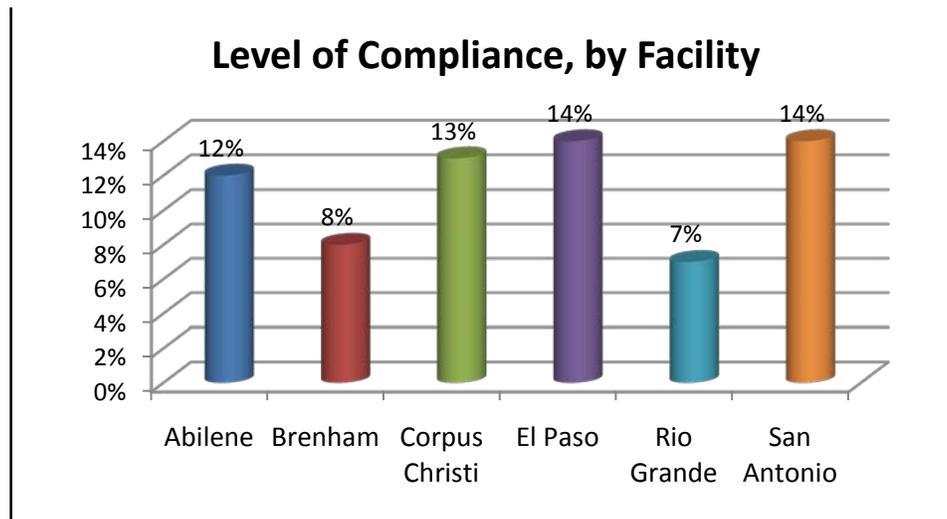


State Supported Living Centers Update on Compliance Reports

In June 2009, the State of Texas/DADS and the DOJ entered into a Settlement Agreement (SA) that covers the 12 State Supported Living Centers (SSLC) and the ICF/MR component of Rio Grande State Center. As determined by the Settlement Agreement, three monitors are responsible for monitoring the facilities' compliance with the SA and related Health Care Guidelines. The monitor teams examine activities in 20 different aspects of care provided to residents in each facility to determine the status of each facility's compliance with provisions of the U.S. DOJ Settlement Agreement. Within each section, there are a varying number of more specific provisions. Each provision is rated as substantial compliance or noncompliance with the terms of the Settlement Agreement. There are also provisions that are not rated if the monitoring team had insufficient information to rate a provision.



This chart demonstrates the proportion of provisions for which each facility was rated as substantially compliant.

Baseline reviews of the facilities were conducted in January through May 2010. Compliance reviews began in July 2010 to report on each facility's compliance with the SA. Highlights from reports on the Corpus Christi, El Paso, Abilene, and Brenham SSLCs are available in the meeting materials behind Tab 19. The San Antonio & Rio Grande monitoring team reports were released after meeting materials were posted and a summary of each is provided below.

San Antonio State Supported Living Center (SASSLC)

The compliance report noted that SASSLC was noncompliant in 139 of the 160 provisions evaluated, or in 86 percent of the provisions. The monitoring team complimented SASSLC for making improvements in the use of physical restraints, psychological care and services, safe medication practices, and preparing to move individuals to the most integrated community setting. However, in 15 of the 20 different areas reviewed, SASSLC was in noncompliance with every provision assessed. 613 injuries were reported in the third quarter of FY 10 involving 213 individuals. 51 injuries were abuse or neglect allegations, and 11 of the injuries were classified as serious. The use of chemical restraint remained a concern. The monitoring team continued to express concerns about at-risk individuals, noting that the individual risk rating forms allowed individuals who were at risk to be rated as low-risk if plans were in place to address the specific risk. This was a concern because it did not alert staff that individuals at risk needed to be monitored more frequently for signs and symptoms of risk. Although clinical death reviews were completed for all deaths, the reviews did not make recommendations. A high proportion of individuals with significant expressive and/or receptive language deficits did not have assistive communication supports. The skill acquisition plans at SASSLC were not adequate

to promote growth, development, and independence. Although SASSLC was engaged in a number of activities preparing for movement of individuals to the community, very few individuals were in the referral process.

Rio Grande State Center (RGSC)

The monitoring team highlighted positive practices occurring at RGSC, including in the areas of Abuse, Neglect, and Incident Management; Nursing Care; Physical and Occupational Therapy; and transitioning individuals to the most integrated community setting. Overall, RGSC was in noncompliance with 93 percent of the provisions reviewed by the monitoring team. There were 16 areas in which RGSC was in noncompliance with 100 percent of the provisions. In the area of restraint use, RGSC was not following state policy and was misclassifying physical restraint as medical restraint, meaning that procedures for finding less restrictive means to prevent harm were not used. Injury data in the 3rd Quarter Trend Report showed a significant increase in injuries. Staff was not coordinating activities in an integrated manner but was operating in a multidisciplinary style. Because the system for assessing individual risk levels was rudimentary, it was difficult for the monitoring team to determine the characteristics that were used to identify at-risk individuals. The monitoring team noted that mechanisms in place to diagnose, treat, and provide routine maintenance therapy and monitoring for progression of certain conditions were inadequate and needed to be addressed promptly. Although RGSC had taken steps to encourage individuals to move to community living, the facility had identified only two people in six months for referral to community living, and only one person moved in the prior six months.

Top Ten Cited Provisions at SSLCs

Quality Assurance: develop/ revise and implement quality assurance procedures that timely and adequately detect problems with the provision of adequate protections, services and supports, to ensure that appropriate corrective steps are implemented.

Integrated Clinical Services: integrate clinical services for individuals consistent with current, generally accepted professional standards of care.

Minimum Common Elements of Clinical Care: provide clinical services to individuals consistent with current, generally accepted professional standards of care.

At-Risk Individuals: provide services with respect to at-risk individuals consistent with current, generally accepted professional standards of care.

Medical Care: ensure that the individuals it serves receive routine, preventive, and emergency medical care consistent with current, generally accepted professional standards of care.

Nursing Care: ensure that individuals receive nursing care consistent with current, generally accepted professional standards of care.

Communication: provide adequate and timely speech and communication therapy services, consistent with current, generally accepted professional standards of care, to individuals who require such services.

Habilitation, Training, Education, and Skill Acquisition Programs: provide programs consistent with current, generally accepted professional standards of care.

Consent: identify individuals lacking both functional capacity to render a decision regarding the individual's health or welfare and a Legally Authorized Representative to render such a decision and attempt to obtain an LAR for those individuals.

Recordkeeping and General Plan Implementation: establish and maintain a unified record for each individual consistent with the guidelines.

This table highlights the provisions for which the facilities are at 0 percent compliance. In other words, these are the categories in which the facilities were characterized as noncompliant for all provisions evaluated in the compliance reports.

Compliance Reports for each of the facilities are posted online at

<http://www.dads.state.tx.us/monitors/reports/index.html>. The Settlement Agreement is at

<http://www.dads.state.tx.us/homepage/FinalSettlementAgreement.pdf>.