

FOR IMMEDIATE RELEASE:

February 26, 2013

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**STATE-RUN FACILITY IN SAN ANGELO STILL FAILS TO REACH COMPLIANCE
AFTER THREE YEARS OF FEDERAL MONITORING**

RESIDENTS REMAIN AT HIGH RISK FOR ABUSE AND NEGLECT

SAN ANGELO, TX—According to the latest U.S. Department of Justice (DOJ) monitoring report for the San Angelo State Supported Living Center (SSLC) operated by the Texas Department of Aging and Disability Services, the facility remains out of compliance in 125 out of 171 areas after more than three years of efforts to improve.

The facility achieved negligible progress since its last full review six months prior, with current overall compliance moving from 21.38 to 22.15 percent. The San Angelo SSLC has made no progress in 10 of the 20 provision sections of the DOJ settlement agreement including critical areas such as medical and nursing care, physical and nutritional management, and safe medication practices.

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.

“The lack of progress at the SSLC in San Angelo is alarming as it still fails to meet most of the basic health and safety needs of residents,” said Haley Watkins, advocate supervisor for Disability Rights Texas (DRTx), the federally designated legal protection and advocacy agency for Texans with disabilities. “And now that the deadline for 100 percent compliance has passed, it causes us grave concern that 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 San Angelo SSLC major areas of failure in Settlement Agreement Provisions include:

- There were 485 restraints used for crisis intervention between 6/1/12 and 11/30/12 involving 34 individuals.
- There were a total of 2133 injuries reported between 4/1/12 and 9/30/12. These included 30 serious injuries resulting in fractures or sutures.
- Many of the current serious injuries were preceded by similar incidents suggesting that the facility had made little progress in addressing factors contributing to the large number of incidents and injuries at the facility. The facility united provisions G (Integrated Clinical Services) and H (Minimum Common Elements of Clinical Care) and created a single policy for both, but the policy clearly focused only on H. With the many tasks related to reorganizing the medical department, a singular focus on provision H would not be expected.
- Continued work in the Integrated Clinical Services provision area is needed.
- Adequate actions plans were not yet in place for individuals to address all risks identified.
- Team meetings were very lengthy and the Interdisciplinary Teams (IDT) were struggling with how to integrate the risk discussion into the Individual Support Plan (ISP) meeting.
- There were an inadequate number of psychiatric assessments completed affecting the quality of the diagnostics and justification for treatment with medication.
- Further work was necessary to ensure that replacement/alternative behaviors are collected and graphed for each individual with a Positive Behavior Support Plan (PBSP).

- Problems were noted in follow-up of acute medical care issues, lack of monitoring for the use of psychotropic agents, and the inappropriate use of standard operating procedures to provide medical treatment.
- There was little to no progress made in improving the content and quality of nursing assessments and plans.
- Emergency medical equipment was still not being regularly checked to ensure that all equipment was present, available, and in working order.
- There were more vacancies in the Nursing Department than there were six months ago.
- Many of the problems noted in the area of Pharmacy Services and Safe Medication Practices during the June 2012 review had not only persisted, but in many instances had worsened .
- The monitoring team found the content of ongoing Adverse Drug Reaction (ADR) training to be less than adequate.
- Staff compliance monitoring by the Physical and Nutritional Management Plan Coordinators (PNMPC) was deemed to be inaccurate. More work was needed in the development of Skill Acquisition Plans (SAP) for PBSP replacement behaviors and coordination with the psychology department regarding the many individuals whose challenging behaviors were related to communication and language problems.
- Much work is needed to track engagement across all treatment areas, review trends, and establish acceptable levels of engagement in each treatment area; to document how the results of individualized assessments of preference, strengths, skills, and needs impacted the selection of skill acquisition plans; and to ensure that decisions concerning the continuation, discontinuation, or modification of SAPs are based on outcome data.
- Changes to improve the quality of the discharge assessments were not done as recommended in the previous report, especially regarding being designed for the new environments. Surprisingly, there were no psychiatry discharge assessments done for any of the 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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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.