

The plans also failed to identify the programs needed by clients for them to be placed in community residences.

● **Normalization requirements.** "There were instances in which clients were not afforded the opportunity to experience 'normal' daily rhythms of life," the report said, noting instances of early bedtimes for adult patients, no variance of scheduling on weekends, serving dinner before 5 p.m., keeping buildings locked and the lack of field trips.

In addition, the auditors found a problem with dirty and ill-fitting clothing and an inadequate wardrobe for some patients.

● **Physical environment.** "The facility has shown tremendous improvement in making its residential living areas cleaner and safer since the fall of 1983," the report said.

However, there are still problems with curtains missing from windows, malfunctioning sinks, and lack of decorations, storage space for patients, partitioned sleeping areas and toilet paper, according to the report.

● **Staff training and development.** "The majority of the standards were positively cited," the report said.

● **Administration.** "Most ... standards did not show evidence of non-compliance," the report said.

Levy said he was particularly disturbed by the problems in programming and in evaluations and assessment. "How you are going to treat the clients if you don't know what they are doing?" he asked, noting his concern that some clients are receiving inappropriate programming.

In addition, he said, the report hints that clients are being drugged to eliminate anti-social behavior instead of receiving therapy. Thirteen of the patients surveyed received psychoactive drugs but were not in behavioral

programs.

"It's a real problem, (drugging) people ... that shouldn't be drugged," Levy said. "They drug people up, but there's no pharmacology review to check the possible side effects of the drugs, there's no programming to change the behavior, so the clients just stay on the drugs. And that's terrible. Drugs should not be used as a substitute for programming."

Walsh acknowledged problems in programming at SIDC. "We need to improve, especially in the clinical areas," he said, adding that the institution has been restricted by the lack of physical and speech therapists — "we can't recruit them with the salaries that the state pays."

However, he said he recently obtained permission to contract with professionals in private practice for those services, which should improve the situation.

In addition, Walsh said some of patients with deficient programming were recently transferred from United Cerebral Palsy of New York State, and the auditors looked at the patients before SIDC upgraded their programming. "All our patients are now receiving the six hours of programming," he said.

On other subjects, Walsh was more upbeat: "Across the board, the audit showed general improvement. In the area of community placement, there was no evidence of non-compliance, and that's our top priority.

"The auditors also said the nursing care plans were the best they had ever reviewed. In the area of physical environment, although there were some serious deficiencies, the auditors said the institution was basically much cleaner and safer.

"In the past, the administration was always cited for lack of control. That's been improved. Staff training was always an issue, but that's been improved.

"In the areas we have cited as priorities, we show dramatic improvement," he said. "And we can't do everything at once."

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