

INI/50.2/L32/1979

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STATE OF COLORADO

DEPARTMENT OF INSTITUTIONS

Raymond Leidig, M.D., Executive Director



REPORT OF THE INTERNAL AUDITOR
ON
LARADON HALL SOCIETY
REVIEW OF ALLEGATIONS

JAMES R. GREER
INTERNAL AUDITOR
REPORT NUMBER
78-79-49

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ON

LARADON HALL SOCIETY

REVIEW OF ALLEGATIONS

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James R. Greer
Internal Auditor
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State of Colorado

RICHARD D. LAMM
GOVERNOR

DEPARTMENT OF INSTITUTIONS
3550 West Oxford Avenue, Denver, Colorado 80236
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RAYMOND LEIDIG, M.D.
EXECUTIVE DIRECTOR

February 7, 1979

Raymond Leidig, M.D.
Executive Director
Department of Institutions
State of Colorado

Armando Atencio
Executive Director
Department of Social Services
State of Colorado

Frank Traylor, M.D.
Executive Director
Department of Health
State of Colorado

Dear Sirs,

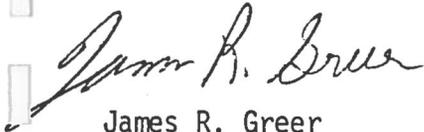
On this date the review of certain allegations concerning Laradon Hall Society was completed. The objective of the audit was to review the following:

1. Abuse and neglect in the supervision of adult residents.
2. The types and method of incident reporting and agency policies related to reporting, and corrective action taken.
3. Staffing patterns--are they appropriate for the type of facility and resident served?
4. Violation of civil rights and individual freedoms.
5. Program delivery issues and process--how individualized are the programs? How is placement on a dorm or in a program determined? Policy and practice of restraints, punishment, and other forms of behavior modification used.
6. Health/medical issues including quality of meals served and attention to dietary needs of the resident; review of policies and practice for the medical care and treatment.
7. Fiscal issues regarding residents' personal income, and accounting for residents' income.
8. Involvement of parents, guardians, advocates and adult clients themselves in the plans for care and treatment.

9. Internal mechanisms for the review of issues and solutions to problems.
10. The responsibility of the Denver Board in monitoring and evaluation of programs.

Comments on these matters follow.

Respectfully submitted,



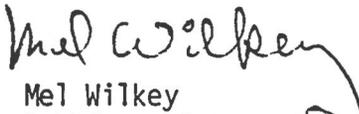
James R. Greer
Internal Auditor
Department of Institutions



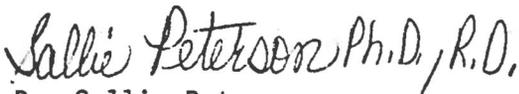
William O. Krause
Acting Director
Medical Care Licensing and
Certification Division
Department of Health



Shirley Storey
Developmental Disabilities Program
Supervisor
Division of Social Services
Department of Social Services

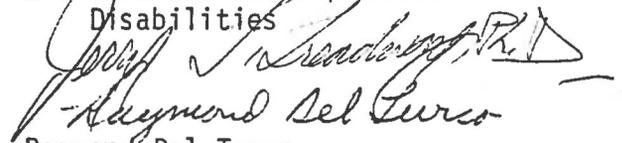


Mel Wilkey
Public Health Sanitarian
Denver Department of Health and
Hospitals



Dr. Sallie Peterson
Dietary Consultant
Department of Health

Dr. Jerry Treadway
Psychologist II
Division for Developmental
Disabilities

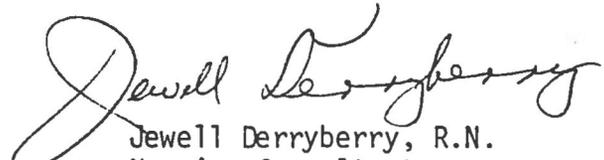


Raymond Del Turco
Administrative Officer IV
Division for Developmental
Disabilities



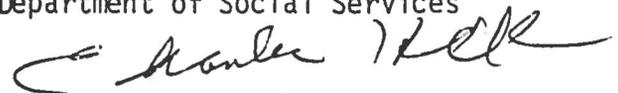
Dr. Sumiko Hennessy
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Priscilla C. Omaljev
Priscilla Omaljev
Auditor
Department of Social Services



Jewell Derryberry, R.N.
Nursing Consultant
Department of Health

Charles Hill
Licensing Specialist
Department of Social Services



Introduction

Sharon O'Hara, Director of the Division for Developmental Disabilities, learned on November 16, 1978, of a series of allegations concerning Laradon Hall Society (hereafter referred to as Laradon). The source of the allegations were parents, clients, employees and advocates.

Ms. O'Hara decided to contact representatives of the State Departments of Health and Social Services, and the Attorney General's Office in order to review the allegations and to work out a strategy on how to proceed.

On Wednesday, January 19, 1979, a planning meeting was held and representatives of the Department of Institutions; the Department of Health; Department of Social Services; and the Department of Health and Hospitals, City and County of Denver were in attendance. The participants decided to conduct the review under the direction of a single representative in order to coordinate the effort and to proceed with all possible haste.

The Internal Auditor, Department of Institutions, was selected as the coordinator of the review and each Department agreed to provide the necessary manpower to accomplish the task. The letter of transmittal contains the names and titles of those persons selected to work with the State's representative. On January 17, 1979, Sharon O'Hara requested, in a letter, that the Director of the Department of Institutions approve the engagement of the Department's Internal Auditor to review the allegations. (See the letter of transmittal for a listing of allegations). Such approval was granted on January 19, 1979.

A meeting was held on January 24, 1979, in order to advise the Board of Directors of Laradon of the impending review, and to explore the process. In attendance were the Vice-Chairman of the Board for Laradon and Secretary for the Denver Board of Directors, John L. Haynes; the Assistant Director of Laradon, Gil Jackson; Sharon

O'Hara, Director, Division for Developmental Disabilities; Jeff Sandler, Assistant Director, Division for Developmental Disabilities; Edward Martinez, Assistant Attorney General; Stan Welichko, Director, Denver Board; Richard Milne, Assistant Director, Denver Department of Social Services; Royal Edgington, Director of Medicaid and Adult Services, Denver Department of Social Services; and James R. Greer, Internal Auditor, Department of Institutions.

The representatives from Laradon were advised that the review would begin the following morning at 9:00 a.m. and would take approximately 5 days to complete. The following Memo of Understanding was signed by James Greer as the State Representative and by the President of the Board on Thursday, January 25, 1979.

M E M O O F U N D E R S T A N D I N G

The undersigned agree to the following for purposes of the review of allegations at Laradon Hall, January 24, 1979.

The State of Colorado, through its representative James R. Greer, Internal Auditor, Department of Institutions, agrees to the following:

1. To conduct the review with all possible speed.
2. To personally coordinate all members of the review team and personally coordinate all communications with the chief administrative staff of Laradon Hall.
3. To conduct the review in a professional and objective manner.
4. To produce a public report which will make provision for Laradon Hall's responses.
5. To hold all work papers confidential unless subject to a valid subpoena.
6. To immediately report any procedural problems to the designated liaison from Laradon Hall.

The President of the Board at Laradon Hall agrees to the following:

1. To cooperate with the review staff during the course of the field work.
2. To provide open access to all documents and records as designated under contract.
3. To provide space which is private and secure for the review team.
4. To immediately report any procedural problems to the designated state representative.

The field work was completed on Wednesday, February 7, 1979.

An Overview of Laradon

Located at 5100 Lincoln, Denver, Colorado 80216, Laradon is a residential and day facility for developmentally disabled children and adults. It offers educational and vocational programs. Laradon contracts with the Denver Board for Developmentally Disabled; the Division for Developmental Disabilities, the Department of Institutions; and the Department of Social Services. These programs include infant stimulation, pre-school, day training, work activities, sheltered employment, job training, work stations in industry, life enrichment, and programs offering intermediate care under medicaid and residential child care services under the Social Security Act, and residential services for individuals over 16 years of age. Laradon also contracts with other metropolitan Community Centered Boards and county departments of Social Services.

Review of Allegations

The allegations 1-10 are a product of numerous statements and incidents that have been grouped under categories for convenience sake. They do not reflect the actual allegation but represents an attempt to guide the review team into general areas of concern. For a total listing of all 10 allegations, see the transmittal letter at the beginning of the report.

The review team did not review any allegations of abuse or neglect of children inasmuch as such allegations had been previously referred to the Denver Department of Social Services by Departmental representatives in accordance with the Colorado Children's Code.

ALLEGATION:

1. Abuse and neglect in the supervision of adult residents.

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The review team did not review any allegations of abuse or neglect of children inasmuch as such allegations had been previously referred to the Denver Department of Social Services by Departmental representatives in accordance with the Colorado Children's Code.

ALLEGATION:

1. Abuse and neglect in the supervision of adult residents.

RESPONSE:

1. Laradon Hall denies any findings of malfeasance or misfeasance with regard to the findings set forth in Allegation 2. However, staff does concur in your recommendations with regard thereto, and, with regard to Recommendations 1 and 3, concur in their implementation on or before March 31, 1979, and with regard to Recommendation No. 2, concurs in implementation on April 15, 1979.

RECOMMENDATION:

2. The Laradon Board of Directors should submit, for review and comment, a draft of the new incident policy and procedure to the Denver County Department of Social Services, the Denver Board, and to local advocacy groups in order to assure that the necessary communication of incidents is satisfactory.

RESPONSE:

2. Laradon Hall denies any findings of malfeasance or misfeasance with regard to the findings set forth in Allegation 2. However, staff does concur in your recommendations with regard thereto, and, with regard to Recommendations 1 and 3, concur in their implementation on or before March 31, 1979, and with regard to Recommendation No. 2, concurs in implementation on April 15, 1979.

RECOMMENDATION:

3. The Laradon Board of Directors should immediately review the failure of Laradon personnel to adequately provide for consistent follow up and reporting of incidents and take the necessary steps to insure that there is a system of immediate documentation and review.

RESPONSE:

3. Laradon Hall denies any findings of malfeasance or misfeasance with regard to the findings set forth in Allegation 2. However, staff does concur in your recommendations with regard thereto, and, with regard to Recommendations 1 and 3, concur in their implementation on or before March 31, 1979, and with regard to Recommendation No. 2, concurs in implementation on April 15, 1979.

ALLEGATION:

3. Staffing patterns -- are they appropriate for the type of facility and resident served?

FINDING:

Except as otherwise noted in the report, the team found no staffing deficiencies.

RESPONSE:

Laradon Hall denies any deficiencies in staffing patterns in any of its facilities.

ALLEGATION:

3. Staffing patterns -- are they appropriate for the type of facility and resident served?

FINDING:

Except as otherwise noted in the report, the team found no staffing deficiencies.

RESPONSE:

Laradon Hall denies any deficiencies in staffing patterns in any of its facilities.

C.R.S. 27-10.5-117(6) "The facility shall provide suitable opportunities for the resident's interaction with members of the opposite sex."

See the phone policy above for dorms and cottages.

The agency has not instituted the necessary procedure for denial of rights as contained in 27-10.5-111(3).

C.R.S. 27-10.5-111(3) "Denial of any right shall, in all cases, be entered upon the facility's record. Information pertaining to a denial of rights contained in the resident's record shall be made available, upon request, to the resident or his attorney. A resident's rights under sections 27-10.5-113 to 27-10.5-122 may be denied only for proper purposes of care and treatment or to protect the resident from danger to self. Rights may be denied only by the professional person providing care and treatment or by any court exercising jurisdiction over the resident."

The staff interviewed did not exhibit a full understanding of the statutes concerning the rights and care of clients.

RECOMMENDATION:

4. The Laradon Board of Directors should immediately revoke any blanket policy, procedure or practice that is in violation of a client's rights.

RESPONSE:

4. *Laradon Hall denies each and every finding set forth in Allegation No. 4 regarding civil rights and individual freedoms. Your Recommendations Nos. 4 and 5 are concurred in, and are being implemented as of this date. Recommendation No. 6 is also concurred in, and an in-house task force is contemplated to study and request training through the Denver Board on or before June 1, 1979.*

RECOMMENDATION:

5. The Laradon Board of Directors should immediately issue a policy that states that the rights of a client may only be denied in accordance with the provisions of C.R.S. 27-10.5-111(3).

RESPONSE:

5. Laradon Hall denies each and every finding set forth in Allegation No. 4 regarding civil rights and individual freedoms. Your Recommendations Nos. 4 and 5 are concurred in, and are being implemented as of this date. Recommendation No. 6 is also concurred in, and an in-house task force is contemplated to study and request training through the Denver Board on or before June 1, 1979.

RECOMMENDATION:

6. The Laradon Board of Directors should immediately provide for the inservice training of all staff in the provisions of C.R.S. 27-10.5 as amended.

RESPONSE:

6. Laradon Hall denies each and every finding set forth in Allegation No. 4 regarding civil rights and individual freedoms. Your Recommendations Nos. 4 and 5 are concurred in, and are being implemented as of this date. Recommendation No. 6 is also concurred in, and an in-house task force is contemplated to study and request training through the Denver Board on or before June 1, 1979.

ALLEGATION:

5. Program delivery issues and process--how individualized are the programs? How is placement on a dorm or in a program determined? Policy and practice of restraints, punishment and other forms of behavior modification used.

FINDING:

An on-site review of selected Individual Program Plans (IPP's) for clients participating in the Laradon Hall program was conducted January 25, 1979. A total of 55 IPPs, randomly drawn from the program areas shown below, were reviewed.

	<u>IPPs Reviewed</u>
Infant Stimulation	9
Preschool	6
Day Training (off campus residence)	9
Day Training (on campus residence)	6
Adult Vocational	15
Adult Residential	<u>10</u>
Total	55

The total sample size of the IPPs reviewed represents approximately 20% of the total client population participating in the Laradon Hall program.

Individual Program Plan completeness scores (expressed as a percentage) were calculated for each IPP reviewed. IPP completeness scores are composite scores based on the presence or absence of the following characteristics:

1. Objectives stated in observable and measurable terms.
2. Scheduling of time and place where training will occur.
3. Identification of staff responsible for training.
4. Specification of methodology of intervention.
5. Specification of criteria for achieving objectives.
6. Evidence that the IPP is reviewed at least every six months.
7. Opportunity provided for parent/client/client representative to sign the IPP.

Infant Stimulation and Day Training

The results of the IPP review for those clients participating in the Infant Stimulation and Preschool programs indicated mean IPP completeness scores of 97.79% and 98.02%, respectively. In general, the program plans reviewed in the Infant Stimulation and Preschool programs were well written, comprehensive and easily in compliance with state and federal standards.

Day Training

The results of the IPP review for those clients participating in Day Training (both on and off campus residence) indicated a mean IPP completeness score of 87.89%. The absence of methodology, criterion statements and particularly the opportunity provided for client/parent to sign the IPP resulted in the somewhat lower score of these plans. The type of program activities (as reflected by client training objectives) were not as diverse or numerous as those noted in the children's services.

Adult Vocational

Fifteen IPPs were reviewed for clients participating in the Adult Vocational program (Job Training). The mean IPP completeness obtained for the program area was 73.88%. Laradon Hall's Job Training program was previously identified as deficient on the basis of IPP completeness scores obtained in the Spring 1978 Program Survey (IPP completeness score 64.6%, 1978). The moderate gain in the IPP completeness score noted in the present survey suggests that the agency is making an effort to upgrade the "quality" of IPPs in this program.

Two additional observations are noteworthy, (1) in general, few training objectives were noted for clients in this area, and, (2) repeated reference was made in the various plans reviewed to "will attend a self-awareness group once a week,"

or "will attend a grooming class one time a week for 30 minutes." Statements such as these were not treated as client training objectives in the present survey because they appeared primarily as notations of client enrollment in a general program activity with no individualized training objectives. Had these notations been treated and surveyed as client training objectives, the net result would have significantly lowered the overall IPP completeness score for this program area.

Adult Residential

Ten IPPs were reviewed for clients in the Laradon Hall residential program. The mean IPP completeness score for this program area was 21.25%. The IPP completeness score for this program area is far below that required in the contract. Few client training objectives relating to residential programming were found. Typically, notations such as the following were found: "A milieu for learning home management and independent living skills is provided by houseparents," or "milieu training in home management, independent living and interpersonal relations." It cannot be stated that clients participating in residential programs at Laradon Hall are not receiving training, per se. However, there was little documented evidence of such programming.

RECOMMENDATION:

7. The development of Individualized Program Plans for all clients must be given high priority by top level management at Laradon.

RESPONSE:

7. *Laradon Hall denies any malfeasance or misfeasance in the operation of the infant stimulation and day training program, the day training program, the adult vocational program, the adult residential program, and the residential child care facility program. However, Laradon Hall concurs in the immediate implementation of Recommendations 7 and 8, which will be implemented on or before March 31, 1979. Recommendation 10 is taken under advisement by Laradon Hall, and an in-house task force will be established to study the impact thereof.*

RECOMMENDATION:

8. Consideration should be given to the utilization of staff from the Laradon Children's Services for purposes of inservice training for staff in other programs found to be deficient in individualized program planning.

RESPONSE:

8. Laradon Hall denies any malfeasance or misfeasance in the operation of the infant stimulation and day training program, the day training program, the adult vocational program, the adult residential program, and the residential child care facility program. However, Laradon Hall concurs in the immediate implementation of Recommendations 7 and 8, which will be implemented on or before March 31, 1979. Recommendation 10 is taken under advisement by Laradon Hall, and an in-house task force will be established to study the impact thereof.

FINDING:

There has been no agency wide distribution of a common policy dealing with physical restraint, punishment or behavior modification.

The review team found no illegal or improper uses of physical restraint, punishment or behavior modification.

RECOMMENDATION:

9. A common and uniform policy regarding restraints, discipline and control must be issued immediately to all units in common form.

RESPONSE:

9. No response made.

Residential Child Care Facility

FINDING:

The licensing representative from Social Services was made aware of at least three adults, over 21 years of age, who are residing in the Residential Child Care Facility.

RECOMMENDATION:

10. It is recommended that these adults be moved from the Residential Child Care Facility into an age-appropriate living arrangement. The need for Residential Child Care Facilities for mentally retarded children is not being fully met at this time by providers, and, therefore, all Residential Child Care Facility beds should only be utilized by mentally retarded children during their developmental years.

RESPONSE:

10. *Laradon Hall denies any malfeasance or misfeasance in the operation of the infant stimulation and day training program, the day training program, the adult vocational program, the adult residential program, and the residential child care facility program. However, Laradon Hall concurs in the immediate implementation of Recommendations 7 and 8, which will be implemented on or before March 31, 1979. Recommendation 10 is taken under advisement by Laradon Hall, and an in-house task force will be established to study the impact thereof.*

ALLEGATION:

6. Health/medical issues including quality of meals served and attention to dietary needs of the resident; review of policies and practices for the medical care and treatment.

FINDING:

There are no policies or procedures for the dietary department. There was no record of the modified diet prescription kept on file and a registered dietician does not plan or review the modified diets as required by Federal Standards 249.13(c) ICF/MR. The regular menus reviewed did not contain the amounts of food to be served. The agency does not employ a qualified dietician for direction of the food program as required, 20 CFR 405 1101.(F).

The amount of food purchased and served per person is adequate. The current menus are not posted throughout the facility. The recipes, as used by the head cook, are not written and filed.

RECOMMENDATION:

11. A six week repetitive season cycle menu should be planned and repeated for three or four months under the direction of a qualified dietician.

RESPONSE:

11. *Laradon Hall denies any malfeasance or misfeasance with regard to the allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected.*

Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No.

16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

12. The planning of modified diets should be under the supervision of a qualified dietician.

RESPONSE:

12. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

13. The head cook should immediately commit to writing all tested recipes.

RESPONSE:

13. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

14. The food service personnel should immediately begin to attend inservice training classes.

RESPONSE:

14. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

15. Top level management should immediately begin to draft policies and procedures for the dietary department.

RESPONSE:

15. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6: Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

FINDING:

The policies for the medical program have not been reviewed annually as required and most policy was poorly organized and incomplete. Those policies and procedures that were missing and required are as follows:

1. Policies under ICF/MR Federal Standards, 249.13(c)(6)(ii) which should outline the participation of a registered nurse.
2. 249.12(a)(9)(iv) Policy for a written health care plan for each resident.
3. 249.12(a)(1)(v) Policy and procedure for personnel to follow in the event of an emergency.
4. State Department of Health Licensing Standards, S.S. 2.3 Nursing policies and procedures shall be reviewed at least annually.
5. 249.12(a)(9)(1) LPN serves as a Health Services Supervisor. The job description is prepared for LPN, not for a Health Services Supervisor.

6. 249.13(c)(6)(v) Professional nurse supervisor has not been provided.
7. 249.12(a)(9)(1)(A) Consultation has not been provided by a registered nurse since the end of October, 1978. The job description for the RN consultant was incomplete in that it did not include all responsibilities as required.
8. 249.12(a)(9)(ii)(A) Health care plans were incomplete. Most plans had limited information. The goal in the majority of plans was "health maintenance".
9. 249.13(c)(6)(D)(E) There was no evidence of a modification of the care plan at least annually as required.
10. S.S. 12.8 There was no emergency oxygen and suction equipment available as required.
11. 249.13(a)(1)(viii) The disinfectant in use was "AMMERSE". This solution was brought from home, was improperly labeled, and not in original container as required.
12. Nursing services policies made reference to an "Isolation Room". There is no requirement for such a room and the room could not be located.

Medical Records

13. 249.13(d)(2)(i) All identifying information was not recorded or noted as required, i.e., color of hair, color of eyes, identifying marks, and recent photographs.
14. 249.13(d)(2)(i)(F) Type and legal status of admission and legal competency status not noted in records reviewed.
15. 249.13(d)(2)(iii)(H) Language spoken or understood not noted.
16. 249.13(d)(2)(iii)(F) Records of family visits and contacts not noted.
17. 249.13(d)(2)(iii)(G) Records of attendance and leaves not noted.
18. S.S. 4.4 Incidents or accidents were not noted in any of the reviewed records.

Resident Halls

19. 249.13(b)(1)(IV) Activity schedules had not been developed for each resident.
20. 249.13(c)(7)(VIII) Medications for residents were maintained in a storage type closet. Other items (supplies, cleaning agents, etc., were also in the closet).
21. 249.13(c)(7)(VIII) Medications were not separated in an orderly manner according to the clients.
22. 249.13(c)(7)(VIII) Drugs were not located in a secure locked container. The "closet" was found unlocked in the afternoon of 1-29-79 in the men's dormitory. The "closet" in the women's dormitory was found unlocked in the morning of 1-29-79.
23. 249.13(c)(7)(VIII) A medication label for Mellaril 25 mg, (name omitted) was inconsistent with physician's orders. The label read 1 tab 2X daily - may take 3 tabs daily if needed. The current order was 25 mg tab, 1 every day, may repeat once if needed. A correct label had been prepared by the clinic nurse, but had not been affixed to the medication, which is the responsibility of a pharmacist.
24. 249.13(d)(4) and S.S. 4.1 Medical records are not being maintained in an organized and systematic manner.

RECOMMENDATION:

16. Top level management at Laradon must immediately formulate in writing the necessary policies, procedures, and practices to comply with above stated regulations.

RESPONSE:

16. *Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.*

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

17. The Board at Laradon must authorize the immediate employment of a Registered Nurse, either full time or as a consultant 4 hours a week. The individual needs to give priority in meeting all the requirements under 249.13(c)(6)(ii), (iii), and (iv).

RESPONSE:

17. Laradon hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

18. An additional full time (40 hours) licensed nurse is needed. The two LPNs do a commendable job of providing services under the circumstances. The two LPNs currently employed - one nurse on duty 7:30 to 1:30 and the other 1:30 to 6:30, seven days a week and available on call during the night hours is not sufficient to meet all the assigned responsibilities. Some of their duties include over 100 pre-physical examination procedures, preparing, administering, and recording medications for 72 residents plus many day students and/or supervising medication procedures, participating in program planning, inservice education, emergency care, giving tine check tests, and record administration-also, assisting the physician on Tuesday and Thursday mornings in seeing clients, and availability for "sick-call" for all residents. Their duties and responsibilities are such that they should be working under more normal 8 hour shifts.

RESPONSE:

18. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.
- Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

19. Steps should be taken to improve the appearance of the "Medical Clinic" ("Nurses' Office") and the room across from the clinic that is used as a "sick holding area." The areas are cluttered with non-essential items and add to the unattractiveness of both areas. The "sick holding area" needs to be equipped with bed linens and other equipment essential to the needs of ill residents. Inadequate toilet facilities were noted to be an inconvenience.

RESPONSE:

19. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.
- Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

20. Consideration should be given to relocating the clinic and sick holding area to the first floor, and a location more accessible for all residents.

RESPONSE:

20. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected.

Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

21. The Board should consider the engagement of a Registered Record Administrator or an Accredited Record's Technician as a consultant to assist in establishing and maintaining an organized central record service.

RESPONSE:

21. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

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RECOMMENDATION:

21. The Board should consider the engagement of a Registered Record Administrator or an Accredited Record's Technician as a consultant to assist in establishing and maintaining an organized central record service.

RESPONSE:

21. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

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Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

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RECOMMENDATION:

21. The Board should consider the engagement of a Registered Record Administrator or an Accredited Record's Technician as a consultant to assist in establishing and maintaining an organized central record service.

RESPONSE:

21. Laradon Hall denies any malfeasance or misfeasance with regard to allegations set forth in Allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur in Recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

RECOMMENDATION:

24. The agency must immediately return to the clients those expenses improperly charged to their personal needs account and submit appropriate documentation to appropriate agencies involved to verify such return.

RESPONSE:

24. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendations 23 and 24 are concurred in, and will be implemented immediately. Findings numbered 1 through 9 with regard to Social Services rules and regulations concerning accountability and reporting are denied in total.

RECOMMENDATION:

25. In the future, those funds held properly in trust for the client must be released only to the client, or a client's legal guardian or custodian, if the client is not of age, and such release must be documented by a signed receipt by the client, guardian, or custodian.

RESPONSE:

25. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendation 25 is concurred in, and will be implemented by March 31, 1979. Findings numbered 1 through 9 with regard to Social Services rules and regulations concerning accountability and reporting are denied in total.

RECOMMENDATION:

26. The agency must immediately release all funds held by the agency to the client, legal guardian or custodian if the client is not of age when the client withdraws from the program.

RESPONSE:

26. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendation 26 is concurred in, and will be implemented immediately.

Findings numbered 1 through 9 with regard to Social Services Rules and Regulations concerning accountability and reporting are denied in total.

RECOMMENDATION:

27. The Board of Directors should immediately engage a CPA firm under the joint direction of the Department of Institutions and the Department of Social Services to review, in total, the agency's compliance with fiscal statutes, rules and regulations concerning the care and treatment of the developmentally disabled.

RESPONSE: Laradon Hall

27. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendation No. 27 will be implemented as follows: Willis LaVance of the Department of Social Services has agreed to scope out those fiscal areas to be audited by an independent CPA firm to be agreed upon by Laradon Hall and the Department of Social Services. The cost therefor shall be borne by Laradon Hall, not to exceed the sum of \$13,000.00. The Department of Social Services has agreed to undertake an audit of the residents' personal needs accounts through use of its own auditors, at no cost to Laradon Hall. The results of the audit shall be made available to the State, as well as to Laradon Hall.

Findings numbered 1 through 9 with regard to Social Services rules and regulations concerning accountability and reporting are denied in total.

RESPONSE: Willis LaVance, Department of Social Services

27. The Department of Social Services has not agreed to undertake an audit of the

RESPONSE:

26. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendation 26 is concurred in, and will be implemented immediately.

Findings numbered 1 through 9 with regard to Social Services Rules and Regulations concerning accountability and reporting are denied in total.

RECOMMENDATION:

27. The Board of Directors should immediately engage a CPA firm under the joint direction of the Department of Institutions and the Department of Social Services to review, in total, the agency's compliance with fiscal statutes, rules and regulations concerning the care and treatment of the developmentally disabled.

RESPONSE: Laradon Hall

27. Laradon Hall specifically denies each and every allegation set forth in the findings regarding Allegation No. 7.

Recommendation No. 27 will be implemented as follows: Willis LaVance of the Department of Social Services has agreed to scope out those fiscal areas to be audited by an independent CPA firm to be agreed upon by Laradon Hall and the Department of Social Services. The cost therefor shall be borne by Laradon Hall, not to exceed the sum of \$13,000.00. The Department of Social Services has agreed to undertake an audit of the residents' personal needs accounts through use of its own auditors, at no cost to Laradon Hall. The results of the audit shall be made available to the State, as well as to Laradon Hall.

Findings numbered 1 through 9 with regard to Social Services rules and regulations concerning accountability and reporting are denied in total.

RESPONSE: Willis LaVance, Department of Social Services

27. The Department of Social Services has not agreed to undertake an audit of the

C.R.S. 26-4-106 and 26-4-110. The rules and regulations of the Department of Social Services concerning nursing home care and found in A-4331. Specific manual sections not being adhered to are A-4331.642, concerning additional payments for services to be covered in the per diem rate; A-4331.652, concerning the necessary records and accountability; and A-4331.72 B-5, concerning items required to be in the per diem rate. The citations are not all inclusive with the exception of the overall regulation A-4331. It should be noted that the audit was not a comprehensive test, but rather a cursory review. However, certain items need to be specifically noted.

1. It would appear that the accounting-bookkeeping system is such that over-accrual of clients room and board charges is the rule instead of being the exception.
2. Patient earnings are not being properly applied and/or reported. In one instance, it was noted that over \$1,900 of outside earnings was not applied to the cost of room and board or reported to Social Services. This practice results in the overpayment by the State in their per diem reimbursement.
3. There are many charges to the patient's personal needs accounts that are not documented and where there is documentation, it appears that that documentation rarely matches the charges recorded in the books. In addition, the patients are being charged for soap, towels, small appliances, repairs, and in some instances, food. These items are specifically included in the per diem rate of reimbursement determined by this Department and, therefore, may not be charged to a client.
4. It also appears that clients are assessed a certain dollar amount each month for a "dorm fund" which is used to buy cleaning supplies, table cloths, floor mats, food and other miscellaneous items. This practice is specifically prohibited in Section A-4331.642.

5. Whenever a dormitory resident does not have sufficient personal needs money, there is a practice of borrowing the case from another resident with a simple note placed in the lenders envelope that "so and so" owes so much.
6. Clients are being charged advance room and board or are being encouraged to make substantial cash withdrawals to reduce their resources which may or may not effect the eligibility of the client in the Medicaid Program.
7. In one case, an airline ticket was purchased by the house parent and charged to a client's account with no documentation indicating that the client, in fact, is the individual that used the airline ticket.
8. Inventory of personal belongings does not meet the requirements of this Department's rules and regulations, specifically A-4331.66.
9. It would appear that the facility is receiving duplicate payments by charging clients \$5.00 per day apartment fees for those clients attempting to live alone while at the same time, receiving payments from the State as if the client was still in the nursing care facility.

RECOMMENDATION:

29. The Department of Social Services should review the above issues of non-compliance with the Attorney General's Office for determination as to whether or not the Department can continue to make payments to Medicaid recipients.

RESPONSE:

29. *No response given.*

ALLEGATION:

8. Involvement of parents, guardians, advocates and adult clients themselves in the plans for care and treatment.

Educational Programs

FINDING:

Prior to the summer of 1978, individual program plans were developed only by staff members without inviting the parents, guardians or clients. Following the development of the plan, the social worker invited the parents and held a conference on the plan developed by staff. Starting in September of 1978, the Education Division changed the procedure and started routinely inviting parents to the individualized program plan meeting. Neither the client, advocates or related staff from other agencies are invited to program plan meetings, unless they themselves make a request. No copy of the plan, once formulated, is given to parent, advocate, guardian or client unless a request is made.

Vocational Programs

The agency does not routinely invite clients, parents, advocates or staff members from other agencies to the Individualized Program Plan meetings. The reason given for excluding others than the client was that the clients were adults and the clients were involved in programming during the scheduled meetings. The client's social worker meets with the client following the meeting to explain what the staff has decided. Laradon does not give a copy of the IPP to the adult clients, parents or guardians.

C.R.S. 1973, Article 27-10.5-109 states that every resident has the right to regular and adequate review to determine the value and appropriateness of present care and treatment and that "the results of each periodic review shall be given by the facility to the resident, to the resident's parent, legal guardian or custodian."

This has not been practiced at Laradon.

Developmentally Disabled Assistance and Bill of Rights Act of 1975 (P.L. 94-103) requires that the Individualized Program Plan must be developed by an interdisciplinary team with the participation of the handicapped individual, the individual's parents, family, or other representative, and the representatives and/or staff of other agencies involved in serving the individual. Laradon has not met these criteria.

The administration and the staff were not well informed of the new changes in laws and regulations protecting residents' rights. The general attitude of the administration and the staff toward the residents was over-protective.

The residents have little power of decision making, and the staff are very powerful in deciding the residents' futures. The parents and guardians are also often left out of the decision-making process which could affect the care and treatment of the client.

RECOMMENDATION:

30. The IPP must be developed by an interdisciplinary team with the participation of:
 - a. The handicapped individuals, (law does not specify ages).
 - b. The individual's parents, family, legal guardian and/or advocates.
 - c. Staff of other agencies serving the individual.

The respective client must be present at any meeting when his/her case is discussed and an important decision such as discharge could be made. His/her parents/legal

guardian, advocate, and/or staff from other agencies must be invited to such meetings. This recommendation is made specifically because discharge decisions are sometimes made in the team meeting, admissions meeting, etc., and not necessarily at the IPP review meetings. A copy of the signed IPP must be given to the client, to the parents/legal guardian, and the other appropriate agencies.

RESPONSE:

30. *Laradon Hall denies any findings of malfeasance or misfeasance set forth in the audit regarding educational programs and vocational programs. Laradon Hall, however, concurs in Recommendation No. 30, which will be implemented immediately.*

ALLEGATION:

9. Internal mechanisms for the review of issues and the solutions to problems.

FINDING:

The Board of Directors is composed of 15 members, 13 of whom are members of the Elk's Lodge. There are five Board committees under the by-laws, such as Safety Committee, etc., of which members are appointed by the Chairman of the Board.

There are no parents/guardians or Advocates on the Board of Directors, nor on any of the Board committees structured under the by-laws.

There are other "operational" committees, such as Admissions Committee, which are entirely composed of staff members. No clients, parents/guardians, nor Advocates serve on any of these committees.

Laradon does not solicit any participation of consumers or consumer representatives on the "operational" committees. They are composed of staff members exclusively.

The agency does not have a formal standing grievance committee to hear issues from staff or clients, nor an independent ethics committee to review matters of treatment and problems. This avoidance of external and internal review has, in part, led to the need to conduct the present investigation. This might have been avoided if such mechanisms had been in place.

RECOMMENDATION:

31. The clients, both adults and children, should be encouraged as much as possible to participate in the decision-making process which would affect their care, treatment, and training. They should have an opportunity to form an appropriate organization or organizations to voice their desires, interests, and views, and to learn the democratic decision-making process. Student council, dorm government,

etc., are the examples of such organizations. These organizations should be the ones to decide the rules and regulations governing the conduct of residents of dorms or workers in the workshop.

RESPONSE:

31. Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation 31 is concurred in, and will be implemented on or before May 15, 1979. Recommendation 32 is concurred in. Recommendations 33 and 34 are concurred in, and will be implemented on or before June 15, 1979.

RECOMMENDATION:

32. Client representatives, parents/legal guardians, and/or Advocates should be given an opportunity to be a regular member of the Board and of some key operating committees at Laradon, such as the Admissions Committee.

RESPONSE:

32. Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation 31 is concurred in, and will be implemented on or before May 15, 1979. Recommendation 32 is concurred in. Recommendations 33 and 34 are concurred in, and will be implemented on or before June 15, 1979.

RECOMMENDATION:

33. The Board at Laradon should immediately set up an independent Ethical Review Committee made up of outside professionals, Advocates and parents.

RESPONSE:

33. Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation 31 is concurred in, and will be implemented on or before May 15, 1979. Recommendation 32 is concurred in. Recommendations 33 and 34 are concurred in, and will be implemented on or before June 15, 1979.

RECOMMENDATION:

34. A formal grievance committee should be established to hear staff and client complaints and to investigate concerns.

RESPONSE:

34. *Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation 31 is concurred in, and will be implemented on or before May 15, 1979. Recommendation 32 is concurred in. Recommendations 33 and 34 are concurred in, and will be implemented on or before June 15, 1979.*

ALLEGATION:

10. The responsibility of the Denver Board in monitoring and evaluation of programs.

FINDING:

It is the responsibility of the Denver Board to supervise the programs for clients served under contract with the Denver Board at Laradon Hall. The contract for fiscal 1978-79 between Laradon Hall and the Denver Board was for services to 186 clients. The Denver Board employs two full time social workers with an approximate work load of 300 clients each. These case workers are directed by the Denver Board to monitor approximately 10% of the case load on a regular basis. Given earlier findings of this report, the Denver Board has not demonstrated that its mechanisms for monitoring and evaluation are having the desired effect.

RECOMMENDATION:

35. The Division for Developmental Disabilities should consider a direct contract with Laradon Hall for a period of 2 to 3 years in order to provide the necessary monitoring and evaluation.

RESPONSE: DIVISION FOR DEVELOPMENTAL DISABILITIES

35. *Deferred until 6-1-79.*

RESPONSE: LARADON HALL

35. *Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation No. 35 will be studied by an in-house task force before response thereto.*

Adult Residential Services Contract

Background

Laradon Hall has a contract with the Division for Developmental Disabilities, Department of Institutions, for fiscal 1978-79, to provide adult residential services for developmentally disabled persons. The contract is a purchase of services contract entered into under the provisions of C.R.S. 1973, as amended 27-10.5-133, and C.R.S. 1973 27-11-101.

27-10.5-133 reads as follows:

27-10.5-133. Group homes for the developmentally disabled. (1) As used in this section, unless the context otherwise requires:

(a) "Community-based group home for the developmentally disabled" means a nonmedical residence or dwelling unit providing supervision and training and capable of housing no more than ten developmentally disabled persons. Community-based group homes for the developmentally disabled licensed prior to January 1, 1976, may house more than ten developmentally disabled persons.

(b) "Department" means the Department of Institutions.

(2) The Department shall enforce regulations for the operation of community-based group homes for the developmentally disabled.

(2.5) The Department of Health shall license the operation of community-based group homes for the developmentally disabled. The issuance, suspension, renewal, revocation, annulment, or modification of licenses shall be governed by the provisions of section 24-4-104, C.R.S., 1973. All licenses shall bear the date of issuance and shall cover a twelve-month period.

(3) Failure of a community-based group home for the developmentally disabled to comply with local fire, safety, or health codes shall be reason to deny, suspend, revoke, annul, or modify the license of such home.

(4) The Department shall have the power to adopt, promulgate, amend, and modify such regulations for community-based group homes for the developmentally disabled as may be appropriate or necessary to carry out the provisions of this section, including, but not limited to, standards which provide that a community-based group home for the developmentally disabled shall not be located within seven hundred fifty feet of another such group home.

(5) Such regulations shall be promulgated pursuant to section 24-4-103, C.R.S. 1973.

The contract specifies Paragraph 16A that Laradon Hall will provide services to 53 clients for a total of 18,378 days at a daily rate of \$14.60 per day, or a total contract amount of \$268,139.00. Paragraph 15A specifies that the contractor shall possess current licenses. Paragraph 17 specifies that either party shall have the right to terminate this contract by giving the other party sixty (60) days written notice. Paragraph 12 of the contract specifies that the contractor will comply with the manual for residential service providers.

FINDINGS:

Laradon rents a public housing unit that serves as a group home. This unit serves between 18 and 20 clients, services for which are billed to the State of Colorado under statutes and contract detailed above. Laradon does not possess a license from the Health Department as required by contract, Paragraph 15A and statute 27-10.5-133(2.5). The community group home houses more than 10 developmentally disabled residents in violation of 27-10.5-133(a).

Laradon also provides services to approximately 12 clients in a Residential Child Care Facility located on the grounds of the school. The Adult Residential Services funded program in the Residential Child Care Facilities are in violation of C.R.S. 1973, 27-10.5-133 stating that "Community-based group home for the developmentally disabled" means a non-medical residence or dwelling unit providing supervision and training and capable of housing no more than ten developmentally disabled persons. This program cannot be considered, under any stretch of the imagination, to be a community-based group home, in that the facility and attendant program is not materially different as that for clients who participate in the regular residential program offered by Laradon. The Adult Residential Services funded programs in the Residential Child Care Facilities are in violation of the Residential Services contract, Paragraph 12A, stating the vendor agrees to comply with Regulations for Administration of Services Purchased and the manual for Residential Service Providers as they presently exist.

The adult residential apartments ("in projects") exhibit the following:

All three apartments were dirty and unkempt, i.e., (1) grease on walls and ceiling around the kitchen stove, (2) no doors on kitchen shelves, consequently, food areas were dirty, (3) problem with plumbing not attended to for five or six days, (4) bedroom of residents were dirty--no indication of regular cleaning,

(5) no carpeting on cement steps leading to bedrooms, (6) unpleasant odor in apartments, (7) does not appear to be enough storage space, (8) furniture was worn and torn and was piecemeal, (9) garbage cans kept in the kitchen.

The overall appearance of the three apartments was unpleasant and not acceptable to the Adult Residential Services Program. Residents are not living in a suitable environment to expand everyday living skills.

There was no indication of effective inservice training programs being offered to counselors of the apartments and no indication that counselors were encouraged to receive training outside of Laradon. This observation was substantiated by discussions with the staff.

The staff is very weak in applying formal training techniques when involved with residents.

All IPP's are kept across the street in the case manager's office, and counselors do not have immediate access to program plans in the apartments.

After reviewing ten Individual Program Plans (IPP's) and speaking with five counselors in the apartment units, the following areas of concern were found to exist in the Adult Residential Services apartment units: (1) only one counselor had knowledge of the goals developed by the program team for their clients, (2) the IPP's showed that staff responsible for carrying out programs, in some cases, were no longer employed by Laradon, (3) counselors were not programming in areas developed by the IPP team, (4) no evidence of parents signing the program plan or being involved in the program plan, which is in violation of the Adult Residential Services contract, (5) target dates were not set for accomplishment of goals developed by program team, (6) the evaluation of residents and goals of program team were not consistent; for example, in most cases, evaluation may emphasize concerns of residents behavior in cleanliness, but goals were developed to improve social skills.

If a resident is sick, he/she goes to nurse's office across the street and remains in the nurse's office during the day--not allowed to remain at home. No counselor on duty to do the things that should be done in running a home, i.e., written work, such as planning schedules, recording, turning in receipts, etc., and little chores, such as caring for residents who are ill that day. Counselors expressed that no formal orientation program was available to them when hired.

RECOMMENDATION:

36. The Director of the Division for Developmental Disabilities should immediately withhold all future payments under the Adult Residential Services Contract.

RESPONSE: DIVISION FOR DEVELOPMENTAL DISABILITIES

36. Deferred pending receipt of plan from the Laradon Board.

RESPONSE: LARADON HALL

36. Laradon Hall denies all of the findings and allegations set forth with regard to the Adult Residential Services contract. Laradon Hall does not concur in Recommendation No. 36, and is willing to meet with the Director of the Division of Developmental Disabilities regarding suggested improvements in the Adult Residential Services area. Recommendation No. 37 is concurred in, and is being implemented. The President of the Board of Laradon Hall is desirous of working out a plan with the Director of the Division of Developmental Disabilities to investigate, and if necessary rectify, alleged deficiencies, if any, referred to in the report. Recommendation 39 is deferred by the Board of Directors of Laradon Hall in order that it may establish a subcommittee to study a plan for implementation of correction of deficiencies, if in fact any do exist, the result of which will be submitted to the Division of Developmental Disabilities on or before May 1, 1979.

RECOMMENDATION:

37. The Director of the Division for Developmental Disabilities should immediately advise the President of the Board of Directors of the deficiencies detailed above.

RESPONSE: DIVISION FOR DEVELOPMENTAL DISABILITIES

37. *Concur. Implemented 2-5-79.*

RECOMMENDATION:

38. The Director of the Division for Developmental Disabilities should attempt to work out a plan with the President of the Board of Laradon in order to rectify the above detailed deficiencies in order to resume payment.

RESPONSE: DIVISION FOR DEVELOPMENTAL DISABILITIES

38. *Ongoing 2-14-79, continued through and finalized by 3-9-79.*

RECOMMENDATION:

39. If a plan for corrections of deficiencies for the Adult Residential Services contract is not submitted ten days following the notification of the Board of Directors, the Division for Developmental Disabilities should immediately discontinue the contract and advise the Colorado State Attorney General's Office to begin proceedings to recover all payments made under the Adult Residential Services contract.

RESPONSE: DIVISION FOR DEVELOPMENTAL DISABILITIES

39. *Deferred until 3-9-79.*

RESPONSE: LARADON HALL

39. *Laradon Hall denies all of the findings and allegations set forth with regard to the Adult Residential Services contract. Laradon Hall does not concur in Recommendation No. 36, and is willing to meet with the Director of the Division of Developmental Disabilities regarding suggested improvements in the Adult Residential Services area. Recommendation No. 37 is concurred in, and is being*

implemented. The President of the Board of Laradon Hall is desirous of working out a plan with the Director of the Division of Developmental Disabilities to investigate, and if necessary rectify, alleged deficiencies, if any, referred to in the report. Recommendation 39 is deferred by the Board of Directors of Laradon Hall in order that it may establish a subcommittee to study a plan for implementation of correction of deficiencies, if in fact any do exist, the result of which will be submitted to the Division of Developmental Disabilities on or before May 1, 1979.

Laradon Hall, by its concurrence in the recommendations stated in the draft report and in its offer to implement said recommendations by a date certain, does not admit to any of the findings of malfeasance or misfeasance or deficiencies in its various programs as contained in the report.

Recommendations

Report Page Ref.	No.	
4	1	Top level management should immediately review the findings as stated above and issue policy and procedure necessary to comply with rules, regulations and statutory requirements.
5	2	The Laradon Board of Directors should submit, for review and comment, a draft of the new incident policy and procedure to the Denver County Department of Social Services, the Denver Board, and to local advocacy groups in order to assure that the necessary communication of incidents is satisfactory.
5	3	The Laradon Board of Directors should immediately review the failure of Laradon personnel to adequately provide for consistent follow up and reporting of incidents and take the necessary steps to insure that there is a system of immediate documentation and review.
7	4	The Laradon Board of Directors should immediately revoke any blanket policy, procedure or practice that is in violation of a client's rights.
7	5	The Laradon Board of Directors should immediately issue a policy that states that the rights of a client may only be denied in accordance with the provisions of C.R.S. 27-10.5-111(3).
7	6	The Laradon Board of Directors should immediately provide for the inservice training of all staff in the provisions of C.R.S. 27-10.5 as amended.
10	7	The development of Individualized Program Plans for all clients must be given high priority by top level management at Laradon.

CHECK APPROPRIATE BOXES

(*Include Date)

(**If checked-explain in comments)

See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
			3-31-79		
			4-15-79		
			3-31-79		
		3-1-79			
		3-1-79			
			6-1-79		
			3-31-79		

March 19, 1979

Recommendations

(*Include Date)

(**If checked-explain in comments)

ort ge f.	No.	Recommendations	See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
0	8	Consideration should be given to the utilization of staff from the Laradon Children's Services for purposes of inservice training for staff in other programs found to be deficient in individualized program planning.				3-31-79		March 19, 1979
1	9	A common and uniform policy regarding restraints, discipline and control must be issued immediately to all units in common form.						
:	10	It is recommended that these adults be moved from the Residential Child Care Facility into an age-appropriate living arrangement. As we are all aware, the need for Residential Child Care Facilities for mentally children is not been fully met at this time, and therefore, all Residential Child Care Facility beds should only be utilized by mentally retarded children during their developmental years.	X					
2	11	A six week repetitive season cycle menu should be planned and repeated for three or four months under the direction of a qualified dietician.						X
2	12	The planning of modified diets should be under the supervision of a qualified dietician.						X
2	13	The head cook should immediately commit to writing all tested recipes.				4-15-79		
3	14	The food service personnel should immediately begin to attend inservice training classes.				4-15-79		
3	15	Top level management should immediately begin to draft policies and procedures for the dietary department.				5-15-79		
5	16	Top level management must immediately formulate in writing the necessary policies, procedures, and practices to comply with above stated regulations.				5-15-79		

Recommendations

(*Include Date)

(**If checked-explain in comments)

Report No.	No.	Recommendations	See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
16	17	The Board at Laradon must authorize the immediate employment of a Registered Nurse, either full time or as a consultant 4 hours a week. The individual needs to give priority in meeting all the requirements under 249.13(c)(6)(ii),(iii), and (iv).				3-5-79		March 19, 1979
16	18	An additional full time (40 hours) licensed nurse is needed. The two LPNs do a commendable job of providing services under the circumstances. The two LPNs currently employed-one nurse on duty 7:30 to 1:30 and the other 1:30 to 6:30, seven days a week and available on call during the night hours is not sufficient to meet all the assigned responsibilities. Some of their duties include over 100 pre-physical examination procedures, preparing, administering and recording medications for 72 residents plus many day students and/or supervising medication procedures, participating in program planning, inservice education, emergency care, giving time check tests, and record administration-also, assisting the physician on Tuesday and Thursday mornings in seeing clients, and availability for "sick-call" for all residents. Their duties and responsibilities are such that they should be working under more normal 8 hour shifts.					X	
16	19	Steps should be taken to improve the appearance of the "Medical Clinic" ("Nurses' Office") and the room across from the clinic that is used as a "sick holding area."					X	
17	20	Consideration should be given to relocating the clinic and sick holding area to the first floor, and a location more accessible for all residents.			2-21-79			

Recommendations

(*Include Date)

(**If checked-explain in comments)

ort ge f.	No.	Recommendations	See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
7	21	The Board should consider the engagement of a Registered Record Administrator or an Accredited Record's Technician as a consultant to assist in establishing and maintaining an organized central record service.				5-15-79		
9	22	The agency must only hold funds as a trust for a client upon written request by the client, or if a child, the parent, guardian or custodian.				3-31-79		
5	23	The agency must discontinue charging clients for those items that are reimbursed or are a necessary part of the program or a required service.			2-21-79			
9	24	The agency must immediately return to the clients those expenses improperly charged to their personal needs account and submit appropriate documentation to appropriate agencies involved to verify such return.			2-21-79			
9	25	In the future, those funds held properly in trust for the client must be released only to the client, or a client's legal guardian or custodian, if the client is not of age, and such release must be documented by a signed receipt by the client, guardian, or custodian.				3-31-79		
0	26	The agency must immediately release all funds held by the agency to the client, legal guardian or custodian if the client is not of age when the client withdraws from the program.			2-21-79			
0	27	The Board of Directors should immediately engage a CPA firm under the joint direction of the Department of Institutions and the Department of Social Services to review, in total, the agency's compliance with fiscal statutes, rules and regulations concerning the care and treatment of the developmentally disabled.	X					

March 19, 1979

Recommendations

(*Include Date)

(**If checked-explain in comments)

ort ge f.	No.	Recommendations	See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
0	28	The agency must immediately discontinue the practice of merging receipts from various sources such as wages, donations and personal needs funds into one savings account, and must comply with rules and regulations, including, but not limited to, Medicaid regulations and State statutes.				6-1-79		March 19, 1979
2	29	The Department of Social Services should review the above issues of non-compliance with the Attorney General's Office for determination as to whether or not the Department can continue to make payments to Medicaid recipients.						
4	30	The IPP must be developed by an interdisciplinary team with the participation of: a. The handicapped individuals, (law does not specify ages). b. The individual's parents, family, legal guardian and/or advocates. c. Staff of other agencies serving the individual.			2-21-79			
6	31	The clients, both adults and children, should be encouraged as much as possible to participate in the decision-making process which would affect their care, treatment, and training. They should have an opportunity to form an appropriate organization or organizations to voice their desires, interests, and views, and to learn the democratic decision-making process. Student council, dorm government, etc., are the examples of such organizations. These organizations should be the ones to decide the rules and regulations governing the conduct of residents of dorms or workers in the workshop.				5-15-79		

Recommendations

(*Include Date)

(**If checked-explain in comments)

ort ge f. No.	No.		See Comments	Requires Legislative Action**	Imple- mented*	To Be Imple- mented*	Deferred **	Rejected **
7	32	Client representatives, parents/legal guardians, and/or Advocates should be given an opportunity to be a regular member of the Board and of some key operating committees at Laradon, such as the Admissions Committee.	X					
7	33	The Board at Laradon should immediately set up an independent Ethical Review Committee made up of outside professionals, Advocates and parents.				6-15-79		
7	34	A formal grievance committee should be established to hear staff complaints and to investigate staff concerns.				6-15-79		
8	35	The Division for Developmental Disabilities should consider a direct contract with Laradon Hall for a period of 2 to 3 years in order to provide the necessary monitoring and evaluation.	X				X	
2	36	The Director of the Division for Developmental Disabilities should immediately withhold all future payments under the Adult Residential Services contract.	X					
2	37	The Director of the Division for Developmental Disabilities should immediately advise the President of the Board of Directors of the deficiencies detailed above.	X					
2	38	The Director of the Division for Developmental Disabilities should attempt to work out a plan with the President of the Board of Laradon in order to rectify the above detailed deficiencies in order to resume payment.						
2	39	If a plan for corrections of deficiencies for the Adult Residential Services contract is not submitted ten days following the notification of the Board of Directors, the Division for Developmental Disabilities should immediately discontinue the contract and advise the Colorado State Attorney General's Office to begin proceedings to recover	X					

March 19, 1979

ROBERT S. EBERHARDT
ATTORNEY AT LAW

March 9, 1979

Mr. James R. Greer
Internal Auditor
Department of Institutions
3550 W. Oxford Avenue
Denver, Colorado 80236

Re: Draft report on Laradon Hall Society

Dear Mr. Greer:

This letter is to advise you that my services have been retained by the Board of Directors of Laradon Hall regarding your draft report on Laradon Hall Society, Report No. 78-79-49.

Laradon Hall submits herewith the following response to the ten areas of general concern considered by the review team, as follows:

1. Allegation: Abuse and neglect in the supervisions of adult residents.

Response: Laradon Hall denies any allegation of abuse and neglect in the supervision of adult residents.

2. Allegation: The types and method of incident reporting and agency policies related to reporting and corrective action taken.

Response: Laradon Hall denies any findings of malfeasance or misfeasance with regard to the findings set forth in allegation 2. However, staff does concur in your recommendations with regard thereto, and, with regard to recommendations 1 and 3, concur in their implementation on or before March 31, 1979, and with regard to recommendation no 2, concurs in implementation on April 15, 1979.

3. Allegation: Staffing patterns.

Response: Laradon Hall denies any deficiencies in staffing patterns in any of its facilities.

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March 9, 1979

Mr. James R. Greer
Internal Auditor
Department of Institutions
3550 W. Oxford Avenue
Denver, Colorado 80236

Re: Draft report on Laradon Hall
Society

4. Allegation: Violation of civil rights and individual freedoms.

Response: Laradon Hall denies each and every finding set forth in allegation No. 4 regarding civil rights and individual freedoms. Your recommendations Nos. 4 and 5 are concurred in, and are being implemented as of this date. Recommendation No. 6 is also concurred in, and an in-house task force is contemplated to study and request training through the Denver Board on or before June 1, 1979.

5. Allegation: Program delivery issues and process.

Response: Laradon Hall denies any malfeasance or misfeasance in the operation of the infant stimulation and day training program, the day training program, the adult vocational program, the adult residential program, and the residential child care facility program. However, Laradon Hall concurs in the immediate implementation of recommendations 7 and 8, which will be implemented on or before March 31, 1979. Recommendation 10 is taken under advisement by Laradon Hall, and an in-house task force will be established to study the impact thereof.

6. Allegation: Health and medical issues, and policies and practices for medical care and treatment.

Response: Laradon Hall denies any malfeasance or misfeasance with regard to the allegations set forth in allegation No. 6. Recommendations No. 11 and 12 are rejected. Recommendations 13 and 14 are concurred in, and will be implemented on or before April 15, 1979. Recommendations 15 and 21 are concurred in, and will be implemented on or before May 15, 1979.

Laradon Hall denies the findings numbered 1 through 24 regarding medical programs, medical records, and resident halls, and specifically denies any malfeasance or misfeasance with regard thereto. Laradon Hall does concur

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March 9, 1979

Mr. James R. Greer
Internal Auditor
Department of Institutions
3550 W. Oxford Avenue -
Denver, Colorado 80236

Re: Draft report on Laradon Hall
Society

in recommendation No. 16, to be implemented on or before May 15, 1979, and in Recommendation 17, to be implemented on or before March 5, 1979. Recommendations 18 and 19 are deferred at this time, but will be studied by an in-house task force for later implementation. Recommendation No. 20 is concurred in and implemented.

7. Allegation: Fiscal issues.

Response: Laradon Hall specifically denies each and every allegation set forth in the findings regarding allegation No. 7.

Recommendation 22 is concurred in, and will be implemented by March 31, 1979. Recommendations 23 and 24 are concurred in, and will be implemented immediately. Recommendation 25 is concurred in, and will be implemented by March 31, 1979. Recommendation 26 is concurred in, and will be implemented immediately. Recommendation No. 27 will be implemented as follows:

Willis Lavance of the Department of Social Services has agreed to scope out those fiscal areas to be audited by an independent CPA firm to be agreed upon by Laradon Hall and the Department of Social Services. The cost therefor shall be borne by Laradon Hall, not to exceed the sum of \$13,000.00. The Department of Social Services has agreed to undertake an audit of the residents' personal needs accounts through use of its own auditors, at no cost to Laradon Hall. The results of the audit shall be made available to the State, as well as to Laradon Hall.

Recommendation 28 is concurred in and will be implemented on or before June 1, 1979.

Findings numbered 1 through 9 with regard to Social Services rules and regulations concerning accountability and reporting are denied in total.

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March 9, 1979

Mr. James R. Greer
Internal Auditor
Department of Institutions
3550 W. Oxford Avenue
Denver, Colorado 80236

Re: Draft report on Laradon Hall
Society

8. Allegation: Involvement of parents, guardians, and adult clients in plans for care and treatment.

Response: Laradon Hall denies any findings of malfeasance or misfeasance set forth in the audit regarding educational programs and vocational programs. Laradon Hall, however, concurs in recommendation No. 30, which will be implemented immediately.

9. Allegation: Internal mechanisms for the review of the solutions to problems.

Response: Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation 31 is concurred in, and will be implemented on or before May 15, 1979. Recommendation 32 is concurred in. Recommendations 33 and 34 are concurred in, and will be implemented on or before June 15, 1979.

10. Allegation: Responsibility of the Denver Board in monitoring and evaluation of programs.

Response: Laradon Hall denies any malfeasance or misfeasance with regard to the findings set forth therein. Recommendation No. 35 will be studied by an in-house task force before response thereto.

Laradon Hall denies all of the findings and allegations set forth with regard to the adult residential services contract. Laradon Hall does not concur in recommendation No. 36, and is willing to meet with the Director of the Division of Developmental Disabilities regarding suggested improvements in the adult residential services area. Recommendation No. 37 is concurred in, and is being implemented. The President of the Board of Laradon Hall is desirous of working out a plan with the Director of the Division of Developmental Disabilities to investigate, and if necessary rectify, alleged deficiencies, if any, referred to in the report. Recommendation 39 is deferred by the Board of Directors

Page Five

March 9, 1979

Mr. James R. Greer
Internal Auditor
Department of Institutions
3550 W. Oxford Avenue
Denver, Colorado 80236

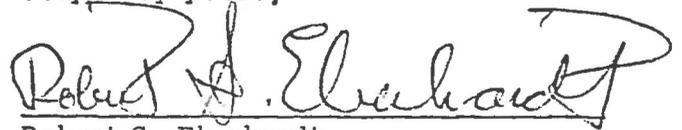
Re: Draft report on Laradon Hall
Society

of Laradon Hall in order that it may establish a subcommittee to study a plan for implementation of correction of deficiencies, if in fact any do exist, the result of which will be submitted to the Division of Developmental Disabilities on or before May 1, 1979.

Laradon Hall, by its concurrence in the recommendations stated in the draft report and in its offer to implement said recommendations by a date certain, does not admit to any of the findings of malfeasance or misfeasance or deficiencies in its various programs as contained in the report.

If any additional clarification is required, kindly advise and Laradon Hall will promptly reply. It is Laradon's intent to cooperate to the fullest extent with each of the state agencies having responsibility for administering the various programs provided by Laradon Hall.

Very truly yours,



Robert S. Eberhardt

RSE:vr

cc: Laradon Hall Society

