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CONTACT:

Haley Watkins, Advocate Supervisor

512-407-2714

hwatkins@drtx.org

Beth Mitchell, Supervising Attorney

512-407-2715

bmitchell@drtx.org

**LATEST U.S. DEPARTMENT OF JUSTICE REPORT FOR LUBBOCK STATE SUPPORTED LIVING CENTER SHOWS
MINIMAL PROGRESS, CONTINUED HIGH RISK CONDITIONS FOR RESIDENTS**

AUSTIN—The Texas Department of Aging and Disability Services (DADS) has released its latest U.S. Department of Justice (DOJ) monitoring report for the Lubbock State Supported Living Center (SSLC). **The report indicates that people with intellectual and developmental disabilities residing in the facility remain at high risk for abuse and neglect due to continued noncompliance in 139 out of 171 basic health and safety provisions.**

The Lubbock SSLC achieved minimal progress since its last review, with current overall compliance moving from 20.29 to 23.42 percent. 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 about the Lubbock SSLC which 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. “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 **Lubbock SSLC major areas of failure** in Settlement Agreement Provisions include:

- Since the last review, nursing staffing continued to be a significant challenge for the Facility, with turnover in a number of positions as well as in the key leadership nursing positions.
- The 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, and the quality of the quarterly and annual Comprehensive Nursing Assessments were very concerning at this juncture in the review process.
- The number of unexplained medications returned remained a concern.
- A review of 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 (i.e., individuals who require mealtime assistance, individuals at high and medium risk for physical and nutritional management (PNM) concerns, individuals who had difficulty swallowing).
- Some staff were not competent in implementing individuals’ PNMPs.
- ISPs did not yet provide justification for the continued use of an enteral nutrition tube as medically necessary.
- Annual dental exams were only completed timely in 60% of the cases.
- Opportunities were observed where the Facility failed to ensure that individuals’ Positive Behavior Support Plans (PBSP) adequately addressed their needs and that they were implemented consistently.
- Minimal progress was noted in the completion of quality and timely functional skills assessments (FSA).

- Restraint Issues
 - Teams did not consistently address individuals' environmental, adaptive skills, and biological, medical, psychosocial issues that potentially led to restraint.
 - Physicians were not routinely documenting a schedule for monitoring medical restraint
 - Information about what happened before a restraint often was not adequate.
- Nursing staff were not properly assessing individuals that had been restrained. Timeliness and quality of assessments in the area of integrated protections, services, treatments and supports continued to be problematic.
- The Facility's challenge in demonstrating integrated clinical care was several-fold.
- The Interdisciplinary Teams (IDT) needed continued guidance and accountability in determining early signs and symptoms helpful in treating illness at an early stage.
- The Facility did not have the various annual assessments available through a shared drive which negatively impacted the team's ability to be fully prepared for Individual Support Plan (ISP) meetings.
- The overall lack of clear documentation included in the ISPs, the Risk Action Plans, and the associated disciplines' assessments regarding what actions were taken in response to pertinent events or health issues made the Monitoring Team's review of the At-Risk system difficult.
- "The lack of progress noted [in the area of At-Risk Individuals] was troubling at this juncture of the compliance process."
- Concerns remained regarding the timely completion of PBSP progress notes.
- It was not evident that PBSP progress notes were utilized to facilitate data-based decision making, particularly with regard to revising behavioral programming.
- Critical review of potential steps to prevent recurrent hospitalizations or Emergency Room (ER) visits remained an area needing improvement.
- Occupational and Physical Therapy (OT/PT) direct interventions and/or programs were not integrated into individuals' ISPs.
- All prescribed adaptive equipment was not assessed for its condition, availability, and effectiveness.
- Adequate monitoring was not occurring of individuals' Alternative and Augmentative Communication (AAC) equipment or its use.
- Similar concerns were noted with minimal progress in the completion of quality vocational assessments
- Integration
 - Declines were reported in the number of individuals placed in off-campus enclave and competitive employment positions. Teams continued to struggle with the adequate identification of obstacles to referral.
 - Only a few action plans to overcome the obstacles for community referral included measurable action steps, and significant problems were noted with their quality and individualization.
 - It was unclear whether or not the Facility was regularly reviewing and analyzing the data related to obstacles for community referral.
 - It was unclear if the Facility had developed any plans or taken any action to address obstacles for community referral within its control.
- The failure to determine a set of key indicators for quality assurance will most certainly affect the Facility's ability to move forward with its establishment and implementation of a comprehensive quality management system.

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.