

NARRATIVE REPORT  
EBENSBURG CENTER

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Residential Services Committee

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DATE OF VISIT: October 7, 1977

TIME OF VISIT: 12:00 - 5:30 p.m.

BUILDINGS VISITED: No. 3, 4 and 6  
Vocational Adjustment Services

I PHYSICAL SURROUNDINGS

A. Exterior - Grounds and buildings were well maintained.

B. Interiors - All buildings visited were very clean and free of offensive odors, although the air was stale due to lack of open windows and there was a distinct disinfectant smell. In Bedroom I of West 1 of Harmony House (#3), there was an overpowering smell of urine. The nurse felt it might be a soaked rug, but she didn't ask anyone to check it out while the team was present. There have been attempts made to brighten the interiors, including wall murals in day rooms, drapes and bedspreads in sleeping areas. Plastic furniture has replaced wooden benches. However, there still exists the need for more in the way of interior decoration. Day rooms, where residents spend the major part of the day, are still very institutional in appearance. The drapes in the day rooms of Building 4 were torn down. Staff indicated this had been done by the residents. PARC suggests the use of Velcor tape backing (See Mr. Joe Colombatto's AAMD Journal article.) There is the need for an effort to make the day rooms more comfortable for residents. This could be done by the addition of personal furniture, such as rockers, strato loungers, etc. This has been done at other state centers.

The team is aware that residents in these units would need a good deal of training in the care and use of such furniture. However, if the goal at Ebensburg is to create as normalizing a setting as possible, this includes furniture beyond the institutions, "indestructible" type now found in the dayrooms.

PARC would like to know whether or not plans are being made to purchase comfortable personal furniture with resident funds, and whether or not the care and use of this furniture will be a part of the goal plans for residents.

Additionally, if there is no problem with incontinent residents, the team suggests the purchase of area carpeting. Once again, members of the team have seen this done in other centers with success. Carpeting with nonskid backing brightens up the interior of dayrooms and gives them a warmer, home-like appearance.

Living areas also lacked any evidence of personal possessions, games, magazines, or instructional materials or equipment. In Harmony House, West 1, Bedroom 1, for example, there was evidence of personal possession in one bed area. Another resident in Building 3 had a personal radio. Staff indicated personal possessions were locked in a storage room. Since most adult residents of Units 3 and 4 spend the major part of the day in the dayroom, this lack of equipment or any materials designed to stimulate residents or occupy their time is a serious omission. This lack of a stimulating environment is detrimental to the residents growth and development, and should not be allowed to continue.

PARC asks that a plan be developed by staff to identify furnishing and equipment to be purchased for the dayrooms which will provide activities and stimulation for residents in buildings 3 and 4.

The team also noted that chests of drawers, ostensibly purchased to comply with MA requirements for personal storage furniture, were empty in all buildings visited. (This is over 300 empty chests of drawers.) Staff was vague as to reasons for the empty drawers.

The team was disturbed by this outward compliance with the "letter of the Law," while ignoring the intent of this regulation. While the purchase of all this furniture represents a substantial expenditure of money, the drawers are not used. Personal clothing is not stored in the drawers, nor are any personal possessions. Thus the chests of drawers are a token gesture to normalization. Residents have not been taught to use the drawers. Clothing is still passed out to residents in "bath bundles" and stored in clothing rooms.

PARC would like to know why these chests are not used, and when residents will, in fact, be taught to use the furniture and encouraged to keep clothing and personal possessions in them. While the team realizes that not all of the residents' clothing can be stored in these drawers, there seems to be no reason why a one or two-day supply of clothing could not be kept in them, with residents gradually taught to select their clothing from the drawers in the morning.

The team noted a memo on the bulletin board of the Administration Building at Ebensburg outlining the Center's commitment to the philosophy of normalization.

It was disturbing to note that many conditions exist in the physical surroundings which are not normalizing. Many of these can and should be corrected. The sinks in the bathrooms are one example. PARC suggests that DPW replace the pushbutton fixtures on the sinks with hot and cold faucets. Has this been explored? Have estimates been sought? PARC asks that Ebensburg seek estimates on replacing these awkward, inappropriate fixtures with faucets the residents can learn to use. The present fixtures make learning washing and toothbrushing difficult.

The lack of privacy in the toileting area is also a condition which must be alleviated immediately. There is simply no excuse for not enclosing toilet stalls with either a curtain or doors. This lack of privacy is degrading and dehumanizing for residents and as such should not be tolerated. PARC asks that the DPW put an end to the practice of lack of privacy in toileting and bathing areas at Ebensburg immediately.

## II. FOOD AND FOOD SERVICE

Food was served cafeteria style in the buildings visited. The meal observed (lunch) was hot and well balanced. Residents received seconds upon request.

The staff in Building 4 indicated that the feeding team is needed in this building. Aides on duty during lunch were helping those who needed assistance, but it was evident that more help was needed.

PARC would like to know when family style dining will be initiated, where appropriate, at Ebensburg. The team felt that residents from Building 6 are capable of family style dining, where some of those in Building 4 could also benefit from this more normalizing type of food service.

A PARC report from a visit made in December 1975 noted the need for a family style dining program and recommended that this type of food service be initiated as soon as possible. To date, at least in Buildings 4 and 6, this has not been done. Is family-style dining available in any building? Are plans being made to initiate this program in Building 6? If so, when?

The team urges that the feeding team work with residents in Building 4. Staff there are trying to help residents develop self-feeding skills, but they need help.

### III CLOTHING

Residents' clothing has improved since the last visit by NARC. The team noted attractive, appropriate clothing on at least half the residents. However, the remaining residents were still wearing unattractive, drab, "state-made" clothing. For example, clothes didn't fit many of the residents (too big, too small.) In Building 3, West 1, it was noted that residents did not wear belts. As a result, pants which were too big or loose around the waist were falling down on at least 6 residents. The nurse and living skills instructor had no explanation as to why no one was permitted to wear a belt. Staff in Building 4 noted that about half the residents now have a clothing supply which is mainly composed of commercially-manufactured clothing. Staff is working toward purchasing clothing for all residents.

The team noted several exceptions to the above. Residents of Building 4, East 1 were not dressed in attractive clothing. For example, one young boy during lunch was observed wearing a ripped T-shirt, trousers which were too big, and no shoes. Many residents wore plain grey, green, or dark trousers and plain white T-shirts, white socks, etc. The team could not help but notice how much this institutional attire detracted from the residents' appearance.

PARC recommends that Ebensburg contact Dr. Robert Shushan, for information and slides regarding clothing, hair styles, etc. His presentation would make an excellent in-service training topic.

### LINENS

The laundry problem noted in 1975 has been solved. Staff in all buildings noted that laundry was done on time and there were no shortages.

The team was not able to determine whether a daily personal linen supply was available or not. There were no towels hanging in the bathroom area. Washcloths were placed by metal wash basins and residents were washed after lunch.

The team noted the absence of paper towels or soap in the bathrooms. There was no toilet paper in evidence in Building 6.

### IV. APPEARANCE OF RESIDENTS

The team noted improvements in the overall appearance of residents. Residents did not appear as lethargic as noted in the previous visit. However, there still exists the need for more attention to the appearance of the residents.

Hair styles, for example, were still institutional in appearance. A number of residents were unshaven. Clothing has already been mentioned. There still exists the need for corrective and restorative dentistry.

In Building 4, there were at least six residents scratched or bruised noticeably. (See Section on Program.)

Once again, PARC recommends that Ebensburg staff make an effort at improving the appearance of the residents through personalized clothing, hair styling, etc. We would like to know what Ebensburg plans to do about this continuing problem. There are too many resources available to allow this neglect of the appearance of residents to continue.

The team visiting Building 3 also noted that many of the boys returning from school were dressed in clothing which again was institutional in appearance. (Colorless or faded T-shirts, polo shirts, and unattractive trousers.) The team recommends that these boys be sent to school in more stylish, attractive clothing.

## V PROGRAM

The team visited the VAS program and noted that this program is well developed. 130 residents are enrolled in a six hour per day program, (High Skilled) while another 70 are enrolled in a 3-hour daily program (low skilled). According to the VAS Director, 400 are served in VAS in the I.U. program. NOTE: There seems to be some discrepancy in numbers which puzzles the team. According to the VAS director, a total of 600 people are enrolled in some type of VAS activity. According to Dr. Hartley, there are 500 under 21 students, with 410 educated by the I.U. off grounds and 90 on grounds. The total census is 830. Does this mean that: 130 residents receive a full-day program from VAS?

70 residents receive a 3-hour daily program from VAS?

400 under 21 residents receive VAS training from the I.U.?

100 under 21 residents do not receive VAS training through the I.U.?

230 residents are not served by either the I.U. or VAS?

Would Ebensburg please clarify this area.

Several hundred residents have gone out successfully into the community as a result of being work oriented and ready for workshop placement when they arrive in the community.

The residents are trained to travel to the workshop building independently. Money skills are taught, and residents are taken to town on pay day to purchase things with the money they have earned. They are evaluated quarterly and trained in tasks with up to 60 variables. Thirty percent move from the low skill area to the high skilled area each year. Tasks are work simulated (no contracts.)

The VAS director listed priorities for the program as:

1. More staff
2. More space
3. Support of the program in the institutions budget not through Title I grants, as is now the case.

Team members visiting Building 6 were advised that residents receive on the average of 3.75 hours per day of programming. The Unit Manager indicated that of the 122 residents, 27 are involved in an over 21 special education program; 43 residents are in need of this program; 15 residents are involved in the Vocational Adjustment program on the grounds and 35 are enrolled in the I.U. program.

Staff in this building noted a number of problem areas. There is a pressing need for the development of behavior modification programs. Residents of Building 6 were characterized as hyperactive. There is no psychologist assigned to the Unit. In this building, as in Building 4, behavior controlling drugs have been reduced. Staff noted, however, that in Building 6, acting out behavior is increasing and the use of physical restraints has been increased. No individual programs are available to deal with problem behaviors. Additionally, lack of programming and activities contributes to anti-social behaviors.

The call off rate, in Building 6, according to the Unit Manager is the lowest in the institution. However, on 319 different occasions in the past 6 months, staff were pulled to other areas of Ebensburg. This results in no consistency or continuity in dealing with residents' needs and problems. The Superintendent indicated that he is unable to do anything about this practice because of DPW Regulations.

PARC has noted this disrupted practice in every state institution. Regulations which disallow overtime and force "pulling" of aides from one area to another operate to the detriment of the residents. This is especially true in areas where residents need intensive programming for behavior modification. PARC urges that the DPW examine this policy and determine what can be done to make the policy flexible enough to preclude the "pulling" of staff in areas where residents need intensive training. Staffing patterns should be determined by resident need -- not by rigid, inflexible policies.

The team visiting Building 4 was disturbed at finding all four wards locked. During lunch staff indicated that only one ward was locked. However, between 12:30 and 1:45, all wards were locked. The team returned again at 4:00 p.m. to determine if the wards were still locked. They were! In addition, three team members noted that attendants were sitting in chairs during the time the team was in Building 4, East 2. They were not interacting with residents, leading an activity, teaching self care, waking sleeping residents, or attending to scratches, bruises, shiners, scab picking, etc. Also, the team observed staff standing around the East I ward of this building. They were not attending to or reacting with residents. The Unit Manager indicated "activity is not in their (aides') job description." In West 1 of Building 3, at 3:15 p.m., a few balls were out but there was no activity. It was explained that this was "nap time" and residents were lying around. PARC questions the need for "nap time" for adult residents who have very little activity or programming all day. This time would be better used for play, exercise, etc. A "quiet time" might be necessary for the school-age children when they get home from school, but the team questioned the inactivity of the other residents.

Additionally, PARC feels that the practice of mixing children and adults in the same ward or unit is one which should be examined. Is there some reason why children are mixed in the same living unit as adults?

Staff indicated that all residents were locked in because several of the residents would run away if the doors were unlocked. There are 124 residents in the building; 54 go to school; 70 stay in the building for most of the day due to lack of programming or activities. Thus, on the day of the visit, 70 residents were literally "locked up" because some of them would run away.

In 1975, PARC noted locked wards in Buildings 3, 4, 5, and 6. During this visit, four wards were locked in Building 4. The practice of locking up 70 people because 10 or 12 would run away is restrictive, excessive and punitive. Further, the needs of the residents in Building 4 for behavior modification are not being met.

Staff indicated that many residents of this building are hyperactive and obusive. Several residents (the team counted 6) were visibly marked with bruises, scratches, etc. One resident had a swollen face and black eye. Staff indicated these bruises were caused either by self-abuse or by one resident attacking another. In spite of the obvious need

of these residents for intense programming, and for activities which would involve and stimulate them, residents were observed from 12:30 to 1:45 laying around, sitting around, rocking, or walking around in their day rooms. Staff was also sitting, and there was no interaction taking place on the wards between aides and residents. Staff indicated that other than programs in feeding, dressing and toileting, there is no relevant programming in Building 4. The team advised the Unit Manager of a successful behavior modification program at Western State. It may be helpful to the staff to visit this program.

When the team returned to the building at 4:00 p.m. to see if any activity was taking place during that shift, the team was advised to take some residents to the canteen. However, the majority of the residents were still lying or sitting around. The team also observed that only one resident from this building was outside even though it was a warm, sunny fall day.

It was also noted that many residents in Building 3 need more intensive Physical Therapy. Several residents were positioned badly on mats, others were sitting in wheel chairs which needed adaptive devices. (Examples: foot rest several inches below resident's feet, two residents with heads tilted completely to the side, etc.) A staff member indicated in West 11 of Building 3, that there is "nothing they can do" for one resident (Jimmy R). What about positioning, etc? Another resident (George) is seen by Physical Therapy, which is done by the Physical Therapist and the P.T. aides. However, it was indicated that there is no P.T. follow through on the Unit.

PARC suggests that Ebensburg contact JoAnne Rodgers at the Home for Crippled Children to see if a training program for aide staff could be given to Ebensburg employees. This training course has been given to staff at several State Centers with great success.

PARC must again protest this lack of programming and the practice of locked wards. There are two full-time psychologists assigned to this unit. PARC must ask why staff is not involved in an intensive behavior modification program. Certainly this is desperately needed by those residents who, because of their behavior, need to be maintained in a locked, secure setting. Ebensburg is one of the last State Centers to continue the practice of locked wards for numbers of people.

There is a need for program staff to work with these residents. This need has existed for a long time and was documented in the PARC report of the December 1975 visit. Yet almost two years later, residents of Building 4 and some residents of Building 3 receive only sporadic programming. They are deprived of their liberty and the opportunity to grow and develop. There is no excuse for these conditions continuing to exist in any institution in Pennsylvania.

PARC again asks that a plan to deal with these problems be developed and shared with PARC as soon as possible.

#### VIII DENTAL AND MEDICAL CARE

The need for corrective and restorative dentistry is still evident at Ebensburg. Team members were assured that there is an active dental hygiene program.

The problem of excessive medication noted in the 1975 PARC report, has been addressed by Ebensburg. There has been a substantial reduction in the numbers and amounts of drugs used. However, lack of programming is causing an increase in the use of physical restraints.

#### IX STAFF ATTITUDE

The team encountered a number of different staff attitudes during the visit and discussions with staff members. There was extreme concern expressed by the supervisory staff in Buildings 3 and 4 over the lack of needed programming for the adults in these buildings.

The need for program staff was described over and over again. Staff was extremely concerned for the well being of the residents.

As noted before, teams visiting Buildings 3 and 4 observed many aide staff sitting or standing. There was little interaction between aide staff and residents noted during the time the team was in the buildings. The team was not able to determine whether or not aide staff were assigned duties during working hours which would involve them in working with residents. The team did note several aides in toilet areas with residents for a time and the team assumes that this is a part of the toilet training program. However, beyond this, there were no activities going on in the dayroom. The team questions whether or not staff in Unit 4 has been trained in behavior modification techniques.

There appears to be a need to clarify and define the role of staff in relation to residents. The need for aide training and involvement in behavior shaping is also apparent.

PARC also questions the scheduling of activity staff. Shouldn't some activities be scheduled during the 7:30 - 3:30 shift, since residents have nothing to do all day. There seems to be a need to study the staffing patterns of Buildings 3 and 4 to determine what staffing would best meet the needs of residents.

#### X RIGHTS OF RESIDENTS

Residents right to treatment is violated in Buildings 3 and 4 by the lack of programming. Locked wards are another violation of residents rights. Lack of privacy in toileting areas is also another violation of residents rights.

#### XI SUMMARY

There have been some improvements made since the last visit by a PARC Team to Ebensburg. These include reduction of drugs, improved appearance of residents, opening up of locked areas in three buildings, and elimination of the laundry problem.

However, the presence of locked wards in Building 4, lack of relevant programming for some residents of Buildings 3, 4 and 6 are all residual problem areas which have not been dealt with at this time. Although 20 new special education teaching positions have been confirmed for Ebensburg, these have not yet been added to the complement. PARC would like to know definitely when these positions will actually be filled. The addition of this type of space will help with the problem of no programming and hyperactive behavior. But more must be done in the area of behavior shaping.

PARC must once again express dismay and concern over the lack of concrete action on the part of the Department of Public Welfare in addressing these problems, and demand that solutions be devised immediately to meet the needs of these residents at Ebensburg.

Submitted by,

Marlene Burda  
Recorder