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HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 19-090-9015
LaSalle County Jail

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at the LaSalle County Jail. The complaint alleged the following:

1. Inadequate treatment.

If found substantiated, the allegation would violate the Unified Code of Corrections and the Illinois Administrative Code, Title 20.

The LaSalle County Jail is able to detain up to 306 detainees and, averages 150 detainees. They also house the female population for Bureau county because their jail is a new facility. This jail serves LaSalle and Bureau counties. The jail books approximately 30,000 people throughout the year. The LaSalle County jail employs fifty-eight employees including the superintendent. They have twelve staff to support medical and mental health needs. They have three contracted employees for the kitchen, volunteer chaplain and a volunteer GED staff member. The average age of a detainee is 40 and the oldest is 60-65 years of age. The average length of stay is three to four months. Medical Services are provided via a contract by a contracted medical provider. The jail has a full medical department a “flex unit” for detainees requiring medical units.

COMPLAINT STATEMENT

The LaSalle County Jail is allegedly not meeting the medical needs of a detainee who uses an assistive device for mobility purposes. The detainee has been in custody of the LaSalle County Jail since September 2018 and is reportedly not receiving the medical care required. The detainee was in a serious hit and run accident in July 2018 that resulted in a broken back, head trauma, and lacerations. He requires physical therapy due to drop foot that is a result of the accident and uses a wheelchair and a walker. The jail has reportedly not provided the wheelchair when required forcing him use the walker, which has resulted in falls. The facility is also not ensuring he attends his physical therapy appointments. Allegedly the detainee fell on occasions and the staff laughed at

him. The facility has never provided an x-ray after the falls to ensure that he has not reinjured his back which has metal pins due to breaking his spine.

FINDINGS

Staff Interviews (5.13.19)

The site visit was held at LaSalle County Jail with three HRA members, two HRA staff and one HRA board member, the county jail superintendent and nursing administrator. The admission or booking process into the jail consists of the individual being arrested and, brought to the jail where “booking papers” are completed by jail employees and the detainee. Staff collect medical, mental health, medication, and some social history information. Once an individual is booked into the facility they have fourteen days to be examined by a nurse for a physical. If a detainee is injured prior to arrival at the jail they would go to the hospital for medical clearance prior to jail admission. There is a Medical Director that serves the jail population who is not an employee of LaSalle County jail but an independent contract position. The Medical Director approves all medical services and must provide the referral for medical services. A detainee’s medical needs are categorized as: chronic, acute and routine. A routine detainee would have lab work completed within three weeks of booking, if appropriate. If a person is identified as chronic care, if they are diabetic or have scheduled medication they would be placed on the physician list and would be seen within four weeks of booking. A person would be identified as chronic care if they are diabetic or have another condition that requires daily medication. The facility currently has approximately twenty-two detainees identified in need of chronic care. Someone would be considered “acute” if they had an urgent need such as a toothache. This would be documented on a Sick Call Request Form. If a detainee needs routine care then the person would submit a medical request slip or notify an officer who would submit a health request slip for a detainee. An example of this is if a detainee was in a physical altercation with another detainee or in need of a mental health consultation.

If a detainee arrives at the jail from the local hospital, after medical clearance then the discharge documents are sent directly to contracted staff from the jail staff who provide transport. The jail personnel transporting the detainee would hand the documents to the nurse whose office is within the jail. The jail has two nurses that work a first shift from 6am-2pm and one nurse that works 2pm-10pm, with no nurses on third shift due to cost control measures. The facility would use emergency medical services during this timeframe if a detainee needed urgent medical care. The jail’s Nurse Administrator, who is an employee of the contracted medical provider, is on call 24 hours a day if there was an emergency medical matter. The Nurse Administrator would then communicate any medical needs to the Medical Director. If a detainee has a fall at the jail then the officers report the fall to nursing staff and then the nursing staff would check the detainee for swelling/deformity. A report is then sent to the physician if it was a serious injury in need of further medical attention. Typically, jail staff would witness a detainee’s fall, but if the fall occurs in a detainee’s cell it would not necessarily be witnessed and reported to medical staff. The detainee would need to report the fall/injury via a medical request slip. If security witnesses the fall then they would report to nursing who would note the incident as a sick call. If a sick call is made, then the nurse and a rover (jail

deputy/officer) would visit the detainee. A wheelchair would be used to transport the detainee, if needed.

Medical request slips are to be placed in a locked box located in the jail area. The form documents the detainee's personal information, cost for a medical service, and medical need. These slips are to be responded to by medical staff within 72 hours if it is a nonemergent issue. The person that empties the locked box, which is done twice a day at medication passes, would initial that they had removed the slip and would place the slip on the board in the nurse's area for follow-up. Often the detainees attempt to use other forms or slips that the jail uses, such as grievance slips, to make a medical request to avoid being charged for the medical service. If the detainee misuses a grievance form, then the form would be rejected, and they would be directed to write a medical slip. If detainees have medical insurance when they are booked into the county jail then they are unable to use this coverage for in-house medical service. More often than not detainees do not have insurance and would qualify for Medicaid or Medicare insurance for medical billing purposes.

The detainee involved with this complaint arrived at the county jail on 10/15/18 after being arrested at his home. He arrived with a wheelchair. The detainee was able to transfer himself from the car to the wheelchair per the transporting officer. The jail was made aware of his injury and the staff at the jail have accommodated his needs by permitting him use of the wheelchair. His family brought a back brace, leg brace and prescription Gabapentin which was being used for nerve pain. No opioid pain medications are allowed to be used by any detainees. The jail has policy that if something could be used as a weapon, such as a cane, then they are not permitted to be used. The wheelchair was approved for his use at the county jail. This detainee has required several medical appointments to arrange his physical therapy appointments which have been started. He had to be reestablished with providers to get the referrals for physical therapy. The detainee has also reported instances of falling but they have been unwitnessed or reported several days after the fall occurred. He has been physically aggressive and thrown his walker at another detainee in the past couple of months. This detainee is also housed on the flex unit to accommodate his medical needs, at this time. On March 15, 2019 the detainee's wheelchair use was discontinued by the Medical Director based off his physical therapy recommendations and he was permitted to use a walker. The staff involved in the interview knew that he had one witnessed fall by staff after another detainee threw a dirty adult diaper at him. Staff helped the detainee and a nurse assessed him. There have been no x-rays done on the detainee after the falls based on a nurse evaluating him and determining they were not needed. This detainee is not identified as a fall risk.

The staff also deny knowledge of the detainee being laughed at by jail staff after a fall. If staff witness a fall they would notify nursing staff. All jail staff, both officers and nursing, are professionals and should not laugh at a detainee. They were unsure if there is a grievance about staff laughing at this individual after a fall. This detainee has been very active with using the in-house grievance system and has had some difficulty understanding when certain slips should be used.

FINDINGS (Including record review, mandates, and conclusion)

Complaint #1 – Inadequate treatment.

The detainee involved in this HRA case has been detained at the LaSalle County Jail since 10/15/18. He arrived at the LaSalle County jail with a wheelchair. He was placed on the county jail “flex” unit because of his need to use a wheelchair and a walker. The detainee was using a wheelchair in his home when he was arrested in October 2018, as he arrived at the jail in a wheelchair based on LaSalle County Sheriff’s Office Inmate Incident Report dated 10/15/18. The HRA reviewed medical records provided by the facility. The first document reviewed titled, LaSalle County Sheriff’s Office Medical Screening Information provides a medical history for this patient/detainee. Prior to his arrest, a Trauma Evaluation History and Physical form, dated July 18, 2018, documents that the detainee was a trauma victim and was life flighted via helicopter to a hospital from after being the victim of assault. He had been beaten with an ice scraper, tied up and potentially drug behind a car. His admitting diagnosis to the hospital was a “Stable burst fracture of third lumbar vertebra initial encounter for closed fracture.” On July 30, 2018, he was discharged from the hospital to inpatient care. It is unclear based on the records provided, what facility he discharged to and when he returned home and began outpatient physical therapy.

The HRA reviewed a hospital Healthcare Progress Note completed on 9/17/18 to understand the detainee’s baseline medical needs prior to his arrest on 10/15/18. The progress note was completed by a neurosurgeon and stated, “1 month follow up s/p lumbar fusion L2-4 due to trauma, assault. He states that he is doing well. He is not having back pain. Denies leg pain. States that he is now walking. Does use walker, at times. Not taking pain medications. Does do drugs. States that he is not having SOB [shortness of breath] or chest pain. Currently on house arrest until 10/22/18. States that he is up and ‘walking around my crib’. States that he has home health PT as this time. Denies falls. Denies leg pain or numbness tingling to legs. States that he is not having issues with bowels, he is urinating well now. States that he did go to [sic] rehab. Wearing brace as much as possible. States that he was told to wear brace x 3 months. States that he is ‘ready to get out of this thing.’” The plan for him is to “...continue brace until we review X-Ray, we will call with results. Instructed patient to continue with exercising. Continue physical therapy with home health. May need outpatient physical therapy (PT) [sic] rehab is in charge of this as he was in rehab following admission. We will continue with limitations of not lifting > 30 lbs. for 1 month until 10/22/18. Instructed to call if symptoms worsen. We will see patient back in 4 months with follow up x-ray.” The Office Visit Interdisciplinary note dated 9/17/18 notes the type of therapy the individual is receiving is physical therapy (PT) and occupational therapy (OT). The assistive devices used are: splint/brace, walker, wheelchair and shower chair.

The HRA reviewed the medical provider’s Correct Care Solution (CCS) records that begin on 10/15/18 when the detainee arrived at LaSalle County Jail and the LaSalle County Sheriff’s Office Medical Screening Information which documents the detainee notifying jail staff of his previous injury. The arresting/transport officer signature verifies that the inmate reported to the jail staff of his broken back. This same form has the question, “Was the prisoner unable to walk into the jail unassisted?” and “no” is marked with an x and the word “wheelchair” is written outside the sentence. The Inmate

Incident Report form used by the LaSalle County Sheriff's Office dated 10/15/18 is written by jail staff documenting that the inmate was "...placed in D-101 by Nurse for withdrawal protocol and other medical issues. Inmate has a wheelchair and a brace that he will keep in his cell as long as it doesn't pose a security risk to himself or staff. Nothing further." The Emerald Cows Score Sheet is used to determine Opiate Withdrawal. This form shows that the individual was using Gabapentin four times a day due to a back injury from July 2018. The CCS Physician's Orders dated October 15, 2018 at 1800 hours show orders for: Gabapentin 400mg P.O. TID x 90 days, Baclofen 10mg P.O. TID x 90 days, Opiate withdrawal protocol-medical observation and get medical records was ordered due to the detainee's reported use of "weed and pills".

On 10/15/18 the LaSalle County Jail Inmate Medical Insurance Information was signed by the detainee. Based on review of this documentation during the booking session a jail deputy asked the detainee the following question, "Do you have any current injuries or illnesses? Are you receiving any form of medical treatment by a doctor?" The detainee response to this question was marked as "no". The HRA reviewed a LaSalle County Sheriff's Office Inmate Incident Report that was written for medical purposes. This note indicates that the detainee was placed in a specific cell due to "withdrawal protocol and other medical issues". This same note documents, "Inmate has a wheelchair and brace that he will keep in his cell as long as it doesn't pose a security risk to himself or staff." The HRA Reviewed the LaSalle County Sheriff's Office Inmate Medical Form where the detainee notified the booking officer of his medical ailments, specifically his hospitalization due to a broken back and that he faints randomly and is not in good health. He arrived at the jail with a wheelchair and a brace (it is not clear in the record what type of brace is being referenced). The need for physical therapy is not mentioned in the initial medical assessment. The detainee was accepted and admitted into the jail with no special medical needs documented.

On 10/16/18 a LaSalle County Inmate Incident Report, that was written by an officer, was reviewed by the HRA. This document notes the detainee refused to leave his cell for a medical evaluation. This note states a deputy and a registered nurse attempted to persuade him to attend the medical evaluation. This same note also documents "this inmate has medical problems that make him unable to walk or do basic daily functions."

On 10/18/18, the inmate signed a CCS Release of Information for the medical provider to contact the hospital where he received services for the purpose of gathering medical information related to the back injury for his continuance of care. The consent was faxed by a nurse on 10/18/19 and again on 10/21/19 to request medical records pertaining to his back injury and physical therapy needs. A fax coversheet dated October 19, 2019 received at the jail from the hospital that was sent to a registered nurse coordinating the detainee's care at the jail states that the patient was involved with physical therapy at the [Facility] and that [A Second Facility] handles those records". He received his assistive devices from another hospital. On 10/20/18, a LaSalle County Sheriff's Office Inmate Incident Report note documents, "Inmate in the dayroom without his back/chest brace on throughout the morning. The only time he was seen with it on was when he was notified of an attorney visit at 1300 hours."

On 10/23/18 a CCS note signed by a Registered Nurse documents that his girlfriend brought in a "donut pillow for pt to sit on and a bottle of prescribed magnesium oxide. Medical Director notified and pt is not allowed to have pillow as it is a personal

item brought in. Ordered CMP and magnesium level for am.”

On 10/24/18 a CCS note signed by the Nurse Administrator observes the following, “Pt was observed by this nurse to be in his cell doing pushups his bilateral lower extremities on his bunk and palms of hands placed flat on cell floor. Moments after this activity was observed, Pt was seen standing on both feet, shuffling around cell with wheelchair in front of him.” He also had laboratory bloodwork completed on this day.

On 10/26/18, medical records from the detainee’s hospital stay were received via fax at the LaSalle County Jail. The documentation in this fax bundle were records from his 7/22/18- 7/30/18 injuries and the treatment he received inpatient at the hospital.

On 10/26/18, the detainee reported a fall from the day before and described that he landed on his left knee. This information was documented during a visit with the facility Medical Director/physician. The physician notes that the patient has “right dropfoot” and “left knee limited by pain” and reports he was participating in PT and OT prior to his arrest. The doctor indicates that his PT and OT records are needed, and the family will bring in the patient’s AFOs (ankle foot orthosis), PT and OT records, and shoes. He is in a wheelchair “for now”.

On 11/5/18, a CCS Medical History with Physical Assessment and Behavioral Health form was completed by a registered nurse and reviewed on 11/8/18 by the facility Medical Director. This form documents the medical doctor being aware of the back injury. There is a section on this form that was marked “yes” specific to the question “Does the patient have a physical disability or developmental disability/delay?” This same form also has a bolded sentence that states, “If any ‘yes’ answers, notify classification and refer to MH (mental health) to be seen within 14 days”. An Inmate Incident Report documents an effort to take him to meet with a mental health counselor on 10/16/18 but he refused and became agitated and disrespectful towards jail staff. This form states, “No mental health problems.” The HRA is unsure if a referral to mental health is needed if a person has a physical disability due to a medical reason such as the case with this detainee. His physical disability was him requiring a wheelchair.

On 11/16/18 a LaSalle County Sheriff’s Office Inmate Incident Report stated the detainee had a witnessed fall when trying to avoid being hit by a dirty adult diaper that another inmate had thrown at him. He was using his walker at the time of this occurrence. Jail officers helped the patient into his wheelchair and took him to see a nurse. On 11/16/18 and 11/18/18 the nursing notes document the individual needed to apply ice to his knee PRN for 24 hours due to a fall. He was encouraged to notify officers of any problems or increased discomfort. On 11/18/18 a CCS note summarily states that, “patient voices c/o (complaint) of knee pain when questioned at med pass. No redness, bruising or swelling was observed.” An ice pack was PRN and a referral to the Medical Director was noted.

On 11/23/18 an CCS Note states the inmate met with the facility doctor and told him about a previous fall and that he needed an x-ray. The doctor noted, “...He has full range of motion in his knee. There is no clinical indication for an x-ray at this time...he was not thrilled...”

On 12/14/18 the inmate filed a Medical Grievance asking for a new x-ray after having a fall while getting up from the toilet. Nursing staff evaluated him and offered him Tylenol, but he wanted an x-ray. He was informed there was no Medical Director

available on that day. The Medical Staff responded to the grievance on 12/24/18 indicating the patient had an x-ray on 12/17/18. The detainee responded/appealed on 12/27/18 at 7:43pm that "...the issue I raised, has not been addressed. I am suffering from multiple physical injuries. I require additional care as my physical injuries cause a substantial amount of pain. I have not received x-rays while housed at LaSalle County Jail nor at an outside hospital. I am appealing this issue as I have not received adequate medical treatment while housed at the LaSalle County Jail." There is no further facility response noted on this medical grievance. It does appear that nursing staff did not respond to the medical grievance within the 48 hours as policy states. The HRA is unable to determine why there was a lapse in response time by nursing staff.

On 12/17/18 the detainee was transported by LaSalle County jail staff to a neurology appointment and for a referral for physical therapy. The neurologist ordered the referral for the physical therapy evaluation. The recommendations from the assessment was okayed by the county jail Medical Director on 12/17/18. No x-ray was ordered by the neurologist at this visit. Physical Therapy was the continued plan of care. He eventually had an x-ray completed on 2/18/19 with no new orders noted in the medical record. The HRA reviewed the Offsite Service Referral Request that documents the transportation arrangement for this scheduled appointment. There is no date noted on this form to know when it was scheduled by the nursing staff. The CCS Claims Form that is submitted to Medicaid for payment does not have a date that the form was submitted to Medicaid for payment to cover the cost of this appointment. The HRA did note a comment at the bottom of the claims form that states, "Patients Plan Escapes! DO NOT inform patients of the date/time of revisits or impending hospitalizations." No x-rays were done at this appointment. The physical therapy evaluation was ordered at this appointment and x-rays were ordered for 2/18/19 with a follow-up appointment 3/17/19. The Medical Director's initials are noted on the Consulting Physician's Report with the date of 1/6/19.

The HRA reviewed an Inmate Incident Report dated 12/19/18 that provides clarification from this doctor's appointment. A LaSalle County Jail Investigator states the following, "[Deputy 1] and [Investigator] escorted [Detainee] to a doctor's appointment at [a neurological provider]-in Peoria, Il. [Detainee] implied to the doctor he was having difficulties in his recovery due to not receiving proper medical care in our facility. He told the doctor he was not receiving or allowed to do physical therapy. The doctor asked if he had received exercise instructions when he did attend PT before incarceration. [Detainee] stated he was going to PT regularly before being incarcerated and was given weekly exercise goals. The doctor indicated he would be using his walker and wearing his leg braces. [Detainee] did admit to having access to his braces but was not wearing them most of the time. His stated reason for not wearing them or using his walker was because he kept falling and hurting himself, which he claimed set him back several weeks in his recovery each time he fell. [Detainee] also indicated at least one of the braces was not fitting him properly. [Detainee] was asked how many times he had fallen recently. He initially stated he had fallen four times or more times. Although, he was only able to document three times when questioned further. Two of the falls he claimed were while using the toilet. The third fall he stated was the one which was documented in a report dated 11/16/18 by [Deputy 2]. [Detainee] did not detail any other falls specifically. The doctor asked [Detainee] to use a walker for her to evaluate his

capabilities. He was able to get out of his wheelchair and use the walker to ambulate up and down the hallway outside the exam room. His gait and use of the walker were not without his difficulties but the doctor did seem pleased with his progress so far. The doctor then showed [detainee] some basic exercises he could do with the walker provided to him by the jail. She also told him he needs to wear his braces to aid in his balance and recovery. The doctor was clear in telling [Detainee] he knew what his body needed and should be actively doing his part to aid his recovery despite not receiving formal PT.”

On 12/20/18 medical staff at the LaSalle County jail scheduled a physical therapy evaluation for the inmate. The physical therapy evaluation occurred on 1/10/19.

On 12/27/18, the detainee was transported to a community provider for an evaluation to determine the least assistive device that the inmate would need to use. The corresponding CCS Consulting Physician’s Report completed by the doctor and the resulting order from this visit was “Continues meds as is, call [company] for brace modifications and follow-up in three months with fitting issues.” This document does not show any discussion pertaining to the need for x-rays.

On 12/29/18 the detainee requested a “Sick Call” and he spoke with medical staff about a fall he had on or around 12/27/18. The detainee reported that he had numbness and tingling to his lower body. He was only wearing one of his leg braces when he fell after doing an arm workout in his cell. He was in a wheelchair, not wearing his AFO braces. The note summarily states that the detainee “was not happy” he had not started physical therapy and felt that he was being denied medical care by the facility by not being given an x-ray after he had fallen. The nurse who was speaking with him notified him that he had a physical therapy evaluation coming up soon and until then he is aware of the home exercise program. The detainee was reminded to wear his AFO braces at all times. He was offered pain medication, which he refused. He was placed on the list to be seen by the doctor.

On 1/10/19 there was a Physical Therapy evaluation completed at an outside facility that identifies the physical therapy plan of care with a home exercise program with which he was currently familiar. The evaluation recommended a skilled rehabilitation goal for physical therapy two times per week for eight weeks. No x-rays were ordered at the physical therapy evaluation appointment.

On 1/11/19 at 6:48pm, the detainee filed a Medical Grievance form alleging that he was unable to schedule physical therapy appointments while at the physical therapy evaluation on 1/10/19. His grievance states that while at the appointment, the therapist was ready to schedule his future physical therapy appointments but jail staff that had escorted him to the appointment gave the therapist a note to not schedule appointments. The detainee also felt that the facility doctor and nurse administrator were not meeting his medical needs. The grievance was accepted by medical staff on 1/14/19 at 2:25pm and the response was “Per info received by medical department after patient’s appointment on 1/10/19, P/T will call medical department with further P/T orders. At this time, no other orders have been received. No notes were sent with security stating to not make other appointments. Patients that are incarcerated cannot know appointment info due to risk of escape.” The detainee appealed this response asking for staff to review physical therapy orders from the hospital he attended for the PT evaluation.

On 1/25/19 there is a CCS note that documents a nurse receiving a returned call from a neurological facility and she requested the paperwork to be faxed from the visit

that took place on 12/17/18. This same note documents a phone message being left for the Physical Therapist to request the records from the 1/10/2019 visit. On this same day the detainee was updated on the county jail nursing efforts to coordinate his care, that messages had been left for physical therapy and that the Medical Director had approved the plan for Physical Therapy. The HRA reviewed a form titled, Offsite Services Referral Request, and the documentation indicates the inmate attended physical therapy on 1/29/19, 2/25/19, and 2/28/19.

On 2/18/19 the CCS Consulting Physician Report form documents the detainee had a diagnostic x-ray and the result was normal, and no follow-up was necessary. He also had a six month follow-up with his neurologist office and this progress note documents that he is walking more, has no numbness or tingling in his legs, no falls, has improved strength in his legs, and has been going to physical therapy.

On 3/14/19 at 11:30am a CCS Note documents the inmate met with the jail Medical Director and noted that the patient verbalized he was doing "alright" and that "PT is helping him get stronger." The detainee stated he can "walk a decent distance with walker". The physician observed him transfer from the wheelchair to the exam table with no assistance. The physician ordered that PT be contacted to ask if the jail can discontinue the use of the wheelchair. The Nursing Administrator's initials are observed to be on this CCS note.

On 3/15/19 at 8:00am the Nursing Administrator documented on a CCS Note that the physical therapist returned her phone call from 3/14/19 and verbally stated that the wheelchair could be discontinued; a cane was recommended but due to jail security protocol that recommended assistive device could not be used. The Physical Therapist was okay with a walker being used instead. The order to discontinue the wheelchair and use a walker was faxed to the jail on 3/15/19 at 8:12am. The order states, "Patient is able to D/C his wheelchair at this time he demonstrates the balance needed to ambulate both long and short distances without it."

On 3/18/19 on the "Consulting Physician's Report" the facility physician documented, in summary, improvement of the patient's weakness, right foot drop has improved, the left foot drop continues, and he uses the AFO brace. He was also recommended to use a cane or a walker. He is to follow-up in six months.

On 3/27/19 the detainee completed the first eight-week program for Physical Therapy. He was then recommended to attend inpatient physical therapy at the same location two times per week for four weeks. The LaSalle County jail physician okayed this order and the detainee was to attend physical therapy from 4/1-4/25/19.

The HRA reviewed the contracted provider's Event Detail Report that shows the patient attended physical therapy appointments on: 1/29/19, 2/4/19, 2/7/19, 2/11/19, 2/14/19, 2/19/19, 2/21/19, 2/25/19, 2/28/19, 3/4/19, 3/7/19, 3/11/19, 3/18/19, 3/21/19, 3/21/19, 3/25/19, 4/2/19, 4/4/19, 4/9/19, 4/11/19, 4/16/19, 4/18/19, 4/23/19, 4/30/19, 5/14/19, 5/16/19, 5/20/19, 5/21/19, 5/28/19, 5/30/19, 6/4/19, 6/24/19, 6/27/19 and 7/1/19.

The allegation also state that staff of LaSalle County Jail have laughed at the detainee when he has fallen. There were only two grievances available to the HRA that were provided by LaSalle County jail that documents how staff made the detainee feel during an interaction. The first incident was written on a LaSalle County Jail Emergency Grievance form on 1/22/19 at 9:33am by the detainee. In summary, the detainee stated that he was lying on the floor and jail staff walked up to him and kicked him twice on the

foot. The detainee asked the staff, "what he was doing." The staff responded, "Seeing if he was alive". The detainee felt that jail staff were "picking" on him "due to his disability and that it was his birthday". This emergency grievance was rejected by jail staff on 1/23/19 at 5:39pm stating, "This does not meet the criteria of being an emergency grievance. Refer to your hand book." The detainee appealed the response on 1/23/19 at 6:53pm and the appeal was rejected by the LaSalle County Jail Superintendent on 4/29/19 at 8:46am.

The second incident is documented on a Medical Grievance form and completed on 3/15/19 at 9:15am by the detainee and states "March 15 around 9:15am [Nursing Administrator] took my wheelchair. I am not fully ready to be out of it. How am I supposed to put my clothes on after I shower? How am I supposed to get my food? In the morning's I can barely stand so I have to use my wheelchair to prevent further [injury's]. When I told her these things she told me to shut up and get out of the wheelchair. She stated that PT ordered it but when I walk at PT I have a safety belt and grown men holding on to me, so I don't fall. Now I have no support when my body goes to give out or when I'm dizzy I need my wheelchair." The medical staff grievance responded to this patient concern on 3/15/19 at 9:45am, "Per conversation with physical therapist working with this patient, this patient is no longer to use a wheelchair. Physical therapy requested that patient use a cane only. Due to security reasons, a cane cannot be issued. Physical therapist agreed a walker would be okay as an alternate to a cane. Orders were received from (physician) to discontinue use of wheelchair by patient. Wheelchair was given to security to place in patient's personal property." Lastly, follow-up notes dated 3/15/19 at 11:49am, documented on a LaSalle County Sheriff's Office Inmate Incident Report states "As of today, [inmate] is to use a plastic chair to sit on while he removes and puts on his clothes before and after his shower. After his shower he was instructed to bring the chair to the door and let the officers know he is finished so it can be removed from the block."

The HRA reviewed the LaSalle County Adult Detention Facility (LCADF) Inmate Handbook. At the time of booking into the county jail the inmate signs a form stating that "they agree to abide by all the rules of the facilities." The rules and information for the facility are included in this handbook. This handbook notes the basic rights that detainees are entitled to during their detainment. Two of the nine rights that are listed in this document are "Access to necessary medical and dental services" and "protection from abuse and corporal punishment" which are the most pertinent to this case and the allegation.

Per the LCADF handbook, detainees have access to medical and dental services. The handbook communicates the following, "There is a daily sick call. If you would need to see the doctor or nurse, ask the Pod Deputy for a medical request form. Fill out the form and ask permission to place the request form in the locked box at the office station. Medical request slips are gathered by the nurse at the morning and evening medicine pass. Per state guidelines, the nurse has 48 hours to address your medical request from the time the nurse receives the request form. The nurse conducting the sick call will review your medical/dental request form. The nurse will then tend to your medical/dental concern or arrange further medical care with the doctor or nurse. If medications have been prescribed for you, come to the cellblock door when instructed to do so. Bring with you a cup of water so you may take the medication at the door. You

have the right to refuse any type of medical treatment. You do not have the right to refuse housing in the infirmary unit for medical reasons or if you are housed there for disciplinary segregation observation reasons.” The LCADF also has the expectation written that states, “All medical request slips must be signed and dated. No unsigned or undated medical slips will be honored.” The handbook also provides the definition of when it is appropriate for a detainee to file a Medical Grievance. The definition for this is, “a grievance concerning matters of medical care and/or judgement.”

The LCADF Inmate Handbook defines the use of an Emergency Grievance as, “a grievance concerning matters that subject (or has subjected) an inmate to a substantial risk of immediate personal injury or serious harm.”

The HRA reviewed the contracted provider’s CCS LaSalle County Illinois Detention Center Policies and Procedures titled “OPS-200_D-08 Hospitals and Specialty Care—LaSalle II”. The “scope of the policy applies to healthcare staff.” The Policy goal detailing staff response to a patient’s arrival to the jail reads “the receiving screening is performed on all patients as soon as possible upon arrival at booking, but within four hours for NCCHC-accredited sites, to ensure that emergent and urgent health needs are met.” The policy goal states, “Patients who require hospital or specialized ambulatory care are provided appropriate and timely access to such care in a facility that meets state licensure requirements.” Procedure 5.1 defines “specialty care that is not available on-site, they are sent for specialist-provided healthcare off-site.” Procedure 5.1.1 states, “Off-site appointment requests are sent for approval to the CCS Chief Medical Officer or designee prior to appointments being scheduled.”

The last medical provider’s/CCS LaSalle County Illinois Detention Center policy titled “OPS-300_E-02 Receiving Screening—LaSalle IL” reviewed by the HRA outlines the procedure for the jail health care staff to identify patient medical needs. This policy states, “Receiving screening forms have been established both for general health and mental health purposes, and both should be completed no later than 24 hours after arrival and prior to a patient’s being placed in general population.”

The HRA also reviewed the LaSalle County Jail Directive that came from the Sheriff’s Office on Administrative Rules and Regulations/Code of Ethics dated 3/24/19 that states the following: “F. All LaSalle County Detention Facility Officers and staff members are required to :

1. Maintain security in the Facility to safeguard the community and lives and well being of the staff, inmates and visitors on the premises.
2. Work with each individual firmly, fairly and with respect, without regard to rank, status or condition.
3. Maintain a positive demeanor.
4. Report either in writing or by word of mouth to the Supervisor, any circumstance or incident which violates Department or Facility rules, regulations, policies or procedures.”

Jail Regulations **(20 Ill. Adm. Code 415.15) on Responsibilities** state, “a) Unless otherwise specified, the Director, Chief Administrative Officer, or Agency Medical Director may delegate responsibilities stated in this Part to another person or persons or designate another person or persons to perform the duties specified. b) No other individual may routinely perform duties whenever a rule in this Part specifically states the Director, Chief Administrative Officer, or Agency Medical Director shall personally perform the duties. However, the Director, Chief Administrative Officer, or Agency Medical Director may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.”

Jail regulations (**20 Ill. Adm. Code 701.90**) on **Medical and Mental Health Care** state “a) Medical and Mental Health Services All jails shall provide a competent medical authority to ensure that the following documented medical and mental health services are available: 1) Collection and diagnosis of complaints. 2) Treatment of ailments. 3) Prescription of medications and special diets. 4) Arrangements for hospitalization. 5) Liaison with community medical facilities and resources. 6) Environmental health inspections. 7) Supervision of special treatment programs, such as alcohol and drug dependency. 8) Administration of medications, including emergency voluntary and involuntary administration of medication, including psychotropic medication, and distribution of medication when medical staff is not on site. 9) Maintenance and confidentiality of accurate medical and mental health records. 10) Maintenance of detailed records of medical supplies, particularly of narcotics, barbiturates, amphetamines and other dangerous drugs. b) Physician, Mental Health and Dental Services 1) A medical doctor shall be available to attend the medical and mental health needs of detainees. A) Arrangements shall be made for provisions of emergency dental care as determined necessary by a dentist or a physician. B) Professional mental health services may be secured through linkage agreements with local and regional providers or independent contracts. Linkage agreements and credentials of independent contractors shall be documented. 2) General medical physician services may be provided by: A) Staff physicians; B) Contractual services; or C) A nearby hospital. c) Admission Examination 1) All persons admitted to confinement shall undergo a physical assessment as prescribed in Section 701.40(i). 3) All detainees confined shall be given a medical screening by a medical doctor, a physician assistant, a nurse practitioner, a registered nurse or a licensed practical nurse within 14 days after confinement, and as required by a medical doctor thereafter. d) Sick Call 1) A schedule shall be established for daily sick call. 2) The names of those detainees reporting to sick call shall be recorded in the medical log. 3) Detainees with emergency complaints shall receive attention as quickly as possible, regardless of the sick call schedule.”

Jail standards (**20 Ill. Adm. Code 701.10**) **specific to Administration** require: a) Staff Training 1) All full-time jail officers shall be trained as provided by the Illinois Police Training Act [50 ILCS 705/8.1]. All personnel assigned jail duties shall be made familiar with these standards. The training shall include first aid, CPR and identification of signs and management of detainees with a mental illness or a developmental disability... 4) Jail officers and other personnel primarily assigned to correctional duties shall receive annual training by or approved by mental health professionals on suicide prevention and mental health issues. 5) Documentation of staff training shall be maintained... d) Records The sheriff or jail administrator shall assure that all records required by law or this Part are maintained and available for examination by staff of the Unit. e) Discrimination and Harassment, The jail administrator shall prohibit unlawful discrimination and harassment of employees, detainees and any other persons within the jail on the basis of race, gender, age, religion, national origin and disability, among other matters. f) A code of conduct shall be established that defines behavioral and ethical standards and shall be provided in writing to all staff, volunteers and contractual employees.

CONCLUSION:

The HRA concludes that the allegation of Inadequate Treatment is **unsubstantiated**. The allegations state that the inmate had not received the necessary medical treatment since his arrest in September 2018. The individual was arrested on 10/15/18 and booked into the LaSalle County Jail on this same day. The detainee's first opportunity to see the facility Medical Director was presented to him on 10/16/18 and he refused. He was then scheduled to see the facility physician on 10/26/18. This second appointment still falls within the practice of the facility in which they arrange for detainees with scheduled medication to see the Medical Director within four weeks. He had laboratory work completed within three weeks of his being booked into the jail. LaSalle County contracted nursing staff started coordinating the detainee's medical care when they faxed a medical records request with his consent to the detainee's primary care doctor on 10/18/18 and again on 10/21/18 to start coordinating care from his trauma injury that took place in July 2018. The medical staff involved in coordinating the care addressed the detainee's medical needs, as needed, based on WellPath documentation reviewed. He reported falls, on 11/16/18, 12/24/18, 12/27/18, but all reported falls appeared to have been assessed by nursing staff and treated as needed with Tylenol 3 (which was refused by detainee at least once) and ice applied to knee. He was assessed by nursing staff whenever he reported the falls. He also met with the Medical Director on: 11/23/18, 3/14/19 and 5/3/19. He met with his Neurologist for an evaluation at an offsite location on 12/17/18 and had a physical therapy evaluation with x-rays being ordered at that visit. The x-rays were not needed until 2/18/19. The x-rays were done on that day and results were documented as normal.

Although it appears that there was a lapse in communication between the nurse and the physical therapist after the 1/10/19 physical therapy evaluation since the PT evaluation recommendations had not been received by the jail. The detainee was able to utilize the in-house medical grievance form on 1/25/19 to request that nursing staff follow-up with the PT recommendations. On 1/25/19 contracted staff requested the physical therapy evaluation to be faxed to the jail so the Medical Director could approve, refer and the nurse scheduled the recommended offsite physical therapy appointments which began on 1/29/19. The detainee was able to utilize the in-house grievance process to request contracted staff to follow-up with his physical therapy plan of care. Once the plan of care was received from the physical therapist, staff coordinated the scheduling of the physical therapy appointments right away, which includes scheduling county jail staff to attend the appointment times and making transportation arrangements. The Medical Director had approved the referral for skilled PT once the evaluation with recommendations was received. The detainee would not be notified of upcoming appointments based on policy that detainees are not notified of medical appointments; due to risk of escape. A follow-up conversation the HRA facilitated with the Jail Superintendent and Nursing Administrator explained that public safety is priority when taking detainee's to medical appointments they are not notified of scheduled appointments to prevent them from notifying family who could potentially show-up and cause a scenario that would put people at risk. A review of the medical contractor's policy that defines timely care and urgent care which are two different situations and would require different levels of intervention from staff. "Patients who require hospital or specialized ambulatory care are provided appropriate and timely access to such care in a facility that meets state licensure requirements." Although not specifically stated,

physical therapy was not categorized as an urgent need and based on documentation reviewed efforts were ongoing by staff to coordinate and schedule the routine necessary physical therapy appointments, timely care.

On 3/15/19 the detainee's need for a wheelchair was discontinued after an order from the Medical Director was received on 3/14/19 to follow-up with the physical therapist to see if the detainee continued to need a wheelchair. The detainee learned of the discontinuation of the wheelchair as an assistive device for his mobility on 3/15/19 after a shower. On 3/15/19 a medical grievance was submitted by the detainee that alleges the Nursing Administrator told him to "shut-up" when he was telling her how unhappy he was that his wheelchair had been discontinued. The respondent to the grievance is identified as "medical staff" and was accepted on 3/15/19 notifying him of the PT and Medical Director's order to discontinue the wheelchair. The facility accommodated his safety concern while in the shower by providing him with a plastic chair to use during shower time.

Lastly, part of the allegation states that staff had laughed at the inmate after a fall. None of the medical grievance documentation, sick call request form or formal grievances reviewed by the HRA provides evidence of staff laughing at the inmate. The HRA reviewed medical grievances filed by the inmate on 11/16/18, 12/24/18 and 12/27/18 where he reported falls. None of these grievances identify jail staff laughing at him after a fall. On 1/22/19, The detainee filed a formal grievance that the jail staff had kicked his foot and made an offensive comment, but this grievance does not state anything about being laughed at by staff.

The HRA makes the following **suggestions**:

- If the Medical Director is unavailable due to vacation or illness there should be a secondary person identified to fill in for the duty of Medical Director during his/her absence.
- If a Medical Grievance is made by a detainee/patient towards a specific registered nurse, such as the Nursing Administrator there should be a process in place that the individual who is identified as part of the grievance does not respond to the grievance to avoid a conflict of interest.
- If medical staff respond to a Medical Grievance, they should ensure a response is factual and verify medical tests conducted and results received before responding to the grievance, as evidenced by contracted staff responding that an x-ray was done at an outside appointment for this detainee on 12/17/18. No x-ray had been done at that appointment but ordered to be done at a later date.
- In this case the individual's wheelchair was discontinued by the Medical Director after the Physical Therapist recommended the patient could use a walker. The detainee was notified of this medical change during his shower time. The HRA believes a conflict could have been avoided if the detainee was notified of the change prior to the shower or after he had returned to his cell.

RESPONSE

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