2020, the social services notes documented that the recipient was focused on being discharged from the hospital when he was updated about the meeting held on the 14<sup>th</sup>. The SST worker had reported that the Department would make a determination about whether the recipient should be placed in a state operated developmental disabilities facility or a mental health facility before the next scheduled meeting. For May 19<sup>th</sup>, the social services notes indicated that the recipient could be admitted to the receiving state operated mental health facility no earlier than the following week due to the availability of beds and covid-19 procedures. A group therapy note recorded that the recipient said many times that he wanted to leave the hospital and started using offensive language and walked out of the room on that next day. His record contained a withdrawal of request for discharge form signed by the recipient on the 22<sup>nd</sup>. Four days later, the psychiatrist documented that the recipient was compliant with medication and was free of hallucinations and delusional symptoms. His behavior reportedly was usually appropriate on the weekdays, but he would engage in altercations with peers on the weekends.

For June 1<sup>st</sup>, 2020, the social services notes documented that the recipient’s admission to the receiving state operated facility’s developmental disability division was confirmed for June 3<sup>rd</sup>. He told the social worker that he would prefer to stay at the hospital than to move so far away from his family. A petition prepared by the hospital’s social worker dated June 3<sup>rd</sup>, 2020 documented that due to his developmental disability and mental illness that he would be highly impulsive if he was not placed in a structured setting. It stated that the recipient’s history included pushing a neighbor and punching another patient on the behavioral health unit and aggression toward others. He requires strong redirection and professional intervention when agitated. He was at risk of harm to self or others if he was returned home. The petition documented that rights were provided and orally explained. A certificate, completed by a physician on that same day at 9:00 a.m., documented Chronic Schizoaffective Disorder with Intermittent Episodes of Severe Exacerbation. The certificate mirrored information documented on the petition such as high risk of harm to others. The petition and the certificate asserted that the recipient needed immediate hospitalization because of his mental illness that he was reasonably expected to engage in physical harm to self or others. The HRA must note that the recipient was transferred to a state-operated mental health and developmental disabilities facility located about five hours from his home.

A letter dated September 4<sup>th</sup>, 2020 from Amita Health Saint Joseph Medical Center addressed to the Illinois Guardianship & Advocacy Commission, the Human Rights Authority documented that the recipient had engaged in a physical altercation leading up to his admission to the hospital. He reportedly had exhibited agitation, paranoia and “violent behavior” toward staff and other patients during his hospital stay. His guardian had reported that he would not be allowed to return home and should be discharged to a facility. According to the hospital’s letter, the recipient’s medical insurance case worker, the prescreening agency worker, the guardian, and a private attorney were engaged in his placement needs. The prescreening agency worker had provided referral packets to more than twenty-five facilities in Illinois, but he was not accepted for their programs. His guardian reportedly had chosen a state-operating facility, which specializes in both mental health and developmental disabilities, and he was transferred on June 3<sup>rd</sup>, 2020. The hospital’s letter

documented that the involuntary petition was reviewed with the receiving facility and was completed according to their directives. The hospital's social worker told the HRA that the receiving state operating facility had requested that a petition and certificate should be completed and that multiple copies of the petition were provided. She said that she could not remember when the alleged peer incident had happened that was mentioned on the petition. She said that the signed request for withdrawal of discharge form dated May 22<sup>nd</sup>, 2020 corresponded to the recipient's written request for discharge on April 27<sup>th</sup>, 2020. The guardian's notes indicated that she was aware of the placement decision prior to his transfer on the 3<sup>rd</sup>.

The Amita Health Saint Joseph Medical Center "Admission/Initial Assessment of a Patient in Behavioral Health" policy states that all patients admitted to its behavioral health units must have an order from the Attending Psychiatrist. It is strongly recommended that a patient who is suspected of having acute medical problems should be evaluated by a physician before admission to the unit.

The hospital's "Discharge Planning Guideline" policy states that the discharge planning process begins on the admission day and includes the collaboration of the multidisciplinary treatment team and the patient and family participation in treatment decisions.

## CONCLUSION

According to the Mental Health Code's Section 5/3-601,

When a recipient is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition ... (b) The petition shall include a detailed statement of the reason for the assertion that the recipient is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.

Section 5/3-602, the petition shall be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization.

Section 5/3-400 states that,

(a) Any person 16 or older may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for

admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission.

(b) A person has the capacity to consent to voluntary admission if the facility director or his or her designee determines that the person is able to understand that: 1) he or she is being admitted to a mental health facility, and, 2) he or she may request discharge at any time. The request must be in writing, and discharge is not automatic.

Section 5/3-403 states that,

A voluntary recipient shall be allowed to be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates ... are filed with the court.

Section 5/3-404 states that,

Thirty days after the voluntary admission of a recipient, the facility director shall review the recipient's record and assess the need for continuing hospitalization. The facility director shall consult with the recipient if continuing hospitalization is indicated and request from the recipient an affirmation of his desire for continued treatment. The request and affirmation shall be noted in the recipient's record. Every 60 days thereafter a review shall be conducted and a reaffirmation shall be secured from the recipient for as long as the hospitalization continues. A recipient's failure to reaffirm a desire to continue treatment shall constitute notice of his desire to be discharged.

The complaint stated that a recipient was transferred to a facility located miles away from his home on a petition improperly prepared. The record documented the recipient was transported to the hospital's emergency department for a psychiatric evaluation on Sunday, April 26<sup>th</sup>, 2020 around 11:19 p.m. A petition and certificate were completed on the 26<sup>th</sup> and the 27<sup>th</sup>, respectively. The Authority noticed that the entire involuntary process was not completed because the recipient signed a Voluntary Application on April 27<sup>th</sup>, 2020 at 10:30 p.m. His record contained a request for discharge form signed on that same night and time, but there was no corresponding documentation that his request was rescinded or given any consideration. There was only one withdrawal of request for discharge form signed on May 22<sup>nd</sup>, 2020 found during the record review. This does not comply with the Code's Section 5/3-403.

The recipient's record lacked documentation of his reaffirmation of voluntary status to continue hospitalization and other information indicated that he did not want to remain at the facility

and sometimes he wanted to stay. This does not comply with the Code's Section 5/3-404. A petition and certificate documenting aggression toward others were prepared by a social worker and a physician on June 3<sup>rd</sup>, 2020. According to the petition, the recipient was expected to exhibit highly impulsive behavior due to his diagnoses of developmental disability and mental illness if he was not placed in a structured setting. It stated that the recipient has a history of pushing a neighbor and punching another patient on the behavioral health unit and aggression toward others. He required strong redirection and professional intervention when agitated. He was at risk of harm to self or others if he was returned home. The involuntary documents asserted that the recipient needed immediate hospitalization because of his mental illness that he was reasonably expected to engage in physical harm to self or others. He reportedly was transferred to a state operated facility on June 3<sup>rd</sup> and was placed on the facility's developmental disability side with plans to transfer him the facility's mental health side. The Authority substantiates the complaint as presented above because reasons such as being highly impulsive and having a history of aggression toward others and requiring strong redirection do not meet the requirements of clear and present dangerousness under the Code's Section 5/3-601. Additionally, the hospital violates the Code's Sections 5/3-403 and 5/3-404.

## RECOMMENDATIONS

1. Pursuant to Section 5/3-403 of the Mental Health and Developmental Disabilities Code, the facility shall ensure that all voluntary recipients' rights to request discharge are honored and that discharge request forms are promptly given when requested.
2. The hospital shall follow Section 5/3-404 and document a voluntary recipient's request and affirmation to continue with hospitalization 30 days after his or her admission and every 60 days thereafter in the person's record.
3. Ensure that petitions are completed pursuant to Section 5/3-601 of the Code and include a detailed statement of the reason for the assertion that the recipient is subject to involuntary admission that meets the Section requirements.