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LUFKIN STATE SUPPORTED LIVING CENTER RECEIVES NON-COMPLIANCE RATING BY DEPARTMENT OF JUSTICE IN 135 OUT OF 171 HEALTH AND SAFETY PROVISIONS

AUSTIN, TX – The Texas Department of Aging and Disability Services (DADS) released its latest monitoring report by the Department of Justice (DOJ) indicating people with intellectual and developmental disabilities residing in the Lufkin State Supported Living Center (SSLC) remain at high risk for abuse and neglect due to the facility's continued noncompliance in 135 out of 171 basic health and safety provisions. The Lufkin SSLC achieved minimal progress since its last review more than one year ago in October 2011, with current overall compliance moving from 18.31 to 21.83 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.

"Our organization closely monitors the outcomes of these compliance reports, and we continue to have grave concerns as the Lufkin 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 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 facility's major areas of failure include:

- Department leadership was absent in the medical, psychiatry, and dental departments.
  - The facility did not have the medical leadership necessary to develop, implement, drive, and oversee the provision of medical services and other healthcare related services.
  - There was continued use of older and non-evidence based medical practices.
  - The requirement to develop and implement policies and procedures to guide medical care received no attention.
  - Nursing assessments were not being performed and documented, in accordance with standards of practice.
  - The facility current lacks a lead psychiatrist and only has part-time psychiatry physicians and one psychiatry physician assistant.
  - The clinic did not have a dental director or a full-time dentist causing a significant percentage of residents to miss appointments.
- The Department of Family and Protective Services confirmed eight cases of physical abuse, two cases of verbal/emotional abuse, and seven cases of neglect.
- There were 1,865 injuries reported between 4/1/12 and 9/3/12. These included 13 serious injuries resulting in fractures or sutures.

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- The facility continues to not adequately address trends of injuries. Considering that any of the serious injuries were preceded by similar incidents, if the facility was properly trending injuries future injuries could have been prevented.
- Restraints used for crisis intervention went up 200 percent. There were 213 restraints between 4/1/12 and 10/29/12 (seven months), compared to only 100 restraints from 10/1/11 through 3/22/12 (six months).
- The infection prevention and control program failed to show improvement; violations of basic standards of infection control were often noted.
- Facility management should assure that when peer review is conducted, it is done so by peers with appropriate training, credentials, licenses, etc. This was an issue for medical and psychiatry services.
- It was evident that considerable work needed to be done to improve integration of clinical services.
- There were significant problems with the timeliness of completion of assessments needed for care and treatment of residents.
- Adequate risk action plans were not in place to address all risks and risk action plans were not being consistently reviewed and monitored.
- Teams were often waiting until a critical incident occurred before aggressively addressing the risk.
- Plans of care were incomplete or absent from individuals' records.
- Medications were not administered safely, hygienically, or in accordance with standards of practice.
- There appeared to be a significant delay/absence of referrals of individuals who would benefit from Physical and Nutritional Management Team (PNMT) evaluation.
- Only 5 percent of the individuals at the facility were on the active referral list (18 individuals).

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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