

**FOR IMMEDIATE RELEASE:**

February 15, 2012

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**AUSTIN FACILITY FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
FAILS TO REACH COMPLIANCE AFTER 3 YEARS OF MONITORING BY FEDERAL GOVERNMENT  
RESIDENTS REMAIN AT HIGH RISK FOR ABUSE AND NEGLECT**

**AUSTIN**—According to the latest U.S. Department of Justice (DOJ) monitoring report for the Austin State Supported Living Center (SSLC) operated by the Texas Department of Aging and Disability Services (DADS), the facility remains out of compliance in 134 out of 171 areas after more than three years of efforts to improve. The Austin SSLC continues to have one of the lowest compliance rates of all 13 SSLC's in Texas.

The facility achieved minimal progress since its last full review nine months prior, with current overall compliance moving from 13.04 to 15.92 percent. The Austin SSLC has been unable to reach compliance in 15 of the 20 major sections of the DOJ Settlement Agreement, including vital areas such as abuse and neglect reporting, medical care, nursing care, nutrition, 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 Austin SSLC gives us grave concern 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 is alarming 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 **Austin SSLC major areas of failure** in Settlement Agreement Provisions include:

- The Facility indicated that the massive technical issues related to restoring the gas and water at the Facility along with numerous staffing challenges, necessary responses related to regulatory reviews, and changes in key leadership positions had essentially prevented progress from being made in several areas
- There was an overall lack of progress, and in some areas, regression, found regarding the nursing care plans, the nursing assessments and documentation in response to changes in status, the quality of the quarterly and annual Comprehensive Nursing Assessments.
- Investigations indicated the continuing need to enforce the requirements for timely reporting of abuse, neglect and incidents.
- There is not consistency among the staff working with the individuals with challenging behaviors.
- One of the primary concerns noted during the onsite visit continued to be the lack of established key indicators and/or outcome measures in the Quality Assurance (QA) area.
- Individual Treatment Teams were unable to develop adequate plans for individuals due to late and inadequate assessments, team members' lack of meaningful participation in team meetings. Many individuals are missing their medical appointments, and referrals to the Interdisciplinary Team (IDT) are not being made to address people who are missing their appointments.

- The criteria/evidence provided was not always sufficient to determine the accuracy of medical diagnoses.
- The lack of progress in the existing At-Risk system was troubling at this juncture of the compliance process.
- Only 29 percent of the cases reviewed had comprehensive psychiatric evaluations completed or updated within the past year as required.
- Important behavioral data still was not being routinely recorded.
- The medical quarterly reviews were often incomplete, and did not have dates of completion.
- The QA Department did not have a presence in the oversight of the quality of medical care, despite established expectations for QA Department follow-up of external and internal medical peer review audit recommendations.
- The Monitoring Team's review of the Quality Drug Regime Review indicated compliance of 54 to 75 percent, indicating need for improvement.
- The review of the administration of emergency medication appeared to need improvement.
- Concerns in the section regarding Pharmaceutical Services and Safe Medication Practices included lack of documentation of drug-drug interactions between the prescribed drug and the current drug regimen.
- A review of previous Physical and Nutritional Management Team (PNMT) assessments and actions plans identified multiple missing components.
- Lists the Facility presented to identify individuals having physical and nutritional management problems were not accurate (e.g., individuals who required mealtime assistance, individuals at high and medium risk for (Physical and Nutritional Management (PNM) concerns, individuals who had difficulty swallowing).
- It was not clear if all individuals with PNM needs had the supports they required.
- Some staff were not, competent in implementing individuals' PNMPs.
- Individual Risk Action Plans did not generate individual-specific clinical data to substantiate an individual's progress or to assess if the individual was better or worse,
- Monthly progress notes were not completed to report on the effectiveness of an individual's supports and services, individuals'
- PNMPs and aspiration trigger data sheets did not have individual-specific triggers identified, and aspiration pneumonia trigger data sheets were not completed as required on a daily basis.
- The ISPs did not yet provide justification for the continued use of feeding tubes as medically necessary.
- Physical and occupational therapy (PT/OT) assessments were still missing some essential components.
- OT/PT direct interventions and/or programs were not integrated into individuals' plan of care. Monitoring did not address the status of residents identified occupational and physical therapy needs, and the effectiveness of their OT and PT therapy programs.
- All prescribed adaptive equipment was not assessed for its condition, availability, and effectiveness.
- The dentist did not appear to consistently document follow-up to procedures completed using oral sedation and total intravenous anesthesia (TIVA) to verify a recovery without complications. Given the number of injuries within 24 hours of TIVA, follow-up with documentation might be necessary after 24 hours to ensure no injuries occurred to the oral cavity and/or to determine if release from the Infirmary was premature.
- Although statements in assessments indicated that supports could be provided in a less restrictive setting to meet the individuals' needs, professionals on teams then concluded that the individual would not benefit from a transition to the community.
- Individuals' ISPs did not consistently identify all of the protections, services, and supports that needed to ensure safety, and the provision of adequate habilitation.
- Teams still did not consistently identify the full array of pre-move and post-move required supports that individuals needed to transition safely to the community.

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/](http://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.