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**IMPORTANT DEADLINE PASSES AS RIO GRANDE STATE CENTER
REMAINS OUT OF COMPLIANCE WITH MOST HEALTH AND SAFETY REQUIREMENTS**

HARLINGTON, TX—According to the latest U.S. Department of Justice (DOJ) monitoring report for the Rio Grande State Center (RGSC) operated by the Texas Department of Aging and Disability Services (DADS), the facility remains out of compliance in 115 out of 171 areas *after four years of efforts to improve*. The deadline for 100 percent compliance for this facility and all SSLCs in Texas was June 26, 2013.

“If a prospective doctor or attorney incorrectly answered more than half of the questions on their licensing exam, no one would think twice about not allowing them to practice. And yet the state allows these digressing facilities with less than 27 percent compliance to be responsible for the basic health and safety needs of a vulnerable population of people,” said Haley Turner, advocate supervisor for Disability Rights Texas (DRTx), the federally designated legal protection and advocacy agency for Texans with disabilities. “The deadline for 100 percent compliance has passed, and it causes us grave concern that all SSLCs in Texas are *still* significantly behind where they should be in improving the protections, supports and services they provide to individuals under their care.”

One area of major concern is RGSC’s limited improvement in caring for At-Risk individuals as noted in the monitoring team’s report from November 2012 and again in the current report for August 2013. Problem areas include:

- The Facility did not have a regular risk screening, assessment and management system that appropriately and consistently identified individuals whose health or well-being was at risk.
- ISP annual planning meetings continue to need improvement ISP regarding risk review, use of clinical data, discussion, and decision-making.
- The Facility did not always adequately respond to individuals who had a change in health status that should have resulted in risk screening, and/or change in risk ratings, and/or the initiation of, or change in, risk action plans.
- The Facility had not updated its At-Risk policy (ICF-IID 400 02) to include revisions associated with the most recent revisions to State policy. The Facility had not conducted a comparative review between its general At-Risk policy and the at-risk policy in the Nursing Manual to ensure consistency between the two policies.

Another alarming issue addressed in the report is that the Facility did not appear to have the necessary systems or procedures in place to satisfy requirements with regard to Habilitation, Training, Education, and Skill Acquisition Programs. Especially troubling were indications that the Facility did not recognize when problems existed in assessments, SAPs, or teaching efforts. Issues uncovered include:

- A substantial portion of skill assessments were either submitted late or not at all.
- Skill acquisition programs continued to reflect a lack of attention to accepted teaching practices and were unlikely to strengthen skills.
- The performance of the IDT did not reflect familiarity with or application of evidence-based practices. In some circumstances, the IDT had approved SAPs that were based upon procedures that research had not demonstrated were effective or appropriate.

According to the current DOJ report, other areas of failure for the Facility in Settlement Agreement Provisions include:

- Review identified several instances where restraint was used inappropriately and without clinical justification.
- The accuracy and completeness of restraint related documentation had deteriorated significantly from that observed at the last review.
- Direct care staff knowledge of basic restraint policy was lacking.
- The Monitoring Team met with 12 Direct Support Professionals (DSPs) whose knowledge of some of the basic principles associated with abuse and neglect reporting was disappointing.
- The Facility still lacks a process to review data associated with frequently injured individuals to assess whether or not the nature of the injuries, the time and/or place of the injuries, or any other factors suggested a need to examine trend data further to assess system causes and trends of injuries to prevent future injuries from occurring.
- There was no evidence that the Facility had improved in identifying the supports, services, and protections that would be needed in a more integrated setting or in focusing more on the services and supports that would be needed for community living when developing action plans and goals.
- There were examples in which treatments and interventions were not provided timely or were not clinically appropriate based upon assessments and diagnoses.
- It remained unclear that behavioral programs were of adequate quality to ensure psychotropic medications were not used as a substitute for a treatment program.
- A process to help reduce or mitigate the use of pre-treatment sedation for all individuals who are routinely provided pre-treatment sedation for clinical services did not exist at the Facility.
- The Facility did not provide evidence, that before initiating a new psychotropic medication, the IDT conducted a review, and that the psychologist, psychiatrist, nurse, and primary care physician discussed the risks and benefits of starting the new drug, and if reasonable alternative strategies would be beneficial.
- The Facility does not have a process to ensure collaboration between the psychiatrist and neurologist when medications were prescribed to treat both a neurological and psychiatric condition.
- Psychological Assessment reports were not provided upon admission. Additionally, not all individuals were provided with Psychological Assessments annually or as often as needed.
- The Nursing Department's ability to move forward toward compliance with provision related to nursing assessments and documentation appeared to have been hampered by the significant turnover in nursing administrative and management staff.
- There was a significant delay in many cases between when the medication was ordered, and when the script was reviewed by the pharmacists.
- The pharmacy was significantly behind with completing QDRRs timely.
- Staff was observed not implementing Physical Nutritional Management Plan's or displaying safe practices that minimize the risk of PNM decline.
- Annual dental evaluations were not completed timely.
- There was no policy or procedure for dental emergencies.
- The Facility needs to implement a clinically sound approach to providing sedation for dental treatments.
- Staff reported that due to responsibilities and expectations, they did not have time to address all of the individuals' needs in a timely manner.
- Communication assessments did not consistently include the manner in which strategies, interventions, and programs should be utilized throughout the day.
- There was limited monitoring of communication devices.

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.