

**Office of the Independent Ombudsman
for State Supported Living Centers**



Biannual Report
June 2012 through November 2012

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Glossary of Acronyms

AIO	Assistant Independent Ombudsman
ADOP	Assistant Director of Programs
BCBA	Board Certified Behavior Analyst
DADS	Department of Aging and Disability Services
DFPS	Department of Family Protective Services
DOJ	Department of Justice
H.E.A.R.T.	Health and Human Services Enterprise Administrative Reporting and Tracking System
ICF	Intermediate Care Facility
IDD	Intellectual and Developmental Disabilities
IJ	Immediate Jeopardy
ISP	Individual Support Plan
LAR	Legally Authorized Representative
MOU	Memorandum Of Understanding
MRA	Mental Retardation Authority
OIO	Office of the Independent Ombudsman
PBSP	Positive Behavior Support Plan
PDP	Person Directed Plan
PSP	Personal Support Plan
QDDP	Qualified Developmental Disability Professional
QMRP	Qualified Mental Retardation Professional
SSLC	State Supported Living Center
UI	Unusual Incident

Executive Summary

Pursuant to the mandate of Senate Bill 643 of the 81st Legislative session, the Office of the Independent Ombudsman for State Supported Living Centers is required to report biannually to the Governor and the legislative leadership. This report includes an aggregate and disaggregate assay of the activities and work of the Office, a system wide evaluation of the SSLCs and our recommendations.

The Office's previous report (June 2012) emphasized the disruptive influence of leadership changes at individual centers. This trend has been repeated both at the agency and SSLC level. These changes have included at the DADS State Office: Commissioner, as well as the Assistant Commissioner, the Director of Operations and the Human Rights Coordinator for the SSLCs. The change of the director at the El Paso SSLC has disrupted operations both at the El Paso and Richmond SSLCs. The director of the Richmond SSLC has been serving as the Interim Director at El Paso, thereby impacting both Richmond and El Paso. With the recent appointment of a new director at El Paso it is hoped the centers will return to normal operations. The lack of stability and consistency has influenced the entire system.

Factors which have affected the data and analyses included in this report are listed below:

- There was a vacancy of the Richmond AIO position for a good portion of this reporting period, affecting the data for that facility.
- The activities of the AIO at the Austin SSLC have been influenced by the additional responsibilities outlined by a Directed Plan of Correction imposed by Regulatory for that facility.
- Monitoring duties at the Austin SSLC required negotiating unfettered access to records and data, which has impacted the number of unusual incident reviews conducted by the AIO. This has recently been completed.
- During the months of August through October 2012, the annual audit of each SSLC was conducted. This review impacted AIO staffing. The results of our program review will be submitted in the Annual Report of the OIO (February 2013).

The Deputy Independent Ombudsman, Ms. Candace Jennings, and I have given presentations to staff at each of the 13 SSLCs during this reporting period. These presentations focused on the role and function of the Office of the Independent Ombudsman.

Included in this report is a profile of each SSLC which will provide context for the data and trends reported. Our recommendations can be found at the conclusion of the report.

My thanks go to the Governor and his staff for their confidence and support. I would like to especially thank Mr. Thomas Suehs, retired Executive Commissioner of HHSC and Ms. Katherine Yoder, formerly a member of the Budget, Planning and Policy Staff, for their help and counsel during the establishment and formative period of the Office of the Independent Ombudsman. Additional thanks and gratitude go to the AIOs and the state office staff for their efforts in compiling this report.

Respectfully submitted,

George P. Bithos, D.D.S., Ph.D.
Independent Ombudsman for State Supported Living Centers

Aggregate Data

Demographics of State Supported Living Center Residents

Criterion	As Of April 30, 2012	As Of October 31, 2012
Total Population	3866	3739
Male	60.79%	61%
Female	39.21%	39%
Ages ≤21	251 (6.50%)	230 (6.2%)
Ages 22-54	2332 (60.32%)	2220 (59.3%)
Ages 55+	1283 (33.19%)	1289 (34.4%)
Level of IDD Borderline	0.05%	3 (0.08%)
Level of IDD Mild	13.76%	546 (14.60%)
Level of IDD Moderate	13.79%	519 (13.88%)
Level of IDD Severe	16.43%	609 (16.29%)
Level of IDD Profound	53.03%	2005 (53.62%)
Level of IDD Unspecified	2.95%	57 (1.52%)
Health Status Moderate	31.48%	1206 (32.25%)
Health Status Severe	7.04%	266 (7.11%)
No Legal Guardian Assigned	45.01%	1643 (43.94%)
Alleged Offenders	6.47%	238 (6.39%)

From May 1, 2012 to October 31, 2012, the total population decreased by 127 residents, or 3.3%. The number of residents 54 and younger decreased by 133, while the number of residents 55 and older increased marginally. The number of residents under the age of 22 decreased by 21 residents. In September and October 2012, 46 SSLC residents moved into the community. We will be tracking community placements in future reports.

Incident Reviews

The statute that authorizes the Office of the Independent Ombudsman to investigate complaints at the state supported living centers also defines the responsibility of reviewing incident investigations by other entities. This authorization is further defined by an MOU with the concerned agencies. These responsibilities include the following:

- Review final reports produced by DFPS, DADS Regulatory, and the Inspector General.
- Monitor and evaluate the center's actions relating to any problem identified or recommendation included in reports received from DFPS relating to an investigation of alleged abuse, neglect or exploitation.
- Review each incident report initiated at the SSLC, and each administrative, clinical, or rights issue referred to the SSLC by DFPS.
- Evaluate the process by which a center investigates, reviews, and reports an injury to a resident or client or an unusual incident.

An unusual incident is defined by DADS as “an event or situation that seriously threatens the health, safety, or life of individuals.” There are eleven types of unusual incidents ranging from choking incidents, allegations of abuse, to deaths.

The Assistant Independent Ombudsman at each SSLC reviews all final reports of unusual incidents, abuse, neglect, and exploitation allegations, criminal activity, and ICF Standard violations. During review the AIO notes concerns regarding any of the following as applicable:

- Investigation is complete
- Protections for resident are adequate
- Recommendations are followed or addressed completely
- Preventative measures are considered
- Reoccurring theme or trend in incidents revealing systemic issues are addressed
- Other factors related to services, staff, training, and/or rights

If a concern is noted, the AIO will initiate an investigation and provide recommendations to the SSLC. The AIO will track the recommendations from the final reports and monitor the facility’s efforts to implement them for an amount of time determined by the AIO.

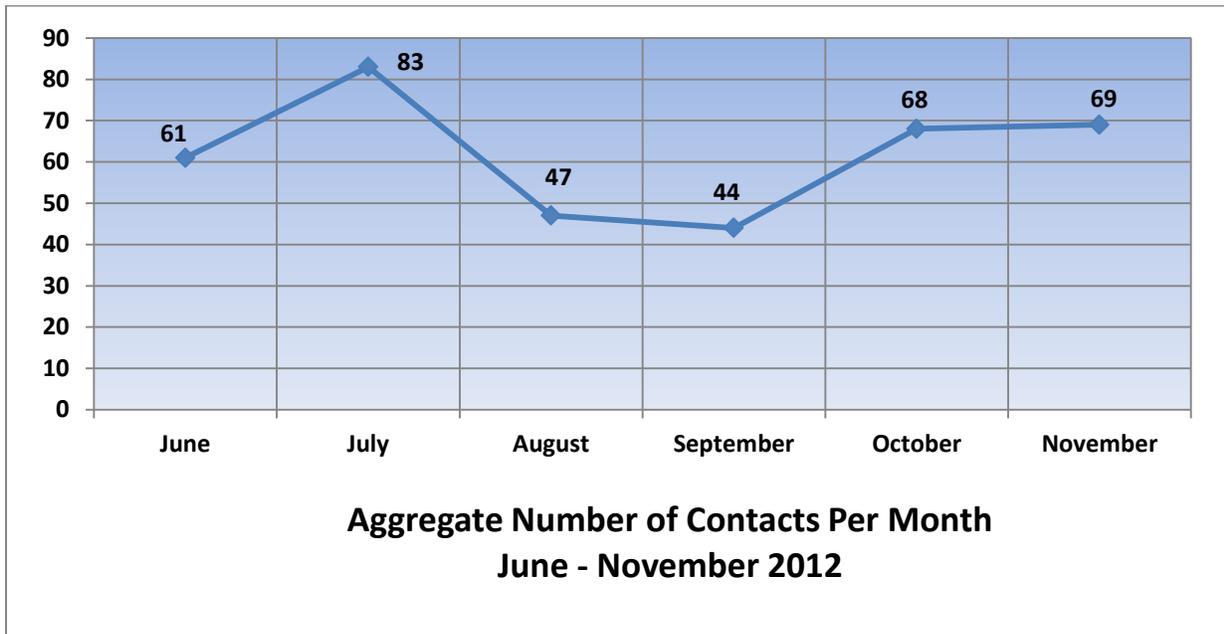
The table below shows the number of incident reports that the AIO at each SSLC has reviewed from June 1, 2012 to November 30, 2012.

SSLC	Count	SSLC	Count
Abilene	146	Lufkin	108
Austin	13	Mexia	600
Brenham	87	Richmond	69
Corpus Christi	219	Rio Grande	17
Denton	165	San Angelo	332
El Paso	50	San Antonio	111
Lubbock	103	Total	2020

Incident Reviews, June 1, 2012 to November 30, 2012

H.E.A.R.T. S. Data

Data provided in this report will show the number of times the AIO was contacted in order to show the level of investigative activity required for each center for the period of this report. Data provided is tracked by an online database system [*HHS Enterprise Administrative Report & Tracking System (H.E.A.R.T.S.)*]. This system serves as a permanent record of all contacts received by the OIO.



Source: H.E.A.R.T.S.

SSLC	No. of Contacts	Percentage of Total	SSLC	No. of Contacts	Percentage of Total
Abilene	39	9.9%	Mexia	33	8.3%
Austin	38	9.6%	Other*	23	5.8%
Brenham	28	7.1%	Richmond	15	3.8%
Corpus Christi	62	15.7%	Rio Grande Center	7	1.8%
Denton	17	4.3%	San Angelo	19	4.8%
El Paso	20	5.1%	San Antonio	47	11.9%
Lubbock	13	3.3%	TOTAL	395	100%
Lufkin	34	8.6%	**Other** refers to contacts that were not related to any SSLC		

Source: H.E.A.R.T.S.

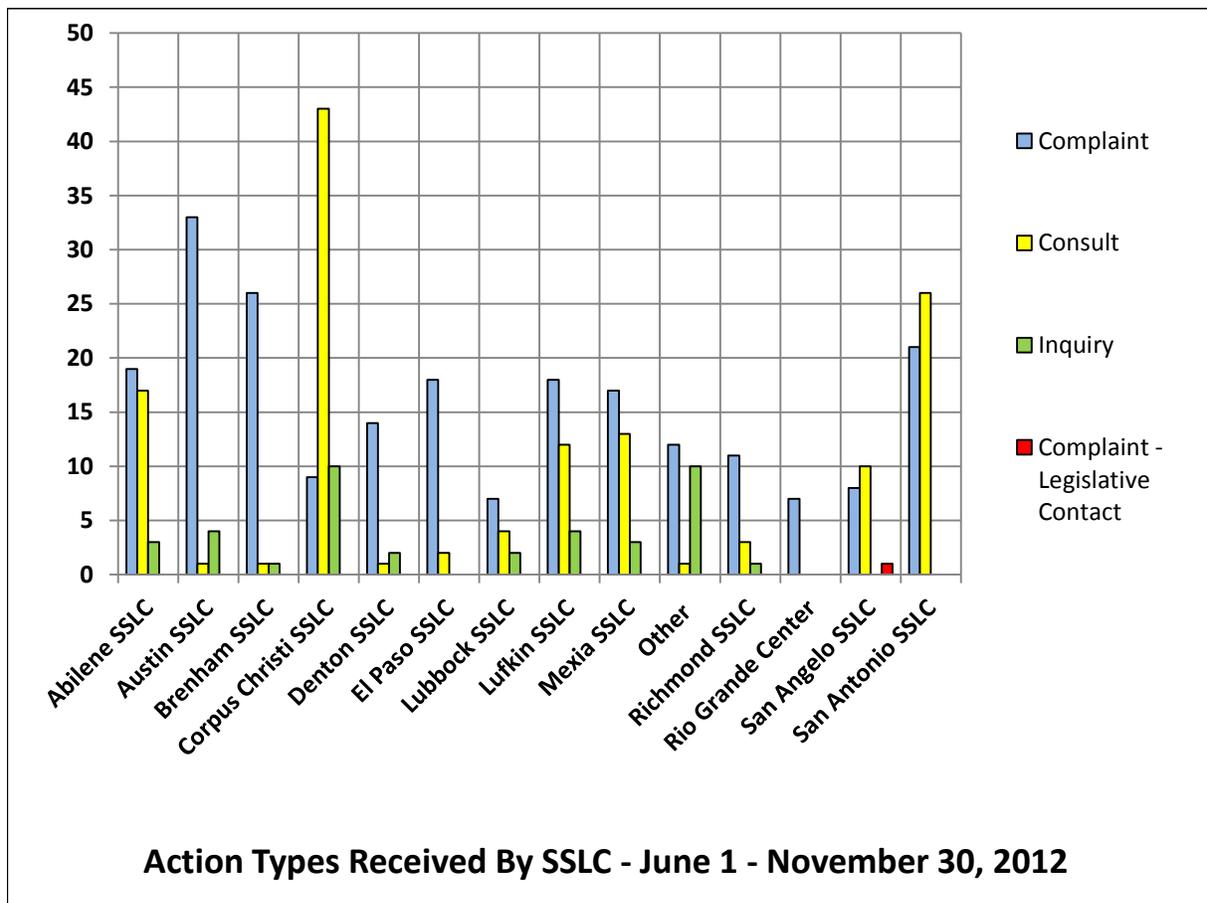
Number of Contacts Per Month By SSLC							
SSLC	Jun '12	Jul '12	Aug '12	Sep '12	Oct '12	Nov '12	Total
Abilene	8	3	8	4	3	13	39
Austin	3	1	0	0	9	25	38
Brenham	8	5	3	6	3	3	28
Corpus Christi	10	19	15	4	11	3	62
Denton	1	3	1	9	2	1	17
El Paso	4	5	0	1	8	2	20
Lubbock	3	3	0	1	1	5	13
Lufkin	5	7	9	5	4	4	34
Mexia	2	14	1	4	3	9	33

Number of Contacts Per Month By SSLC (continued)							
SSLC	Jun '12	Jul '12	Aug '12	Sep '12	Oct '12	Nov '12	Total
Richmond	3	11	0	0	1	0	15
Rio Grande Center	1	1	1	1	2	1	7
San Angelo	3	3	4	4	3	2	19
San Antonio	10	8	5	5	18	1	47
Other	5	3	3	7	2	3	23

Source: H.E.A.R.T.S.

Contacts made with the OIO are labeled in order to identify the type of action that was required by the office. The following table lists the Action Types and provides a description for each. It is followed by a graph that shows the volume of each Action Type by SSLC. This chart shows that the highest number of complaints made requiring investigation in this reporting period were in Austin with the fewest from both Lubbock and Rio Grande. By far the highest number of consults was in Corpus Christi, followed by San Antonio. There were no consults documented in Rio Grande. Whereas H.E.A.R.T.S. allows the office to document significant action made by the AIO, it is a challenge to identify and record every instance in which the centers utilize the office. The AIO at each center provides meaningful input, collaboration, and expertise on a routine basis in many ways. These types of ongoing activities are explained in the disaggregate section for each center.

Action Type	Description
Appeal	A request for review of a facility discharge or transfer; completed by Central Office
Complaint	An expression of dissatisfaction (identify if from a legislative office, completed by Central Office)
Consult	Caller consults ombudsman for his/her expertise
Inquiry	Caller asks a question that does not require action; clarification
Inquiry – Legislative Contact	Caller asks a question that does not require action; clarification – from a legislative office or media
Inquiry – Governor’s Office	Caller asks a question that doesn ot require action; clarification – from the governor’s office or media
Referral	Caller was referred to OIO from another agency or department



Source: H.E.A.R.T.S.

Data is also tracked using several categories called Case Types. The table below provides the definitions for Case Types. It is followed by a table that shows the number of Case Types by center. The largest portion of case types addressed by the OIO is in the area of residents' rights. The second largest case type is in the area of residential service delivery. The remaining case types make up a little more than half of the total number of contacts in this reporting period.

Across the system, there have been 23 inquiries made for services not in our purview. All contacts not pertaining to the SSLC are referred to the appropriate program for assistance. Many of these types of inquiries or complaints are made to the central office via the internet accessible e-mail in an attempt to access the long-term care ombudsman program for nursing facilities. Others are inquiries, usually by phone, made to the Assistant Independent Ombudsmen at the Centers regarding various services not involving the SSLC.

Case Type	Description
Abuse, Neglect, Exploitation	Caller suspects ANE; referred to DFPS
Criminal	Criminal misconduct by non-resident (referred to Law Enforcement/OIG)
Discharge/Transfer	Involves the discharge or transfer, internal or external
Guardianship	Involving guardianship or the guardianship process
Non-SSLC Issue	Caller inquires about an issue that does not deal with an SSLC
Other	Involves an issue not identified by any other case type
Personnel	Involving specific employment issues; referred to appropriate entity
Request for OIO Information	Caller requests information or training about the role of AIO or the OIO
Retaliation	Caller complains of negative or adverse actions in response to any person reporting or complaining about resident care or ANE
Rights	Caller claims a violation of human, civil or special rights of a resident
Service Delivery – Behavioral	Involving any aspect of behavioral services
Service Delivery – Medical	Involving any aspect of medical, dental, nursing, habilitative therapies, dietary, auditory, speech pathologist, or other medical services
Service Delivery – Residential	Involving aspects of the residence or services delivered that are not of a behavioral or medical nature, including staff to client ratio
Service Delivery – Vocational	Involving any aspect of vocational services, including on-campus day habilitation and community employment
Staff Issues	Issues involving staff training or behavior; not involving residents

Case Type	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio
Rights	12	11	3	39	4	1	2	9	8	1	2	6	6
Service Delivery-Residential	2	16	9	4	4	1	7	4	6	6	3	2	23
Personnel	1	2	6	5	5	0	1	0	6	0	0	1	6
Service Delivery-Medical	3	1	5	1	2	7	0	7	0	2	2	2	3
Discharge/Transfer	4	0	1	4	1	1	0	1	5	3	0	2	1
Non-SSLC Issue	0	0	0	0	0	0	1	0	0	0	0	0	0
Service Delivery-Behavioral	1	1	0	1	0	3	2	6	0	1	0	3	1
Other	0	6	0	0	0	2	0	1	2	0	0	1	5
Abuse Neglect & Exploitation	4	0	3	1	0	0	0	2	1	1	0	2	2
Staff Issues	7	1	0	2	1	1	0	2	1	0	0	0	0
Guardianship	3	0	0	1	0	0	0	0	3	0	0	0	0
Retaliation	1	0	0	2	0	2	0	0	1	0	0	0	0
Request for OIO Information	1	0	1	0	0	1	0	2	0	0	0	0	0
Service Delivery-Vocational	0	0	0	2	0	0	0	0	0	1	0	0	0
Criminal	0	0	0	0	0	1	0	0	0	0	0	0	0
Case Types By Center - June 1 to November 30, 2012													

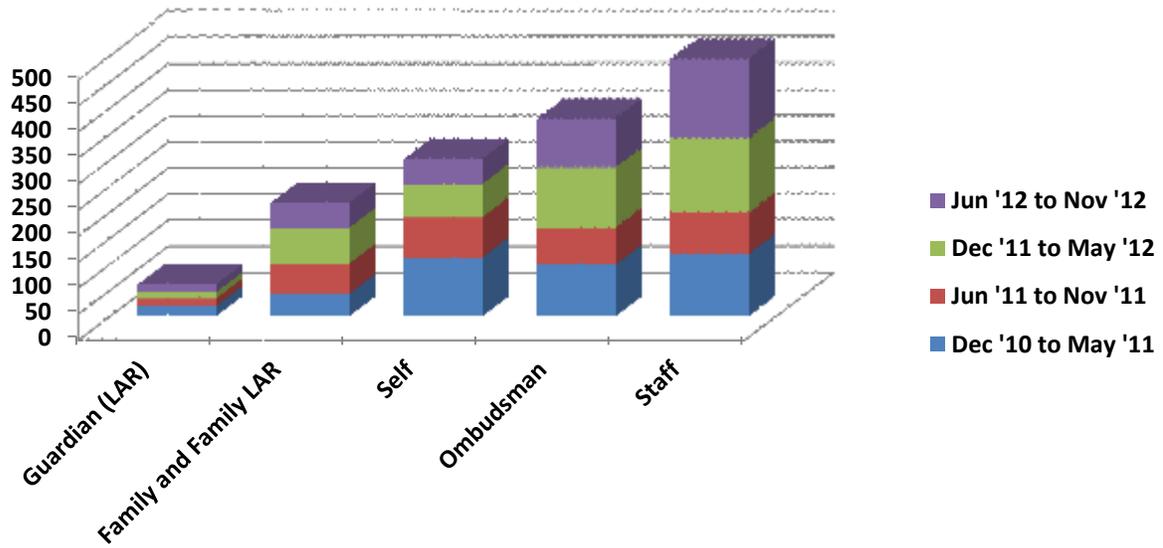
Source: H.E.A.R.T.S.

The H.E.A.R.T. System is also able to track the caller's relationship to the resident. This is helpful in order to show the group that utilizes our office with the greatest frequency. In each reporting period since the OIO's creation, *Staff* has had the highest aggregate percentage of callers to initiate contact with the AIOs. The table below provides descriptions of these relationships. The chart that follows provides a comparison of the callers' relationships from the last three reporting periods to the current one.

Caller	Description
Advocate	A person who plays an active role with a resident that is not a family member, guardian, or staff/employee
DFPS	Complaint that was referred from DFPS
Family	Person related to the resident specified in the case
Family LAR	Person related to the resident specified in the case, who is also the LAR
Friend	Friend of the resident that is not a family member, guardian, or staff or advocate; fellow resident
Governor's office	Governor's office
Guardian (LAR)	Guardian that is not related to the resident; agency or paid guardian
Law Enforcement	Any individual from law enforcement/OIG
Legislative/Representative	Legislative/Representative
Legislative/Senator	Legislative/Senator
Ombudsman	The OIO representative, on behalf of resident(s)
Other	Not able to identify as other relationships; public
Self	Resident
Staff	Any employee of the SSLC
Unknown	Caller's identify is unknown to the OIO

The following chart highlights the five most prevalent contact relationships to resident over the past six-month reporting period in comparison to previous reporting periods. It is evident that staff, which is anyone employed by the center from janitorial staff to administration, is the largest source of the OIO's cases. The second largest source of contact is the Ombudsman. The ombudsman or AIO may initiate a complaint on behalf of a resident. The majority of residents at each center are unable to express themselves verbally or approach the AIO when needed. Therefore, the ombudsman has a presence in the homes, vocational sites, and at meetings in order to understand the practices and incidents occurring in the lives of residents on a daily basis. Observations or reviews of documentation may result in finding a need for investigation. The residents are the third largest number of contacts, with *self* as the relationship to client being the source for a total of 405 cases since the OIO staff began entering data into H.E.A.R.T.S. in July 2010 (18.1% of total cases). Family members of residents represent the fourth largest source of contacts to the OIO, initiating 12.9% of total cases since the creation of the office.

Most Prevalent Contact Relationships To Resident Comparison of Last Four Six-Month Periods



Source: H.E.A.R.T.S.

The importance of the staff as a source of inquiries cannot be overestimated. The following line graph reflects the trust that staff members have in the confidentiality and effectiveness of the ombudsman’s office and the relationship between staff members and the AIOs on campus.



Source: H.E.A.R.T.S.

Disaggregate Data

Abilene State Supported Living Center

Jill Antilley, Assistant Independent Ombudsman

The Abilene SSLC has a population of 409. All residents have some level of intellectual and developmental disability, and some also have physical disabilities. There are six units on campus and each unit is composed of from two to six homes. The number of residents at each home ranges from six to 25 with varying levels of communication methods, independence in daily activities, medical needs, and behavioral challenges. There is a home devoted to six males under 18 years old, who ride a school bus from the SSLC to a school in the Abilene Independent School District. There are also some females that attend school that live in another home, but all are over the age of 18.

Four houses serve people who require 24-hour nursing care. These individuals need significant assistance with physical needs or complete daily needs care. Many are fed through gastrostomy tubes, and many have had tracheotomies. There is an infirmary that serves the entire population and provides a temporary environment for medical care and observation.

The Abilene SSLC has several work-shops and other opportunities to work on and off campus. People can work at one of the three workshops on campus, the diner, the laundry, on the grounds crew, with maintenance or as a mail clerk. There are also contracts to work off campus in the evening cleaning different buildings. If residents choose not to work or are unable to work, several Activity Centers are available that provide recreational activities.

On September 4, 2012, the OIO gave two presentations, open to all staff of the facility, on the role and responsibilities of the Office of the Independent Ombudsman. Business cards and flyers were distributed during these presentations.

On October 25, 2012, the Abilene SSLC sponsored an early voting booth for the 2012 election. The AIO assisted the facility Rights Officer and Disability Rights of Texas to do an in-service informing the residents on voting rights and how to vote.

The quarterly Abilene SSLC Family Association meeting took place in October of 2012. The Abilene SSLC Choir went to Lufkin to perform in the Annual Musical Festival and there have been Special Olympics events throughout the summer. One hundred Texas Rangers tickets were donated to the facility allowing two groups of 50 people to attend a Texas Rangers baseball game in Arlington, TX.

The Abilene facility continues to work diligently to reduce the number of people on polypharmacy. Restraint use has continued on a downward trend.

The Abilene SSLC is piloting the new ISP (Individual Support Plan) process. This is a very detailed process, and affords the QDDP's (Qualified Developmentally Disabled Professional) the opportunity to learn about the process.

Eleven people from the Abilene State Supported Living Center have moved to the community since June 2012.

The Abilene Facility has been visited numerous times over the past six months by ICF (regulatory). The facility was placed

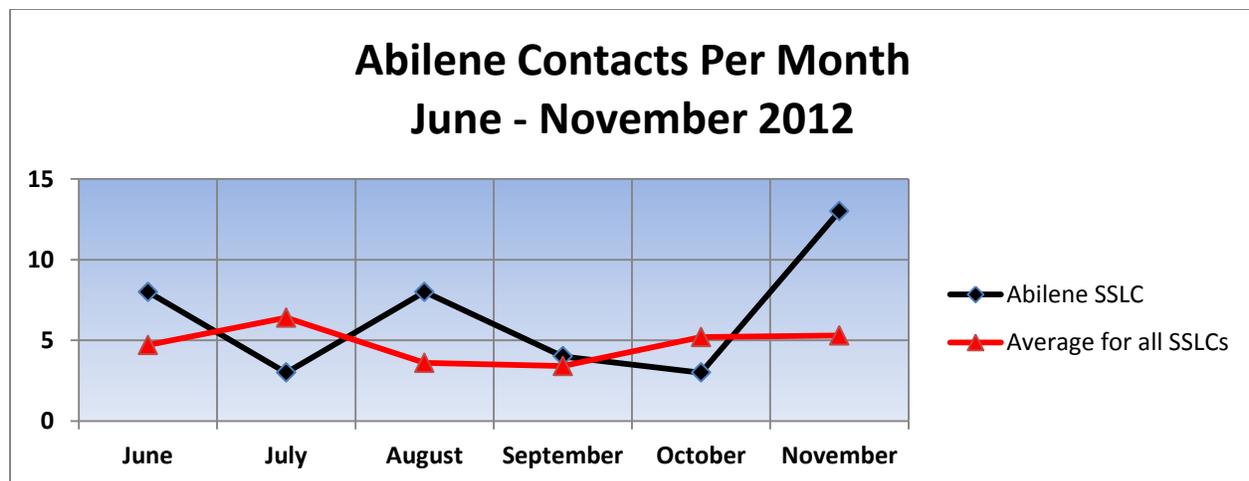
on a 90 day termination during its annual review and most of the visits by ICF were to follow up on the 11 deficiencies that the facility received during that annual review. ICF also investigated self-reported incidents and complaints that were received.



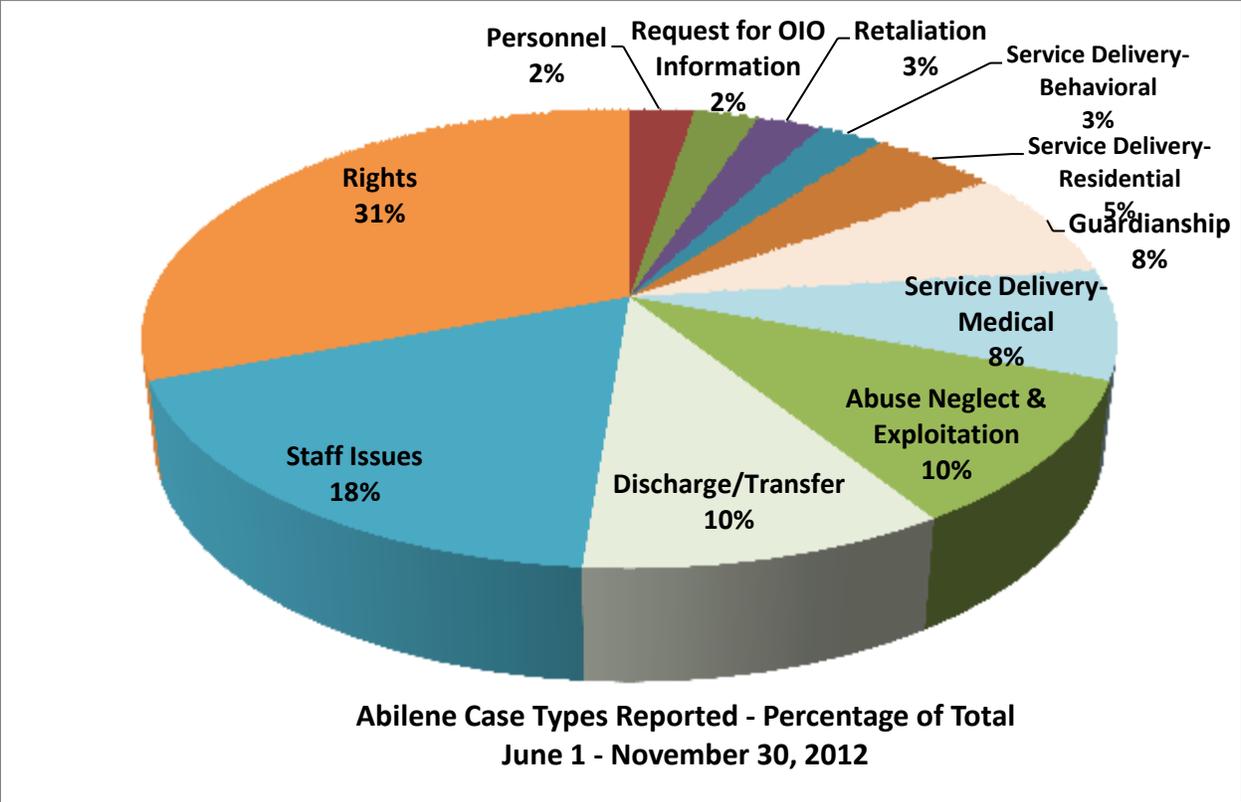
Ms. Antilley has worked for the Abilene State Supported Living Center for 11 years. Her career began in the Recreation Department as a direct-care staff in 2000 while attending college at Hardin Simmons University (HSU). Ms. Antilley graduated from HSU in 2000 with a Bachelor's Degree in Police Administration and went to work for a juvenile correctional facility as a case manager and as a juvenile probation officer. Ms. Antilley returned to the Abilene State Supported Living Center in 2002 to serve as a Qualified Developmental Disability Professional, and as the Human Rights Officer, before accepting the position as the Assistant Independent Ombudsman in 2010.

Abilene SSLC Demographics			
Year Established	1957	Level of IDD Moderate	13.69%
Population	409	Level of IDD Severe	15.64%
Male	49.39%	Level of IDD Profound	60.88%
Female	50.61%	Level of IDD Unspecified	1.47%
Ages ≤21	12	Health Status Moderate	150
Ages 22-54	242	Health Status Severe	47
Ages 55+	155	No Legal Guardian Assigned	48.41
Level of IDD Borderline	0%	Alleged Offenders	0%
Level of IDD Mild	8.31%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.



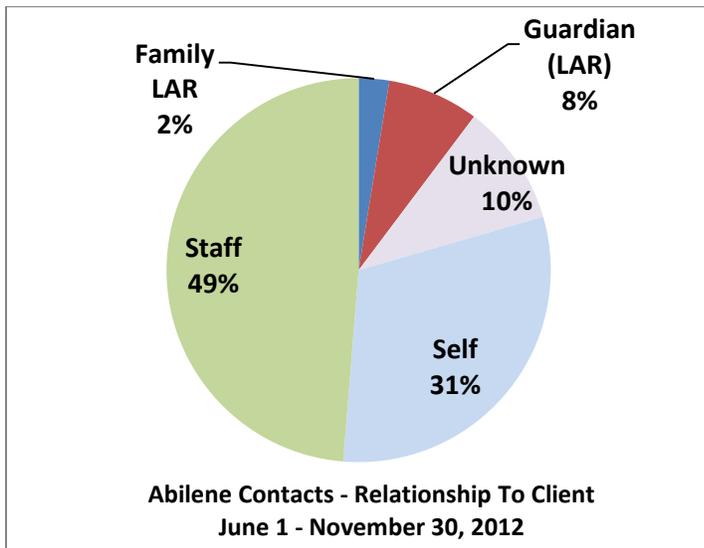
Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Personnel	1
Request for OIO Information	1
Retaliation	1
Service Delivery-Behavioral	1
Service Delivery-Residential	2
Guardianship	3
Service Delivery-Medical	3
Abuse Neglect & Exploitation	4
Discharge/Transfer	4

The table to the left shows, by type, the number of cases reported to the specified SSLC in the last six months. This same format is used throughout the report.

Staff Issues	7
Rights	12
TOTAL CONTACTS	39



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Family LAR	1
Guardian (LAR)	3
Unknown	4
Self	12
Staff	15
TOTAL CONTACTS	39

The table above shows the number of contacts to the specified SSLC in the last six months. This is broken down by relationship to resident. This same format is used throughout the report.

Austin State Supported Living Center

Phyllis Matthews, Assistant Independent Ombudsman

The Austin SSLC serves 322 individuals with varying degrees of intellectual disabilities, a number of whom also have physical disabilities. The Center is comprised of three residential units. Residents of the first unit require extensive nursing and personal care supports. All of these residents use wheelchairs for mobility to varying degrees, and many receive nutrition via enteral feeding. The second unit serves primarily females with two homes serving males. The third unit serves primarily males and typically serves some individuals requiring extensive behavioral support. There is great diversity in the level of support needed to perform functional living skills among individuals residing in the second and third units. A small number of individuals on campus attend the Rosedale School of the Austin Independent School District and ride the bus to and from school every day. The living center has on-site Vocational and Day Programming areas. In addition, the facility oversees a workshop at

the Austin State Hospital serving Austin SSLC residents as well as individuals residing in the community.

The Austin SSLC leadership has remained stable since the last report. The facility continues to make assessments and changes in roles and responsibilities to improve services in accordance with Regulatory requirements and plans developed toward Settlement Agreement compliance.

The Austin SSLC has completed all steps outlined in the Detailed Plan of Correction (DPOC) and is scheduled to submit its final monthly monitoring report on December 14, 2012. To date all monitoring reports, including those related to gas and water issues have been accepted by DADS Regulatory. On November 26, 2012 DADS regulatory entered for the annual review and exited on November 30, 2012. The facility is currently working on plans to clear

the Conditions of Participations cited for Active Treatment and Facility Staffing. The facility expects DADS Regulatory follow-up in early January.

The Austin SSLC had a standard compliance visit from the Settlement Agreement Monitors November 5-9, 2012. The initial feedback during the on-site exit highlighted a number of significant systemic improvements and reported a general sense of positive change in the culture of the facility. The facility is awaiting a draft report of the findings.

- The Main Street Diner is slated to be opened by January 2, 2013 with a fully functioning kitchen.
- Forward movement continues in the comprehensive plan for active treatment including activities based on

individual preferences and needs within each home.

- Two Human Rights Officers have been hired to enhance monitoring and oversight of rights processes and implementation.
- Plans continue for additional resources to staff responsible for community transitions.
- Ten residents transitioned to a community environment and currently 36 residents have made the decision to begin the transition process.
- Facility space has been used in the production of films and television shows. These activities have generated donations to the facility's volunteer services for resident activities.



Ms. Matthews has a B.A. degree in Psychology from St. Edwards University and has 11 years of experience serving individuals with intellectual and developmental disabilities. As a Contract Oversight and Performance Manager for the Texas Department of Assistive and Rehabilitative Services Division for Early Childhood Intervention Services, she monitored contracted programs and provided technical assistance to programs that deliver services to children with developmental delays and disabilities. As a Program Specialist and later as a Program Compliance Coordinator at the Texas Department of Aging and Disability Services (DADS), she engaged in improvement efforts for State facilities serving people with intellectual and developmental disabilities during the

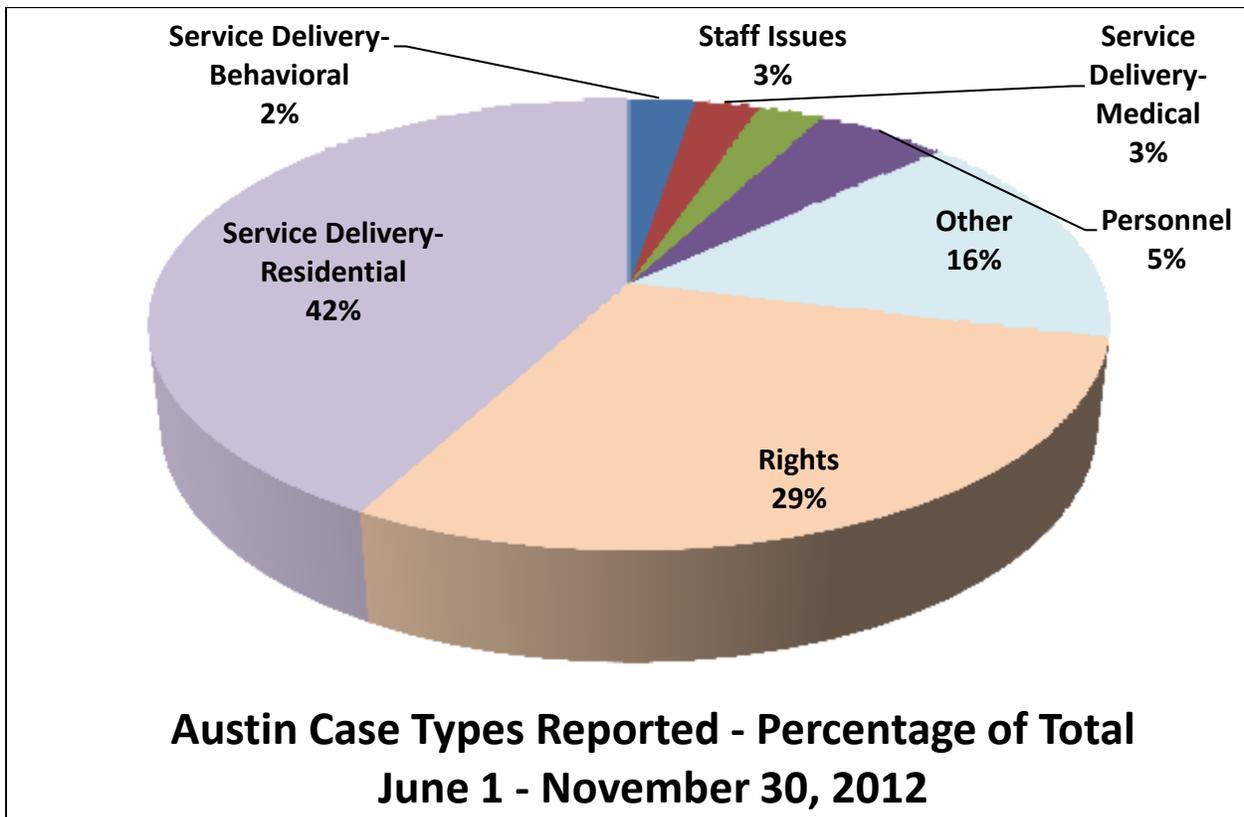
negotiations and finalization of the U.S. Department of Justice Settlement Agreement. She accepted the Assistant Independent Ombudsman position in May 2012.

Austin SSLC Demographics			
Year Established	1917	Level of IDD Moderate	10.25%
Population	322	Level of IDD Severe	21.43%
Male	55.27%	Level of IDD Profound	59.93%
Female	44.72%	Level of IDD Unspecified	0%
Ages ≤21	8	Health Status Moderate	100
Ages 22-54	143	Health Status Severe	22
Ages 55+	171	No Legal Guardian Assigned	28.26%
Level of IDD Borderline	0.31%	Alleged Offenders	0.62%
Level of IDD Mild	8.07%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

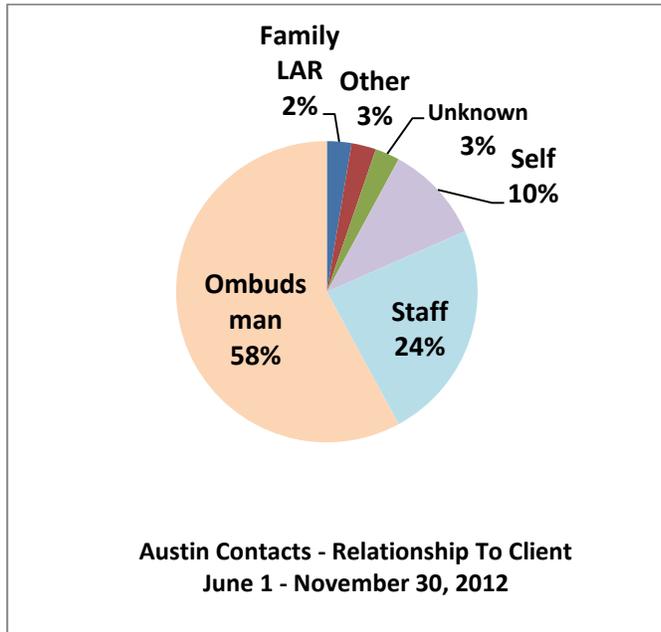


Source: H.E.A.R.T.S.

Jun 2012 – Nov 2012:

Service Delivery-Behavioral	1
Service Delivery-Medical	1
Staff Issues	1
Personnel	2

Other	6
Rights	11
Service Delivery-Residential	16
TOTAL CONTACTS	38



Source: H.E.A.R.T.S.

Jun 2012 – Nov 2012:

Family LAR	1
Other	1
Unknown	1
Self	4
Staff	9
Ombudsman	22
TOTAL CONTACTS	38

Brenham State Supported Living Center

Susan Aguilar, Assistant Independent Ombudsman

The Brenham SSLC provides services to 294 individuals with intellectual disabilities that range from profound to mild. The majority of residents require behavioral supports, and many require psychiatric services. Brenham SSLC is one of two facilities that were designated to serve children and adolescents, and they reside in cottages. Educational needs are met through the Brenham Independent School District (BISD), either by receiving services at local schools or by receiving instruction at one of two classrooms at the center that are staffed with BISD teachers.

There are four residential units on campus that serve adults. The first unit serves men with a wide range of intellectual disabilities, most of whom require a positive behavior support plan and are relatively active. The second unit serves both men and women, many of whom need assistance with mobility and greater levels of assistance with daily living tasks. The third unit serves both men and women who have fragile medical needs and/or significant physical needs. These individuals utilize wheelchairs for mobility and primarily receive day programming/positioning in activity centers located in their residential unit. The fourth

unit primarily serves older men and women, many of whom have health conditions and physical needs associated with aging. There are four additional cottages on campus and each one is attached administratively to one of the four residential units. Two of these cottages serve women and the other two serve men. Most of these individuals are employed either full or part-time. With the exception of the fourth unit and the cottages that serve children/adolescents, the remaining residential units serve individuals with a wide range of ages.

The center provides a variety of on- and off-campus work opportunities. Brenham Production Services, the off-campus workshop employs residents both full- and part-time, in a variety of tasks. Brenham SSLC also operates two enclaves at local manufacturing plants as well as two work crews that perform lawn maintenance and litter pick up for the city and local businesses. On-campus work opportunities include paper shredding, mail or paper recycling pickup, and earning money by making crafts/designing artwork that is sold, either on campus or in the community. Residents who aren't employed participate in day programming in the Program Services building or at other locations around campus.

Positives/Strengths of the Facility

The use of restraints for crisis intervention has notably declined during this report period, as compared to the previous six months. The facility continues to review video footage of restraints to identify issues of concern and the need for staff training/positive performance actions.

The facility has initiated efforts to increase the quality of care and services provided to the individuals that reside at the center. The facility has prioritized homes that serve

individuals with challenging needs and is evaluating the census of those homes, the physical environment of the homes and the specific training needs of the staff that work in each home. The facility is also evaluating the size of QDDP and psychologists' caseloads in order to achieve optimal caseload size. This process includes evaluating hiring practices and deployment of staff. These efforts should contribute to positive outcomes such as decreasing restraint usage and lowering injuries. One change that recently occurred is the realignment of residential units that consisted of combining separate cottages with existing systems buildings.

The facility is expanding efforts to increase employee morale by having quarterly Employee Recognition ceremonies that not only recognize staff for years of service but also for outstanding performance. Quarterly Town Hall meetings allow for departments to share information with staff, and offer them the opportunity to ask questions or express concerns. An employee newsletter is also distributed on a monthly basis.

Challenges for the Facility

As noted in the most recent Monitoring Team Report, the facility has made limited progress towards designing and implementing meaningful skill acquisition plans, ensuring quality engagement of individuals across settings and increasing community based activities. The AIO has investigated concerns related to these areas and will continue to monitor the facility's efforts towards improvement.

While the Monitoring Team report indicates that progress continues to be made towards developing quality assessments, identifying areas of risks and developing plans to mitigate risks, the facility is challenged with addressing the need for

direct care staff to demonstrate competence in regards to carrying out physical/nutritional management plans, behavior plans and other programming that comprises Individual Support Plans.

Certified Behavior Analysts (BCBAs), in order to ensure that positive behavior support plans (PBSPs) are revised/updated in a timely manner to ensure that behavioral needs are effectively met. Two psychologists employed by the center recently received their BCBA certification.

The Psychology department continues to be challenged with maintaining an adequate number of psychologists, including Board



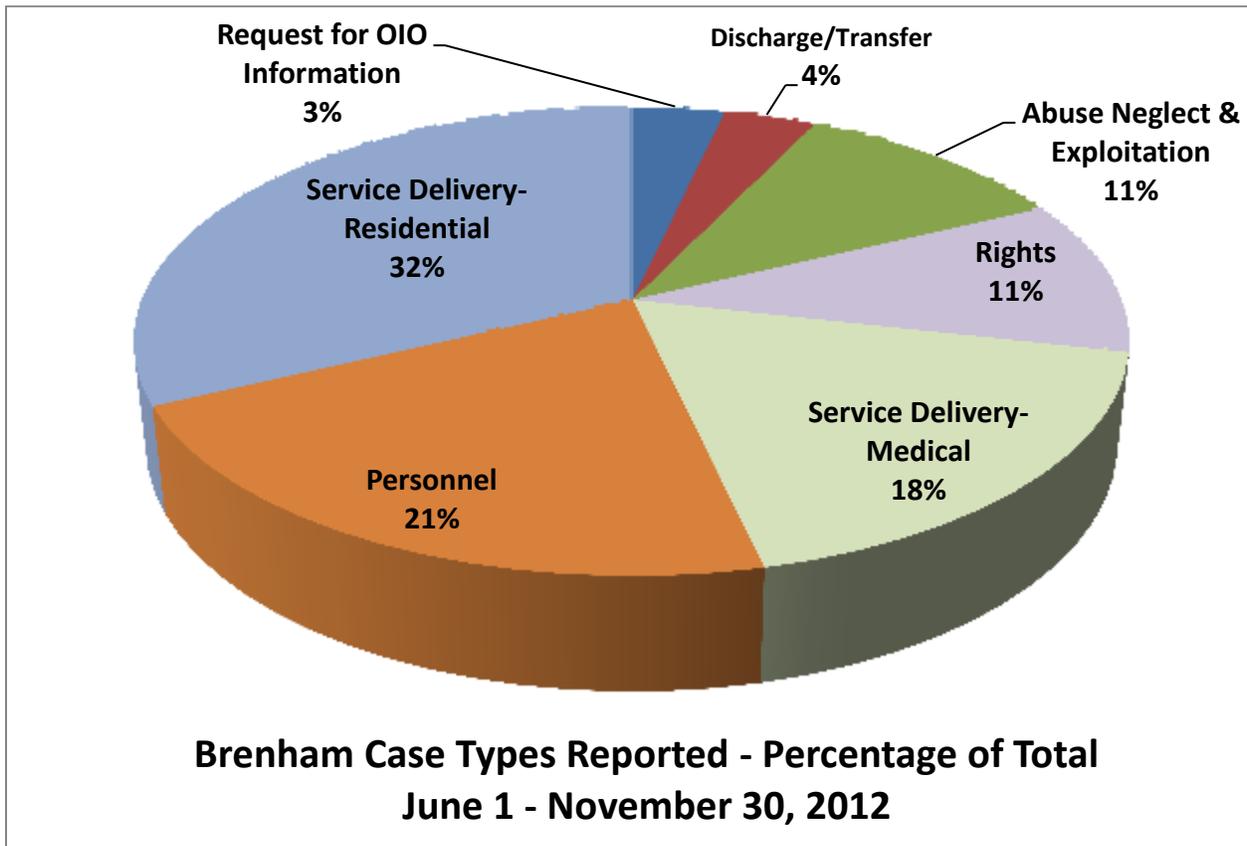
Ms. Aguilar obtained a Bachelor of Arts degree in Political Science from Texas Lutheran University. She worked in the field of early childhood intervention prior to obtaining the position of Qualified Developmentally Disabled Professional at the Brenham State Supported Living Center. While at the Center she has also served as Program Facilitator, Person-Directed Planning Coordinator, Level of Need Coordinator, and interim Rights Protection Officer. She accepted the Assistant Independent Ombudsman position in 2010.

Brenham SSLC Demographics			
Year Established	1974	Level of IDD Moderate	17.63%
Population	295	Level of IDD Severe	16.95%
Male	63.72%	Level of IDD Profound	62.37%
Female	36.27%	Level of IDD Unspecified	0.67%
Ages ≤21	25	Health Status Moderate	72
Ages 22-54	195	Health Status Severe	6
Ages 55+	75	No Legal Guardian Assigned	15.59%
Level of IDD Borderline	0%	Alleged Offenders	0%
Level of IDD Mild	2.37%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

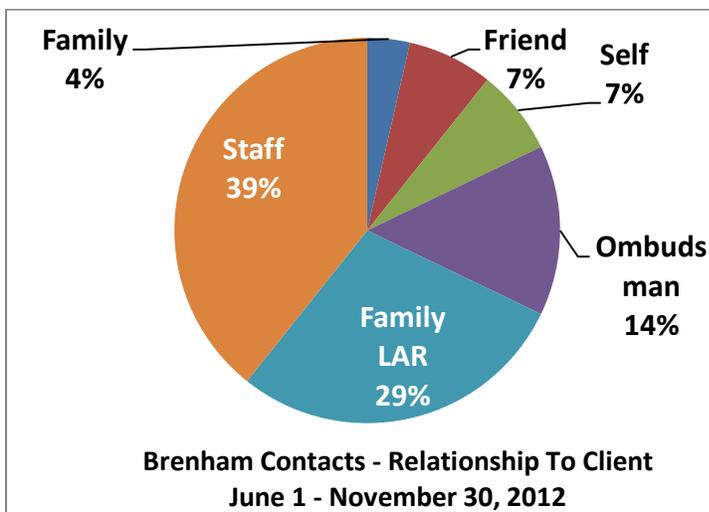


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Request for OIO Information	1
Discharge/Transfer	1
Abuse Neglect & Exploitation	3
Rights	3

Service Delivery-Medical	5
Personnel	6
Service Delivery-Residential	9
TOTAL CONTACTS	28



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Family	1
Friend	2
Self	2
Ombudsman	4
Family LAR	8
Staff	11
TOTAL CONTACTS	28

Corpus Christi State Supported Living Center

Dee Medina, Assistant Independent Ombudsman

The Corpus Christi State Support Living Center (CCSSLC) has been in existence since 1970. The facility serves 252 residents at this time and is licensed for a total of 432 beds. The Corpus Christi SSLC is similar to the other state facilities in that it serves individuals with cognitive disabilities ranging from mild to profound. However, the Corpus Christi facility is unique in several respects. Residents range from ages 20 to 84. In fact, 48% of the population is over the age of 55, a total of 57% are in the profound level of developmental disability, and 62% of the total population has a profound adaptive behavior level. It is also interesting to note that 67% of the residents do not have legal guardians and a total of 52% (131 residents) have been here for over 21 years.

The campus has three units. The first unit consists of six homes. Two of these homes are designated for women only. Many of the female residents can engage in activities of daily living independently, or with minor assistance. Active treatment is of the highest importance because each of the women has a diverse list of interests and participation in preferred activities enriches quality of life. The other four homes are designated for male residents. Two of the homes range from mostly independent for activities of daily living to requiring a great deal of support. One home also boasts a sensory room that is unique in style and design for the male residents. The remaining homes are for an extremely active group of men who require ongoing support to stay engaged in programming and active treatment while learning how to interact with others in a safe and positive manner.

The second unit consists of two homes. Residents of the first home are mostly non-ambulatory, some with medical issues, some with limited speech and some having no verbal skills at all. Individuals are totally dependent on staff to assist them with their daily needs. The individuals living at the second home are even more medically fragile, some requiring 24-hour nursing care. The goal of this unit is to promote as much independence as possible.

The third unit consists of four homes. Two homes are designated for women and two for men. Two of the homes are for individuals who require full assistance with meeting their daily needs such as hygiene, dressing, meals and medical care. Many of these individuals require the staff to be their voices and advocate for their needs. The other two homes have a mixture of either men or women who can participate independently in their daily needs and usually require minimal redirection from staff.

Corpus Christi SSLC has two distinct and non-traditional active treatment sites, two vocational workshops and several off-campus contacts as part of its employment services for the residents. The gymnasium has recently been remodeled and displays several new murals and stained glass windows. The campus also offers a swimming pool, a computer room for residents known as "The Cyber Spot," and a very nice alternative diner, "Hurricane Alley," for residents complete with surfboards and other beach related themes.

In the past six months, the Corpus Christi SSLC has seen some positive changes. The Settlement Agreement monitors arrived at the Corpus Christi State Supported Living Center in July 2012. The facility has also had numerous visits by DADS Regulatory to review complaints or as follow-up to corrective actions on deficiencies. In addition, the annual ICF survey was conducted in October 2012.

The AIO continues to attend Incident Management Review meetings as a means of monitoring the facility's response to unusual incidents and injuries. Being included in the review process offers the possibility for recommendations to be considered for implementation or the discussion of specific concerns to be addressed in a timely fashion.

Positives/Strengths of the Facility

- The facility has started tracking staff injuries and this data is being discussed at IMRT.
- Two transitional specialist positions were added. This should assist the Admissions and Placement department significantly with community referrals and placements.
- Individuals and staff participated in a provider fair held on campus. This activity is vital as a means of having individuals, their families and staffs meet with providers and allow them to gather information about living in the community.

- Disability Rights Texas provided training on voting to the residents in mid June 2012. A total of 23 residents attended.
- Preparation is being made for the next Family Association meeting which has been scheduled for December 8th.

Challenges for the Facility

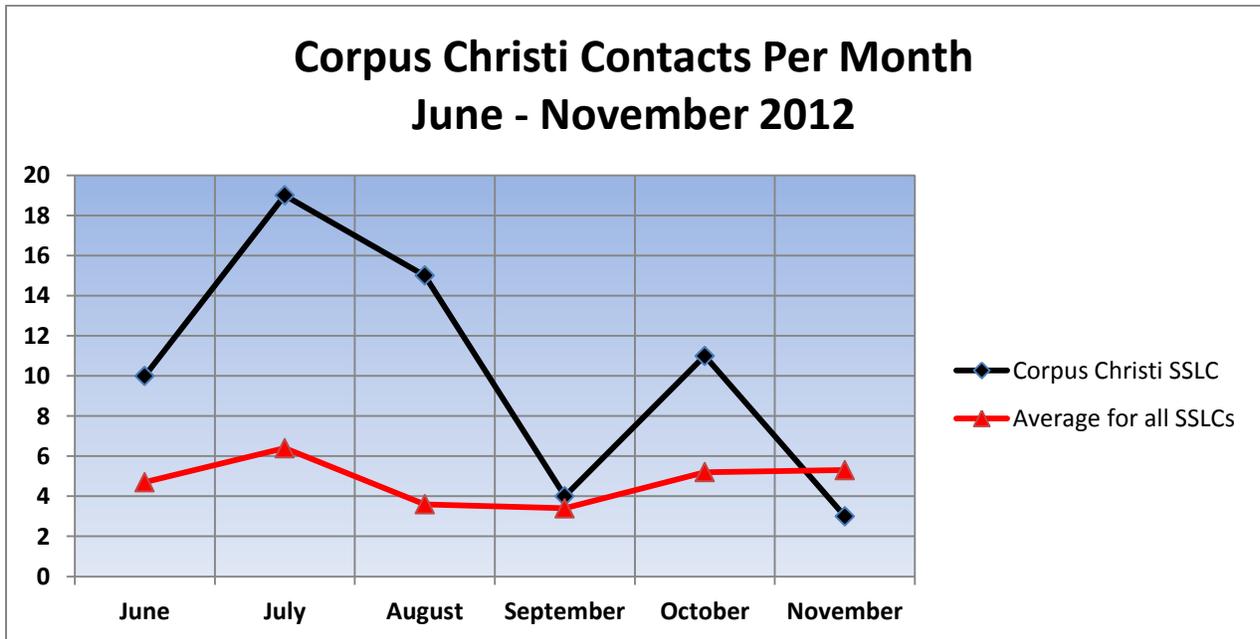
- There are two vacant positions that have been not been filled for over a year: Medical Director and full time Psychiatrist. This is a substantial concern as the population served reflects the need for behavioral health services.
- Facility continues to report problems with the Avatar data system not producing reliable restraint data. In addition to changes made to the assignment of restraint monitors and the timely completion of the handwritten reports, it would be beneficial for the facility to evaluate the system in place for restraint reporting, monitoring and review process in a timely manner so they can understand and have reliable data.
- The Human Rights Committee continues to need additional community members as well as resident representatives.
- Staff turnover continues to be a concern.

Ms. Medina was born and raised in South Texas. She is a Licensed Professional Counselor, Licensed Baccalaureate Social Worker and has a Master's in Business Administration. Ms. Medina has over 20 years of experience in the behavioral health services. Over the course of her career, she has served diverse populations with issues including substance abuse, HIV, minority women, older adults, mental health, homeless males, individuals with various

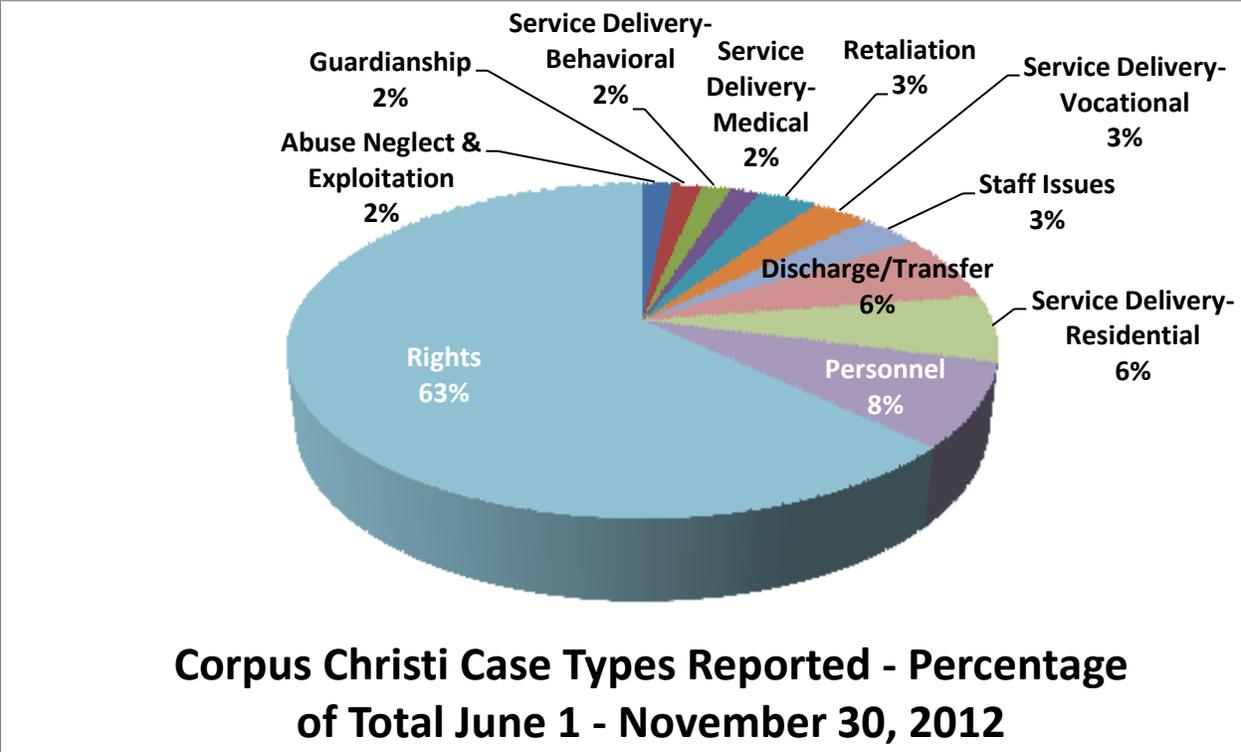
physical and cognitive disabilities, and children with special health care needs. Ms. Medina accepted the Assistant Independent Ombudsman position in 2010.

Corpus Christi SSLC Demographics			
Year Established	1970	Level of IDD Moderate	11.90%
Population	252	Level of IDD Severe	10.31%
Male	57.14%	Level of IDD Profound	57.14%
Female	42.86%	Level of IDD Unspecified	0%
Ages ≤21	2	Health Status Moderate	111
Ages 22-54	162	Health Status Severe	12
Ages 55+	88	No Legal Guardian Assigned	66.67%
Level of IDD Borderline	0%	Alleged Offenders	5.15%
Level of IDD Mild	20.63%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

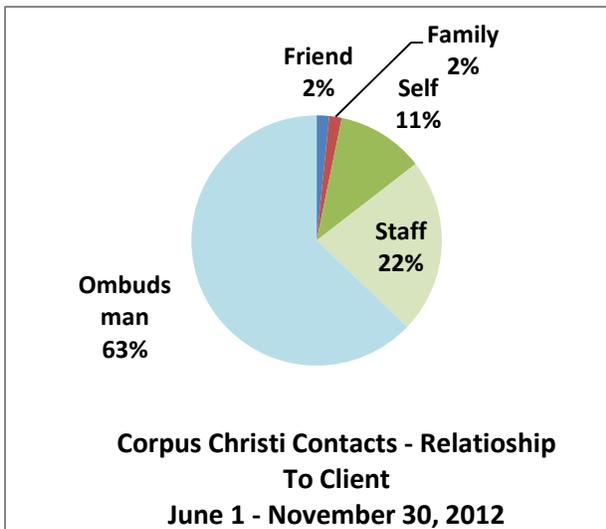


Source: H.E.A.R.T.

Jun 1 – Nov 30, 2012:

Abuse Neglect & Exploitation	1
Guardianship	1
Service Delivery-Behavioral	1
Service Delivery-Medical	1
Retaliation	2
Service Delivery-Vocational	2

Staff Issues	2
Discharge/Transfer	4
Service Delivery-Residential	4
Personnel	5
Rights	39
TOTAL CONTACTS	62



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Friend	1
Family	1
Self	7
Staff	14
Ombudsman	39
TOTAL CONTACTS	62

Denton State Supported Living Center

Ashley Frederick, Assistant Independent Ombudsman

The Denton SSLC currently provides services to 491 individual with cognitive and physical disabilities. The level of developmental disability ranges from mild to profound. The campus consists of six units. Two units serve individuals who are that medically fragile and require 24-hour nursing care. Although the majority of these individuals have physical limitations; they are provided with resources to be as independent as possible. Some need assistance with propelling their wheelchair; while others have been provided with motorized wheelchairs in order to move independently. The other units are home to individuals who are more ambulatory; but require more behavioral intervention. Although most of the population consists of older individuals, there are two individuals who still attend public school.

There are several programming and life skills areas, including a senior activities center, throughout the campus. Individuals are also provided the opportunity to work with a job coach through campus employment. Several individuals are currently working at Exxon, Chili's and other well-known companies.

Positives/Strengths of the Facility

- Incident Management has improved their plan for receipt of recommendations pertaining to UIRs.
- There has been an overall decrease in restraint. This includes crisis interventions, medical and protective mechanical.
- The facility received positive feedback during the exit of their DOJ monitors visit in October 2012.

- No Conditions of Participation were cited as a result of the March 2012 annual survey. This was the first annual survey since 2003 that the facility has not been cited for a Condition of Participation.
- Health indicators (aspiration pneumonia, pneumonia, deaths) have trended downward. Denton SSLC has a Physical and Nutritional Management Team (PNMT) team that meets to discuss recommendations to address these issues. The strength of this team has produced these results.
- A new clinic space was opened. This space allows for more space and freer movement for treatment and appointment purposes. Staff members are also provided with a larger space to complete their job duties.
- The facility received a Health Services Compliance Coordinator. This position is responsible for planning, developing and implementing strategies for quality improvement for clinical services. They will ensure the systems are organized and prioritized and that policies are in place that support the long-term implementation of these efforts.
- There has been a significant increase in training provided to QDDPs including but not limited to the ISP process and skill acquisition plans.
- A new training site was opened near the homes. This allows for individuals to have shorter travel to work areas.
- DSSLC received new vans to provide transportation for individuals.
- The Denton County Transportation Authority (DCTA) has provided transportation for individuals at one of

the units. This is currently a pilot project to increase community involvement.

- The facility is working on increasing the frequency of planned vacations and staycations for individuals.
- On October 3rd and 4th several persons participated and received awards during the music festival in Nacogdoches, Texas. Denton won the highest group award of “Most Outstanding State Supported Living Center”. They won second place in Interpretive Dance, 2nd place in the

vocal choir category and 2nd place in the Rhythm Ensemble category.

- Level of supervision committee was established.

Challenges for the Facility

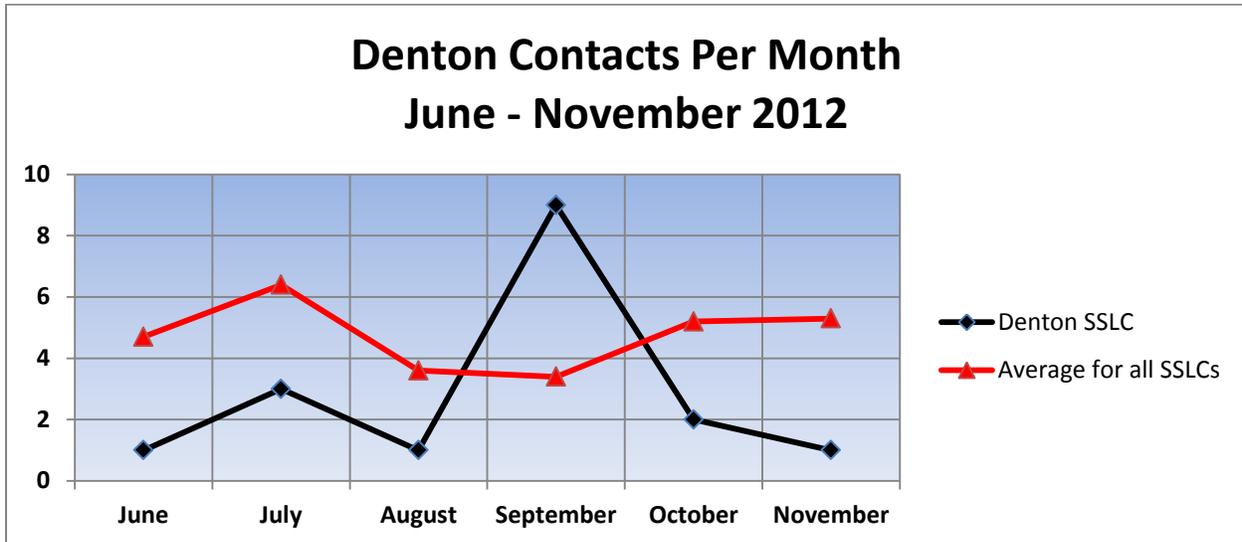
- Improvement of the ISP process
- Improvement pertaining to Skill Acquisition Plans
- Increased competency-based training
- Rights assessment completion
- Rights education for staff and individuals



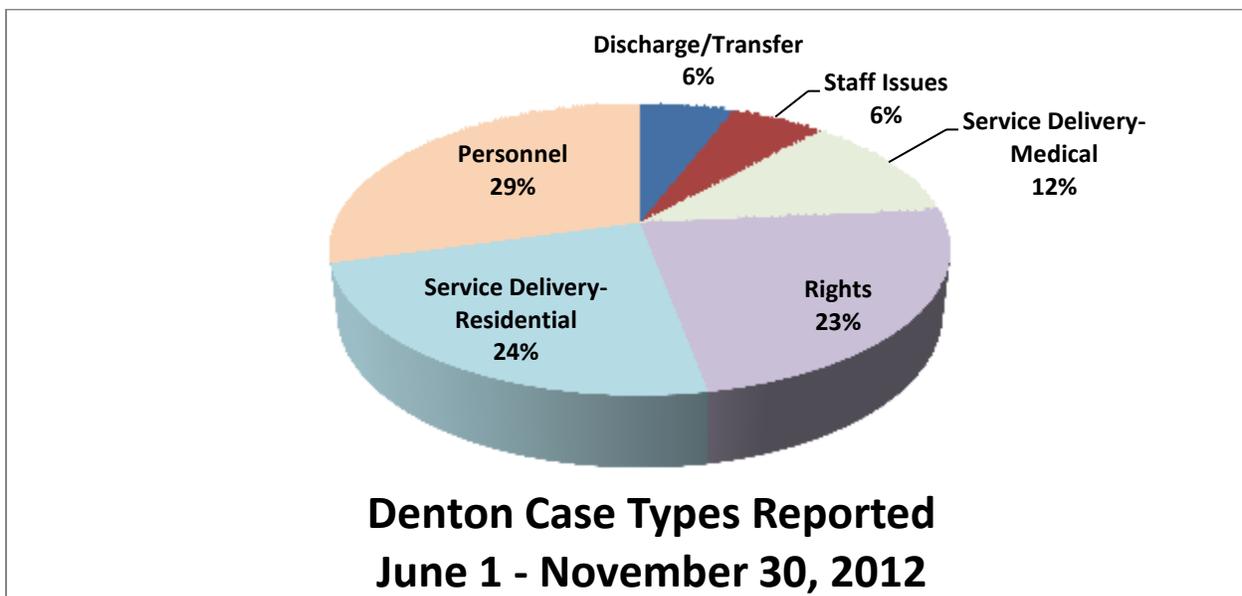
Ms. Frederick is a native Texan from the city of Arlington. She obtained a Bachelor’s Degree in Health Sciences from Texas Woman’s University. She began working for the State of Texas at the college in 2003. Ms. Frederick began her career at the Denton State Supported Living Center in 2006 as an Active Treatment Provider while still attending TWU. She has also held the positions of Qualified Mental Retardation Professional and Facility Investigator prior to being hired as the Assistant Independent Ombudsman for the Denton State Supported Living Center.

Denton SSLC Demographics			
Year Established	1960	Level of IDD Moderate	11.41%
Population	491	Level of IDD Severe	18.94%
Male	57.23%	Level of IDD Profound	59.67%
Female	42.77%	Level of IDD Unspecified	0.81%
Ages ≤21	6	Health Status Moderate	138
Ages 22-54	266	Health Status Severe	69
Ages 55+	219	No Legal Guardian Assigned	34.62%
Level of IDD Borderline	0%	Alleged Offenders	0.20%
Level of IDD Mild	9.16%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

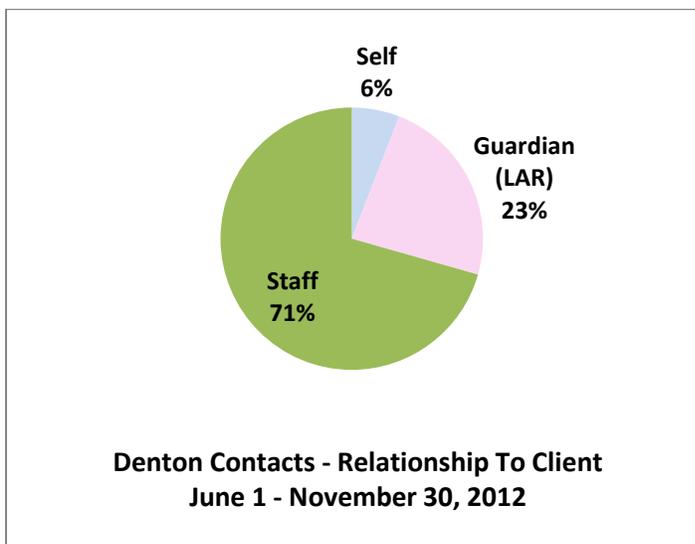


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Discharge/Transfer	1
Staff Issues	1
Service Delivery-Medical	2

Rights	4
Service Delivery-Residential	4
Personnel	5
TOTAL CONTACTS	17



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Self	1
Guardian (LAR)	4
Staff	12
TOTAL CONTACTS	17

El Paso State Supported Living Center

Isabel Ponce, Assistant Independent Ombudsman

The El Paso State Supported Living Center provides services for 123 individuals with a range of developmental disabilities. Some residents carry a dual diagnosis of either physical or mental impairment in addition to their primary intellectual disability. Because of the size of the facility it is considered only one unit even though a range of residential services specific to the individuals is provided. The Systems building, otherwise known as Dorms, is on the west side of the campus. This is where individuals live who are considered medically fragile. Some of the residents require additional nursing care due to high risk in aspiration, limited mobility or various other medical challenges. All the dorms are home to both male and female residents but the individual bedrooms allow for roommates to be either all male or all female. The Facility medical clinic, dental clinic and Habilitation's OT, PT and speech are located in the same building. Across the way on the east side of the campus there

are eight smaller building called cottages. These are homes for residents that have either similar behavioral challenges and/or cognitive and physical abilities. While most are either male or female a couple of these cottages are home to both. In these homes there are individuals who require some to little assistance with their activities of daily living skills. Many residents work and enjoy employment opportunities in the facility workshop. A small number of these individuals are ambulatory and perform many of their activities with little assistance regardless of age. For this small group a place of their own called the Forever Young Center provides a relaxing yet purposeful place to enjoy socialization and active treatment.

Positives/Strengths of the Facility:

- The facility has made great strides in the last six months in the area of active treatment.

- The El Paso SSLC has had the services of the Richmond SSLC director serving as the Interim Director since June. In that time the facility has worked hard to make use of his extensive experience.
- There continues to be a decrease in the use of restraints while a re-education on client rights has become a permanent feature spearheaded by the Facility HRO.
- There have also been new committee members secured for the HRC.
- There has been an increase in Direct Support Professional Staff which has made a noticeable difference in operations. There are fewer call-ins and overtime is on the decrease.
- There is also a decrease in employee accidents that may be due to long hours on the job. A secondary level of residential supervisors has been added.
- The facility is also enjoying a renewal in the form of remodeling. The schedule is on track for painting, installing new furniture and reorganizing space in the homes.
- There have been some changes in the clinic designed to make better use of time and patient priority. New hires in the area of Neurology and Psychiatry have come on board.

- The facility is happy to report an increase in individuals who have not only been referred to the community but placed as well. With the aid of the two transition specialists, the entire facility has increased its knowledge of community supports available.

Challenges for the Facility:

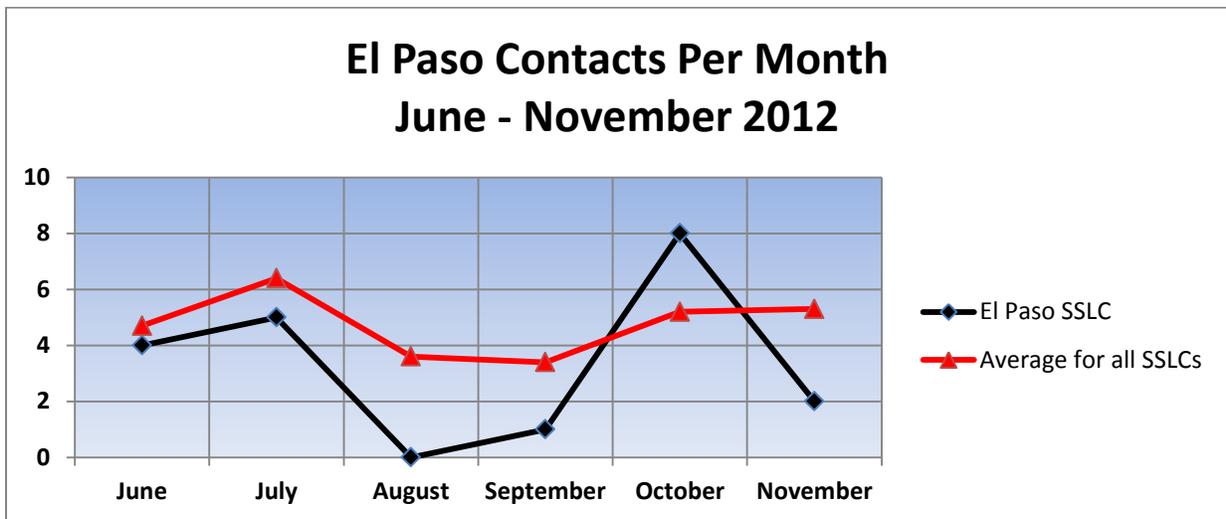
- The latest DOJ report shows areas that continue to be challenged with compliance. At this time, the facility has no permanent Director of Psychology and no permanent Medical Director. The psychology associates continue to work toward earning their BCBA.
- There continues to be a rise in reports of retaliation which the Director along with his administrative staff members are working hard to overturn through education and awareness. The Risk Management Department is scheduling various trainings on harassment, retaliation and sensitivity training for upper and middle management in response to this issue.
- The Nursing Department is also being closely monitored for data collection. This department is working to ensure that their corresponding data is accurate, documented in a timely fashion and available for review.



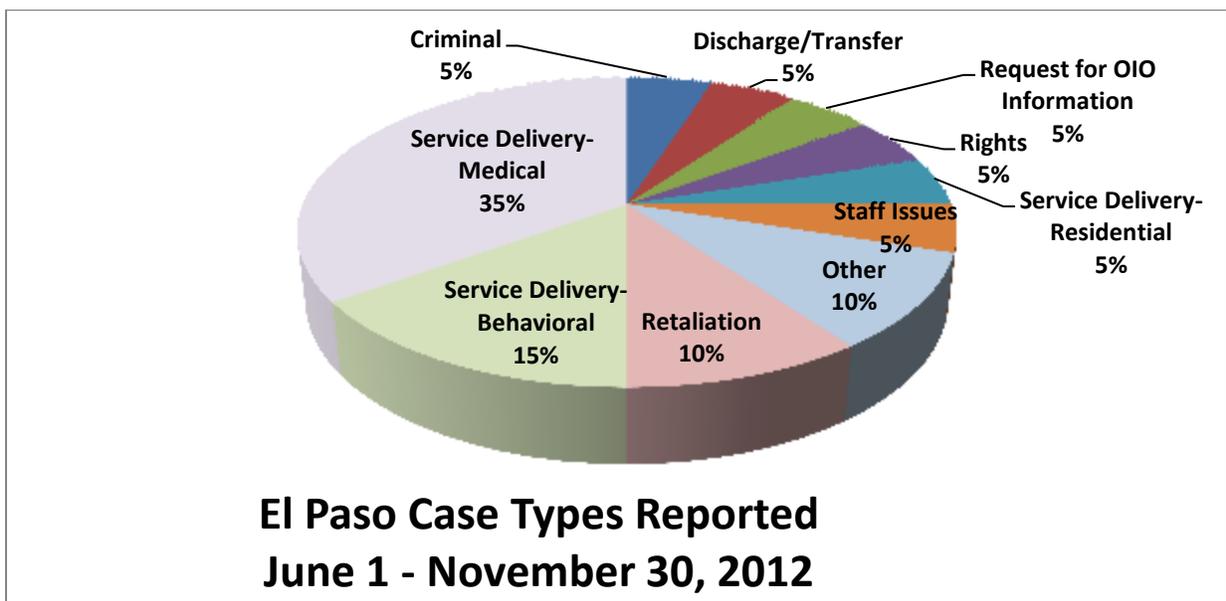
Born and raised in the Sun City, Ms. Ponce went from serving the elderly population to working with children. Later she came to serve adults with develop-mental disabilities as a Residential Director in the private sector. She became a Certified Internal Investigator and began working as a Case Manager for a Home and Community Service Program. After seven years with the program, Ms. Ponce accepted the Assistant Independent Ombudsman position in December 2010.

El Paso SSLC Demographics			
Year Established	1974	Level of IDD Moderate	13.82%
Population	123	Level of IDD Severe	18.70%
Male	56.91%	Level of IDD Profound	60.16%
Female	43.09%	Level of IDD Unspecified	0.81%
Ages ≤21	2	Health Status Moderate	36
Ages 22-54	87	Health Status Severe	7
Ages 55+	34	No Legal Guardian Assigned	56.10%
Level of IDD Borderline	0%	Alleged Offenders	0%
Level of IDD Mild	4.07%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

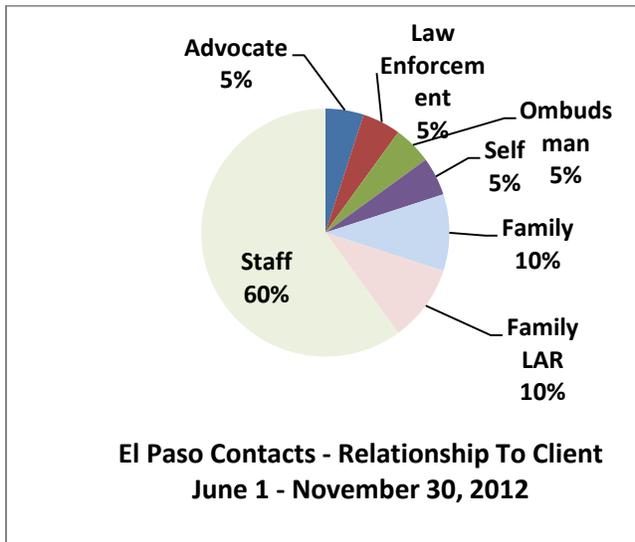


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Criminal	1
Discharge/Transfer	1
Request for OIO Information	1
Rights	1
Service Delivery-Residential	1

Staff Issues	1
Other	2
Retaliation	2
Service Delivery-Behavioral	3
Service Delivery-Medical	7
TOTAL CONTACTS	20



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Advocate	1
Law Enforcement	1
Ombudsman	1
Self	1
Family	2
Family LAR	2
Staff	12
TOTAL CONTACTS	20

Lubbock State Supported Living Center

Ramona Rocha-Hughes, Assistant Independent Ombudsman

Currently the Lubbock SSLC serves 211 people. There are three units on the campus. Unit 1 primarily provides services for individuals who need extensive care and attention. Residents in two of the homes require the use of wheelchairs for mobility and for the most part are not able to verbally communicate, but have assistance from communication devices or their own special way of communicating. The other homes that comprise Unit 1 are made up of individuals who can ambulate independently, need assistance or require the use of wheelchairs. All require varying

degrees of assistance. Unit 2 and Unit 3 provide services for individuals who are more independent, but also have some that require assistance. These two units do have individuals who exhibit challenging behaviors.

The campus has two workshops, a small one for people who do better in a slower paced, quieter environment and a large one for the rest of the individuals who work. The facility also provides a variety of programs for individuals who are not interested in work activities. Hearts and

Hands is an on campus store that sells ceramics, jewelry, homemade cards, and various other knickknacks made by the residents. At Hearts and Hands the individuals who work there learn how to use a cash register and provide great customer service. The store is open to all employees and the Lubbock community.

The AIO has promoted the Office of the Independent Ombudsman at New Employee Orientation. The AIO has attended the daily Incident Management Review meetings. The AIO attended restraint training on the new state policy. The AIO attended that Family Association Quarterly meeting and Provider Fair. Investigations by both DFPS and the facility have been reviewed by that AIO. Any concerns raised by the AIO were promptly addressed by the Incident Management Investigators. Posters of the Independent Ombudsman were replaced as needed.

Positives/Strengths of the Facility

The facility has made improvements in the following areas:

- Implementing the new ISP process, along with the Risk process of individual's health status.



Ms. Rocha-Hughes received a Bachelor of Science in Home Economics and a Bachelor of Arts in Social Work from Texas Tech University and is a Licensed Social Worker. Her 30 years of service for the state of Texas have centered on working with people who have developmental disabilities. She began as direct-care staff at the Lubbock State Supported Living Center while in attendance at Texas Tech University and has served in various capacities in the state system. She served as Human Rights Officer prior to accepting the Assistant Independent Ombudsman position in 2010.

- The facility is working on integrating individuals who have some medical involvement into other areas of programming and the community.
- The latest DOJ report has shown the facility has shown progress especially in the area of Psychiatric services.
- The campus diner has employed individuals to help deliver sodas to homes and offices, which is a wonderful service for the campus.
- Individuals who participate in choir attended the annual musical festival in Nacogdoches and won first place.

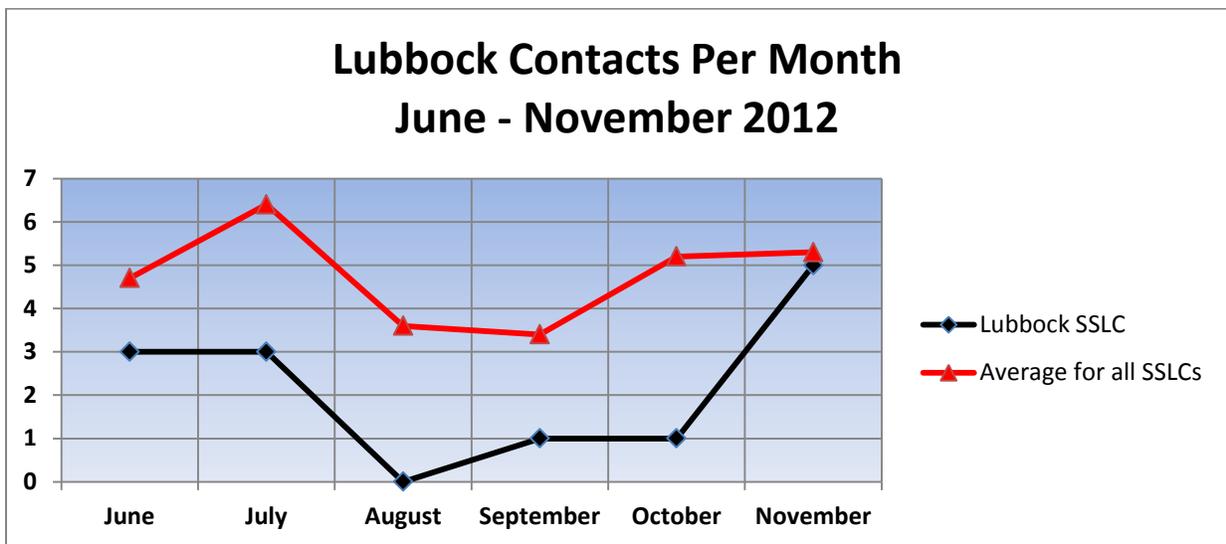
Challenges for the Facility

Lubbock SSLC continues to face challenges in the following areas:

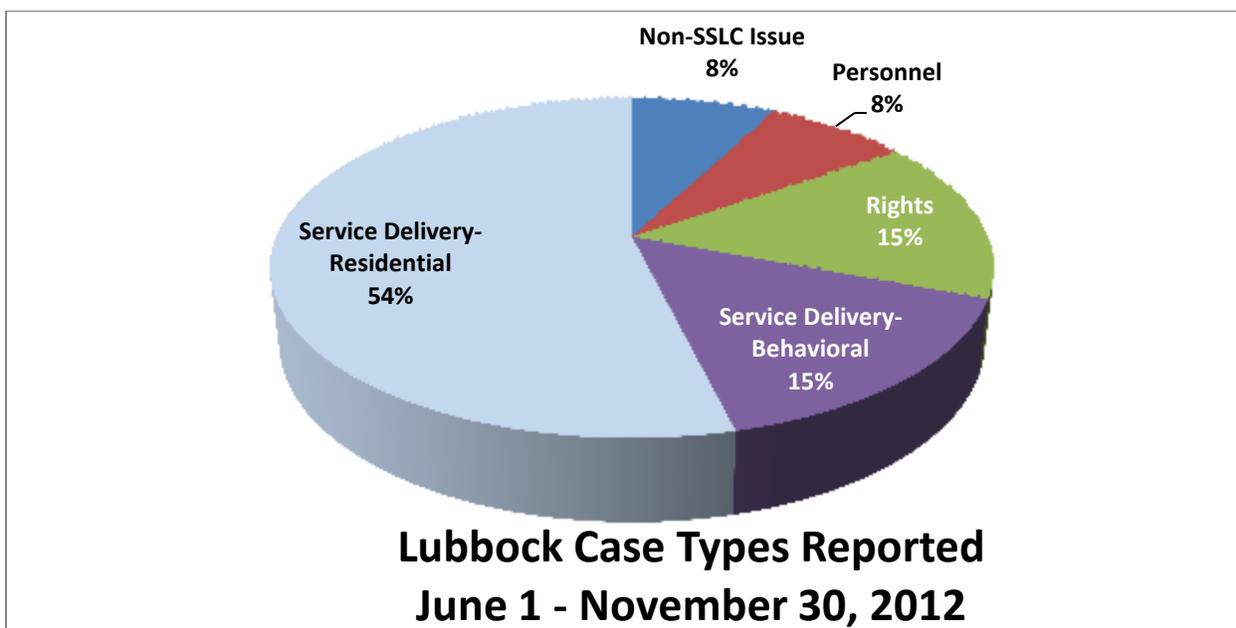
- Maintaining a full staff of QDDPs
- High turnover in the area of Direct Support Professionals
- The development of skills acquisition programs
- Meeting deadlines for rights assessments and ensuring that they are well written

Lubbock SSLC Demographics			
Year Established	1969	Level of IDD Moderate	6.16%
Population	211	Level of IDD Severe	17.53%
Male	72.99%	Level of IDD Profound	62.09%
Female	27.01%	Level of IDD Unspecified	0%
Ages ≤21	6	Health Status Moderate	83
Ages 22-54	155	Health Status Severe	35
Ages 55+	57	No Legal Guardian Assigned	33.18%
Level of IDD Borderline	0%	Alleged Offenders	1.42%
Level of IDD Mild	14.22%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

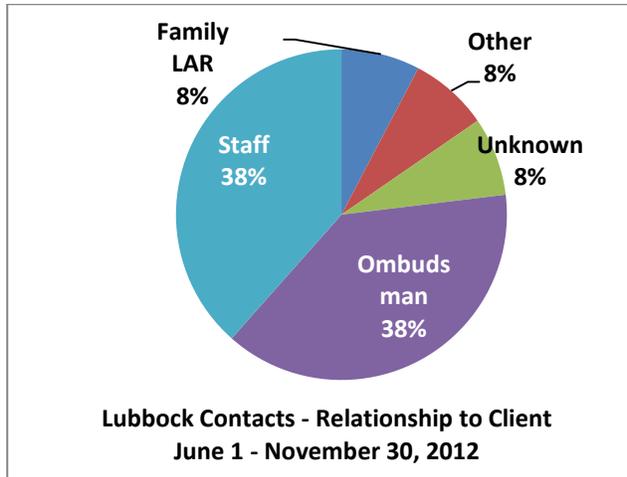


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Non-SSLC Issue	1
Personnel	1
Rights	2

Service Delivery-Behavioral	2
Service Delivery-Residential	7
TOTAL CONTACTS	14



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012

Family LAR	1
Other	1
Unknown	1
Ombudsman	5
Staff	5
TOTAL CONTACTS	13

Lufkin State Supported Living Center

Marvin Stewart, Assistant Independent Ombudsman

The Lufkin SSLC provides services to 359 people with profound to mild cognitive and physical disabilities. There are four units on campus. The first unit provides complete care services to people requiring extensive care and attention. All require the use of a wheelchair for mobility with many of these chairs specially made to fit their bodies due to physical challenges. The only exception is one residence where male seniors live. The second unit provides services to a wide range of people with a large number requiring the use of wheelchairs for mobility. All require a varying degree of assistance completing self-care and daily living skills. These two units are the only units on campus to provide services for people requiring 24-hour nursing services. The third unit has very few people requiring the use of a wheelchair for mobility. Most require a high degree of assistance with self-care, daily living skills, and challenging

behavior. The fourth unit consists of people who do not require as much self-care assistance and are generally able to move about campus. Many exhibit challenging behaviors that require extensive treatment. This unit has two residences where young men and women reside. Education services are provided through the Lufkin Independent School District (LISD). Many ride the bus to school daily, but there are a few who are taught by an on-campus teacher from LISD. This unit also includes three houses in the Housing Area where the most independent people live (four women in each of two houses and six men in the other house). The facility also has one house in the Housing Area that is considered a Transition House. It rotates every six months from females to males. Its purpose is to prepare people for community living and placement. There has been some success.

There are two on-campus workshops. The first is a small one for people who do better at a slower-paced, less crowded environment with more individual attention. The second is a larger one for all others.

Over the past six months the Lufkin State Supported Living Center has continued to strive to improve services for the people who call the center home. There were several events during this period of time benefiting people living at the center with the largest being the 36th Annual Music Festival hosted by the facility with great success, and the rebuilding of the Pavilion at the campus Woodland Retreat utilizing funds raised by the Lufkin Host Lions Club through the Angelina County Benefit Rodeo. Within this time period the facility hired a new Human Rights Officer, Chief Nurse Executive, Clinical Pharmacist, and Data Analyst. During the last week of October, DOJ Court Monitors arrived for their fall visit.

This AIO has worked with the new Human Rights Officer to develop plans to improve the Human Rights Committee membership and process, and improve the process for obtaining consent/authorization for restrictions. The HRO has also consulted with the AIO regarding rights issues and self-advocacy on several occasions. As a result of a complaint regarding engagement of people living at a specific residence, this AIO has worked with the Residential Director and Unit Director in an attempt to improve engagement and utilization of staff at the residence. Overall, most complaints investigated in the past six months involved delivery of medical services and rights. This AIO was also consulted regarding delivery of residential services and behavioral

services on several occasions which involved two cases of consulting with a facility hired consultant and the IDT concerning treatment of significant behavioral concerns. In addition to the above, the Center Director and ADOP were presented with trending data from December 2011 through May 2012 for DFPS cases reflecting case types and dispositions across Units and residences. This AIO continues to review all DFPS and/or Unusual Incident cases, and participates in the Abuse/Neglect Review Committee.

During the past six months, promoting the Office of the Independent Ombudsman was accomplished by doing presentations in New Employee Orientation each month, attending the Quarterly DADS Regulatory, DFPS, and OIG meeting, and doing presentations for Self-Advocacy. On a weekly basis, IMRT meetings and facility Unit Meetings are attended in order to make myself available and informed. The Human Rights Committee Meetings are also attended as frequently as possible. Other meetings such as Peer Review/Behavior Support Committee and Restraint Reduction Committee, to name a few, are also attended on occasion.

Lufkin SSLC employees tend to have a positive attitude toward making needed changes, and there are experienced people in lead roles. It has been beneficial to have the QA Director position filled for the past six months with an experienced person as there had been frequent turn-over in this position prior. The new Human Rights Officer is energetic and organized. Also, the facility managed to weather a massive turn-over in the QDDP position as well. Challenges continue to exist with integration of services, provision of quality engagement, and medical services.



Mr. Stewart received his Bachelor's Degree in Psychology and his Master of Arts Degree in Community Counseling from Stephen F. Austin State University in Nacogdoches, Texas. He has worked at the Lufkin State Supported Living Center for 20 years, serving in various capacities such as Unit Psychologist and Supervising Unit Psychologist. Mr. Stewart transferred to the Quality Assurance Department and served as Program Compliance Monitor, where he also fulfilled the duties of Deputy

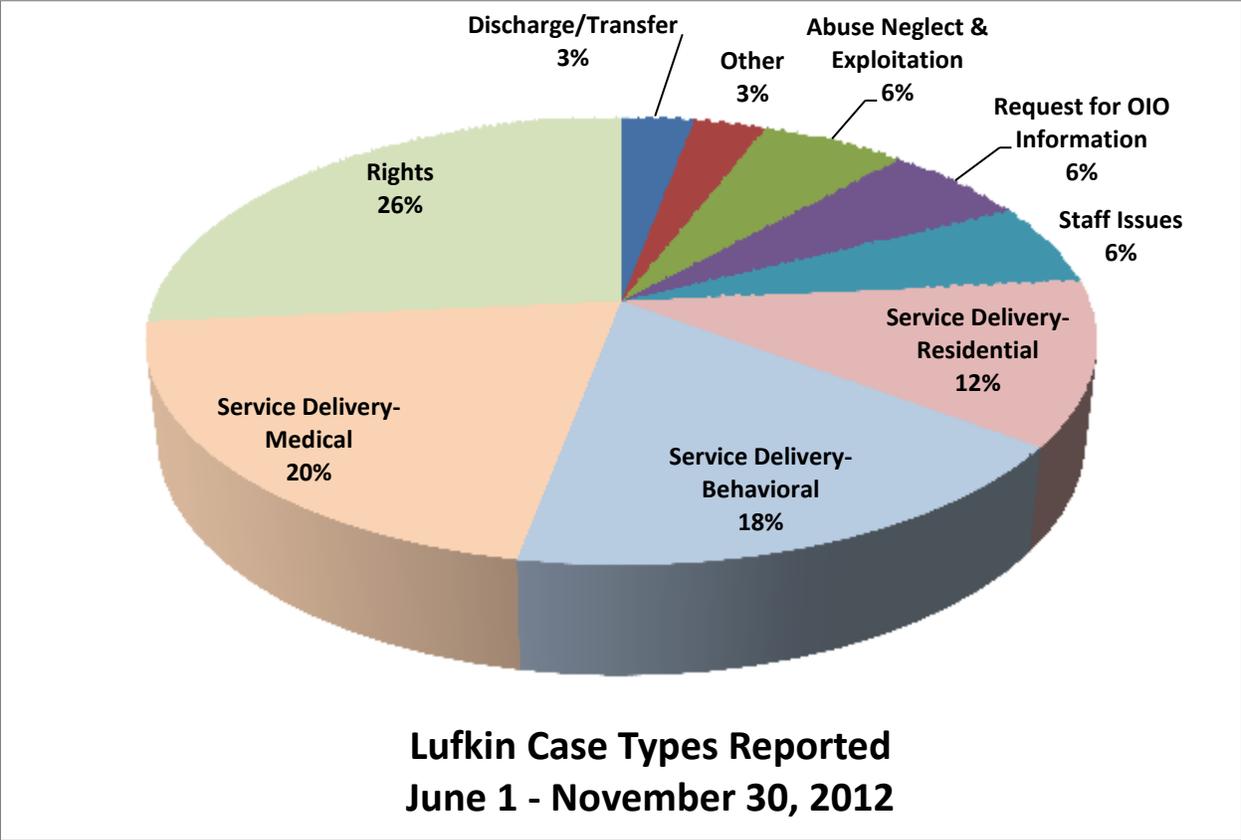
Human Rights Officer. He accepted the Assistant Independent Ombudsman position in August of 2011.

Lufkin SSLC Demographics			
Year Established	1969	Level of IDD Moderate	9.47%
Population	359	Level of IDD Severe	20.06%
Male	57.94%	Level of IDD Profound	60.45%
Female	42.06%	Level of IDD Unspecified	1.67%
Ages ≤21	26	Health Status Moderate	131
Ages 22-54	202	Health Status Severe	25
Ages 55+	131	No Legal Guardian Assigned	47.63%
Level of IDD Borderline	0%	Alleged Offenders	0.55%
Level of IDD Mild	8.36%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

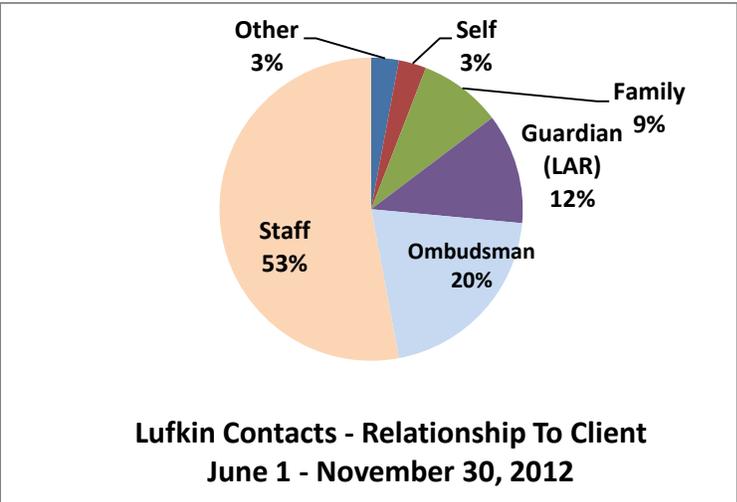


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Discharge/Transfer	1
Other	1
Abuse Neglect & Exploitation	2
Request for OIO Information	2
Staff Issues	2

Service Delivery-Residential	4
Service Delivery-Behavioral	6
Service Delivery-Medical	7
Rights	9
TOTAL CONTACTS	34



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Other	1
Self	1
Family	3
Guardian (LAR)	4
Ombudsman	7
Staff	18
TOTAL CONTACTS	34

Mexia State Supported Living Center (Designated Forensic Unit)

Lynda Mitchell, Assistant Independent Ombudsman

Mexia SSLC provides services to 360 individuals who function in the profound to mild range of intellectual disabilities. Forty-two percent of the individuals function within the mild range of intellectual disabilities. Senate Bill 643 designated Mexia SSLC as the forensic facility, and all new admissions come through the court system. Of the total population of 360, there are 182 alleged offenders.

There are five units on campus, and three of those units are designated forensic. The first unit is home to 72 juvenile male alleged offenders. One of the six homes, is locked. The second unit is home to up to 90 adult alleged offenders in eight homes, with three homes being locked homes. The third unit is home to up to 96 adult male alleged offenders in five homes, with two homes being locked homes.

The fourth unit is home to up to 68 males, ages 18 and up. Most of the individuals are ambulatory, and some need some staff assistance with completing their self-care and daily living skills. The fifth unit is home to up to 112 individuals, both male and female. The most medically fragile individuals live within this unit. Individuals are both ambulatory and non-ambulatory, and they require more staff assistance than any of the other units. This unit provides 24-hour nursing care. There are fewer individuals with challenging behaviors living in this unit.

All school-aged individuals attend classes off-campus in Mexia. Sixty-one students are at the Development Center, five are enrolled in high school and one is enrolled in middle school.

Vocational training is provided in several areas on campus, as well as in the community. The large workshop does contract work, there is a greenhouse, and two other smaller workshops. There is also a recycling crew that collects paper and cardboard from Mexia and neighboring cities, as well as a mowing crew.

Mexia SSLC provides specialized forensics training for employees in order to better serve the individuals who are currently being admitted into the facility. Mexia SSLC is also working to facilitate transfers of individuals (who are non-forensic) to community settings or to other SSLCs.

During the past 6 months, Mexia has continued to move forward in establishing its forensics facility designation as mandated in S.B. 643. The new executive leadership is committed to this mandate. Even with little or no additional resources, reorganization and reallocation of staff are being used to accomplish the goal. The director is holding staff accountable and is working to improve collaboration between departments and integration of services. The result is better services being provided to residents.

Two homes have been redesignated as locked homes, and three of the five units on campus are now classified as forensic. Individuals living in those homes or those units who are not forensic admissions are being placed in the community, transferring to other SSLCs and transferring to the two non-forensic units on campus.

Forensics consultants have been working with all employees in the development of

relevant specialized forensics training. In addition, training has been provided in the ISP process. New employee orientation and annual retraining curriculums have been revised to meet the needs of employee training with the changing population. Facility policies are being revised and developed to specifically address the forensic population. Facility admissions and discharges are averaging five per month.

Mexia’s former QDDP Director has been hired by the Hogg Foundation to work with the facility in the areas of restraint reduction and trauma-informed care. Restraints are being reduced in numbers and in intensity.

DADS Regulatory has been on campus at least monthly to investigate incidents and complaints. Mexia currently is working to

clear two standard level deficiencies. The annual survey was the week of June 11. Settlement Agreement Monitors visited the facility in March. Progress and improvement was noted in most areas.

The Director and ADOP have implemented monthly meetings with direct support staff, which has been good for morale and in identifying needs to help provide better services.

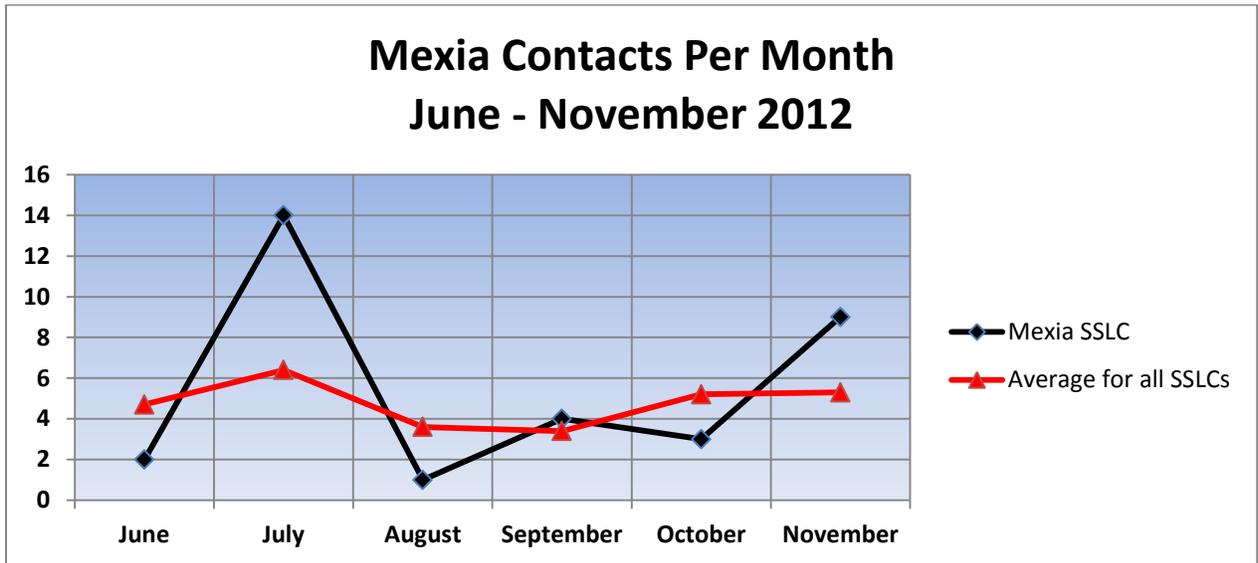
The AIO continues to review all incident investigations, as well as to participate in IMRT meetings. Other meetings regularly attended are HRC and Clinical Services. The AIO also speaks to new employees during orientation, attends ISP meetings, and offers assistance in other as well as promoting the OIO.



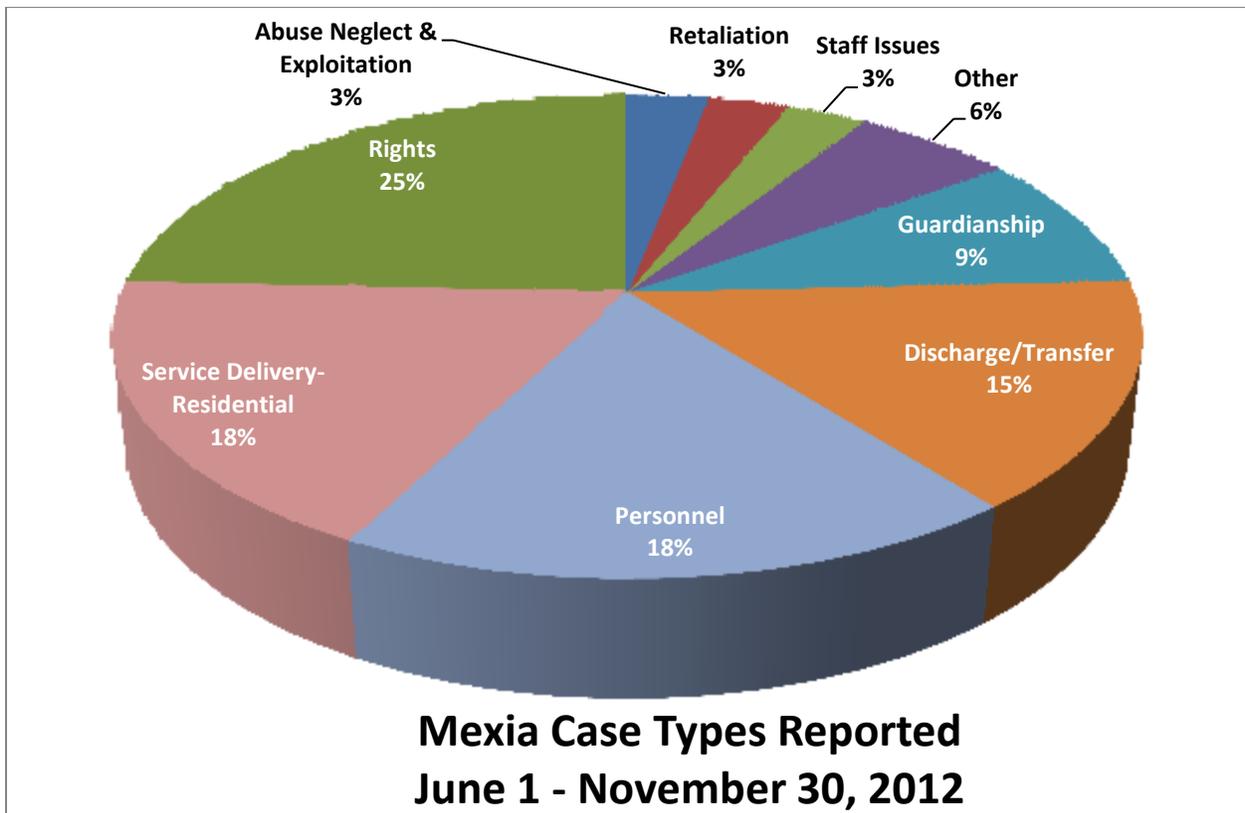
Ms. Mitchell is a Licensed Social Worker. She earned her BSW from the University of Mary Hardin-Baylor and her M.Ed from Stephen F. Austin State University. Ms. Mitchell has more than 30 years’ experience working with and advocating for individuals with intellectual and developmental disabilities and their families. She worked for Child Protective Services in Navarro County, where she investigated abuse and neglect and provided case management services. She served as the Human Rights Officer for Mexia State Supported Living Center prior to becoming Assistant Independent Ombudsman for the facility.

Mexia SSLC Demographics			
Year Established	1946	Level of IDD Moderate	24.44%
Population	360	Level of IDD Severe	5.55%
Male	82.22%	Level of IDD Profound	25.83%
Female	17.78%	Level of IDD Unspecified	4.16%
Ages ≤21	108	Health Status Moderate	57
Ages 22-54	171	Health Status Severe	3
Ages 55+	81	No Legal Guardian Assigned	58.89%
Level of IDD Borderline	0.3%	Alleged Offenders	50.83%
Level of IDD Mild	39.72%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.



Source: H.E.A.R.T.S.

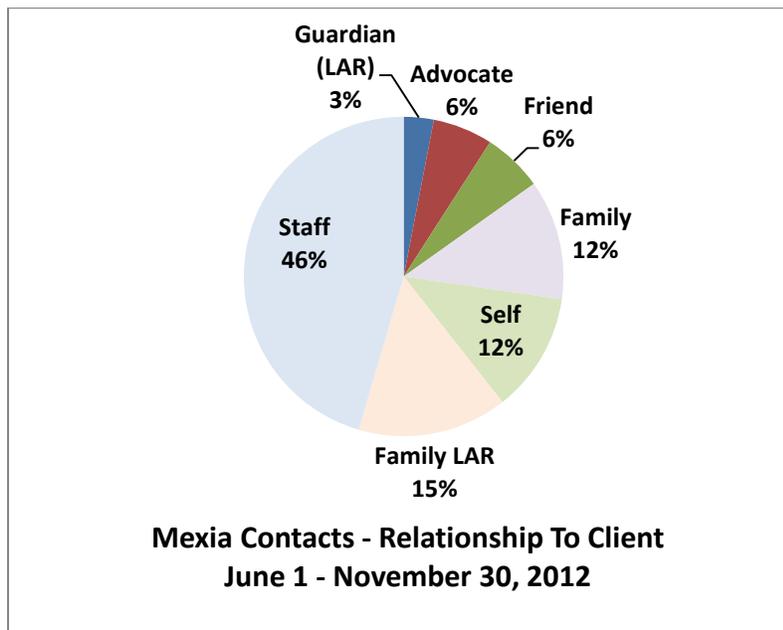
Jun 1 – Nov 30, 2012:

Abuse Neglect & Exploitation	1
Retaliation	1
Staff Issues	1

Other	2
Guardianship	3
Discharge/Transfer	5
Personnel	6

Service Delivery-Residential	6
Rights	8

TOTAL CONTACTS	33
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Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Guardian (LAR)	1
Advocate	2
Friend	2
Family	4
Self	4
Family LAR	5
Staff	15
TOTAL CONTACTS	33

Richmond State Supported Living Center

Deatrice Potlow, Assistant Independent Ombudsman

The Richmond State Supported Living Center (RSSLC) opened in 1968. The facility provides residential treatment and training services to people with intellectual and developmental disabilities. The 241-acre state supported living center is home to 348 individuals, and employs approximately 1317 people. RSSLC has a total of 24 homes which make up five units.

RSSLC is dividing into two population areas. The units are located on one side of the campus and the cottages are located on the opposite side of the campus. The individuals served in the cottages generally are ambulatory with no assistive devices, higher cognitive skills, independent, and able to perform simple job skills. The individuals served in the units are non-

ambulatory and generally require total care with little to no self-help skills.

There are three workshops on campus to serve residents on weekdays from 8:00-4:00pm. The main workshop has a program designed for individuals who perform job skills and receive pay on a production rate. The Angelina Workshop offers one area that serves as a satellite for the main workshop and another area as a calm place for individuals with autism. The Colorado Pica Workshop has a program designed for individuals that exhibit pica behavior. The materials used at this workshop are approved for a safe environment for these individuals. Workshop staff assigned to this area conduct pica sweeps before, during, and after to ensure safety. There is also a vocational area on campus for geriatrics.

The program includes areas for arts, crafts, music, nature, sensory enhancement, gaming and entertainment.

The individuals who live at RSSLC attend family picnics, dances, and participate in a variety of worship services. They are employed during the week, or participate in an array of recreational opportunities both on- and off-campus. Most recently, RSSLC partnered with Houston's Therapeutic Riding Center, SIRE, providing safe, effective and enjoyable therapeutic horseback riding

to people with special needs. Adding SIRE's expertise in the field of therapeutic riding allows for the expansion of services to a larger percentage of the resident population and brings the community to the campus.

It should be noted that the AIO position at the Richmond SSLC was vacant for a significant portion of this reporting period. The new AIO joined the Office of the Independent Ombudsman in October 2012.

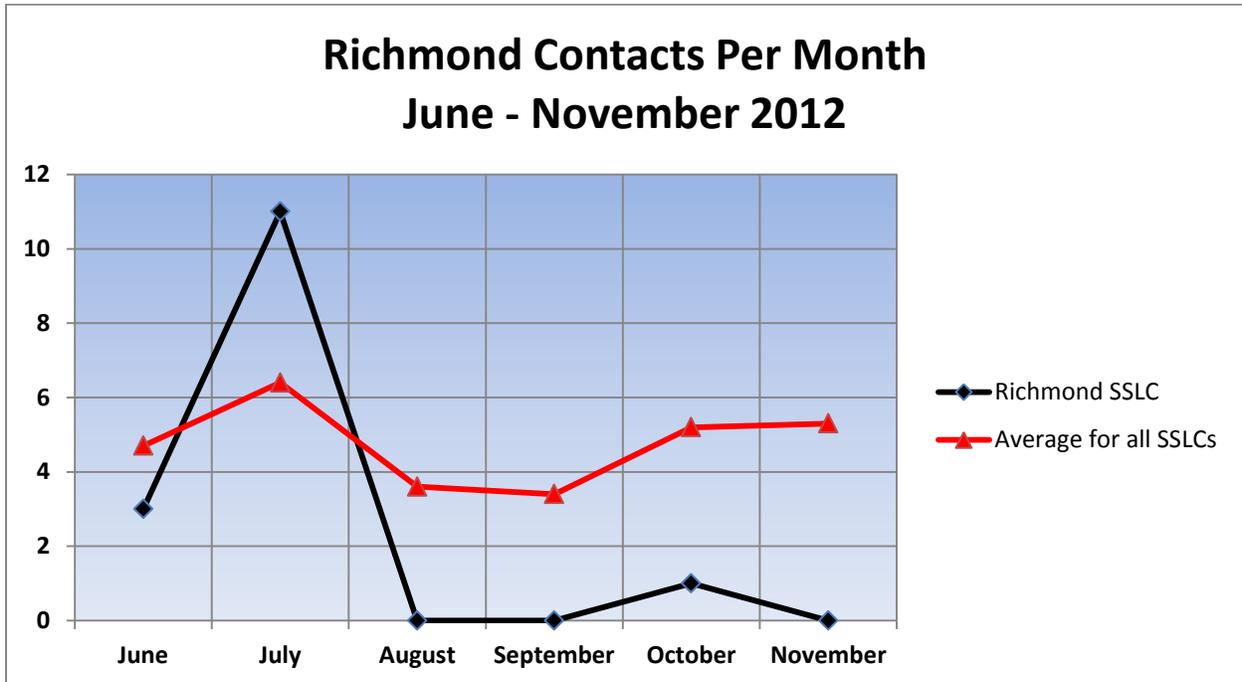


Born and raised in Greenwood, Mississippi, Ms. Potlow earned a Bachelor of Science Degree in Office Administration in 1997. Shortly after graduating she began working at a local hospital as a Medical Transcriptionist. She relocated to Houston, Texas for career advancement, and began a career with the State of Texas. During her tenure of employment, she served as an Investigator for children, adults and persons with disabilities. Prior to being hired as an Assistant Independent Ombudsman, she worked as a Facility

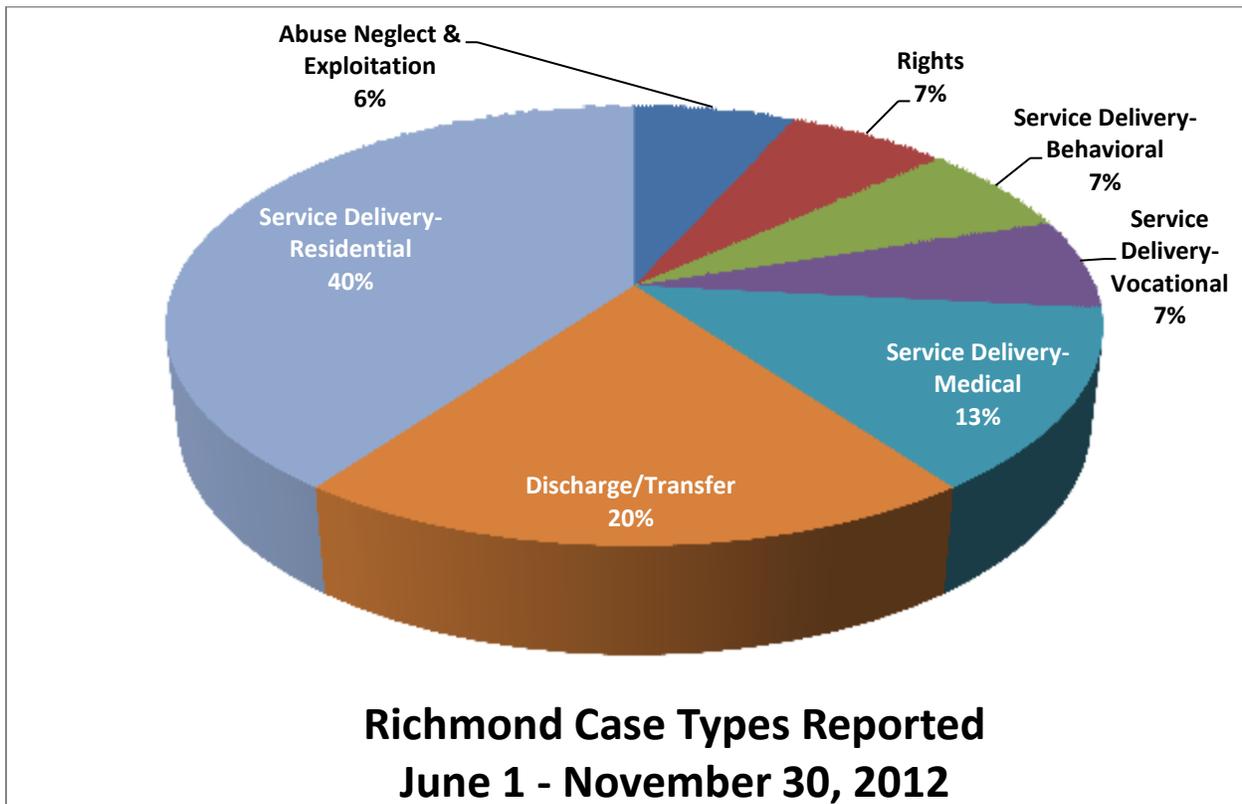
Investigator who was responsible for investigating allegations of abuse, neglect and exploitation at the Richmond SSLC.

Richmond SSLC Demographics			
Year Established	1968	Level of IDD Moderate	6.03%
Population	348	Level of IDD Severe	17.24%
Male	57.18%	Level of IDD Profound	63.80%
Female	42.82%	Level of IDD Unspecified	2.01%
Ages ≤21	3	Health Status Moderate	166
Ages 22-54	233	Health Status Severe	108
Ages 55+	112	No Legal Guardian Assigned	32.76%
Level of IDD Borderline	0%	Alleged Offenders	0%
Level of IDD Mild	10.92%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

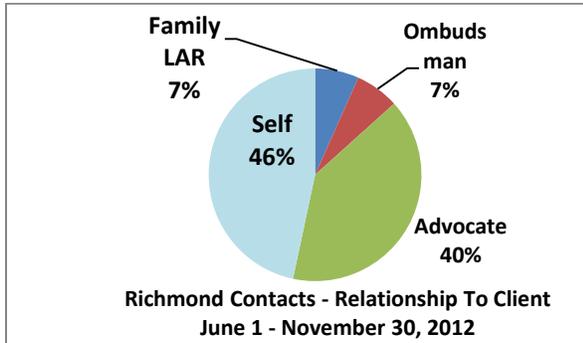


Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Abuse Neglect & Exploitation	1
Rights	1
Service Delivery-Behavioral	1
Service Delivery-Vocational	1

Service Delivery-Medical	2
Discharge/Transfer	3
Service Delivery-Residential	6
TOTAL CONTACTS	15



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Family LAR	1
Ombudsman	1
Advocate	6
Self	7
TOTAL CONTACTS	15

Rio Grande State Center

James Arnold, Assistant Independent Ombudsman

The Rio Grande Center is composed of an ICF component, a Mental Health Facility, and an Out Patient Clinic for individuals who are indigent. The Mental Health Facility will celebrate its 50th Anniversary this month and the ICF Component will celebrate its 40 year anniversary. The ICF Component came into being due to the lobbying efforts of the parents of many of the individuals who would reside at the SSLC. The facility serves 70 individuals with intellectual and development disabilities ranging from profound to mild. The facility has begun to serve a much wider range of individuals as the population has aged. It is fairly recently that the facility has begun to have individuals who require feeding tubes, the use of walkers, and special care due to osteoarthritis and osteoporosis.

- The new Director of Community Relations has reestablished - The Rio Grande State Center Volunteer Citizen's Council. This council had been disbanded for years; however, they were extremely supportive of our consumers.
- The facility has dedicated individuals such as the ICF-Director and her assistant who have worked tirelessly to be at the center at all hours of the day providing very positive leadership.

Challenges for the facility:

- Serious injuries still present a challenge to the facility.
- False allegations made by residents are a concern.

Positives/Strengths of the Facility

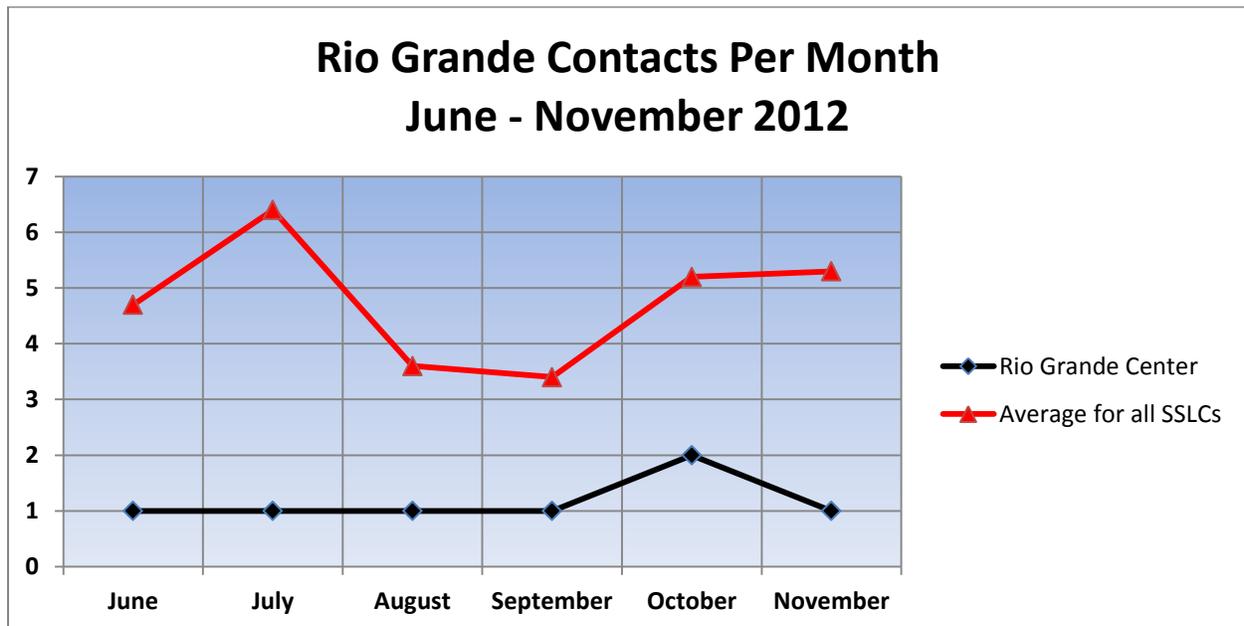
- The facility was recertified by regulatory in November. They are also certified by Joint Commission.



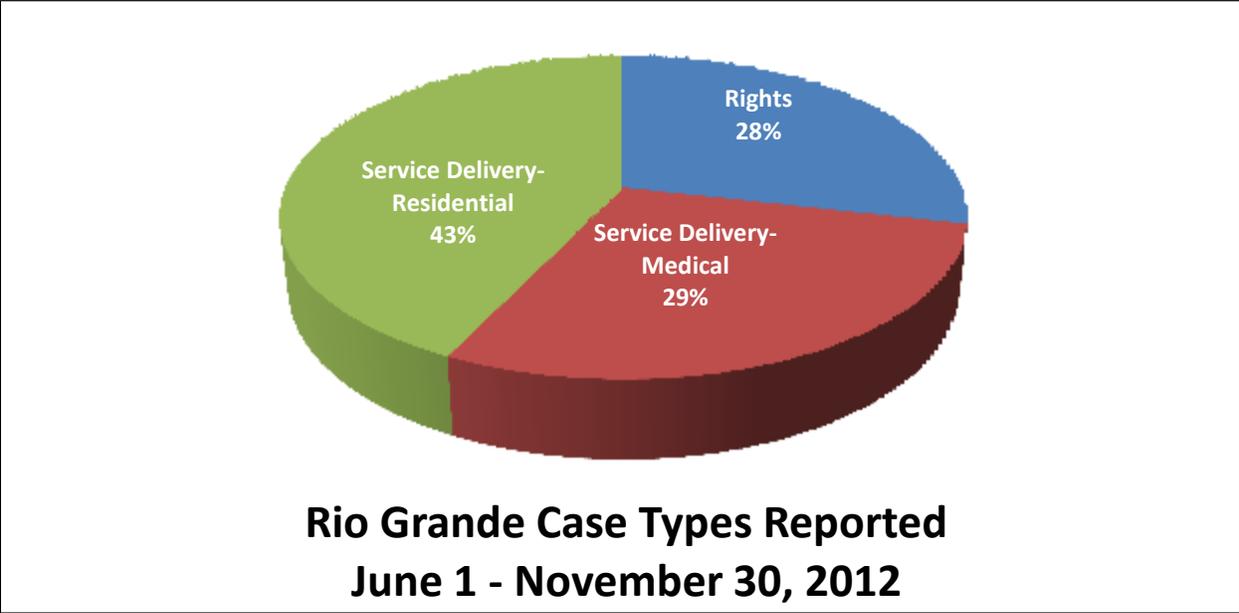
Mr. Arnold hails from Pearsall, Texas, and attended the University of Texas (UT) at Austin and Texas A&I (now Texas A&M) in Kingsville to complete his Bachelor of Arts degree in Music Education. While attending UT Austin, Mr. Arnold joined the Air Force. Following his military career, Mr. Arnold completed two Master's Degrees, one in Educational Psychology from East Texas State University and the other in Counseling Psychology. He joined the Commerce Police Department and was promoted to sergeant. Later he accepted a psychologist's position at the Rio Grande State Center in Harlingen. He also served as Human Rights Officer before accepting the Assistant Independent Ombudsman position in 2010.

Rio Grande State Center Demographics			
Year Established	1956	Level of IDD Moderate	25.71%
Population	70	Level of IDD Severe	27.14%
Male	64.29%	Level of IDD Profound	37.14%
Female	35.71%	Level of IDD Unspecified	5.71%
Ages ≤21	2	Health Status Moderate	23
Ages 22-54	50	Health Status Severe	1
Ages 55+	18	No Legal Guardian Assigned	70.0%
Level of IDD Borderline	0%	Alleged Offenders	1.43%
Level of IDD Mild	4.29%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

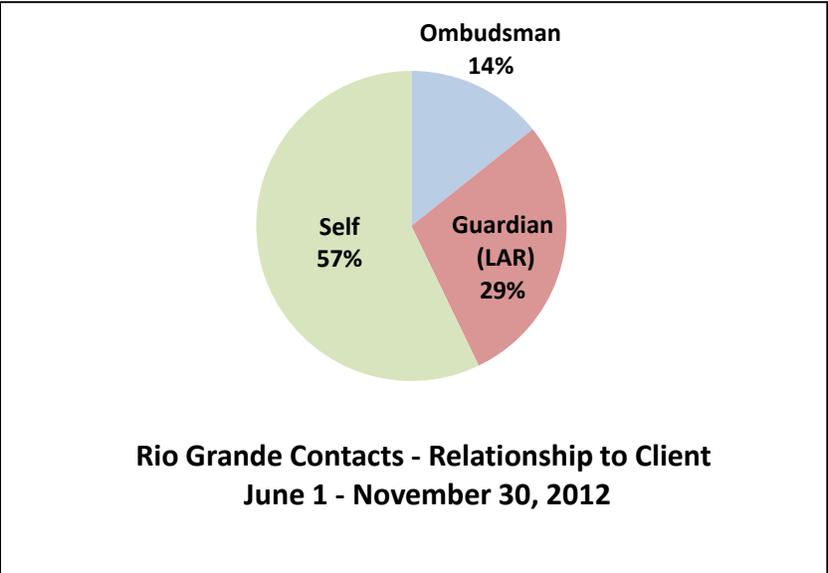


Source: H.E.A.R.T.

Jun 1 – Nov 30, 2012:

Rights	2
Service Delivery-Medical	2

Service Delivery-Residential	3
TOTAL CONTACTS	7



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Ombudsman	1
Guardian (LAR)	2
Self	4
TOTAL CONTACTS	7

San Angelo State Supported Living Center

Melissa Deere, Assistant Independent Ombudsman

The San Angelo State Supported Living Center is the home for 226 individuals with profound to mild developmental and physical disabilities. The majority of the

individuals are independent in their daily living skills and ambulate without assistance. There are four homes who serve individuals who primarily use

wheelchairs or need assistance when ambulating. One home serves juvenile females, many of whom were referred by the courts and were not competent to stand trial. There are two homes that are dedicated to serving males who have inappropriate sexual behavior, many of whom currently have or have had charges pending for sexual offenses. The facility employs a Licensed Sexual Offender Treatment Therapist who guides the treatment program for these men. There is one locked home for males and one for females who are physically aggressive to themselves or others and/or have exhibited unauthorized departure.

The campus has experienced a facelift over the past year. The homes have had new windows installed and other upgrades have made them safer including new sprinkler systems. Both the interior and exterior of the buildings have received fresh paint which accentuates the architectural features. The staff have done an excellent job preparing the individuals for both temporary and permanent moves to other homes on campus.

Administrative changes include the retirement of the Director of Incident Management and the resignation of the Medical Director. Both of these positions are currently filled by interim directors.

The DOJ monitors visited June 4-8th and complemented the Psychology Department on their progress but indicated that nursing and medical services needed improvement. Regulatory visited the campus several times each month to investigate complaints and incidents most of which were unsubstantiated. One complaint was regarding an individual not having been given the opportunity to register to vote which was immediately corrected. As a result, all guardianship documents were

reviewed to determine if the individual's right to vote had been restricted and if not that the individual was given the opportunity to register to vote. Regulatory also noted that the facility has a good system in place for abuse prevention and noted the use of the cameras to assist in this process.

An additional Transition Specialist was hired to help expedite the process of getting individuals moved to community placements more quickly. During this six month period, four individuals were discharged from the facility and 12 others were transitioned to community placements. The teams are working diligently to make preparations for several more individuals to transition into community placements within the next month.

The Self-Advocacy group on campus continues to grow and several new officers have been voted into office by their peers. These meetings are held monthly and give the individuals the chance to express their suggestions and concerns to each other and to brainstorm for solutions. Presentations have been given by the new transition specialist, activity director and individuals who live in the community.

Several individuals have recently started working at Christians in Action in San Angelo and others have been successful in obtaining employment off campus. The vocational services department has offered individuals classes on how to complete job applications and has assisted individuals with applying for off campus employment. On campus, the individuals have grown vegetables and flowering plants at the greenhouse and others have been building furniture in the woodshop. These jobs have not only given the individuals an

opportunity to get paid but to learn new skills and build their self-confidence.

The annual Family Day Picnic was held on September 15th in conjunction with the 100th anniversary celebration for the facility. The San Angelo facility was originally opened as a Tuberculosis Colony

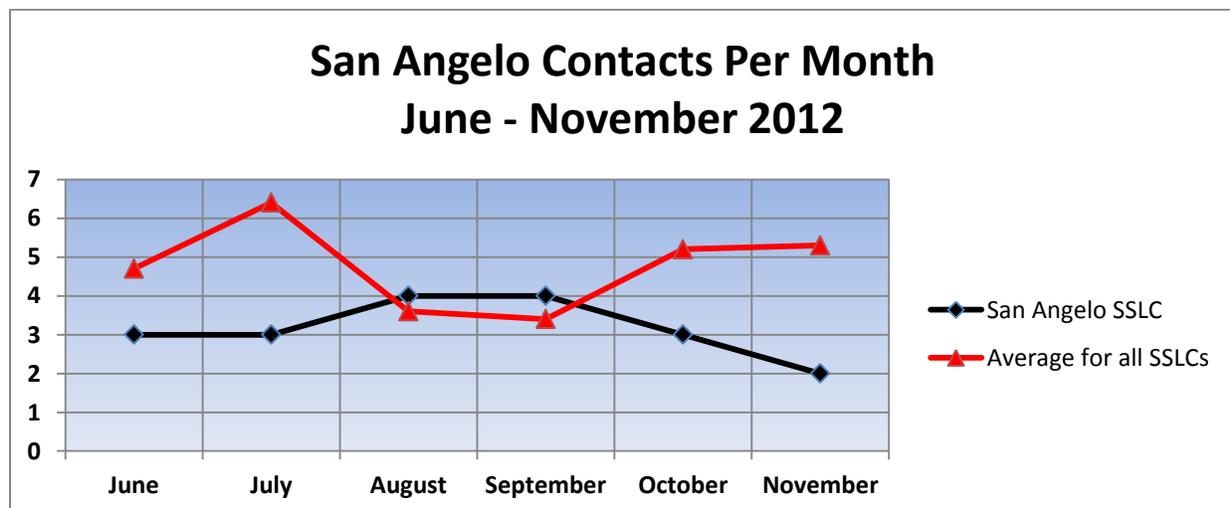
and later also was a nursing school before becoming the San Angelo State School in 1969. The event also included a provider fair for individuals and families to become more acquainted with community living options. The entire event was a success and enjoyed by all.



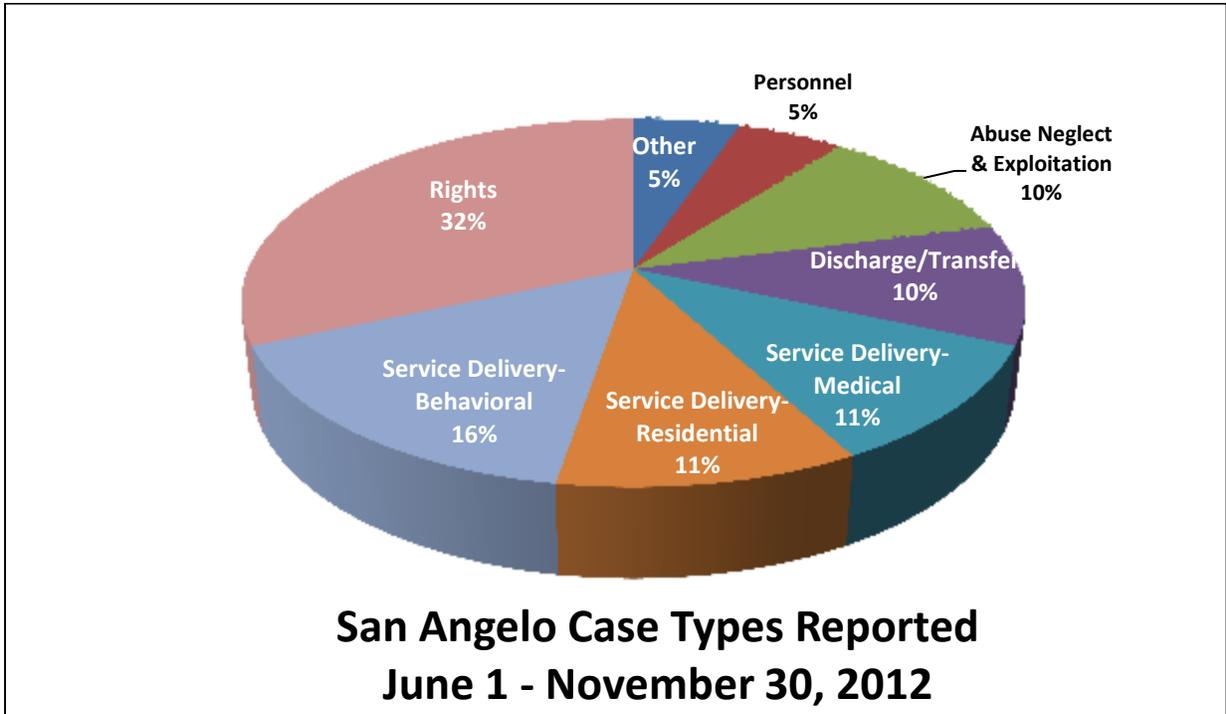
Ms. Deere has a Master’s Degree in Counseling Psychology from Angelo State University. She served as a facility investigator for DFPS Adult Protective Services (APS), during which time she received the “Sherlock Holmes Award” from her peers in 2008. She has over ten years of experience working with people who are intellectually and developmentally disabled. She accepted the position of Assistant Independent Ombudsman in 2010.

San Angelo SSLC Demographics			
Year Established	1969	Level of IDD Moderate	23.00%
Population	226	Level of IDD Severe	12.39%
Male	59.29%	Level of IDD Profound	12.83%
Female	40.71%	Level of IDD Unspecified	1.78%
Ages ≤21	14	Health Status Moderate	44
Ages 22-54	145	Health Status Severe	4
Ages 55+	67	No Legal Guardian Assigned	62.83%
Level of IDD Borderline	0.44%	Alleged Offenders	12.83%
Level of IDD Mild	49.56%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

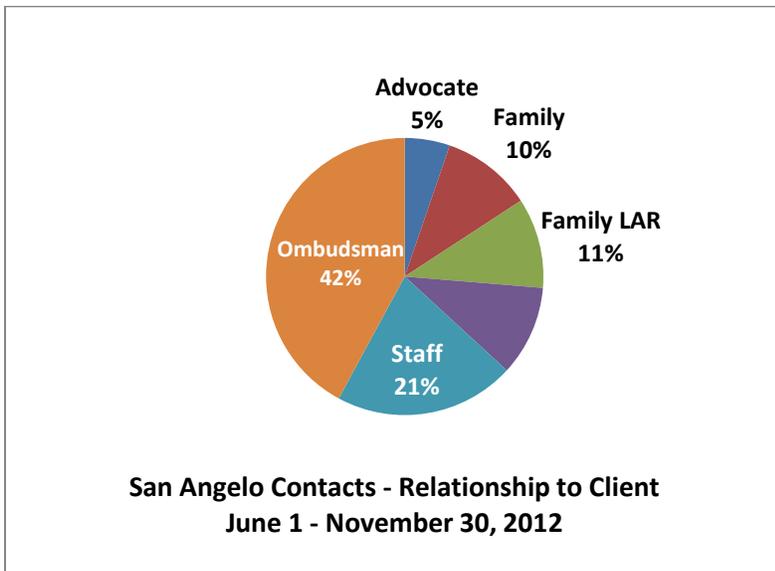


Source: H.E.A.R.T.

Jun 1 – Nov 30, 2012:

Other	1
Personnel	1
Abuse Neglect & Exploitation	2
Discharge/Transfer	2

Service Delivery-Medical	2
Service Delivery-Residential	2
Service Delivery-Behavioral	3
Rights	6
TOTAL CONTACTS	19



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Advocate	1
Family	2
Family LAR	2
Self	2
Staff	4
Ombudsman	8
TOTAL CONTACTS	19

San Antonio State Supported Living Center

Jane Dahlke, Assistant Independent Ombudsman

The San Antonio SSLC provides services to 273 individuals with intellectual and developmental disabilities. The Residential Center is divided into three units consisting of eight residential homes. All homes have physical environments that attempt to model one's own home with personal decor and belongings, creating a homelike setting. Two of the homes cater to Individuals who require additional medical supervision, and in some cases total care by direct support professionals. Twenty-four hour nursing care is available in both of these homes. A large number of the individuals residing at San Antonio SSLC attend local schools. Due to their ages and commonalities, there is a home established for this population. The facility has two homes that accommodate males and females who have medical issues but do not necessarily require 24-hour on-site nursing care. Independence and choice are encouraged in daily activities. The Center also accommodates individuals that have court commitments and most live in a designated home on campus.

There are two remaining homes that serve males and females who are behaviorally challenged. These Individuals may need additional psychological and psychiatric services to assist them in accomplishing their daily goals. The Center also has a strong Self Advocacy Group that enables individuals to make their wants and needs known. This group consists of approximately 50 regular attendees that are actively involved in community activities. The Center also provides a strong on-site workshop with approximately 245 paid residents working full time. Contract work consists of various laundry tasks, packaging supplement vitamins, and completing

printed materials. After vocational training, some Individuals advance to Community Competitive employment working at Wendy's, Whataburger, and Peter Piper Pizza. Individuals reaching retirement age are offered day programming in the Forever Young Program provided on campus. Various activities are provided for that age group.

The Center has a strong Volunteer Service Group. Its 19th annual Fiesta event has raised over \$10,000 yearly for the Center.

The ADOP and Director are responsive to the AIO to resolve complaints. The AIO also reviewed and completed recommendations for DFPS finals and unusual incidents. During daily Incident Management Team meetings, the AIO voiced recommendations regarding resident quality of care. The Center accepted all recommendations submitted by the AIO. During the past six months, the AIO periodically attended medical clinical meetings, home management meetings, and New Employee Orientation. During these meetings, Ombudsman awareness and AIO role was promoted and Ombudsman services offered.

Positives/Strengths of the Facility

The Center is proactive in following up or resolving residential issues. The Center has improved their Emergency Restrictive Practices, and method for obtaining informed consent. The Facility has a very active Advocacy Group meeting bi-weekly. Resident participation at this important meeting has increased and more Individuals are voicing their wants and needs. The Center continues to quickly correct deficient practices cited by DADS

Regulatory. The Center addresses abuse and neglect concerns immediately and follows reporting procedures. Most Individuals appear content and well cared for by direct care staff.

Challenges for the Facility

The Center continues to address improvements in a variety of areas. These include:

- Ensuring fading plans are in place for restraints. Some restraints have been in place for individuals with not tapering of the restraint. This was address immediately by the Team when presented by the AIO.
- Ensuring inventory processes of one’s personal belongings is in place. Staff has been encouraged to document personal belongings on a designated Inventory sheet to ensure accountability of belongings.

- Furniture and upholstery that is torn or broken should be replaced.
- Changes in QDDPs and Psychologists should be relayed to family members and formal notification completed.
- Any significant changes in resident status require family notification.
- Training objectives should be developed with measurable criteria with single outcome.
- Community outings should increase.
- Room changes should be completed with the consent of the roommates and legal guardians.
- Ensuring there is a ratio plan in place when there are staff deployment issues.
- There continue to be issues with the laundry service.

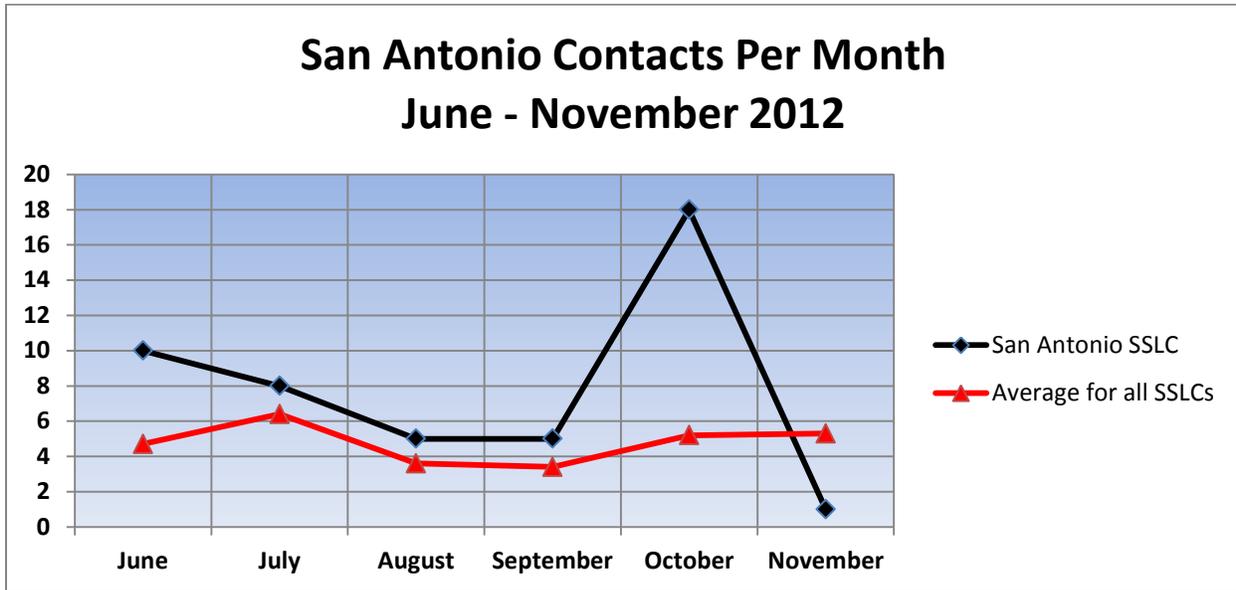


Ms. Dahlke graduated from Texas State University San Marcos with a Bachelor of Science in Recreation Administration. She is a Qualified Developmental Disability Professional, Program Director and a Licensed Social Worker. She is SMQT-certified (Surveyor Minimum Qualifications Test) to conduct Medicaid and Medicare long term care surveys. Ms. Dahlke served as an administrator for a 200-bed Intermediate Care Facility for persons with developmental disabilities/RC facility for ten years. In 1995 she accepted the position of Joint Trainer in ICF for

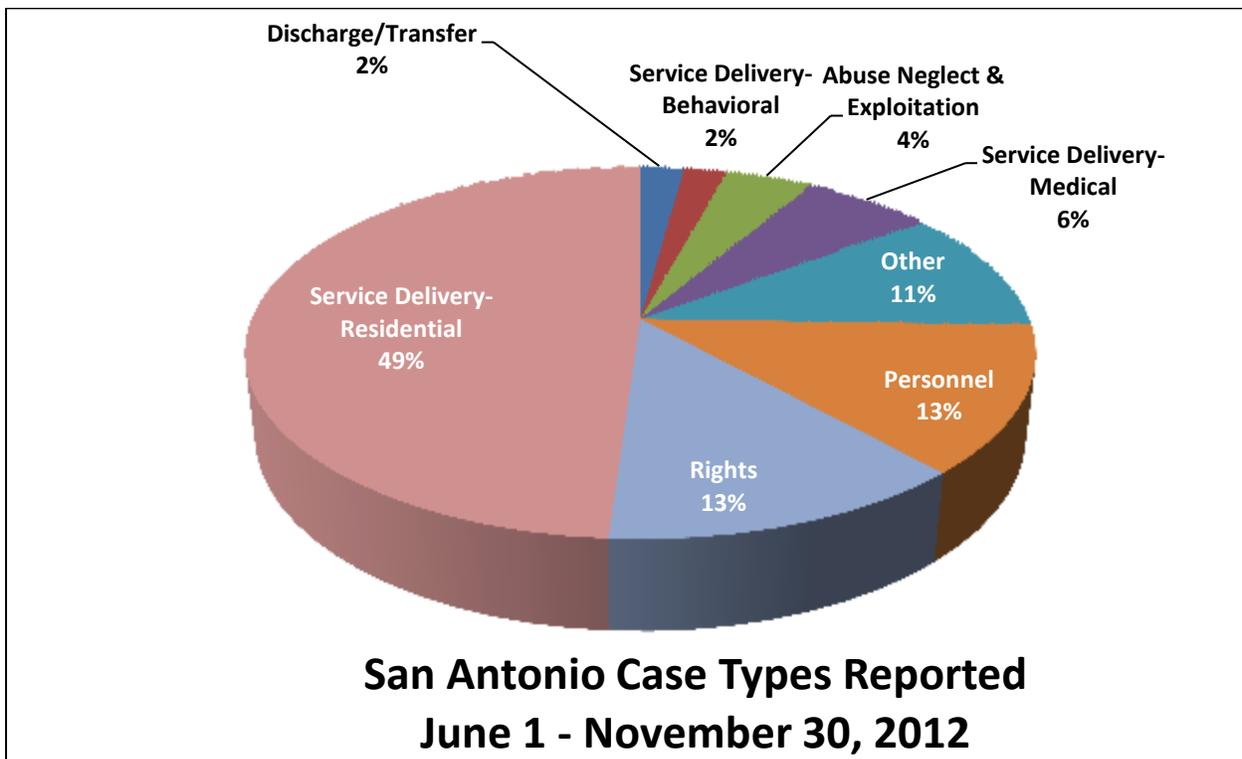
DADS Education Services. After serving as an ICF and Geriatrics Surveyor, Ms. Dahlke transferred to the San Antonio State Supported Living Center. She accepted the position of Assistant Independent Ombudsman in 2010. Although not commissioned at this time, Ms. Dahlke is a State of Texas Peace Officer.

San Antonio SSLC Demographics			
Year Established	1978	Level of IDD Moderate	17.95%
Population	273	Level of IDD Severe	16.48%
Male	62.27%	Level of IDD Profound	54.95%
Female	37.73%	Level of IDD Unspecified	2.93%
Ages ≤21	16	Health Status Moderate	95
Ages 22-54	176	Health Status Severe	25
Ages 55+	91	No Legal Guardian Assigned	52.38%
Level of IDD Borderline	0%	Alleged Offenders	1.83%
Level of IDD Mild	7.69%		

H.E.A.R.T.S. Data



Source: H.E.A.R.T.S.

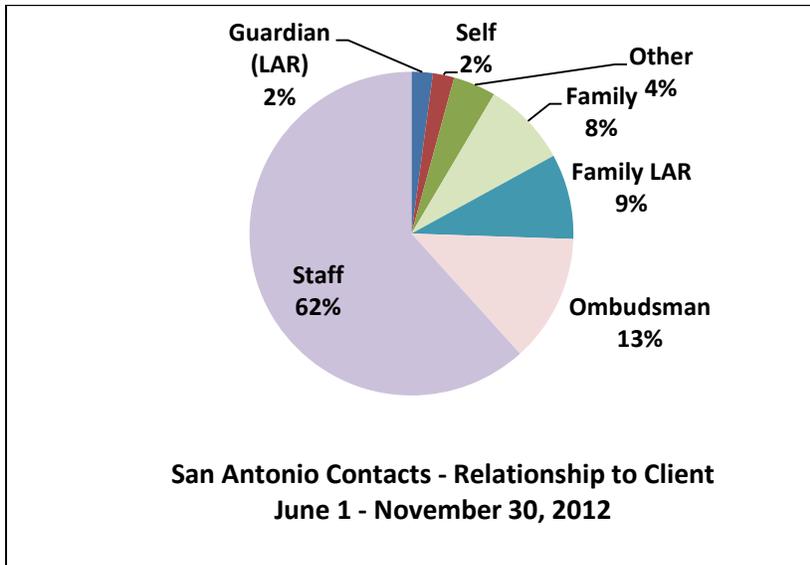


Source: H.E.A.R.T.

Jun 1 – Nov 30, 2012:

Discharge/Transfer	1
Service Delivery-Behavioral	1
Abuse Neglect & Exploitation	2
Service Delivery-Medical	3

Other	5
Personnel	6
Rights	6
Service Delivery-Residential	23
TOTAL CONTACTS	47



Source: H.E.A.R.T.S.

Jun 1 – Nov 30, 2012:

Guardian (LAR)	1
Self	1
Other	2
Family	4
Family LAR	4
Ombudsman	6
Staff	29
TOTAL CONTACTS	47

Recommendations

Direct Support Professionals are the frontline of interaction with residents. They are responsible for implementing programs as well as caring for basic daily needs. Observations from the AIOs at the centers reveal that additional attention should be given to teaching stress management skills, as well as other mechanisms to improve their ability to serve the residents. This may also include consistent periodic competency-based training to follow-up initial new employee orientation. More selective hiring practices would be beneficial to improve the quality and retention of staff.

The data shows that personnel issues have increased as a topic of complaint and inquiry to the AIOs since the previous reporting period. Coupled with the sense of low morale expressed by staff and observed by the AIOs, this leads us to recommend the establishment of a position devoted to handling human resources issues at each center.

In order for the AIO to perform his/her duties properly, there is a need for unfettered access to records and data from the SSLCs. Generally, this has improved since the inception of the Office nearly three years ago; however, it is still a major concern. It is our recommendation that pursuant to Texas Health and Safety Code, Title 7, §555.059 a(10), each AIO be given electronic access to all records and data.

It is our responsibility to be an independent and strong presence at the centers. It is also the goal of our Office to be a resource and a partner in the centers' efforts to improve the safety and insure the rights of the residents. We will continue to find ways to assist the administration of DADS and the centers in providing a quality environment for the residents.



Organizational Chart

