

## **Lanterman Developmental Center (LDC) Technical Addendum**

The Monitor at LDC shall report monthly to the California Department of Public Health (CDPH) and LDC on LDC's compliance with all areas of this Technical Addendum, including the milestones below, as well as with any additional commitments contained in the LDC Agreement and CDPH-approved Plan of Correction (POC). The milestones contained in this Addendum supplement those the facility is expected to meet in accordance with its CDPH-approved Plan of Correction (POC). CDPH will validate that the timelines for corrective action provided in the POC have been met. The milestones in this document shall be met from the date of the execution of the LDC Agreement between CDPH and the California Department of Developmental Services (DDS). Actions taken by LDC that fulfill the milestones identified in this Addendum are subject to validation by the Monitor and will be reported as fulfilled in the appropriate monthly report.

### **Closure Planning/Transition Facilitation**

In light of the planned closure of LDC by the close of calendar year 2014, the facility and the DDS have done extensive planning for the transition of residents into community placement or alternative living arrangements. During this final period of transition, it remains incumbent upon LDC to ensure the health and safety of each individual and continued compliance with Medicaid Title 19 Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID), requirements in the Code of Federal Regulations (CFR)§ 440.150- CFR§483.480, to the greatest extent possible.

#### **30 Days and Ongoing Milestone:**

The Monitor will provide formal recommendations, including specific action steps and identifying any technical assistance needed, for ensuring appropriate and quality care to every individual while residing at LDC.

### **Governing Body/Administration**

The Lanterman Developmental Center (LDC) Governing Body failed to assure compliance with Medicaid Title 19 ICF/IID regulations CFR § 483.410.

Consistent and effective leadership is mandated through the Governing Body at CFR § 483.410 and is key to successful and sustained improvement at LDC. The Governing Body, using established performance indicators, monitors the performance indicators covering all regulatory areas affecting clients. Monitoring interventions must be improved and sustained continuously.

§ 483.410 (c) (1) states that the facility must develop and maintain a recordkeeping system that includes a separate record for each client and that documents the client's health care, active treatment, social information, and protection of the client's rights.

The Monitor, in coordination with LDC staff, must identify improvements to ensure an effective management structure with processes in place designed to proactively address issues, to design and assure safe systems of care and to initiate a culture of client respect and participation in Active Treatment. In addition, the Governing Body must develop and sustain a culture of both improvement and compliance through the use of standards generally accepted in the community for quality improvement activities.

#### 30 Days and Ongoing Milestones:

LDC has worked with the Monitor to recognize and is implementing immediate changes to the management and operations structure that will improve LDC's success at assuring safe and client centered services through its closure.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing appropriate changes to achieve necessary corrections in each of the areas covered in this Addendum.

#### **Facility Staffing**

While some considerations must be given to the effects on staffing of impending facility closure, it remains incumbent upon the facility to ensure certain staffing thresholds are met throughout this time of transition. § 483.430 (a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.

§483.430(d) (1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

#### 30 Day and Ongoing Milestones:

LDC has worked with the Monitor to recognize, and is implementing any immediate changes needed to ensure LDC's staffing needs are met for each defined residential living unit. These changes reflect consideration of the individual clients' needs in each residential living unit.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing recommended changes to facility staffing policies, staffing levels, and/or otherwise supporting and ensuring that each residential living unit's staffing needs are met, to the greatest degree possible.

#### **Staff Assessment**

LDC must retain enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan. Each employee must continue to receive, as necessary, initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

§483.440 (d) Standard: Program implementation. (1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

At LDC, these objectives will include appropriate and suitable transition to alternative living arrangements.

30 Days and Ongoing Milestone:

Individual clients are receiving the professional interventions needed, and as appropriately specified in their individual program plans (IPPs), in sufficient quantity to assure correct implementation.

LDC has worked with the Monitor to recognize and is implementing any immediate changes needed to ensure that each individual client is being appropriately assessed and that staff are receiving any training necessary to perform his or her duties in that role effectively, efficiently and competently.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing recommended changes to staff assessment practices and policies to the greatest degree possible.

**Active Treatment**

Lanterman has not provided a continuous pervasive, active treatment program systematic and sufficient in scope to assure that all of the clients residing in the facility are appropriately served according to the Federal regulations.

Lanterman has not provided the necessary monitoring required at various levels to ensure that active treatment is provided to each individual client residing in the facility. The day to day delivery of active treatment programs by direct care staff must be observed and continuously monitored by QIDP and interventions or revisions made promptly when indicated. The progress of the client with their Individual Program Plan (IPP) Active Treatment formal and informal programs must be closely reviewed by the QIDP and revisions made to the active treatment program plan as indicated by the documentation and in accordance with statutory IPP process.

§ 483.430 (a) states that each client's active treatment programs must be integrated coordinated and monitored by a qualified individual with intellectual disabilities professional.

§483.440 (a)(1) requires that each client in the facility receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services which are directed toward the acquisition of behaviors necessary for the client to function with as much self-determination and

independence as possible; and the prevention or deceleration of regression or loss of current optimal functional status.

§483.440 (c) (6) The individual program plan must also:

- (i) Describe relevant interventions to support the individual toward independence.
- (ii) Identify the location where program strategy information (which must be accessible to any person responsible for implementation) can be found.
- (iii) Include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.
- (iv) Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.
- (v) Provide that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible.
- (vi) Include opportunities for client choice and self-management.

#### 30 Day Milestone:

The Monitor has evaluated whether, and has worked with LDC staff to ensure, that all currently employed/assigned QIDPs have received adequate training on their responsibilities.

LDC and the Monitor have identified obstacles that are inhibiting QIDPs in the fulfillment of their responsibilities and LDC, working with the Monitor, will immediately review and determine the appropriate action to address any such obstacles.

Facility QIDPs are actively engaged in observation and training of all direct care staff during implementation of formal and informal programs, communication with interdisciplinary team members when programs require changes, and observation/reporting of any signs of suspected mistreatment or abuse. The QIDPs are reporting concerns regarding client treatment or care to the appropriate officials and the Governing Body. Such reports are promptly investigated and addressed with written corrective actions.

#### 60 Day Milestone:

All direct support staff have received the necessary active treatment and person-centered planning and care training sessions to provide the appropriate care to assigned clients, as evidenced by training logs and competency assessments.

### 60 Days and Ongoing Milestones:

LDC has worked with the Monitor to recognize, and is implementing, any immediate corrections necessary to ensure that facility monitoring and analysis of the active treatment services at the facility are an active component of the facility quality program.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing recommended changes to the facility's active treatment practices and policies to the greatest degree possible.

### **Client Protections**

The facility is responsible to organize itself in such a manner that it proactively assures that individuals are free from serious and immediate threat to their physical and psychological health and safety. Deficiencies in this area contributed to serious client injuries at the facility.

§483.420 (a) (5) states that the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.

§483.420 Individual freedoms must not be restricted. §483.420 (a) (4) states that the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. §483.420 (a) (7) requires that the facility provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs. §483.420 (a) (11) states that the facility must ensure clients the opportunity to participate in social, religious, and community group activities. §483.420 (a) (12) requires that clients be ensured the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day.

Further the facility must promptly notify the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. (§483.420 (c) (6))

§483.420 (d) (1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

### 30 Day Milestone:

The Monitor has evaluated whether, and has worked with LDC to recognize and implement any immediate corrections necessary to ensure that, all current facility staff receive training or re-training such that they are able to demonstrate competency on:

- the protection of clients from injury;
- the comprehensive reporting of possible abuse, mistreatment or neglect; and,
- teaching and encouraging individual clients to claim and exercise his/her rights.

The facility has in place an aggressive program to promptly investigate all client mistreatment, neglect, injuries or allegations of mistreatment or abuse. Each occurrence is promptly reported, thoroughly investigated and the appropriate administrative action taken as indicated.

The facility has increased the amount of time (based upon incidents of inappropriate client behavior, inexperienced staff, changes in client programs, etc.) that direct care staff supervisors and behavioral staff are present in the client residential units and day program areas. The facility can provide evidence that staff understand their responsibility to intervene promptly when indicated to prevent any mistreatment and/or injuries and to teach and encourage individual clients to claim and exercise their rights.

#### Ongoing Milestones:

Any recommendations brought forward by the Monitor regarding changes to current or ongoing facility practices will have been reviewed by the facility administration and there will be written documentation or otherwise verifiable evidence that the governing body has taken appropriate follow-up action to address recommendations.

#### **Mandatory Reporting**

Lanterman has not always reported, or reported timely, incidents to appropriate regulatory officials, as required. The facility has instead relied on the findings from internal Office of Protective Services or facility policies and procedures on whether to report incidents or use as the basis for corrective action.

§483.420 (d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

§483.420 (d) (3) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

§483.420 (d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and, if the alleged violation is verified, appropriate corrective action must be taken.

#### 30 Day Milestone:

LDC has worked with the Monitor to ensure, and/or revised accordingly, any and all policies and procedures to ensure that the facility policy does not contain any criterion that would prevent reportable incidents from being communicated to regulatory and law enforcement agencies in accordance with state laws and regulations.

### 30 Day and Ongoing Milestones:

Any needed changes to policies will be effectively communicated to all staff, such that staff demonstrate competency on the incident reporting policy.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing any recommended changes to the incident reporting policy and/or means of communicating it to all staff to the greatest degree possible.

### **Health Care Services**

Lanterman must ensure clients receive all medical preventive and treatment services as ordered by physicians or as dictated by standards of practice. The facility must maintain an appropriate and safe medication administration system in compliance with Federal, State and Local Laws.

§483.460 (c) Standard: Nursing services. The facility must provide clients with nursing services in accordance with their needs. These services must include, among other things: participation as appropriate in the development, review and update of an individual program plan as part of the interdisciplinary team process; review of the health status of those clients not requiring a medical care plan at least quarterly or more often depending on client need; and that the clients receive other nursing care as prescribed by the physician or as identified by client need.

§483.460 (k) (4) Clients are taught how to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise;

### 30 Day Milestones:

LDC has worked with the Monitor to recognize and is implementing any immediate changes needed to ensure that licensed nurses at the facility provide prompt assessment of client needs when indicated, for example when an injury occurs or an unexpected incident, such as feeding tube dislodgement occurs.

LDC has worked with the Monitor to recognize and is implementing any immediate changes needed to ensure emergency assessments are conducted in a timely manner with evaluation and monitoring of effectiveness reported to the quality committee.

### 60 Day Milestones:

LDC has worked with the Monitor to recognize and is implementing any immediate changes needed to ensure that facility nursing staff are conducting health assessments on each client at the facility to identify any services that are required by nursing staff or direct care staff or by the client themselves. Consistent with the plans, facility nursing staff is communicating promptly with physicians when indicated, conducting timely and appropriate follow-up to identified client health care issues, and providing direct care staff and client training as indicated.

### Ongoing Milestones:

All newly employed nursing staff are completing a comprehensive orientation including competency training and a preceptor portion to allow them to learn the nuances and rhythms of the facility while being supported by another nursing staff member.

The facility has a component within its quality program to periodically audit to ensure that the clients promptly and accurately receive all the health care services (including nursing services, physician services, pharmacy services, dental services, dietary services, and laboratory services) as needed. Quality program findings are reported to the administration and nursing services will address findings and take appropriate actions.

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing recommended changes to the facility's health care service practices and policies to the greatest degree possible.

### **Physical Environment**

Lanterman has failed to ensure that client assistive devices are maintained clean and in good repair. Infection control issues have not been identified and addressed promptly by the facility.

§483.470 (g) (2) The facility must maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

§483.470 (l) (1) requires the facility to provide a sanitary environment to avoid sources of transmission of infections.

### 30 Days and Ongoing Milestones:

The facility will begin periodic and unannounced observations in the residential living units and the day program to ensure that infection control measures are being followed. Staff will receive additional training if any negative findings. Monitoring reports are provided to facility administration on a monthly basis and any administrative action is taken as indicted.

### **Dietetic Services**

The facility must ensure that each client receives a nourishing, well-balanced diet including modified and specially-prescribed diets.

LDC failed to have client participation in the food production, serving and clean-up system. LDC has not allowed individuals dining independence that will help the individual live in a less restrictive environment. Individuals are not encouraged, permitted and reinforced for being as independent as possible during meals. Family style dining is not available to all individuals who are able to participate. Individuals have not been observed to be involved in setting their own

tables, shopping and putting away their food, preparing, serving, and cleaning up after meals, as appropriate for the individual client. In addition, clients are not being encouraged to use appropriate clothing protectors during mealtimes.

LDC has failed to ensure client texture modifications were followed for physician prescribed modified diets.

30 Days and Ongoing Milestones:

LDC has worked with the Monitor to recognize and is implementing any immediate changes needed to ensure that based on individualized assessments and client ability, capable clients are involved in each step of food shopping, meal preparation and meal service as required.