



Investigation of Caritas Peace Center

For Alleged Misuse of Medications with Youth

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With Youth

Kentucky Protection & Advocacy
May 2004

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Abstract

On April 17, 2003, Protection and Advocacy (P&A) received a report alleging the misuse of PRN (as needed) medications with children and youth on the Caritas Three South Unit. The report was received from a licensed practical nurse formerly employed by Caritas Peace Center. Because of that report, P&A initiated an investigation over a four-month period, speaking with children and staff on Three South, and reviewing medical records. At the end of the investigation, P&A concluded that Caritas staff persons were administering PRN medications to children and youth before they became agitated. This often occurred early in the morning and sometimes when the children and youth were shown to be asleep. Conflicting documentation in the medical records showed poor recordkeeping at best and, at worst, that children were being given PRN medications to control behaviors that could not possibly have been occurring.

Introduction

Protection and Advocacy

Protection and Advocacy is Kentucky's federally mandated program that protects the rights of citizens with disabilities in the Commonwealth of Kentucky. Federal laws charge all P&As to investigate abuse and neglect of individuals with mental illness¹ who live or receive treatment in facilities such as psychiatric hospitals.² Often, P&A has found that abuse allegations regarding children in psychiatric hospitals arise from behavior management techniques used with the children, including misuse or overuse of medications (chemical restraints) in violation of federal law.³

Caritas Peace Center

Caritas Peace Center is a 416-bed private psychiatric hospital located in Louisville, Kentucky, which provides treatment services for children and youth with emotional, behavioral or psychiatric disorders, and chemical dependencies. Caritas' stated philosophy is to provide treatment "in an atmosphere of safety and dignity, with a sincere respect for the patient's rights and privileges."⁴

Caritas treats a number of children and youth from all over the Commonwealth. Many of these children have been committed to the Kentucky Department of Community Based Services or the Department of Juvenile Justice. The 20-bed wing of the hospital known as Three South houses children and youth who have had some interaction with the juvenile justice system or who have been difficult to manage on other units or in other placements. All patients on this unit are male.

Abuse report received

On April 17, 2003, Protection and Advocacy received a report from a licensed practical nurse formerly employed by Caritas Peace Center alleging a history of misuse of PRN⁵ (as needed) medications with children and youth. In psychiatric

¹ Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act 42 U.S.C. §§ 10801 to 10807. See 42 U.S.C. § 10805(a).

² 42 U.S.C. § 10802(3).

³ 42 U.S.C. § 10802(1)(D).

⁴ Caritas Peace Center, *Take Care*, 10 (undated).

⁵ The letters PRN are an acronym for the Latin *pro re nata* meaning, "as the occasion arises." In the context of medications, PRNs are those medications

settings, these medications usually are given to manage behavior when a person's behavior is out of control.

The nurse stated that PRNs were often given in the morning prior to any inappropriate behavior so the nurses would not have to deal with children's behaviors later in the day. The nurse also stated that the long-term patients were the ones who were being given PRNs most frequently, naming four specific individuals. Finally, the nurse cited one occasion when she refused to give a child a PRN shot because he had calmed down after the order for the shot was given by the doctor. She stated that her nurse manager insisted on the medication being given, and eventually intervened and administered the shot herself.

According to state and federal law, psychiatric patients, including children and youth, have the right to be free from the unreasonable use of restraint and seclusion, including chemical restraints. Chemical restraints cannot be used as a means of coercion, discipline, convenience, or retaliation by staff. As stated previously, federal law charges P&A to investigate incidents of abuse or neglect reported to it about people with mental illness and developmental disabilities, or when P&A has probable cause to believe that abuse or neglect has occurred.⁶ The alleged misuse of chemical restraints reported to P&A by the former Caritas nurse gave P&A reason to believe incidents of abuse or neglect had occurred at Caritas Peace Center; therefore, P&A initiated an investigation.

This report details the results of that investigation. It includes interviews with children and youth, interviews with staff, medical records reviews, personal observations and a discussion of investigatory reports from the Kentucky Health and Family Services Cabinet, Office of Inspector General.

Methodology

During the course of the investigation about improper administration of medications on the Caritas Three South Unit, two representatives of P&A's Children and Youth Team visited Caritas on numerous occasions. Over a four-month period, P&A's investigators interviewed or attempted to interview nineteen children and reviewed the records of twenty-four children, with extensive reviews performed on five youths' records. The investigators also interviewed six mental health workers, two nurses, one social worker and one teacher. The purpose of the

ordered by a doctor, but only given to the patient by the nurses according to the circumstances: usually agitation or inappropriate behaviors.

⁶ 42 U.S.C. § 15043(a)(2)(B) and 42 U.S.C. § 10805(a)(1)(A).

investigation was to determine whether children were being given PRN medications prior to becoming agitated.

Questions asked of patients and Caritas employees centered on conditions on Three South, the administration of medications in general and the administration of PRN medications in particular. In reviewing records, the P&A investigators examined each child's medical chart, paying particular attention to the Medication Administration Records (MARs), which document medications given to a particular child, and the child's Flow Sheets, which provide an accounting of the child's whereabouts at fifteen-minute intervals.

Misuse of PRNs defined

Psychiatric patients, including children and youth, have the right under federal law to freedom from misuse of seclusion and restraints.⁷ Chemical restraints include any "medication used to control behavior or to restrict the patient's freedom of movement [that] is not a standard treatment for the patient's medical or psychiatric condition."⁸

Studies show that in mental health settings, PRNs are prescribed for up to 50% of all hospitalized patients and up to 91% of secluded patients.⁹ Up to 75% of PRNs are initiated by a nurse.¹⁰ The medications most commonly used on Three South for PRN purposes are Thorazine, Zyprexa, Zyprexa Zydis, Seroquel, Ativan, and Benadryl.¹¹

Chemical restraints may not be used to coerce or discipline patients; nor may they be used for the sake of convenience or retaliation.¹² Chemical restraints are appropriate only "in emergency situations if needed to ensure the patient's physical safety and less restrictive interventions have been determined to be ineffective."¹³

⁷ 42 C.F.R. § 482.13(c)(3) and 42 C.F.R § 482.13(f)(1).

⁸ 42 C.F.R. § 482.13(f)(1).

⁹ Kim Usher, D. Lindsay, and J. Sellen, *Mental Health Nurses' PRN Psychotropic Medication Administration Practices*, J. PSYCH. & MENTAL HEALTH NURSING 8, 383, 383-384 (2001).

¹⁰ *Id.* at 384.

¹¹ Although Benadryl is commonly used to treat allergies and congestion, common side effects are drowsiness and weakness. Therefore, psychiatric hospitals often use Benadryl as a PRN medication to calm agitation. Thorazine, Zyprexa, Zyprexa Zydis and Geodon are anti-psychotics and Ativan is a benzodiazepine.

¹² 42 C.F.R. § 482.13(f)(1).

¹³ 42 C.F.R. § 482.13(f)(2).

Thus, if the medications were being given to control behavior prior to any emergency arising, Caritas would be violating federal law.

Patient interviews

During the course of the investigation, P&A investigators spoke with twenty-one children and youth, two of whom declined to be interviewed. The children ranged in age from 12 to 17 years old. The children and youth interviewed had a variety of diagnoses: adjustment disorder, obsessive-compulsive disorder, conduct disorder, oppositional defiant disorder, depression, mental retardation, intermittent explosive disorder, post traumatic stress disorder, bipolar disorder, attention deficit hyperactivity disorder, impulse control disorder, and psychotic disorders. Routine psychotropic medications included Effexor, Tenex, Abilify, Clonidine, Seroquel, Zoloft, Adderall, Strattera, Depakote, Trileptal, Risperdal, Thorazine, Lithium, Zyprexa, Zyprexa Zydis, Trazodone, Geodon, Topamax, Paxil, and Ativan.¹⁴ These young people had experienced many tragedies in their short lives: sexual and physical abuse, abandonment, multiple placements, and their own drug and alcohol abuse.

The questions the P&A investigators asked the children concerned the conditions on Three South, how they felt about their medications, and whether they had ever received PRNs (if so, when and how often). Present at the interviews were the two

¹⁴ While treatment of childhood disorders may require administration of the same psychotropic medications used with adults, the safety and efficacy of many of these medications for children has not been proved and should be used very cautiously. *See generally* American Academy of Child and Adolescent Psychiatry, *Prescribing Psychoactive Medications for Children and Adolescents* (revised and approved by the Council on September 20, 2001), <http://www.aacap.org/publications/policy/ps41.htm> (accessed April 7, 2004). Many psychotropic medications for children are prescribed "off label," and have not been specifically approved for children by the U.S. Food and Drug Administration (FDA). For example, while the FDA has approved Zoloft and Strattera for use with children, it has warned that the use of Paxil may cause increased suicidal thinking and suicide attempts in depressed children. United States Food and Drug Administration, *FDA Statement Regarding the Anti-Depressant Paxil for Pediatric Population* (June 19, 2003), <http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01230.html> (accessed April 7, 2004). Zyprexa, which Caritas commonly used as a PRN, is not recommended for children under eighteen. Eli Lilly and Co., *Zyprexa, Zyprexa Zydis: Consumer Medical Information*, <http://www.lilly.com.au/common/CMI/ZYPREXA%20.pdf> (accessed April 7, 2004). In addition, the safety and effectiveness has not been determined or established for the use of the following medications in patients less than 18 years of age: Effexor, Tenex, Seroquel, Depakote, Risperdal, Trazodone, and Geodon. GEORGE R. SPRATTO & ADRIENNE L. WOODS, *PDR NURSE'S DRUG HANDBOOK* (2004 ed.)

P&A investigators and the individual being interviewed. All interviews were conducted at the hospital on Three South. The children's names have not been used in order to protect their privacy.

Nine of the interviewees had something specific to say about PRNs. Three stated that they could refuse PRNs, but if they did so, they would receive injections or lose all privileges. One boy said that eventually he got tired of the nurses asking him to take the PRNs, so he just took them. Another boy said that he was given Benadryl when he got agitated, but the nurse decided when he was agitated. One had complaints about the level of medications he was receiving, stating that he felt "too drugged up."

Five patients specifically acknowledged that they were required to take PRN medications prior to becoming agitated. Three of these were the same children that were mentioned in the initial complaint P&A received. Four were told they would be given a shot if they refused. One said that the nurse would insist he was agitated when he did not feel he was, and that she would tell him to make a good choice and take the PRN so that he would not have to receive an injection.

The remaining interviewees had no stated concerns about the medications.

Records reviews

How records were reviewed

In reviewing records, the P&A investigators examined each child's or youth's medical chart, paying particular attention to the Medication Administration Records (MARs), which document the medications given to a particular child and the time of day the medications were administered. The child's Flow Sheets, which provide an accounting of the child's whereabouts at fifteen-minute intervals, were also examined. Comparing the MARs with the Flow Sheets allowed P&A investigators to look closely at the reasons given for administering a PRN and the child's behavior at the time. With five youths, P&A investigators obtained copies of those documents covering from one month to three months and performed an extensive review.

Most of the data discussed below focus on PRNs administered by nursing staff upon the initiative of the individual nurse observing a child's behavior. A few examples, however, include PRNs that were noted in the chart as having been requested by the child. Data gathered by P&A indicate some of these reports are unreliable since the child was reported to be asleep at the same time he requested the PRN. In all cases, the rationale for giving the PRN was either missing or cursory (for example, "for agitation" with no further explanation given).

Precipitating incidents were not described and the effect of the PRN seldom documented.

Little rationale for giving PRNs and no follow-up of effects

Again, P&A found that in all cases, the rationale for giving the PRN was either missing or perfunctory. In 151 out of 314 PRNs administered, the child's MAR provided no rationale for giving the PRN. In 112 out of 314 instances, the MAR simply noted that the PRN was given for agitation with no further explanation. Precipitating incidents were not described, and the effect of the PRN was documented in only 8 of 314 occurrences, so it was unclear whether the PRNs were either necessary or effective. Many PRNs were given routinely every four or six hours for days. Totals are listed below in Table 1.

Reason PRN Given	Number of PRNs (314 Total)
Not noted	151
Agitation	112
Patient request	42
Insomnia	4
Hitting	1
Congestion	2
Skin picking	1
Headache	1

Table 1. Total number of PRNs given and reason why

In only 3 of 314 instances did the MAR indicate that a PRN was given to prevent a child injuring himself or others.¹⁵ The MARs contained no evidence that less intrusive means to handle the behaviors had been tried first before resorting to PRNs. If behavior plans were consulted, staff did not make note of that fact. Nor is it clear whether clinical staff were consulted when PRNs were administered by nursing staff, or whether the use of a PRN would have been necessary if clinical staff had intervened effectively earlier.¹⁶

¹⁵ The MARs indicated PRNs were given when one patient hit a peer in the face, when one patient slammed a tray against a table, and when one patient hit the walls with his fists and swung at staff.

¹⁶ See NEW YORK STATE COMMISSION ON QUALITY OF CARE FOR THE MENTALLY DISABLED, THE ROLE OF PSYCHOTROPIC MEDICATION IN THE TREATMENT OF

In addition, the effect of the PRN once given was documented in only 8 of 314 occurrences. “Documentation that includes the reason for administering [the PRN], the person requesting [the PRN], and the outcome of the PRN is the minimum necessary for safe practice at any professional level.”¹⁷

“A fundamental protection that must be afforded every child in an inpatient psychiatric facility is the extremely careful prescription, administration and monitoring of psychotropic medications,”¹⁸ including PRNs. The lack of documentation surrounding the circumstances in which PRNs were given and the patterns of repetitive dosing at regular intervals indicate that Caritas relied on PRNs to prevent and manage any behavior, not just behavior dangerous to the child or others.

At minimum, PRN medications should not be used in place of less intrusive behavior interventions and a treatment plan with standing medications. To prevent PRN misuse, Caritas psychiatrists “should qualify their orders by [specifying] a clear definition of which behaviors warrant the use of . . . PRN medications.”¹⁹ Keeping in mind that giving a PRN is administering a chemical restraint, PRNs should only be used “in emergency situations if needed to ensure the patient’s physical safety and [when] less restrictive interventions have been determined to be ineffective.”²⁰

CHILDREN IN NYS MENTAL HEALTH INPATIENT SETTINGS, 13-15, 19 (November 1992).

¹⁷ Usher, *supra* note 9 at 388.

¹⁸ *Commission Urges Parental Consent for Medication of Children in Psychiatric Drugs*, 54 QUALITY OF CARE NEWSLETTER (New York State Commission on Quality of Care for the Mentally Disabled), Nov.-Dec. 1992.

¹⁹ Sarah B. Schur, Lin Sikich, & Robert L. Findling, *et al.*, *Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY), Part I: A Review*, 42 J. AM ACAD. CHILD. ADOLESC. PSYCH. 132, 154 (February 2003).

²⁰ 42 C.F.R. § 482.13(f)(2).

PRNs administered for agitation while child was asleep

Notations in the MARs as to time of administration indicated that many of the PRN medications were given early in the morning. Again, several were administered at times when the child's Flow Sheet indicated that the child was asleep. Of the 314 PRNs previously discussed, 41 were given at times when the child's Flow Sheet showed that he was asleep. Of those 41, 18 involved one child. One MAR in that 18 shows the PRN being given "per request, increased agitation" while the Flow Sheets show the child to be on "eye-view" status (constantly watched) and asleep.

Table 2, below, provides information on the inconsistencies between MARs and Flow Sheets. Administration of early morning PRNs continued after the Office of Inspector General (OIG) investigated Caritas in March 2003, and cited it for improper PRN use. (See *Investigation by the Office of Inspector General*, below.) This indicates that the practice of using early morning PRNs to control behaviors that could not possibly have been occurring has not stopped.

Table 2. Length of time and number of occurrences child was noted as being asleep per the Flow Sheet while receiving PRNs

	15 min	30 min	45 min	60 min	1 hr 15 min	1 hr 30 min	1 hr 45 min	2 hr 15 min	2 hr 30 min	4 hr 30 min
Child 1	1	4		2						
Child 2	1	2	2		1		1		1	1
Child 3				2	1					
Child 4	1	2	1							
Child 5	5	5	1	2	1	2	1	1		
Total	8	13	4	6	3	2	2	1	1	1

In addition to the high number of inconsistencies between the MARs and the Flow Sheets, other examples of poor documentation were alarmingly high. Again, although some of the MARs contained notes relating to each child's

agitation, 151 out of 314 had no notes at all concerning the reason for giving the PRN.

When asked about these inconsistencies, staff responded that the child could have awakened during the fifteen-minute period, but it would not have been documented on the Flow Sheet until the next notation. Investigators often found, however, that the next notation also stated that the child was asleep. In fact, 34 of the previously mentioned 41 inconsistencies between MAR and Flow Sheet notations indicated that the child in question continued to sleep for two or more 15-minute intervals after the PRN for agitation was given. (See Table 2.) This went as long as nine 15-minute notation intervals or two hours and twenty-five minutes. The child who requested Zyprexa Zydis PRN for increased agitation while he was asleep continued, according to the Flow Sheet, to be asleep for the next two 15-minute intervals. Investigators asked staff persons if they visually observed the child when documenting in the child's Flow Sheet whether the child was asleep or awake; some staff persons responded that they did not.

Staff interviews

P&A interviewed six mental health workers,²¹ two nurses, one social worker and a teacher. Like the children and youth interviewed, staff persons were asked about the conditions on Three South, about the administration of medications in general and the administration of PRN medications in particular. In addition, because several staff persons had been quoted in the OIG's investigative report as stating there was a problem with administration of PRNs, P&A investigators questioned them about these accounts. Overall, staff denied that a problem existed, however. (See *Investigation by the Office of Inspector General*, below.)

One mental health worker did say that when he first came to Caritas he was amazed at the children's knowledge of their medications. He stated that the children would be given their medicine in the morning and they would ask why they were being given a certain pill. When they were told that it was a PRN, the children would respond that they had just gotten up and questioned the necessity of the PRN. At that point, the nurse would ask if they wanted to "make level"²² that day, implying that if they did not take the medication, they would lose privileges.

²¹ Mental health workers are those staff that provides direct-care.

²² On most psychiatric units that serve children, some type of a behavior modification program is used. There is usually a level system whereby residents earn rewards or privileges based on appropriate behavior.

Another mental health worker stated that he had seen nurses instigate or escalate situations that could have been handled differently. This same person told P&A investigators that staff often lagged behind in documenting a patient's whereabouts in the Flow Sheets, which, as stated above, tell a patient's location at fifteen-minute intervals. He added that sometimes staff persons took a child's whereabouts for granted without actually checking on the child.

One third of the mental health workers interviewed expressed a concern over inconsistencies among shifts in response to patient behaviors. For instance, some staff persons noted that a child might be punished for a certain behavior by the first shift staff, but not by second shift staff.

Finally, P&A investigators interviewed the nurse primarily targeted in the OIG's investigatory report for inappropriately administering PRNs. This nurse advised that at the time of the OIG investigation, she was the nurse with the least seniority. She stated that she administered PRN medications in accordance with accepted medical practices and in accordance with how she had been trained. She elaborated that a nurse who had been with the unit since its opening had trained her. That nurse had since left the unit but the interviewee stated that she continued to perform her duties, including the administration of PRN medications, exactly as she was trained.

The nurse also pointed out that, historically, there had been no problems with the way PRN medications were administered. She stated that the administration of PRNs only became an issue after the OIG substantiated that one nurse forced patients to take PRNs when they were not exhibiting behaviors that would warrant administration of a PRN. She noted that the nurses were not the only people who reviewed the children's charts. Specifically, she stated that the physicians reviewed and approved the MARs daily, that Medicaid reviews and approves many of MARS periodically, and that neither the physicians nor Medicaid had ever mentioned to her the inappropriate use of PRN medications.

Concerns about PRNs and children with mental retardation

Two mental health workers and one nurse suggested that some over-reliance on PRNs may have occurred because staff persons are not trained to work with children and youth who have mental retardation in addition to mental illness. The nurse noted that mental health staff and nurses do not like working with children who have mental retardation. One mental health staff person said that staff were not used to working with people with mental retardation and relied on PRNs because of it. Another mental health worker expressed the belief that staff was not hired to work with children who have mental retardation. All three staff

persons interviewed agreed that working with children who have mental retardation in addition to emotional disorders made their job more difficult.

Additional concerns about staff treatment of patients

Personal interviews with children and youth also gave rise to questions regarding inappropriate staff interactions with them. Many of the children's complaints centered on unprofessional and untherapeutic remarks made to them by nursing and mental health staff. The children reported hearing staff persons call patients "retarded," "stupid," and "dumb-ass." Upon finding a young man masturbating alone in his room, one staff person told him he was a "nasty fat little bastard."

Children on Three South also reported overhearing staff persons making fun of or negatively commenting about patients and their families. For instance, one nurse was heard to say about a particular patient: "I hate that little boy, John;²³ he gets on my nerves." One patient stated that he received a PRN after he got upset when one of the mental health workers said the child's mother was on the "retarded" unit. Another child reported receiving Thorazine PRN after the child "went off" on a staff person who called his father "worthless scum." Another child was made fun of for his haircut, yet another for his speech impediment. One boy simply stated, "People are being treated wrong."

Other children and youth complained that staff persons instigate behavioral incidents and that nurses "cover-up" for the mental health workers. Interviews with staff by P&A investigators corroborate this complaint. One staff person acknowledged that he had seen nurses instigate or escalate situations that could have been handled differently. Staff persons were specifically asked about the allegations made by the children and youth concerning inappropriate language and behavior. They acknowledged that such events occurred, but denied personal involvement.

Some staff persons were making inappropriate comments to the children on the unit by cursing and purposefully antagonizing them. This violates federal law, which states that patients have "the right to be free from all forms of abuse and harassment".²⁴ These incidents often have led to the child being given a PRN medication or being placed in time-out or seclusion.

²³ The name of this child has been changed to protect the child's privacy.

²⁴ 42 C.F.R. § 482.13(c)(3).

Investigation by the Kentucky Office of Inspector General

In addition to her report to P&A, the nurse formerly employed by Caritas filed two reports containing similar allegations with the OIG.²⁵ Protection and Advocacy requested and received copies of all OIG reports made during the prior year involving youth at Caritas. The investigation reports confirmed that two allegations of misuse of PRN medications had been made.

According to the reports, the first allegation was unsubstantiated. The second allegation, however, was substantiated on March 31, 2003.

Interviews [with staff persons] revealed that there is one nurse . . . who pushes the “as necessary medications” (PRN’s) [sic]. [Staff persons] stated that usually the child is not exhibiting any behaviors, but the nurse will say to them that they need the medication so that they will keep their behaviors in check. They further stated that she would tell them that if you don’t take the PRN medications she’d call the physician for a shot.²⁶

The Office of Inspector General concluded:

The allegation regarding patient abuse was substantiated. Interviews with facility staff revealed that they have heard [the] nurse . . . tell the patients that if they do not take their PRN’s [sic] that she will call the physician for an injection. Staff stated that the patients were not acting out at the time that the PRN’s [sic] were offered. . . . The allegation was substantiated under Patient’s Rights. A Statement of Deficiencies was issued.²⁷

(Emphasis in original.)

²⁵The Office of the Inspector General is part of the Health and Family Services Cabinet and is responsible for licensing and regulating psychiatric hospitals, including Caritas.

²⁶Office of the Inspector General, Division of Community Health Services Complaint Narrative 2 (March 31, 2003).

²⁷*Id.* at 3. A Statement of Deficiencies is a document generated by the U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services. The Statement of Deficiencies states the applicable law, the fact that the facility violated the law, and the findings that support that conclusion.

The Statement of Deficiencies found that Caritas had violated federal law by coercively administering chemical restraints.²⁸

Interviews with ten (10) facility staff revealed six (6) staff have heard (1) one nurse say to the patients that they need to take their PRN medications so that they will keep their behaviors in check. Staff further stated that she would tell the patients that if you don't take the PRN medications she'd call the physician for a shot. Staff stated that the patients are not exhibiting any out of control behaviors when this occurs.²⁹

Because of the Statement of Deficiencies, the Office of Inspector General required Caritas to file a Corrective Action Plan (CAP) to show how the hospital would remedy the problem.

In its CAP, Caritas said that it had consulted the same staff persons that OIG had interviewed and disagreed with the conclusion of the Inspector General. The Caritas stated that the nurse involved was appropriately administering the PRN medications. Caritas explained that “[t]wo of [the staff persons] interviewed felt her body language and voice tone was [sic] what made the words sound harsh and possibly threatening or coercive.”³⁰

To remedy the problem Caritas stated that the nurse was to be given a Performance Improvement Plan in which “[t]he nurse manager [would] meet with her on an ongoing basis every two weeks for 90 days to evaluate her compliance with behaviors which avoid any interpretation of coercion or threats toward patients.”³¹ In a conversation between P&A's executive director and Caritas's executive director of psychiatric services, Caritas repeated what was said in the CAP, stating that, in its own investigation, it had found the use of PRNs to be justified, but that one particular nurse's voice tone and body language may have been misunderstood.

²⁸U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services, Statement of Deficiencies and Plan of Correction 1 (March 31, 2003). “The patient has a right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. The term ‘restraint’ includes either a physical restraint or a drug that is being used as a restraint.” 42 C.F.R. § 482.13(f)(1).

²⁹ Statement of Deficiencies and Plan of Correction at 1.

³⁰ *Id.* at 1.

³¹ *Id.* at 2.

Conclusions

As of a result of its four-month investigation, P&A concludes as follows:

- Caritas nurses administered psychotropic PRN medications to children and youth on Three South before they became agitated. This often occurred early in the morning and some at times when the children and youth were shown in the medical chart to be asleep.
- Documentation conflicts between the Medication Administration Records and patients' Flow Sheets showed poor recordkeeping at best and, at worst, that children were being given PRN medications to control behaviors that could not possibly have been occurring. Inconsistencies between the MARs and the Flow Sheets continued after the OIG investigation concluded.
- There was also poor or inconsistent recordkeeping regarding PRNs.

Forty-eight percent of the MARs entries reviewed listed no reason for giving the PRN.

None of those entries provided any information on use of any less restrictive interventions before giving a PRN as required by federal law. Despite the OIG finding that PRNs had been improperly administered, neither the nurse who was the primary focus of the OIG investigation nor Caritas itself ever acknowledged that the practice was occurring. The fact that the administration would not acknowledge that there had been a problem means that it did not address the problem properly and that it likely is continuing. It also sends a message to staff that failure to adhere closely to federal rules regarding chemical restraints will be tolerated.

- Staff persons were making inappropriate comments to the children on the unit by cursing and purposefully antagonizing them. These incidents often have led to the child being given a PRN medication or being placed in time-out or seclusion.
- Staff blamed the reliance on PRNs on having to work with children who have mental retardation in addition to mental illness or emotional disorders. Several staff persons said they are untrained to work with children with mental retardation or that they are unwilling to work with them.

Recommendations

1. Because PRNs are chemical restraints, they should only be used “in emergency situations if needed to ensure the patient’s physical safety and when less restrictive interventions have been determined to be ineffective.”³²
2. PRNs should not be used in place of less intrusive behavior interventions and a treatment plan with standing medications.
3. Caritas psychiatrists should issue PRN orders that contain a clear definition of the behaviors for which the PRN should be used.
4. Nursing staff must document the behaviors and the less intrusive interventions that were used before administering PRNs.
5. Staff should document whether the PRN helped the child or youth that received it.
6. More care should be given in recording the time of the PRN and the Flow Sheets.
7. Caritas should provide its staff extensive training on professionalism, de-escalation and other techniques that would reduce and perhaps eliminate these problems.

Update to Investigation

The Office of the Inspector General issued its Statement of Deficiencies on March 31, 2003. Caritas provided its Corrective Action Plan on April 21, 2003. Protection and Advocacy began its investigation on April 18, 2003 and spent four months making at least weekly visits to Caritas, interviewing patients and staff and reviewing charts. In the midst of that investigation, Caritas added two new forms to its medical records regarding PRNs. The first, which was dated June 2003, was used sporadically for approximately one month. The second, which was dated "7/9/03", appears to have begun being utilized around that date. The “PRN Medication Assessment Form” documents the day and time the PRN was administered, provides a checklist of thirty-six precipitating symptoms and provides an additional section to describe the precipitating event or symptoms in more detail. It documents whether less restrictive interventions were used and whether an injury

³² 42 C.F.R. § 482.13(f)(2).

to self or others occurred. The new form requires nurses to state whether the PRN was effective, and provides a section to describe the patient's response after one hour, as well as any side effects that may have occurred.

Caritas' use of the new "PRN Medication Assessment Form" provides much information that was missing from the records reviewed during the investigatory period. If the forms are properly utilized and filled out, the chances of improper PRN administration will decrease greatly. A recent review of some 15-20 charts at Caritas shows that this form continues to be used.

The nurse who was the focus of the OIG investigation no longer works at Caritas.