



Michigan Disability Rights Coalition

With Liberty and Access For All

Janet Olszewski, Director
Department of Community Health
Capitol View Building
201 Townsend
Lansing, MI 48913

Dear Director Olszewski:

I am writing to ask your help in permanently resolving the poor performance in the ICF/MR portion of the State Hospital in Mt. Pleasant. While this letter is triggered by the Medicaid Participation inspection report completed on the facility in January 2007, Mt. Pleasant has a long record of poor performance dating back to the decision to keep it open while all other State Hospitals for persons with developmental disabilities were being closed. While I do not think that such facilities are ever necessary, Mt. Pleasant has degenerated into a caricature of a program of support.

The current report suggests very poor morale and little or no communication between staff and the Director. It also suggests that the entire facility has degenerated into a bureaucratic morass in which little attention is paid to the residents. For example:

- The reassignment of staff with records of substantiated abuse to ICF/MR wards
- The 1213 incidents with 109 of unknown origin
- The fact that the Director deleted email incident reports, apparently as not important enough to save
- The physical condition of the hospital, much much poorer than the facility in Tuscola county which I monitored in the early 80's. Both the condition and the incident levels are far higher than those in the Tuscola facility. And there were over 400 residents in that hospital at the time.
- The constant blaming of problems on the lack of resources, when the per diem is nearly \$540/day for each resident. Each resident could have a hotel room and two full time staff for this amount of money in the real world.
- The fact that 2 QRMP's didn't agree on what grooming meant for an individual resident plan. This suggests that the plans are simply copied with small changes in numbers to give the appearance of individualized plans.
- Numerous examples of a lack of knowledge about the residents.
- Finally, and most ominously, the lack of attention paid to basic medical monitoring of residents by staff. Nothing in the report suggest more strongly that the facility now views the residents as a collection of burdensome tasks, whose accomplishment is to be organized for the convenience of staff.

Anecdotes from staff and support networks of residents suggest even deeper, more malignant problems:

- A murder, which remains unsolved
- No investigation of reports by support networks of injuries
- Threats to remove guardianship from parents for reporting concerns, thus cutting off contact between parent and child
- An apparent inability of the current Director to control abuse or neglect of residents by the staff.

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I would ask you to do what is necessary to protect the residents.

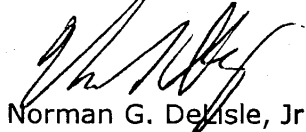
Some possibilities for doing so:

- Allow advocates to give you feedback on the credibility of the facility's Plan of Correction when that is created.
- Don't accept that Plan of Correction until it addresses credibility of correction in view of the current situation. This may mean forfeiting Medicaid Participation for this facility.
- Do what is necessary to make CMH systems pay the full per diem instead of the subsidized version they pay now. I would add that forfeiture of Medicaid Participation will require the CMHs to pay the full cost for Mt. Pleasant and will subject them to complaint about provision of unacceptable services.
- Replace the current Director with someone who understands how to manage a facility like this. That replacement should have a mandate to close the ICF/MR portion of the facility, no matter what else happens.

I know this is a strongly worded letter. It is so because I have watched Mt. Pleasant stagnate into a custodial warehouse lacking in respect for its residents or families for two decades. I and other advocates have so many unpleasant anecdotes and stories about this facility that it would take some effort to recall them all. While I believe that all large institutional settings devolve into this kind of "Kingdom Hospital" system eventually, I can't think of one that has proven this hard to eliminate, not even the specialized contract nursing homes of the late 80's.

Thank you for your time in resolving this festering sore.

Sincerely,



Norman G. DeLisle, Jr.
Executive Director