Corpus Christi State Supported Living Center DOJ Report

Date of Report: May 4, 2015

- **Allegations of abuse and neglect, injuries, and other incidents were not reported appropriately.**
  - About half of the allegations were not reported as per DADS/facility policy.
  - Recommendations for corrective action regarding late reporting were not made.
  - For Individual #9, unusual incident report (UIR) 15-059 identified the incident as having occurred on 10/5/14 and reported on 10/15/14. The conclusion in the facility investigation was that the alleged incident did not occur. There was no information in the UIR addressing any circumstances associated with the late reporting. The UIR needs to identify apparent issues (in this case late reporting by 10 days) and attempt to determine why or, at a minimum, put forth a hypothesis.
- **Mortality reviews were not conducted timely, and did not identify actions to potentially prevent deaths of similar cause, and recommendations were not timely and followed through to conclusion.**
  - In addition to problems with the timeliness of death reviews, death reviews did not identify necessary recommendations, and when recommendations were offered, they were not followed to closure.
- **Failed ALL aspects of Individual Support Plans (ISPs).**
  - ISP personal goals tended to be general and lack any aspirations for the individual. Most referred to living in the most integrated setting, keeping current relationships, and working on skill acquisition, but were not individualized, related to assessments, or connected to any long-term outcome.
  - Individual #146 stated she would like to see family, including her children, more often, but the ISP goal was to see them once during the year.
  - For most individuals, action plans were not in place to support the personal goals.
  - Individual #335 had no action plans to address his grief, apparent depression, and crying. Individual #40 did not have action plans to address his serious language articulation problems, ones that were likely barriers to working and living in the community.
  - Individual #40's action plans did not meaningfully address his preference for community living or for supporting his informed choice making.
  - The Monitoring Team did not find that action plans would likely lead to greater independence for most of the individuals. For example, Individual #40's were very limited in scope, particularly given his cognitive and adaptive skills. Action plans focused on cutting food and tying knots, rather than improving his ability to communicate more independently and effectively in integrated settings.
  - CCSSLC did not, but should, incorporate more encouragement for community participation and integration.
  - In general, action plans were limited to attending a group home tour and provider fairs with no measurable outcome for the individuals or consideration of individual learning needs.
  - Various staff were not aware of the individuals' strengths, preferences, and needs.

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- None of the individuals reviewed for assessments and barriers had a complete set of assessments needed to support the development of an individualized and appropriate ISP.
- Monthly review documents were completed for all six individuals, however, many items were not implemented, and many were not revised as needed.
- 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.

- **<u>Major issues</u> with Medical Care**
  - The timeliness of quarterly assessments was quite problematic.
  - Areas of the Annual Medical Assessment (AMA) that were problematic included family history; childhood illnesses; allergies or severe side effects of medications; list of medications with dosages at the time of the AMA; review of associated risks of the use of benzodiazepines, anticholinergics, and polypharmacy, and metabolic as well as endocrine risks, as applicable; and the inclusion of plans of care for each active medical problem, when appropriate.
  - Generally, as discussed above, annual medical assessment included insufficient plans of care for active medical problems, and as a result, ISPs/IHCPs did not contain good medical plans of care
- **Individual Support Plans (ISPs) <u>did not</u> clearly and comprehensively set forth plans to address their existing conditions, including at-risk conditions, and were <u>not</u> modified as necessary.**
  - None of the individuals' ISPs/IHCPs included the necessary components to address their at-risk conditions.
  - Problems seen across all of the 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.
- **<u>Failed</u> to provide Physical and Nutritional Management (PNMT).**
  - Although the PNMT Nurse reviewed these individuals and discussion of these reviews occurred, this was not sufficient to address the pneumonia events.
  - After Individual #252's recent pneumonias, the PNMT RN recommended continuation of PNMT services, but the PNMT conducted no further assessment. He died shortly before the Monitoring Team's onsite review.
  - Generally, ISPs/IHCP did not sufficiently address individuals' PNM needs. Overall, many strategies and interventions were missing, and at times, PNM risk areas were not addressed in the IHCPs for individuals that had documented risks in those areas.
- **<u>Major issues</u> with OT/PT Services**
  - Problems were noted with the inclusion of the following in the OT/PT assessments, as applicable: for individuals receiving total or supplemental enteral nutrition, discussion of the continued medical necessity, the least restrictive method of enteral nutrition, and discussion regarding the potential of the individual's return to oral intake; and inclusion of and recommendations regarding the manner in which strategies, interventions (e.g., therapy

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interventions), and programs (e.g. skill acquisition programs) should be utilized throughout the day (i.e., formal and informal teaching opportunities) to ensure consistency of implementation among various IDT members. None of the assessments included, as applicable: discussion of changes to medications in last year, including classes of medications determined to be pertinent with justification, and relevance to OT/PT direct and indirect supports and services; and analysis of the effectiveness of current supports (i.e., direct, indirect, wheelchairs, and assistive/adaptive equipment), including monitoring findings.

- **<u>Major issues</u> with Communication Supports**
  - Numerous problems were noted, though, including a lack of updates regarding the relevance of changes in classes of medication to communication supports and services; and a lack of updates regarding expressive or receptive skills, and/or discussion of ways to expand current skills. Problems also were found with regard to the assessments' discussion of the effectiveness of current supports, including monitoring findings.
  - Assessments lacked clear recommendations for communication supports, as well as the needed clinical justification and rationale for decisions made regarding options for therapy and/or the development of skill acquisition plans.
- **Other Areas of Concern**
  - There was a need to improve the meaningfulness and individualization of the Skill Acquisition and Engagement Plans (SAPs). That is, to address what is important for the individual to learn and how learning those skills could improve his or happiness and/or independence. Some SAPs did not represent the acquisition of new skills.
  - Based on review of individuals' medical records, numerous concerns were noted, including lack of clinically appropriate evaluations; missing assessments of the chronic and at-risk conditions in the annual medical assessments; missing analyses in the annual medical assessments of the chronic or at-risk condition as compared to the previous quarter or year; lack of evidence of additional work-ups, as clinically necessary; and a lack of recommendations in the annual or quarterly assessments regarding treatment interventions, and strategies, as appropriate, to ensure amelioration of the chronic or at-risk condition to the extent possible.
  - Problems noted with regard to medication administration according to the nine rights included: nurses did not listen to lung sounds until asked a related question by the Monitoring Team member for individuals that were coughing and congested before receiving medications, and/or who recently were hospitalized for respiratory issues
  - The Monitoring Team did not find evidence that IDTs took appropriate and timely action in response to Individual #369's high number of falls, Individual #252's repeated pneumonias (i.e., three in 2014), a pneumonia diagnosis for Individual #110, a pneumonia diagnosis and recommendation for a positioning evaluation for Individual #340, Individual #333's weight issues, or a delay of 30 days in the completion of an evaluation for Individual #335related to skin breakdown.
  - Numerous errors occurred in the implementation of physical and Nutritional Management Plans (PNMPs), including. Some examples included staff not encouraging individuals to slow their pace, using the incorrect adaptive equipment, not ensuring the diet texture was correct (e.g., too watery), not alternating liquids with bites of food, not ensuring individuals were

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correctly positioned, and transferring individuals with their shoes untied resulting in risk to the individual and staff.

- [Community Transition and placement efforts?] He was 20 years old, the youngest individual at the facility. He as enrolled in the local ISD, had perfect attendance, made the honor roll last year, and his IDT team planned for him to continue ISD services through his eligibility at age 22.

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