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**DENTON STATE SUPPORTED LIVING CENTER RECEIVES NON-COMPLIANCE RATING BY
U.S. DEPARTMENT OF JUSTICE IN 129 OUT OF 171 HEALTH AND SAFETY PROVISIONS**

AUSTIN—The latest U.S. Department of Justice (DOJ) monitoring report released by the Texas Department of Aging and Disability Services (DADS) indicates people with intellectual and developmental disabilities residing in the Denton State Supported Living Center (SSLC) remain at high risk for abuse and neglect due to the facility's continued noncompliance in 129 out of 171 basic health and safety provisions. The Denton SSLC achieved minimal progress since its last review, with current overall compliance moving from 17.86 to 19.11 percent.

In fact, all SSLCs in Texas have fallen significantly short of achieving total compliance though the deadline for doing so in all monitoring provisions, but for two which relate only to records, was June 26, 2012. Current total compliance for all facilities is at 25 percent or less.

"We continue to have grave concerns as the Denton SSLC still fails to meet most of the basic health and safety needs of residents," said Beth Mitchell, supervising attorney for Disability Rights Texas (DRTx), the federally designated legal protection and advocacy agency for Texans with disabilities. "Now that the deadline for 100 percent compliance has passed, all SSLCs in Texas are significantly behind where they should be in improving the protections, supports, and services they provide to individuals under their care."

According to the DOJ report, the Denton SSLC major areas of failure include:

- Follow-up to full resolution of acute medical conditions remained an outstanding issue.
- In general the Facility did not provide effective management of serious medical conditions.
- The nursing care plans continued to lack adequate individualization to meet individuals' specific problems.
- Documentation did not always include all needed information to support diagnoses, i.e. assessments and results from X-rays, labs, or other tests in some cases indicated a diagnosis that was not listed or for which additional testing did not occur in order to confirm or rule out a diagnosis.
- As in past reviews, inconsistent restraint monitoring by nursing staff was noted and needs to be aggressively addressed.
- There was little evidence presented to indicate that the Facility was improving efforts to ensure that Behavior Support Plans were implemented timely, consistently, and correctly.
- The Facility continues to report serious abuse, neglect, and other incidents late.
- The Facility was unable to describe any process to determine if a Corrective Action Plan (CAP) was effective in remedying or reducing the problems originally identified.

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- There was no evidence that monitoring results were compiled and organized in such a manner that identification of systemic issues requiring a broader and more thorough corrective action plan was an outcome of the Quality Assurance (QA) activity.
- There was still no meaningful preparation provided to ensure \ real participation by the individuals.
- There were many instances in which staff could not describe supports contained in the Individual Support Plan or did not implement them as called for in the ISP.
- Physicians, in general, were not assertively participating in the Interdisciplinary Team (IDT) and Community Living Discharge Plan (CLDP) processes.
- Quarterly Drug Regimen Reviews (QDRR) did not assess efficacy of pharmacological treatment.
- Staff implementation of Physical and Nutritional Management Plans (PNMP), while improved, remained highly inconsistent with an implementation rate below 50 percent. Staff was observed not implementing PNMPs and displaying safe practices that minimize the risk of PNM decline.
- Individuals were not provided with comprehensive assessments in response to changes in status or as part of an annual assessment.
- Staff training was not consistently provided on an annual basis in areas that are essential to PNM.
- Individuals were not consistently provided with interventions to minimize regression and/or enhance current abilities and skills.
- Therapy plans were not implemented as written and staff was not knowledgeable of the Occupational Therapy (OT)/Physical Therapy (PT) plans.
- Alternative and Augmentative Communication (AAC) devices were not consistently portable, functional or available in a variety of settings.
- Direct Care Professionals (DCP) interviewed were not knowledgeable of the communication programs.
- It was not possible for the Monitoring Team to determine progress toward compliance for several Provisions in the Habilitation, Training, Education, and Skill Acquisition Programs due to the lack of complete and accurate supporting evidence.
- In the area of Consent, the IDTs continued to rely almost solely on their own subjective assessment of capacity, with no objective standardized criteria.

Visit <http://www.dads.state.tx.us/monitors/reports/index.html> for view the latest DOJ monitoring reports for SSLCs in Texas. For additional information on how all the state supported living centers are performing, visit the Disability Rights Texas onsite Press Room at www.disabilityrightstx.org/who-we-are/press-room/.

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Disability Rights Texas (formerly named Advocacy Inc.) is a nonprofit organization that protects and advances the legal, human and service rights of Texans with a broad range of disabilities. Disability Rights Texas is federally funded and designated as the protection and advocacy agency (P&A) for the state of Texas.