

## **ROANOKE-CATAWBA LHRC**

Minutes  
9/25/2024  
1:00pm

Catawba Hospital, 5525 Catawba Hospital Drive, Catawba, VA 24070  
Administrative Building, Building 24  
Virtual Connection via TEAMS

### **MEMBERS PRESENT**

Lisa Dishner – Chairperson  
Natacha Liriano – Vice Chair  
Laura Dickerson – Secretary  
Tammy Wilson- Member  
Nancy Simmons-Member  
Kristen McPhearson- Member

### **Members Absent**

N/A. All members in attendance.

### **OTHERS PRESENT**

Hollie Carlisle – Human Rights Advocate, DBHDS Region #3  
Mykala Sauls – Human Rights Advocate, DBHDS Region #3  
Tameka Roberson, Marsha Neal – SVMHI; Jessica Mays- Jewish Family Services  
Adrienne McClurkin, Next Friend 1- DPCS; Chelsea Robinette, Human Rights Advocate, DBHDS Region #3  
Carolann Mooreman, Debbie Rossier- enCircle  
Bernice Hairston- Piedmont CSB; Angela Adams – Green Light of Hope; Chelsea Robinette, Human Rights Advocate, DBHDS, Region #3

### **CALL TO ORDER**

Lisa Dishner called meeting to order at 1:14pm.

### **ROLL CALL/ATTENDANCE**

Those in attendance made introductions. Chair welcomed attendees.

### **APPROVAL OF AGENDA**

Tammy Wilson motioned for the agenda to be approved and Nancy Simmons seconded the motion. The agenda was unanimously approved by all committee members.

### **APPROVAL OF MINUTES**

Kristen McPhearson motioned for the minutes to be approved and Natascha Liriano seconded the motion. The minutes from the March 13, 2024 meeting were approved unanimously by all committee members.

### **PUBLIC COMMENTS**

No public comments made.

## **CHAIR ANNOUNCEMENTS**

No announcements from the chair.

## **ADVOCATE REPORT AND TRAINING**

Advocate Report- R3

### **Q2 (4/1/2024-6/30/2024) ANE Data**

CSB: Abuse Reports 15, Substantiated 3; Complaints 4, Substantiated 2

Community Providers: Abuse Reports 171, Substantiated 39; Complaints 29, Substantiated 3

### **Variances:**

There are no variances to be reviewed.

### **Updates**

Streamlining, Clarifying, and Regulatory Reductions to the HRR

- After more than a year of work, revisions to the HRR intended to increase individuals' access to due process and rights protection, make the regulations easier to understand, and improve administrative and program efficiencies to facilitate both provider compliance and increased availability of Human Rights Advocates for direct involvement with individuals receiving services is NOW open for public comment (for 30 days).
- Afterwards, Taneika will review and respond to all comments, submit a final draft to the OAG and all things being equal the revisions will be promulgated in 180 days. Here is the link to the DRAFT Noncontroversial Regulatory Reductions to Chapter 115. We will be communicating this information to all providers this week, via constant contact and email. We will also be posting this notice and information directly to our website.

### **Additional Announcements**

- OHR is always in need of committee members to serve on the LHRC. Please let us know if you are aware of someone who may be interested in serving on a LHRC.

### **Trainings**

- The next SHRC meeting will be held on September 26th in R2.

### **OLD BUSINESS:**

No old business.

### **NEW BUSINESS**

- The LHRC members discussed the matter of open vacancies for LHRC member positions, to include a need for two consumer memberships.
- The LHRC members discussed the matter of the proposed 2025 meeting calendar. Members requested that the following dates be proposed for 2025:
  - March 05, 2025
  - June 04, 2025
  - September 10, 2025
  - November 05, 2025

### **CLOSED SESSION**

Upon a motion made by Lisa Dishner, Chair, and seconded by Kristen McPhearson, the committee entered closed session pursuant to Virginia Code §2.2-3711, a.15 and §2.2-37.05.5 for the purpose of discussion of a next friend review, restriction reviews, and medical equipment restrictions.

### **Restriction Review, SVMHI:**

Based on discussion of the need for several restriction reviews for Individual #1, at Southern Virginia Mental Health Institute (SVMHI), reviews of the following restrictions were discussed: 1. Restriction from media center; 2. Restriction from receiving fresh air/outdoor breaks; 3. Restriction from visitation; 4. Restriction from phone usage; 5. Restriction from accessing the canteen; and 6. Restriction from Individual accessing their personal money. The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Kristen McPhearson made a motion to not approve the proposed restrictions for Individual 1, for SVMHI and Laura Dickerson seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider did not provide evidence of the recommended restrictions being documented by a licensed professional, as documentation was not submitted with the LHRC restriction request form.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form.
- The Committee determined that not enough evidence of least restrictive alternatives was submitted for all restriction requests.
- The Committee determined that Individual #1 is reported to lack capacity, however, Individual #1 was asked to sign agreement/notification of restrictions, without evidence of Legal Guardianship notification.

- The Committee determined that the restriction was implemented prior to notifying the Office of Human Rights (Advocate) of the restrictions.
- The Provider reported that restrictions of no access to the media center, no access to fresh air/access to outdoors, restriction of visitation, and restriction of phone usage, was implemented from 8/28/24-9/18/24, without meeting regulatory code requirements for implementation of restrictions, and therefore, is a violation of Individual #1's rights.
- The Provider reported that restriction of no access to personal money and no access to the canteen for Individual #1 was implemented on 8/28/24, without meeting regulatory code requirements for implementation of restrictions, and therefore, is a violation of Individual #1's rights. The Committee further determined that the request to continue to implement the restriction of access to Individual's personal money and canteen, do not meet regulatory code requirements, that these restriction requests are not in compliance with 12VAC35-115-50 and 12VAC35-115-100, and are not approved for continued implementation.
- The committee further recommends that if the Provider wishes to re-submit the restriction review requests of (canteen and money), that the provider submit the following documentation to the LHRC for review:
  - SVMHI diabetic protocol/policies
  - specific diabetic protocol for Individual #1
  - policies around canteen restrictions based on dietary needs/concerns
  - copy of Individual #1's behavior plan
  - evidence of additional least restrictive alternatives tried prior to implementation of restrictions
  - documentation of the purpose of the restriction of Individual #1's money
  - a copy of the provider's policy on "CO" or "continuous observation" to include definition of continuous observation
  - evidence of need for restrictions from a/ licensed professional
  - evidence of restriction reviews to be completed by the team.

### **Next Friend Review, DPCS**

Based on discussion of the need for the Next Friend review for DPCS (Danville-Pittsylvania Community Services Board), it was recommended to approve Next Friend request submitted for Individual 1. The committee allowed the Next Friend request/proposal to be presented via telehealth video review. The LHRC committee determined that the designation of the proposed next friend, meets requirements, per regulatory code 12VAC35-115-146. Natascha Liriano made a motion to approve the designation of the proposed Next Friend 1, for Individual 1, for DPCS, and Kristen McPhearson seconded the motion. The motion was unanimously approved by all committee members.

- The Committee does request that a copy of the discharge paperwork from Above & Beyond be provided to OHR Advocate to ensure that Individual is no longer working with this agency.

### **Restriction Review #1, Individual #1, enCircle:**

Based on discussion of the need for a medical equipment restriction for Individual #1, at enCircle, reviews of the following restriction was discussed: 1. Lapbelt for wheelchair for Individual #1. The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Natascha Liriano made a motion to not approve the proposed restriction for Individual 1, for enCircle and Kristen McPhearson seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider did not provide enough evidence of the need for the restriction, as provider reports that even though Individual #1 is a fall risk, Individual #1 has not had a documented fall out of the wheelchair in over 1 year.
- The Provider did not provide enough evidence of medical purpose of the lapbelt.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form.
- The Committee determined that not enough evidence of least restrictive alternatives was submitted for this restriction request.
- The Committee determined that the physician's order is more than 1 year old, and requests a new/updated physician's order be submitted to the Committee for review at the next LHRC meeting.
- The Committee requests that Provider submit documentation of previous attempts for physical therapy and occupational therapy, and discharge recommendations to be provided at the next LHRC meeting.
- The Committee requests that Provider submit documentation of falls risk assessment and fall protocol for the individual.
- The Committee recommends that the provider consider other least restrictive alternatives such as increasing staff, having awake overnight staff, providing staff assistance for ambulation/walking, alarm for wheelchair, and discussing these alternatives with Individual's treatment team and prescribing physician.
- The Committee requests that the provider submit evidence of protocols to prevent skin breakdown, to include a repositioning protocol.
- The Committee requests that a copy of Individual #1's full treatment plan be submitted for review.
- The Committee makes a referral to the Office of Human Rights regarding care concerns of Individual.

#### **Restriction Review #2, Individual #2, enCircle:**

Based on discussion of the need for a safety restriction for Individual #2, at enCircle, reviews of the following restriction was discussed: 1. **Placement of baby locks on fridge and freezer for Individual #2.** The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and

12VAC35-115-100, with the following recommendations listed below. Natascha Liriano made a motion to not approve the proposed restriction for Individual 2, for enCircle and Nancy Simmons seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider reported that the restriction was implemented without prior notification to the Office of Human Rights (Advocate), or LHRC review.
- The Provider reported that the restriction was implemented for at least several years.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form. The committee requests that a new request be submitted with this additional information.
- The Provider did not provide evidence of the least restrictive alternatives tried, and criteria for removal.
- The Committee requests that the secondary “snack fridge” continue to remain in place as long as baby locks remain in place on the main fridge.
- The Committee makes a referral to the Office of Human Rights regarding care concerns of Individual.

#### **Restriction Review #3, Individual #3, enCircle:**

Based on discussion of the need for a safety restriction for Individual #3, at enCircle, reviews of the following restrictions were discussed: 1. **Placement of baby locks on fridge and freezer for Individual #3;** 2. **Audio Monitor to be used ONLY at night.**

The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Natascha Liriano made a motion to not approve the proposed restriction for Individual 2, for enCircle and Nancy Simmons seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider reported that the restriction was implemented without prior notification to the Office of Human Rights (Advocate), or LHRC review.
- The Provider reported that the restriction was implemented for at least several years.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form. The committee requests that a new request be submitted with this additional information.
- The Provider did not provide evidence of the least restrictive alternatives tried, and criteria for removal.
- The Committee requests that the secondary “snack fridge” continue to remain in place.
- Regarding the restriction review of the audio monitor: Provider reports that the audio monitor was been removed. Committee requests a copy of the discontinuation order for the audio monitor from the licensed professional.

- Committee requests a copy of the seizure protocol, specifically monitoring protocols.
- The Committee makes a referral to the Office of Human Rights regarding care concerns of Individual.

**Restriction Review Request #4, Individual #4, enCircle:**

Based on discussion of the need for a medical equipment restriction for Individual #4, at enCircle, reviews of the following restrictions were discussed: 1. **Full bedrails on Hospital Bed**; 2. **Audio Monitor to be used ONLY at night**. The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Natascha Liriano made a motion to not approve the proposed restriction for Individual 2, for enCircle and Nancy Simmons seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider reported that the restriction was implemented without prior notification to the Office of Human Rights (Advocate), or LHRC review.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form. The committee requests that a new request be submitted with this additional information.
- The Provider did not provide evidence of least restrictive alternatives tried prior to implementation of all restrictions to include increase of staffing, providing awake at night staffing, evidence of nightly monitoring checks, etc.
- The Provider did not provide clear evidence of how/when the audio monitor would be used, and the purpose of the audio monitor. The Committee requests that the Provider submit a copy of the Individual's seizure protocol for review at the next LHRC meeting.
- The Committee requests that the provider submit evidence of protocols to prevent skin breakdown, to include a repositioning protocol.
- The Committee requests that a copy of Individual #4's full treatment plan be submitted for review.
- The Committee requests evidence of Individual #4's ability to unfasten individual's chest harness and seatbelt independently, without assistance.
- The Committee makes a referral to the Office of Human Rights regarding care concerns of Individual.

**Restriction Request Review #5, Individual #5, enCircle:**

Based on discussion of the need for a medical equipment restriction for Individual #5, at enCircle, reviews of the following restrictions were discussed: 1. **Lapbelt for wheelchair**; 2. **Chest Harness for wheelchair**; 3. **Bedrails for Hospital Bed**; 4. **Laptray for wheelchair for activities**; 5. **Shower chair with seatbelt**. The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory

code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Natascha Liriano made a motion to not approve the proposed restriction for Individual 5, for enCircle and Kristen McPhearson seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings and recommendations:

- The Provider reported that the restriction was implemented without prior notification to the Office of Human Rights (Advocate), or LHRC review.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form. The committee requests that a new request be submitted with this additional information.
- The Provider did not provide evidence of least restrictive alternatives tried prior to implementation of all restrictions to include increase of staffing, providing awake at night staffing, evidence of nightly monitoring checks, etc.
- The Provider did not provide clear evidence of medical need for use of all medical equipment to include: lapbelt with seatbelt, chest harness for wheelchair, laptray for wheelchair, full bedrails on hospital bed, shower chair with seatbelt, patient lift and slings for transfers.
- The Provider did not provide clear evidence of consent for use of restraint for lapbelt for wheelchair, full bedrails on hospital bed, laptray, and shower chair with seatbelt by the Individual and/or Guardian.
- The Committee requests that the provider submit evidence of protocols to prevent skin breakdown, to include a repositioning protocol.
- The Committee requests that a copy of Individual #5's full treatment plan be submitted for review.
- The Committee requests that updated physicians orders for all medical equipment be provided for review, as current orders for medical equipment are from 2020.
- The Committee makes a referral to the Office of Human Rights regarding care concerns of Individual.

### **Restriction Review, Individual #1, Green Light of Hope:**

Based on discussion of the need for several restriction reviews for Individual #1, at Green Light of Hope, reviews of the following restrictions were discussed: 1.

**Restriction from personal cell phone; and 2. Restriction from accessing wi-fi in the home.** The committee allowed the Restriction Review to be presented via telehealth video review. The LHRC committee determined that the restriction review is not in compliance with regulatory code 12VAC35-115-50 and 12VAC35-115-100, with the following recommendations listed below. Kristen McPhearson made a motion to not approve the proposed restrictions for Individual 1, for Green Light of Hope and Laura Dickerson seconded the motion. The motion was unanimously not approved by all committee members.

The LHRC committee determined the following findings:

- The Provider did not provide enough evidence of need for the implemented restrictions.
- The Provider was unable to provide a clear description of restrictions being implemented.

- The Provider did not provide notification of the restriction to the Office of Human Rights (Advocate) prior to implementation.
- The Provider did not provide evidence of the need for the restriction being documented by the team at least monthly, as this documentation was not submitted with the LHRC restriction request form.
- The Provider reported that the restrictions were implemented through a REACH crisis plan but did not submit a copy of the plan for review or consultation with the Office of Human Rights prior to implementation.
- The Provider did not provide evidence of notification of the restriction to the Individual.
- The Provider and Support Coordinator both report concerns of Individual's capacity, however, there is no evidence of a capacity evaluation being completed. The Committee recommends that a capacity evaluation for the individual be completed as soon as possible. The Committee requests a copy of the completed capacity evaluation at the next LHRC meeting.
- The Committee recommends that if the Individual does lack capacity, then attempts to designate an Authorized Representative and/or Legal Guardian should be sought and this evidence should be presented to the LHRC.
- The Provider reports that Individual has a behavioral support plan, but this was not included with this review. The Committee requests that a copy of the behavioral support plan and full ISP be submitted for review.
- The Committee requests that the provider identify how the restriction will be implemented, purpose of restriction, how often the restriction will be used, and by whom.
- The Committee requests that the provider show sufficient evidence of the need for the restriction.
- The Committee requests that the provider show sufficient evidence of the notification of the restriction to the Individual.
- The Committee requests that the Provider show evidence of notification of Individual's right to own/purchase their own cell phone service (to include access to the internet).
- The Committee determined that not enough evidence of least restrictive alternatives was submitted for all restriction requests.
- The Committee determined that Individual #1 is reported to lack capacity, however, Individual #1 was asked to sign agreement/notification of restrictions, without evidence of Legal Guardianship notification.
- The Committee requests that criteria for removal of the restriction be submitted.
- The Provider reported that restriction of limiting Individual's access to their personal cell phone for Individual #1 was implemented on or around July, without meeting regulatory code requirements for implementation of restrictions, and therefore, is a violation of Individual #1's rights. The Committee further determined that the request to continue to implement the restriction of access to Individual's personal money and canteen, do not meet regulatory code requirements, that these restriction requests are NOT in compliance with 12VAC35-115-50 and 12VAC35-115-100, and are not approved for continued implementation.

**RETURN TO OPEN SESSION**

Upon reconvening in open session, each member certified that, to the best of each member's knowledge, only private business matters, lawfully exempted from statutory open session requirements and identified in the motion by which the closed session was convened, were considered in the closed session, namely to review a next friend proposal, and individual restrictive plans.

Advocate provided FOIA training to all LHRC members.

**MEETING ADJOURNED**

Meeting adjourned at 5:31pm.

Next meeting to be held on November 13, 2024, at Catawba Hospital, 5525 Catawba Hospital Drive, Catawba, VA 24070, at the Administration Building, Building 24 at 1:00pm.