

A blue ribbon graphic with a 3D effect, featuring a lighter blue top surface and a darker blue bottom surface, framing the text on the left side.

Lack Of Oversight For SCL Providers

Regulatory Actions for Group Homes vs Nursing Homes

Group Homes/ SCL Providers

- Regulated and Surveyed by the Division of Developmental and Intellectual Disabilities.
- DDID is a Provider Resource.
- DDID cannot issue any fines and moratoriums are voluntary.
- DDID is dependent on SCL providers to service those on the SCL waiver and therefore unable to be fully objective.
- When the annual survey is completed only ONE house belonging to an entire company is surveyed NOT each individual house.
- Surveys are not a matter of public record and can only be obtained from the group home themselves or by submitting a FOIA request.

Nursing Homes

- Regulated and Surveyed by the Office of the Inspector General for Cabinet for Health and Family Services.
- OIG can issue citation and penalize facilities with fines, moratoriums, and closures if necessary. They can be fully objective when conducting surveys and disciplinary action against a provider
- ALL Nursing Homes are surveyed annually.
- Surveys are a matter of public record and can easily be obtained online.

What do Staffed Residences and Nursing Homes have in common?

Group Homes/SCL Providers

- Vulnerable Population
- Administer Medication
- Administer Treatments
- Use Durable Medical Equipment
- Daily Charting
- Coordinate Medical Appointments and Routine Care
- Bill Medicaid for Resident Specific Care

Nursing Homes

- Vulnerable Population
- Administer Medication
- Administer Treatments
- Use Durable Medical Equipment
- Daily Charting
- Coordinate Medical Appointments and Routine Care
- Bill Medicaid For Patient Specific Care

Fixing The Problem

We can fix this problem by changing the laws to give regulatory authority to either OIG or by creating a separate regulatory authority for group homes. As a nurse of 21 years with experience in both Long Term Care and at an Intermediate Care Facility I have seen how effective OIG is.

WHY CAN'T DDID DO IT?

DDID has demonstrated multiple times they cannot be objective. I'll show you why.



Jeremiah Slusser

This is my son Jeremiah. He is 24 years old. He functions at the level of a 4 to 5 year old. He moved into that group home August 1, 2021. We were not aware of any of the issues occurring at the group home prior to moving him there. By October 1st he was in crisis after being assaulted and neglected on multiple occasions. They then proceeded to commit patient abandonment by dumping my son at the Emergency Psychiatric Services Unit at U of L hospital. The Group Home forced him to live in an office space while they filed Five separate Mental Inquest warrants for Institutionalization. When they couldn't find a Jefferson County Judge or Hazelwood Evaluator who would agree to it they resorted to finding a rural county District Court Judge who had ZERO experience with these cases and made more than one illegal ruling before sending my son to an institution. The County Attorney allowed the Group Home's Private Attorney to represent the Commonwealth in the case. My son was railroaded. Jeremiah now resides at Oakwood in Somerset, KY 2 ½ hours away from me. DDID became aware of this issue at the very beginning and yet took no action to stop it. The Group Home was allowed to return to business as usual. In just a moment I will be sharing with you some of the horrors my son endured while at the group home but first I would like you to get to know him more.



https://youtu.be/rFQmP_QZt28

This is the Jeremiah I want you to
know best.

This was the day we moved into the group home. I entrusted my disabled child into the care of those I believed would care for and protect Jeremiah.

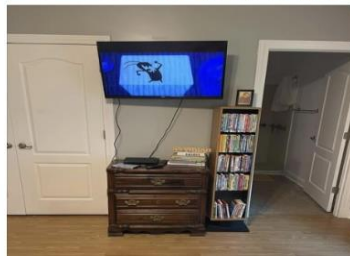


Schuler Kris is with Slusser JS and 3 others at Apple Patch Community.



Aug 1, 2021 · Crestwood · 👤

Major photo dump from this am. Still waiting on the shower curtain and artwork from Amazon but we have a good start and he is happy and safe



This is the office space they forced my child to live in while they were trying to institutionalize him.



Where Was The Oversight
When They Were Doing
This To My Son?

Sadly Jeremiah's Story is Not Unique. As you saw this Group Home had been issued multiple citations for 2 consecutive years. The next few slides are from other families who also experienced issues.

The very first year as a resident (redacted) had a roommate named C.K. Management neglected to share that his roommate is violent. When (redacted) was struck by CK, he had a seizure and was taken to the hospital. Management had the audacity to try to keep them as roommates.

Fast forward: 2021, a DSP worker was caught by another guardian watching porno on the house living room television. After being reported to Human Resources, absolutely nothing was done. He continued to work in the house weeks later until he finally resigned because the guardians wouldn't let it go.

In December 2020, a DSP locked residents in their rooms!! My son had a table blocking his door so he couldn't get out.

He was hospitalized at Norton's for nine days, his medication wasn't in his system. (Redacted) ED initially told me that (Redacted) "(Redacted) family" missed him and would be there for him as he recovered but she told the doctor there that she refused to let Paul come back to his home there! Then she began harassing me, calling, directing me to call Hazelwood's ICF to have Paul admitted there.

Eventually he was allowed back at his home because the ED was informed that the hospital would send (Redacted) back in an ambulance if she continued to refuse to pick him up. According to the contract (Redacted) has with the state, (Redacted) is responsible for (Redacted) care. The ED immediately gave (Redacted) a thirty day notice and continued to pressure me to take (Redacted) home with me. She said he was not safe at Pillar. She sent him back to U of L several times (they didn't admit him) and she even had a manager call me at 2am telling me I'd have to come right away to take (Redacted) to the hospital. When I arrived he was calm, very happy to see me and his staff said (Redacted) wasn't having any behaviors but I took him to be checked out by the ER at the manager's insistence. The doctor noted Paul's sleep deprivation but sent him right back home.

the electrical cord to his cpap machine disappeared and I was told by (Redacted) that the machine was broken and out of Warranty, I took it to Ghoulds and they replaced the cord, the machine was fine (Ghoulds said it's essential equipment and will never be out of Warranty).(Redacted) was sleep deprived and slowly recovering from the medication issues, having a very tough time. He was unable to sleep and was very anxious. The doctor at Norton's stressed to me that it was dangerous to abruptly stop the medications Paul was taking, especially depakote.

•July 2021

- 2 of the 3 residents Covid positive. Resident had told me that he felt like that if he died no one would know. He said every time he yelled Staff did not answer. I asked if anyone came by and said hey bud how are you doing, do you need anything? Resident said no. Resident said that Staff stays outside most of the time on the phone. Resident not only has to be in his room but his door has to stay shut?

•October 2021

- Resident was moved from one house to another and his items were put out in the garage of the old house. Once the items were finally moved over, a lot of resident's items were missing and never reimbursed.

•March 2022

- Resident has severe, life-threatening allergies which includes strawberries. Resident called to tell me that he had some strawberry juice to drink that staff had made. Staff told everyone not to panic and watch Resident and he would put it on the record for staff to watch Resident. Resident kept saying he was going to call me when Staff said "just wait". Staff did not call me at all.

•April 2022

- Resident moved to another house with a violent resident. The violent resident towers over this resident in height and size. Resident has lived with the violent resident previously and was sent to the emergency room due to injuries sustained by the violent resident. We expressed concern about this placement and was told this was the only available house.

What you may hear to distract or deter:

- If you do this group homes may close.

If they are good group homes why would this make them close?

- Where will the residents go if the group home closes?

There will always be group homes looking to expand as Intermediate Care Facilities that can offer temporary EMERGENCY shelter to those coming from Group Homes where there was abuse and neglect. Many of the residents may benefit from some intensive therapy to deal with the trauma while the state is looking for new residences.

- The Group Homes don't have enough staff or money?

That is not the resident's problem to figure out and is not an excuse nursing homes are allowed to use.

This population is the most vulnerable. They have Intellectual and Developmental Disabilities. Many are Non-Verbal and cannot report what is being done to them. What does it say about us as a State and a Society when we are turning a blind eye to the abuse and neglect going on in Group Home?

How is my son now?

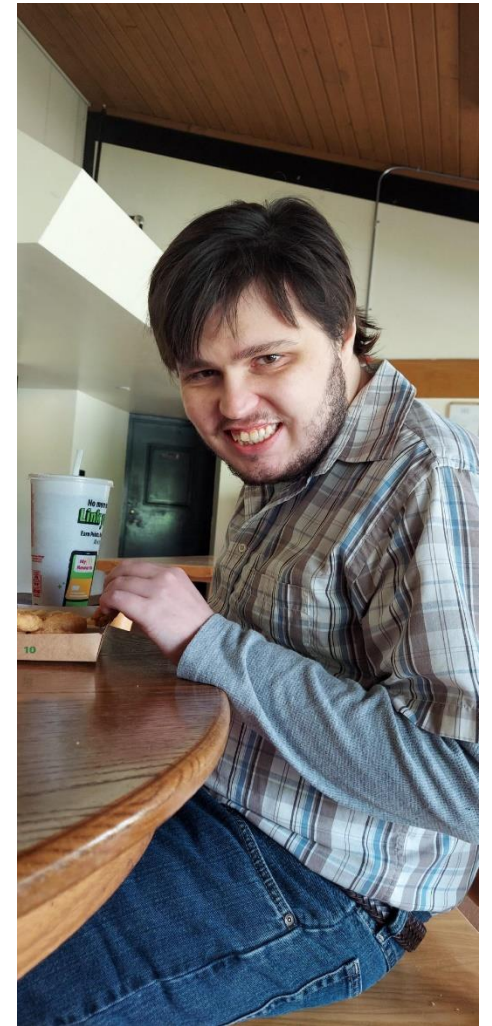
He lives at Oakwood Intermediate Care Facility in institutional care. He lost his rights. With Covid restrictions he doesn't have the ability to go to outings in the community.

The positive of this is he is safe and cared for. He isn't being abused or neglected. He is getting therapy to help him recover from the trauma he endured. As a mom safe and loved is all I want for my kids.

I just wish we had found this type of care and support at the group home. I wish I had been given all the information I deserved to have before placing him in that group home. I had a right to know they had been issued citations two years in a row under threat of closure by the state. I deserved to know his roommate had a RECENT and UNADDRESSED history of assaults against staff and peers. This wasn't just something the roommate had done in the past. The roommate had WEEKLY incident reports of aggression right up to the week I moved my child in there.

WHY DID DDID NOT PROTECT MY CHILD?

WHERE WAS THE OVERSIGHT?



You have the ability to make a difference by passing legislation that changes the way SCL providers are regulated. No family, no individual with disabilities deserves to endure what my family and other families have been put through. How would you feel if this was your child?

as someone told me lately

EVERYONE

DESERVES

THE CHANCE

TO FLY