

Suffolk Local Human Rights Committee Meeting
5268 Godwin Blvd.
Suffolk, VA
September 6, 2011

Committee Members Present:

- Jacqueline Blackett, Chair
- Steven Alexander, Vice Chair
- Denise N. Tynes
- Yvonne B. Green

Committee Members Absent:

- Tina Copeland

Others Present: Reginald Daye, Regional Advocate

SLHRC Affiliates Present: *Baker's Home, Inc.* (Claudette Jones, Stephanie Olds), *Better Care Family Homes, Inc.* (Dr. Pedro Becerra), *Braley and Thompson, Inc.* (Christy Westlund), *Citadel Family Services, LLC* (Cheryl Fowlkes), *Community Supported Training Organization, Inc (CSTO)*, (Pierre Dugue, Georgiana Smith), *Quality Care Community Services, Inc.* (April Campbell), *Quality Community Supports, Inc.* (Juliet Sawi), *Sentara Obici Hospital* (Dana P. Miller, Linda Austin), *Sisters Developing Growth and Change, LLC* (Zenda Jones, CEO), *Visions Community Services, LLC* (Eulamae Myers, Danielle Blocker), *Western Tidewater Community Services Board* (Mary Heiler), *Zuni Campus – Presbyterian Homes* (E. Byron Nagle, Steve Ramey)

SLHRC Affiliates Absent: *Rehobeth Residences*

I. CALL TO ORDER:

- ✓ The meeting was called to order by Ms. Blackett at 8:40 AM.

II. ACKNOWLEDGEMENTS AND INTRODUCTIONS:

- ✓ Ms. Blackett asked all in attendance to introduce them selves and indicate their role or respective organization.

III. ADOPTION OF AGENDA:

- ✓ Ms. Blackett asked for approval of Agenda; unanimously approved.

IV. REVIEW AND APPROVAL OF MINUTES:

- ✓ Chair, Ms. Blackett asked for a review of draft minutes from June 7, 2011. Discrepancies of minutes were noted for correction: the June 7, 2011 were approved and adopted.

V. PUBLIC COMMENTS:

- ✓ Ms. Blackett asked if anyone from the public was present and wishes to make any comments. None were present.

VI. TREASURER AFFILIATES' REPORT:

- ✓ No report was provided, as the Treasurer was absent. It was noted that the Treasurer's report is for providers' purposes only.

VII. REGIONAL ADVOCATE'S REPORT:

- ✓ Mr. Daye reminded Affiliates that signed Cooperative Agreements must be submitted today; otherwise they have no standing with the committee.

- ✓ Mr. Daye provided timelines for submitting the Provider Quarterly Report of Human Rights Activities. He noted that reports operate on the calendar year, and not according to the Committee's quarterly meeting. Quarterly report dates are:
 - 1st quarter: January 1 through March 31
 - 2nd Quarter: April 1 through June 30
 - 3rd Quarter: July 1 through September 30
 - 4th Quarter: October 1 through December 31.

Mr. Daye noted that many Affiliates submitted their reports today, so the next meeting report will overlap in order to include September's data. The 4th quarterly report will not be **presented** until the March 2012 committee meeting, at the same time the Annual Report is **presented**. **Remember that the annual report is due on January 15, 2012.**
- ✓ Mr. Daye noted that with permission of the Committee, Affiliates in this region may submit for an Annual Report (this one time), that will cover a period from July 1, 2011 – 12/31/2011. The reason for this request is as follows: **1.** The new quarterly report form/format went into effect July 1, 2011. **2.** The affiliate's reports submitted to the LHRC prior to 07/01/11 are not consistent with the required data and time periods on the new form. **3.** It would be very difficult for the providers to go back and collect this data and place it in the new format. This could also increase the possibility of counting cases more than once, thus rendering the reported data as inaccurate. Please note that a full Annual Report would be due for the calendar year 2012, by January 15, 2013.
The LHRC agreed with this request.
- ✓ When completing the annual report, simply add up the total of your quarterly reports (cumulative total) and attach the completed quarterly reports. It was noted that none of the committee members wanted the annual report mailed to them, and all voiced their preference to have the Annual Report brought to the March committee meeting. Mr. Daye also clarified that the Annual Seclusion/Restraint report to the DBHDS is a separate report and should continue to be submitted as per usual. This report is also due on January 15th each year.
- ✓ Mr. Daye reviewed content of a recent memorandum from Les Saltzberg, Director Office of Licensing and Margaret Walsh, Director Office of Human Rights regarding the process for providers seeking DBHDS approval for the addition of a new location of a licensed service in the same region. The primary change in the process is that a provider does not have to seek a separate LHRC affiliation in order to add to an already licensed service within the same region. The added location will come under the already licensed service's LHRC affiliation. The provider still must submit notification (cover letter) of the new location to the Committee and Mr. Daye, with a copy to the Licensing Specialist. You will still need to get on the agenda for the next LHRC meeting in order to present information about the added location. Mr. Daye reminded everyone that the memo and other updates can be easily accessed on the website. Mr. Daye also clarified that there has been no change in the process for adding a new program (one that has never been licensed).
- ✓ Mr. Daye noted for the record that he would provide Freedom of Information Act (FOIA) training for the Committee today **after the closed session meeting.**
- ✓ Mr. Daye responded to Affiliate questions regarding the new Provider Quarterly Report of Human Rights Activities:
 - Use an asterisk and write in the heading "Deaths and Serious Incidents" at the bottom of the first page.
 - Medication errors, such as: administering the wrong medication, dosage, failure to administer ordered medication or if a medical protocol was not followed, resulting in a human rights issue or harm to the client. Then it would be included in the count for "Neglect". If you are not sure, please call his office. Note not all medication issues fall under neglect allegations.
 - Use of ACT/MANDT/CPI/etc. is not reported on this form. Only violations of its use.
 - Surveys/audits should be reported on page 3, under item 2 (Provide information about any changes to your DBHDS licensing citations, service additions and closures).

- All peer to peer aggression automatically is considered an allegation of neglect and should be counted as such. Mr. Daye explained that programs should investigate to first determine that it occurred and then to determine if there was neglect on the part of the staff. (Did staff follow internal policy and procedures? Did staff try to prevent it)? It is possible that you may find that staff's action was inappropriate, but not rise to the level of neglect. Mr. Daye reminded all affiliates, that they should include in the internal investigative report submitted to his office their findings.
- The heading "Total Counts Occurred by Type" could be thought of as "substantiated" allegations from the "Total Counts Alleged by Type".
- Mr. Daye advised attaching a separate "tear off" sheet with any detailed information requested so that it may not be submitted to the minutes writer. Any information that would be discussed in closed session should be on a separate sheet or page three of the form.

VIII. CHAIR COMMENTS

- ✓ The new committee member was announced as Tina Copeland. Her address is #4 Crabtree Court, Portsmouth, VA 23703.
- ✓ Mr. Alexander was reappointed for a second term. (From: 07/01/2011 – 06/30/2014)
- ✓ Ms. Blackett provided her telephone number (718-1326). She noted that she is generally not available to sign for certified mail so she advised that any mail sent to her be sent regular mail.

IX. PROGRAM UPDATES AND HUMAN RIGHTS REPORT:

Zuni Campus – Presbyterian Homes & Family Services: Mr. Ramey reported they have three vacancies, two for males and one for a female. Campus leadership has been reassigned to Steve Ramey. Recruitment is underway for a new campus director. A new Program Manager, Juliette Batten, has been appointed for Bishop House. From 6/6/11 to 8/31/11 there were 3 abuse allegations. One allegation of verbal abuse was unsubstantiated; one allegation of neglect was unsubstantiated; one allegation of neglect was substantiated.

Western Tidewater Community Services Board: Ms. Heiler reported 2 consumer deaths that occurred outside the program; 2 unsubstantiated allegations of neglect (peer to peer); and 2 resolved complaints of violations of confidentiality. The Department of Health conducted an Annual Survey of The Neighbour's Place August 9-12. The program completed a Corrective Action Plan to address citations. WTCSB is in good standing with the Office of Human Rights and Office of Licensing. A draft Policy and Procedure for Life Safety Supports: Project Lifesaver was presented to the committee by Debbie Dashiell, Intellectual Disabilities Residential Program Supervisor. Ms. Tynes noted that larger cities have had the project in place for quite awhile and that community organizations such as Ruritan and Kiwanas offer financial support. The project was piloted in Virginia Beach and Norfolk. There used to be a one-time fee but the cost now depends on the locality. Mr. Daye remarked on the procedure that states any individual who loses or destroys the bracelet will be held financially responsible. Mr. Daye suggested WTCSB find out the actual cost of replacing the bracelet and include that in information provided to the individual/AR when reviewing the contract. Mr. Daye also noted to affiliates present that all programs have to bring their policy and procedures to the committee in order to utilize the project.

- ✓ The SRLHRC voted to approve the WTCSB Policy and Procedures for Life Safety Supports: Project Lifesaver.

Visions Community Services, LLC: Ms. Myers reported that Visions is serving 16 individuals in the Sponsored Residential Program and 16 individuals in the Day Support Program. There were no complaints or human rights violations, and no incidents this reporting period; however

Visions requested a closed session to report injuries observed on one of the individuals that attends VCS Day Support Program.

Sisters Developing Growth and Change: Not licensed to operate at this time.

Sentara Obici Hospital: Ms. Miller reported there were no complaints made regarding Human Rights violations during the 2nd quarter of 2011. There were 5 seclusions and 0 restraints in April; 4 seclusions and 1 restraint in May; 1 seclusion and 0 restraints in June for a quarterly total of 10 seclusions and 1 restraint. Sentara Obici Hospital is currently in good standing with the SRLHRC.

Rehobeth Residence: Absent.

Quality Community Supports, Inc.: Ms. Sawi reported they served 35 individuals this quarter. There were 0 allegations of abuse/neglect. QCS, Inc. staff is trained on Human Rights and mandated reporting upon hire and annually thereafter. QCS, Inc. has submitted a Service Modification to the DBHDS to add a group home to their license. On August 8, 2011, licensing specialist Dennis Riddick conducted a preliminary review of the Duquesne House. He is due to return on September 6, 2011 to license the home. Ms. Sawi requested affiliation. The committee verified they have not received the Service Modification packet, nor do they have a letter of acceptance from Ms. Walsh. The program does not have a license for a group home already, therefore the process for adding a new program must be followed. QCS, Inc. is to provide an update to the committee at the next meeting. The cooperative agreement was submitted to the SLHRC Chair for signature.

Quality Care Community Services, Inc.: Ms. Campbell reported there were no complaints of human rights violations or allegations of abuse/neglect this past quarter. They are currently serving 8 individuals in their In-Home program. She reported that QCCS remains in good standing with this Committee and Office of Licensure.

CSTO, Inc.: Mr. Dugue reported they are currently providing Supportive In-Home services to 39 Individuals. Rose Marie group home has two male residents and Kempsville group home has one female resident. CSTO Inc. has had no incidents involving seclusions, restraints, nor allegations of abuse. They also did not have any formal or informal complaints. CSTO Inc. received its certificate of occupancy from the city and will request affiliation for its day program at the next SRLHRC meeting. CSTO Inc. is in good standing with the LHRC. They will send information about the new program to the committee 2 weeks prior to the meeting.

Citadel Family Services, LLC: Ms. Fowlkes reported they are still in the licensing process. Dennis Riddick conducted a walk through last week. In response to their query, Ms. Fowlkes reported he gave a verbal approval, however they are awaiting his letter for a provisional license. The address is 429 Main Street, Suffolk, VA 23434.

Braley and Thompson: Ms. Westlund reported they had no incidents of consumer rights violations this reporting period. The Outpatient Mental Health services served ten (10) clients and Mental Health Support Services served six (6) clients. They are in good standing with the committee.

Better Care Family Homes, Inc.: Dr. Becerra reported there were 2 complaints of Human Rights violations, and one consumer death that occurred outside the program. They currently have 3 vacancies.

Baker's Home, Inc.: Ms. Jones reported they had no complaints or human rights violations (allegations of abuse, neglect, exploitation). There was one (1) serious incident involving the use of behavior management. They currently have 104 consumers in the Mental Health Support program. They currently have 94 consumers in their Psychosocial Rehabilitation program. Currently there are no consumers in In-Home, Day Treatment and Partial Hospitalization programs. The Cooperative agreement was submitted to the SLHRC Chair for signature. The programs are in good standing with Licensing and SLHRC.

X. OLD BUSINESS:

- ✓ Zenda Jones, CEO for Sisters Developing Growth and Change, LLC, read aloud the revisions made to the Program Rules of Conduct (items number 2, 14, 15) per the committee. It was noted the committee approved the Behavior Management Plan at the last meeting.
 - ✓ The committee voted to approve the Program Rules of Conduct as written. The address for the group home is 6101 Bradford Drive, Suffolk, VA 23435.
- ✓ Mr. Daye announced that he has not received Cooperative Agreements from affiliate Rehobeth Residence.
- ✓ Confirmed that Zuni Presbyterian Homes & Family Services will assume responsibility for recording the minutes of the SLHRC meetings, beginning with the next meeting in December.

XI. NEW BUSINESS: None

XII. EXECUTIVE SESSION:

The SLHRC made a motion and the Committee voted to go into Executive Session (Closed Session) per VA Code 2.2-3711A to discuss client information exempt from public disclosure for the purpose of reviewing abuse, serious injuries, deaths and behavioral plans for the following programs:

- Zuni – Presbyterian Homes
- Visions Community Services
- Better Care Family Homes
- Western Tidewater Community Services Board

The SLHRC voted to come out of closed session at 11:25 AM. Upon reconvening in Open Session, each member of SLHRC certified that, to the best of each Committee Member's knowledge, only public business matters, lawfully exempted from statutory Open meeting requirements and only public matters identified in the motion to convene the Executive Session were discussed in accordance to Virginia Code 2-2-3711A.

RECOMMENDATIONS:

- ✓ **Zuni – Presbyterian Homes: No recommendations.**
- ✓ **Visions Community Services: No recommendations.**
- ✓ **Better Care Family Homes: No recommendations.**
- ✓ **Western Tidewater Community Services Board: No recommendations.**

- Mr. Daye presented the annual Freedom of Information Act Training to the LHRC.

The next meeting is scheduled for December 6, 2011 at WTCSB at 8:30 AM.

Meeting adjourned at 12:30 PM.

Respectfully Submitted by,

Mary Heiler
Utilization Review Supervisor, WTCSB
09.15.11