

HARRIET A. FIELDS, Ed.D., R.N.

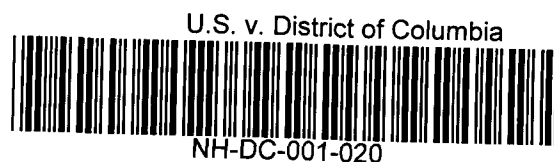
#804

1722 19th Street, N.W.

Washington, DC 20009

Message: (202) 234-7142

February 1, 1996



The Honorable Thomas F. Hogan
U.S. District Court for the District of Columbia
333 Constitution Avenue, NW, 4th Floor
Washington, DC 20001

Re: Court Order The United States of America v. The District of Columbia, et al., Civ. No. 95-948, TFH, D.C. Village Nursing Home (DCV);
November 7, Order Modifying Stipulated Order of July 6, 1995
Court Order, December 22, 1996

Dear Judge Hogan:

It is a privilege to serve the Court on behalf of the residents of D.C. Village Nursing Home. My cause as Court Monitor, which I have devoted myself completely, is to report the truth as I see it as it effects the lives of the residents of DCV and the ability of the defendants to comply with the Court Orders.

I stand by all my statements in all of my submissions to the Court including the Court Monitor's most recent January 17, 1996, Status Report and Appendices. I will be happy to attest to my submissions to the Court under oath. I am saddened and pained that the defendants chose to devote their energies (behind closed doors with the considerable personnel resources from the District) into falsely refuting the messenger's January 17 Status Report, as opposed to taking the message to the bedside as a vehicle to improve care for the residents.

It is a tribute to the courage of the Court in its relentless concern for the health and welfare and rights of the residents through the issuance of the Court Orders and the findings of contempt, that the reactive steps defendants have taken to improve care for the residents at DCV have come about.

The intent of this letter to the Court is not to elaborate all the inaccuracies, and misrepresentations of the defendants January Responses and submissions to the Court, but rather to focus on two

which have profound and immediate impact on the health and welfare of the residents. These areas relate to my continued concern with the outplacement process, which I have elaborated on in my previous submissions to the Court. These concerns acutely and specifically relate to the outplacement of the residents with mental retardation and the outplacement of the residents with mental illness.

Outplacement of Residents with Mental Retardation

Yesterday, Wednesday, January 31, 1996, I had a telephone conversation with Ms. Sheila Gaither, Chief Operating Officer (COO) of D.C. Family Services. Ms. Gaither did in fact have a meeting on January 24 at DCV and did review the records of nine residents with mental retardation. However, the remaining statements by the defendants on the page before numbered page 5 of the Defendants January.. submission to the Court are false. According to Ms. Gaither the truth is the following:

(1) D.C. Family Services has the capacity to accept seven residents, not nine - six residents at their O Street, SE site, and one resident at their 58Street, NE site. However, there has been no agreement with DCV as to exactly who these residents would be.

(2) The O St. site is currently under "reconstruction" to fit D.C. regulatory codes and the particular physical care needs of the six residents. It is expected that this work will be completed in about two weeks.

(3) There are no direct care staff in place as yet, an ad was placed in last Sunday's paper.

(4) There was no mention of a January 29 date for commencing of training mentioned at the January 24 meeting. No date has been scheduled for training. No training has taken place.

Ms. Gaither indicated that direct care staff including certified nurse aides, as well as nurses and licenced practical nurses, will need training on the particular and individual care needs of this population of residents. Ms. Gaither recognizes, as well as have other group home providers said to me, that the remaining residents with mental retardation at DCV are among the most medically fragile of all residents with mental retardation in the District of Columbia.

Ms. Gaither would like to see training of D.C. Family Services nurses and licensed practical nurses at DCV by the Georgetown University Child Development Center (GUCDC) staff and then to have the GUCDC staff on site at D.C. Family Services facilities to work with and observe the licensed staff and train the direct care giver certified nurse aide staff. Ms. Gaither believes this training must take place in order for DC Family Services to responsibly and adequately care for seven of the residents with mental retardation from DCV. Because of the fragile condition of the residents, Ms. Gaither has plans for a 4 staff to 6 residents ratio for care giving in addition to a licensed practical nurse.

(5) D.C. Family Services has not been paid since July, and that is they have not been paid for three residents with mental retardation from DCV discharged to DC Family Services on June 30, 1995.

(6) D.C. Family Services has no agreement with the District of Columbia on an interim per diem rate for the O Street facility.

Because of all the above factors, especially items (4), (5), and (6) above, D.C. Family Services will not accept residents from DCV until the items above are resolved.

I also shared with Ms. Gaither what I have previously profiled in my November 30, 1995. Status Report to the Court and what I had heard again last Saturday, January 27, 1996, at DCV from a therapeutic recreation staff person who observed it. That is that three residents discharged at the end of June to D.C. Family Services Division Street site were found outside during the day, one to be dirty and disheveled, another in pajamas, and the third whose diaper was changed in public. Ms. Gaither said she did not know about this, there is no excuse for this, and said she would look into it. Ms. Gaither also assured that there is a new house manager hired in September for this site, for whom she has high praise for her competency, and that there has been increased inservice and follow-up inservice at this site.

Today, Thursday, February 1, 1996, I faxed to Ms. Gaither the above section under 'Outplacement of Residents with Mental Retardation.' Ms. Gaither affirmed to me that it is an accurate representation of our telephone conversation of yesterday.

An additional concern regarding the outplacement of residents with mental retardation is the following. On Monday, January 29, 1996, a memo was issued by DCV listing residents scheduled for outplacement this week. On the list are the three medically fragile residents with mental retardation listed in the December 22, 1995, remedial order of the Court. Yet, the identified receiving skilled nursing facility staff have received no orientation and training in the individualized care needs of these residents. There is no contract in place for specialty consultation team to supply these services. This is a violation of the Court Orders.

Outplacement of Residents with Mental Illness

I continue to remain very concerned about the outplacement of residents with mental illness. A significant number of residents with mental illness at DCV were inappropriately outplaced to DCV from St. Elizabeth's Hospital several years ago. My concerns are that the residents with mental illness will be once again inappropriately outplaced from DCV to a site which is not appropriate for their individualized needs pursuant to the Court Orders. The Dixon Committee is also focused on the most appropriate settings for individuals with mental illness. A letter to the Court Monitor expressing their concerns is submitted with this letter to the Court.

To date there is no indication of assessments completed on residents, although, I am told the

"assessments are in transcript." On Saturday, January 27, 1996, the Court Monitor along with a consultant to the Court Monitor, who is also conducting surveys on a consultant basis for the Health Care Financing Administration, reviewed several charts. We asked the nurse on Unit 3B, where most of the residents with mental illness who were discharged from St. Elizabeth's Hospital live, if there are assessments in the chart. The nurse assured us there are, yet we could find none. We asked the nurse to show us where they are, she could find only an order for assessments. There is also no counseling for residents nor adequate psychiatric services as identified in the Court Order of December 22, 1995.

At this time it is not possible to determine whether there will be a specialty consult team in place nor are sites identified to ensure a safe and effective transition to their (the residents) new residences, to train the new residence staff in how best to care for the individual, and to help meet the individuals' ongoing individualized needs...until the receiving facility staff is stabilized and their competency demonstrated as specified in the Court Orders. This is particularly problematic, since the defendants are continuing on the path of a March 31, 1996, outplacement date for all residents at DCV.

Additional Overall Concerns with Outplacement

The outplacement process continues to violate residents' rights and federal regulations and the Court Orders. The interdisciplinary discharge plans are not adequate. At present they do not reflect input from the interdisciplinary team as identified in the Court Order of December 22, 1996. Of 23 resident charts reviewed by the ombuds person, no record had a psychosocial summary from social service, no record had data from therapeutic recreation, no record had data from physical therapy nor occupational therapy, and three records had data from the dietary department.

For the residents who will not need nursing home care, there has been no discharge planning for the support services they will need to live in the community, such as, homemaker services and personal care aides, which would include meal preparation.

In summary, Judge Hogan, I respectfully request that the Court suspend the outplacement process until the above situations are rectified. If the defendant chooses to comply with the Court Orders and not remain in contempt, the suspension of the outplacement process should be very short-lived. I believe all that is necessary are the following:

(1) The contract for the specialty consult team for residents with mental retardation be finalized.

(2) The search for and the contract with the specialty consult team for residents with mental illness be identified and finalized with input from the Court Monitor as specified in the Court Orders.

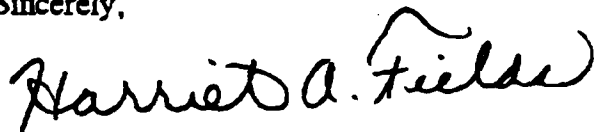
(3) The appropriate rates for services be agreed upon and finalized.

(4) The interdisciplinary team from DCV meet and develop for each resident the individualized discharge summary and plan.

I continue to remain committed to working with the District of Columbia and all concerned parties for the best interests of the residents of DCV and to protect the residents rights, health, and welfare.

Once again, Judge Hogan, it is a privilege to serve the Court.

Sincerely,



Harriet A. Fields, Ed.D., R.N.
Court Monitor

Attachment (1) Dixon Committe letter to Court Monitor, February 1, 1996

cc: Mr. Richard J. Farano
Mr. David Deutsch
Civil Rights Division
U.S. Department of Justice
P.O. Box 66400
Washington, DC 20035

Mr. William Isaacson
Kaye, Scholer
901 15th Street, NW, Suite 1100
Washington, DC 20005

Ms. Barbara Mann, Mr. Garland Pinkston
Office of the Corporation Counsel for the District of Columbia
441 4th Street, NW, Suite 680
Washington, DC 20001

HARRIET A. FIELDS, Ed.D., R.N.
1722 19th Street, NW
Suite 604
Washington, DC 20009
PHONE: (202) 234-7142

FAX TO: Mr. Richard J. Farano, Mr. David Deutsch

COMPANY NAME: U. S. Department of Justice, Civil Rights Division

FAX NO: 514-6273

(Phone) 307-3116

SENT BY: Dr. Harriet A. Fields

DATE: February 1, 1996

of Pages:
(Incl. this
Cover Page): 6

NOTES: