

## **Abilene State Supported Living Center DOJ Monitoring Report**

**Date of Report: May 7, 2015**

- **Allegations of abuse and neglect, injuries, and other incidents were not reported appropriately.**
  - The incident was reported to DFPS on 8/18/14 and to the facility director on 8/19/14
  - The incident occurred on 10/30/14 and was reported on 11/18/14. One staff acknowledged witnessing the events of 10/30/14, but did not report.
  - The incident occurred at 12:30 pm, initial facility investigation occurred at 12:35 pm, and was reported to DFPS at 3:54 pm and to facility director at 4:10 pm.
- **Failed in regards to Mortality Reviews**
  - Between February 1 2014 and January 31 2015, 21 individuals from ABSLC died. Of these, 14 died in the six-month period between August 1, 2014 and January 31, 2015. Two individuals died in February 2015.
  - Problems were noted with timeliness. As noted in the Monitoring Team's previous reports, this has been an ongoing problem.
  - Cause of death was listed as hepatic failure due to hepatitis B. However, the Monitoring Team could find no information regarding whether or not he had been treated in the past for Hepatitis B, and if so, with what medication regimen, or whether he was not considered clinically appropriate for treatment due to lab values, etc.
  - Individual #55 had a feeding tube in place since 1989. It was unclear why the individual was obese, and died of obesity/hypoventilation syndrome.
  - Diagnosis of severe dysphagia was made while hospitalized, despite the fact that all of the Modified Barium Swallow (MBS) evaluations and eating evaluations conducted prior to the hospitalization were interpreted as normal. A gastroesophageal reflux disease (GERD) evaluation could not be found. This individual also had an increase in seizure activity in the last six months of life
- **Failed all aspects of the individual support planning (ISP) process that address the individual's strengths, preferences, choice of services, goals, and needs for protections, services, and supports.**
  - Personal goals were not yet individualized or measurable for the various important areas of each individual's life.
  - Action plans, for most individuals, were not in place to support personal goals.
  - ISP action plans did not thoroughly integrate the individual's preferences and opportunities for choice. Action plans did not address opportunities for new exploration to determine preferences.
  - Individual #474 wanted to live in community, but there were no measurable action steps to address barriers to achieving that goal.
  - Action plans, teaching strategies, and Skill Acquisition Programs (SAPs) did not integrate behavioral, communication, mobility, or health supports. Similarly, action plans did not adequately address health risk identified by the IDT.

- Some action plans were for opportunities for visits to the community, but there were no examples of action plans to facilitate integration.
- The ISPs did not include an individualized and measurable plan to educate the individual/Legally Authorized Representative (LAR) about community living options and that addressed the specific obstacles, barriers, or concerns of the individual or the LAR.
- There were no action plans to expand opportunities for making choices and decisions. A strength-based and individualized assessment to help guide the IDT to provide supports in this regard was not yet in place.
- Overall, there was little to no progress reported on action plans in the last year. Further, individualized personal goals were not specified for the individuals. The exceptions were behavioral health goals.
- **Failed to ensure that individuals receive timely and quality routine medical assessments and care.**
  - The timeliness of quarterly assessments was quite problematic.
  - Annual medical assessment included insufficient plans of care for active medical problems, and as a result, ISPs/integrated health care plans (IHCPs) did not contain good medical plans of care.
- **Major Concerns with Nursing**
  - Common problems included a lack of or incomplete analysis of health risks, including comparison with the previous quarter or year; incomplete clinical data; and/or a lack of recommendations regarding treatment, interventions, strategies, and programs (e.g. skill acquisition programs), as appropriate, to address the chronic conditions and promote amelioration of the at-risk condition to the extent possible.
  - Problems seen across all remaining IHCPs were: missing nursing interventions to address the chronic/at-risk condition; a lack of individualization of nursing protocols to address the individuals' specific health care needs; a lack of focus on preventative measures; a lack of measurable objectives to address the chronic/at-risk condition to allow the team to track progress in achieving the plan's goals (i.e., determine whether the plan is working); a lack of specific clinical indicators to be monitored; and insufficient frequency for monitoring of the individuals' health risks.
  - Overall, progress reports, including data and analysis of the data, were not available to IDTs in an integrated format. In other words, although staff might have included some data related to nursing care in various parts of the record, it was not summarized and incorporated into the ISP Monthly Review format to which all team members should have access in order to provide integrated supports and services. As a result, it was difficult to determine whether or not individuals were making progress on their goals/objectives, or when progress was not occurring, that the IDTs took necessary action.
  - Explanations were not provided for medications that potentially were not administered.
- **Failed all aspects of Physical and Nutritional Management**

- Generally, ISPs/IHCP did not sufficiently address individuals' PNM needs. Overall, many strategies and interventions were missing.
- Areas requiring significant improvement with regard to ISPs/IHCPs included: clear delineation of the action steps necessary to meet the identified objectives listed in the measurable goals/objectives; identification of the clinical indicators necessary to measure if the goals/objectives are being met; and identification of the individualized signs and symptoms/triggers, and actions to take when they occur, if applicable.
- **Failed to provide quality OT/PT services**
  - None of the individuals reviewed received quality comprehensive OT/PT assessments or updates. This was largely due to the fact that assessments and updates had not been completed, and those that were completed lacked many of the necessary components.
  - None of the ISPs provided a good description of the individuals' functioning from an OT/PT perspective. For a number of individuals, assessment information had not been updated, making it difficult for IDTs to include a current description of the individuals' OT/PT functioning.
  - Monthly ISP reviews generally provided little to no information or analysis of data. Although Habilitation Therapies staff might have included some data related to OT/PT supports and services in various parts of the record, it was not summarized and incorporated into the ISP Monthly Review format to which all team members should have access in order to provide integrated supports and services. As a result, it was difficult to determine whether or not individuals were making progress on their goals/objectives, or when progress was not occurring, that the IDTs took necessary action.
- **Other areas of concern**
  - Other individuals that should have had communication goals did not, and IDTs had not provided justification for not including such goals.
  - Both attended school in the morning and both had an action plan to explore Special Olympics at school. Individual #474 was absent 37 times in the fall semester and Individual #446 48 times.
  - Skill Acquisition Programs (SAPs) were not reviewed and actions were not taken when there was no progress and/or no implementation.