

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

#604

**1722 18th Street, N.W.  
Washington, DC 20009  
Message: (202) 234-7142**

April 3, 1996

U.S. v. District of Columbia



NH-DC-001-023

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

Re: The United States of America v. The District of Columbia, et al., Civ. No. 95-948, TFH,  
D.C. Village Nursing Home (DCV), Court Order, July 6, 1995;  
November 7, Order Modifying Stipulated Order of July 6, 1995;  
Court Order, December 22, 1996;  
Court Order, February 23, 1996

Dear Judge Hogan:

I want to assure you that due to the presence of the Court and through the issuance of the Court Orders, there are systems in place at DCV which are effecting an appropriate, humane, and dignified outplacement of the residents of DCV to their new homes. The outplacement process is and will be closely and continually monitored.

This letter to the Court primarily focuses on the outplacement process of the residents of DCV to their new homes. However, it also addresses the defendant's chronic non-compliance of payment of vendors. In addition, this letter to the Court raises my concern regarding the residents' Personal Needs Allowance (PNA) which was first brought to the Court's attention in December.

**Overview of the Outplacement of Residents**

Since September 6, 1995, through today, April 2, 1996, 107 residents have been outplaced. Of this number 46 residents have been outplaced since the issuance of the February 23, 1996, Court Order. There are 145 residents yet to be outplaced, of this number it is estimated that there are 40 residents, including 16 with mental illness, for whom there are no outplacement sites identified to date, and for whom further planning is needed.

Ms. Sarodel Childs, the District of Columbia Long Term Care Ombudsperson at D.C. Village Nursing Home has been instrumental in reviewing residents' discharge packets, working closely with Ms.

Corrie Kemp (the new head of the social services department and the DCV staff person coordinating the discharge process), and helping to ensure that necessary and current information is included, so that the receiving facilities will have appropriate and adequate information to meet the residents' individualized needs. Ms. Corrie Kemp continues to do an exemplary job.

The discharge packets reflect input from the disciplines pursuant to the Court Orders. Judge Hogan, I want you to know, it is refreshing and touching to me that I now hear discussions and plans for the discharge of the residents that profile the residents' lives and reflect input from the staff who know and knew the residents best - therapeutic recreation, nurse aides, staff nurses, and in particular instances, social services. This interdisciplinary cooperation now being practiced, which should have been routine part of care for the residents for years, is directly related to the presence of the Court at DCV and the issuance of the Court Orders. It is helping effect an individualized and appropriate outplacement of the residents. It is vital to continue to monitor the outplacement process in order to ensure the residents rights are protected.

The Court Monitor has visited some of the outplacement sites to date and has witnessed care being given with knowledge of the individual residents' needs, likes and dislikes which contributes to the residents' quality of care and quality and life. The Court Monitor will continue to visit outplacement sites especially for residents outplaced before the issuance of the February 23 Court Order. The ombudspersons role is to conduct follow-up visits to residents outplaced, which they do. In addition, the therapeutic recreation staff at DCV have been visiting residents outplaced and reporting at the weekly Wednesday outplacement meetings the status of the residents outplaced and identifying areas requiring further follow-up. For example, a recent finding by the therapeutic recreation staff is that some residents outplaced do not have their Personal Needs Allowance (PNA).

There have been ten deaths of DCV residents at their outplacement sites, in addition to Mr. Larry Stanford profiled in the Court Monitor's March 19, 1996, letter to the Court. Nearly all the deaths have occurred among the sickest, frailest, and oldest residents, many of whom had healing decubitus ulcers. For the most part these residents required skilled nursing care which is why Hadley Hospital Skilled Nursing Unit became their new home. I do believe that part of these residents' infirmity was related to years of neglectful care at DCV profiled in previous reports to the Court, with the presence of the Court they received the attention their care needs warranted and the residents have a right to and deserve. Nevertheless, with the District of Columbia's announced closing of DCV, the trauma of transfer of so physically compromised individuals can unavoidably hasten their death. The literature supports the phenomenon of transfer trauma, which was originally brought to the Court's attention in my September Preliminary Status Report to the Court. The Court Monitor has visited Hadley Hospital Skilled Nursing Unit on two occasions to date and has found staff knowledgeable of the individualized care needs of the residents from DCV, the discharge packets helpful to the receiving facility staff, and the residents, clean, satisfied, and appearing to be well cared for.

Approximately 95 residents are scheduled to be outplaced to Carroll Manor, to date, 31 have been. This past Friday, March 29, I visited Carroll Manor with one of the Court Monitor's nursing home systems expert consultants, Dr. Sharon Mailey from Georgetown University. Dr. Mailey has geriatric nurse practitioner graduate students at Carroll Manor working with the geriatrician and

geriatric fellows at Carroll Manor. This team is conducting the initial medical assessments and follow-ups of DCV residents.

Carroll Manor is undergoing new management and new ownership. On Friday, I met with the new administrator and the new director of nursing, explained to them why I was there, told them about the Court Orders, and we openly agreed to meet further to discuss the individualized care needs of the residents. I found them to be very receptive.

I also visited the DCV residents at Carroll Manor in their rooms and on the units, some of whom had been outplaced as recently as the day before. The residents faces did light up at the site of a familiar face. These residents appeared to be happy, clean, well groomed, hair styled, properly positioned in wheelchairs, with a brightness and sparkle in their eyes and carriage. Many were attending a weekly scheduled Friday afternoon happy hour. One recently outplaced DCV resident from Unit 5B, Ms. N.S., whom I usually saw in bed and weeping, was up, dressed, downstairs and participating in the happy hour. Ms. N.S. was bright, alert, smiling, talkative, and without tears.

I sat in on the ongoing medical rounds and the case conference of another DCV resident outplaced the day before. Participants were the geriatrician at Carroll Manor, Dr. Charles Cefalu, geriatric nurse practitioner graduate students from Georgetown, the geriatric fellows, and Dr. Mailey. The conclusion by this group of experts in long term care was that the dietary, medical, and medication management of this recently outplaced DCV resident was inadequate and deficient. These findings certainly independently corroborate the findings in previous Status Reports to the Court and definitely support the findings of the nutrition expert consultants to the Court Monitor from Howard University, Department of Nutritional Sciences profiled in the January 17, 1996, Status Report. For example, this resident on admission to Carroll Manor on March 28 registered an 18 pound weight loss from the last recorded weight taken at DCV at the beginning of March, yet no dietary nor medical follow-up at DCV had been indicated.

Expert medical management is part of the routine medical care and follow-up at Carroll Manor. I do believe that the residents from DCV outplaced here will be in medically competent hands, that they will receive medical workups when needed and routine and knowledgeable medical attention, something consistently lacking at DCV and profiled since the Court Monitor's October Status Report to the Court.

Beginning next week, Providence Hospital Skilled Nursing Unit is scheduled to take between 15 and 52 DCV residents.

I want to make it clear to the Court, that the systems in place pursuant to the Court Order of February 23, provide the best safeguards reasonably and humanly possible to prevent unnecessary and tragic circumstances to occur now and in the future.

#### Residents with Mental Retardation

As of March 8, 1996, the Specialty Consultation Team contract for residents with mental retardation

has been finalized with Georgetown University Child Development Center (GUCDC). This contract provides for GUCDC to offer consultation services off-site to staff at the new homes for residents with mental retardation. This contract was too late to be of benefit to Mr. Stanford.

Due to the presence of the Court and the issuance of the Court Orders, systems are now in place and have been and are being implemented to ensure that staff in receiving settings are knowledgeable in the individual care needs of this very special population. The Specialty Consultation Team is an admirable care model for any jurisdiction to meet the care needs of its most vulnerable population. It is imperative that the Court ordered framework remain in place. For example, the three very medically fragile residents with mental retardation have been outplaced to Health Care Institute (HCI) on March 18. GUCDC has been there for training of staff, and will set up a schedule with HCI for ongoing consultation. Furthermore, GUCDC is planning to offer a 20 hour training program for nurse aides at HCI in the special and delicate care needs of this population of residents, and will issue a certificate of completion at the end of the training.

In addition, at the approval of GUCDC, direct care staff at DCV, who have cared for the physical care needs of these residents for years, accompanied the three medically fragile residents to HCI. For the first week the DCV staff remained at HCI during the day and evening shift and helped the HCI staff become accustomed to the individualized physical care procedures and routines necessary for these residents, for example, how to bath, dress, and properly position severely contracted residents with mental retardation.

Ms. Sarodel Childs, the District of Columbia Ombudsperson at DCV, has visited these residents at HCI and reports that they appear, engaged in their environment, clean, and well cared for.

Plans are in place for two residents to be outplaced to Wholistic group home for residents with mental retardation on April 15. According to Mr. Silas Butler, Deputy Administrator at DCV, several overnight and dinner visits are to be scheduled prior to this date so that the residents may be acquainted with the surrounding and help provide a more secure transition before actually moving. Direct care staff at DCV who know the residents will accompany them on these overnight visits and stay with them for several days and nights after outplacement in order that the residents do not awaken in the night and become frightened in unfamiliar surroundings, and in order that they see people they have been familiar with for years. Mr. Brady, the psychologist from GUCDC who has worked with these particular residents for years, will especially spend time with these residents, Ms. A.R. and Mr. K.F. In addition, Mr. K.F. who is also autistic, has a colostomy needing changing in the early morning. The receiving facility staff will be able to observe the techniques necessary to be provided for his particular and individualized care needs.

There is still no agreement on an interim rate between D.C. Family Services (D.C.F.S.) and the District of Columbia. D.C. Family Services is scheduled to receive six residents with mental retardation from DCV. However, according to Ms. Sheila Gaither, C.O.O. of D.C.F.S., until an interim rate is settled, they cannot accept the residents. Ms. Gaither did indicate that they have nursing staff identified. D.C.F.S. is owed \$38,720.24 for January for their Division Street site, where there are three former DCV residents outplaced in June 1995. D.C.F.S. is owed \$9,340.80 for the

September care of one of these residents, Mr. G.M.

There remains one resident with mental retardation at DCV, Mr. P.L., for whom no outplacement site has been identified to date.

### Residents with Mental Illness

There have been 71 transition care planning meetings for residents who are listed with mental illness (the source of the list is still undetermined). Geriatric Psychological Systems (GPS) participated in these meetings and shared their assessments. These meetings have been coordinated and chaired by Ms. Catherine Carroll who has been detailed from the Commission of Public Health for this task. Ms. Carroll is an outstanding example of professional behavior and has done an exemplary job. Ms. Carroll exhibits care and compassion for the individual residents and demonstrates fine leadership skills. The participants in these interdisciplinary care team meetings were the direct care staff most knowledgeable of the residents' lives through the years and described above in paragraph five. In many instances physical therapy and the dietary department also contributed. In addition, the ombudsperson, Ms. Sarodel Childs, participated in nearly all of these care planning meetings.

From these meetings, counseling was identified as needed for 27 residents. This counseling has begun by GPS.

Last Thursday, March 28, the Court Monitor and the Court Monitor's expert consultant in geriatric psychiatric nursing home systems, Dr. Frieda Butler, reviewed all 71 of the transition care plans and shared our input with Ms. Catherine Carroll. The advice given for the best interests of the residents and for compliance with the Court Orders was the following:

- (1) Transition plans reflect a dominance of a medical model not particularly appropriate for nursing home care.
- (2) In cases where behavioral care management is indicated as follow-up, in no instance is it recommended that a geriatric psychiatric nurse be part of the follow-up care team. This is in violation of the Court Order and is not realistic with current long term care practices throughout the country where geriatric psychiatric nurses are utilized and employed for assessing, monitoring, and implementing behavioral interventions. It is also cost effective.
- (3) Many of the residents with labels of mental illness have been carrying around this "stigma" for decades with no follow-up assessment and update. In fact, for the most part, the last noted psychiatric review and assessment of any kind for the residents took place in 1991. This is in violation of federal regulations which require annual reviews, despite the fact that there was a full time psychiatrist on staff at DCV from 1991 to the end of 1995.
- (4) Many elderly residents with a history of mental illness "mellow" when they are old and their physical care needs become the dominate requirement for long term care attention.

Ms. Carroll agreed with the above input and assured the monitor that the transition plans will reflect this advice.

The use of GPS as the Specialty Consultation Team for the residents with mental illness has not been finalized, although DCV is moving in this direction. GPS does have a presence in many nursing homes throughout the metropolitan area which is advantageous. They are also willing to serve in this role. The Court Monitor will meet with GPS soon. In addition, according to Ms. Carroll, Carroll Manor has their own psychiatric team for their residents.

#### Residents Identified for Independent Living

There are six residents whose level of care qualify for independent living. Transition care planning meetings to ensure these residents care needs will be met in the community are taking place this week at DCV. Ms. Catherine Carroll is also taking the lead in coordinating these meetings with the interdisciplinary direct care staff who have known these residents for years. Vocational rehab evaluations are to be scheduled this week for these residents. No sites have been identified as yet for five of the residents. Mr. C.W. will be outplaced to Green Valley next week. The Court Monitor will keep the Court informed of the progress in identifying new homes for these residents and that appropriate services are in place before outplacement.

#### Chronic Non-Compliance of Payment of Vendors

Attached to this letter to the Court is information in chart form on the status of vendor payment. Most problematic, and for which there is a direct impact on care of the residents, is the non-compliance of the July 6 Court Order, Section C Payment of Vendors, for the contract nurse staffing vendors.

In my December 6 letter, I brought to the Court's attention the serious non-payment of the contract nurse staffing vendor, National Nurses. This vendor provides the bulk of nurses to DCV. It is distressing to me that there has been no payment to this vendor since December and once again National Nurses is forced to discontinue service if payment is not received by next week, as indicated in the attached letter of April 2 to Mr. Vernon Hawkins, Director, Department of Human Services for the District of Columbia by Mr. Ronald Messenheimer, President of National Nurses. This vendor is owed over \$200,000.

Total Healthcare Resources, Inc. (THR) another nurse staffing vendor has suspended services as of March 28. THR is owed approximately \$115,000, for services rendered in November, December, and January. The nurses provided by THR at DCV are excellent direct care givers and the residents need their expertise.

SRT another contract nurse staffing vendor is owed over \$88,000. These vendors are being given assurances that they will be paid and in good faith continue vital direct care services for the residents, only to find out time and time again the assurances are hollow. Of most serious concern is that with

the closing of DCV, the only reliable source of care for the residents will be contract vendors, since many of the DCV employees are being offered early retirements or early "outs" and have left employ.

CUP, a nurse staffing vendor, was forced to terminate services on April 1, services were reinstated April 2 on reassurances to CUP by Ms. Janette Michaels, the consent decree coordinator for the Department of Human Services for the District of Columbia, that CUP would be paid this Friday. This reassurance is very problematic to me.

In a meeting on Friday, March 22, 1996, with the Court Monitor, Mr. Vernon Hawkins and Ms. Sue Brown, and with Ms. Michaels in attendance, Mr. Hawkins asked Ms. Michaels about the status of vendor payments. Ms. Michaels assured Mr. Hawkins and myself that there were no problems, that payments were up to date. The above and the attached information indicate that this was a misrepresentation.

On the last page of the attached "DC Village Nursing Home Vendor Report" a vendor formerly called Associated Healthcare is listed. This was a contract staff nurse vendor and last provided services at DCV in October. Because of chronic late payment this business went bankrupt. They are still owed \$6324.34 for services rendered at DCV during part of September and the first week of October 1995.

#### Personal Needs Allowance (PNA)

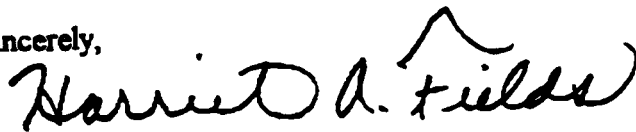
At a recent weekly Wednesday morning outplacement meeting, the therapeutic recreation staff person, who had visited five residents outplaced to Health Care Institute since September and most recently December 27, reported that these residents did not have access to their PNA. Ms. Sue Brown indicated at this meeting that the residents' PNA was being "drawn down from the D.C. Treasury" and that "some monies are not totally transferred." I was shocked. My December 10 letter to the Court profiled this problem and in Court on December 20, the defendant represented that this matter had been settled.

On March 7, I wrote the Executive Director of DCV, Ms. Alberta Brasfield, requesting clarification and specific information on all the residents PNA accounts. Ms. Brasfield promptly responded, for which I am grateful. However, the responses raise more questions for me than answers. I will, therefore, seek further clarification on this matter in order that I may accurately report to the Court soon. Federal regulations require that residents' PNA be in separate, interest-bearing accounts. I need to assure myself that this has been, and is, the case for the residents and that they have been receiving all of their money.

In the material received from Ms. Brasfield, there is evidence that once residents are outplaced to their new homes their social security checks have been returned to the Social Security Administration instead of being forwarded to the residents. In the interest of humanity, I ask DCV to stop this and to forward the residents' money directly to them.

Judge Hogan, it is a privilege to serve the Court and to work with all concerned parties for the best interests of the long term care residents of the District of Columbia.

Sincerely,



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

Attachments (2)

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



# NATIONAL NURSES SERVICE, INC.

April 2, 1996

Vernon B. Hawkins  
Interim Director  
Department of Human Services  
Building 801 East, Second Floor  
2700 Martin L. King Avenue, S.E.  
Washington, D.C. 20032

Dear Mr. Hawkins:

Payment to National Nurses Service in the amount of \$239,563.30 (see attached list) for services provided at D.C. Village is past due. We are particularly concerned due not only to the large outstanding balance, but also because we understand that none of these past due invoices have even been entered into the FMS system for processing as of 2:00 p.m. today, April 2, 1996. Therefore, in the event we do not receive payment on or before Friday, April 12, 1996, we will have no alternative but to discontinue service.

Thank you for your attention to this matter.

Sincerely,



Ronald L. Messenheimer  
President

RLM:ejf

cc: Dr. Harriet Fields

DC VILLAGE NURSING HOME VENDOR REPORT

VENDOR	CONTACT	SUPPLIES	DATES	SERVICES	PAYMENT	CONTINUE SERVICE?
DISTRICT HEALTHCARE	TORINE MITCHELL	MEDICAL, JANITORIAL, INDUSTRIAL, & SAFETY SUPPLIES	3/19/93	\$7518.75	APPROX. \$27000 REC'D, BUT VENDOR DOES NOT KNOW FOR WHICH INVOICES	YES, IF PAID
			3/19/93	\$8347.50		
			1/21/93	\$6417.00		
			1/21/93	\$179.25		
			2/28/94	\$9913.15		
			6/27/94	\$2499.30		
			7/11/94	\$556.00		
			7/25/94	\$1837.50		
			9/9/94	\$4050.07		
			9/9/94	\$1045.80		
			9/9/94	\$1645.24		
			9/9/94	\$2499.30		
			9/12/94	\$2766.75		
5/5/95	<del>\$880.00</del>					
	\$50155.61					
NATIONAL PATIENT CARE SYSTEMS	JUDY OGABY	SPECIALTY BEDS	3/31/95	\$8110.00	DC VILLAGE SAYS THEY ARE CUTTING A \$27000 CHECK	YES
			9/30/95	\$1276.00		
			10/31/95	\$8925.00		
			11/30/95	\$8925.00		
			12/31/95	\$7950.00		
			1/30/96	<del>\$6925.00</del>		
	\$42111.00					
ALLIED MEDICAL CONSULTS	MRS. CRYCIONE		2/20/96	\$1095.35		YES
			2/22/96	<del>\$7445.31</del>		
				\$8540.66		
CUP	KAREN VIEIRA	NURSING	1/21/96	\$17447.41	DC VILLAGE SAYS THEY WILL PAY BY FRIDAY JANETTE MICHAELS TOLD PRES. of CUP	SVC TERM. 4/1/96 -THEREFORE SIK. REINSTATE 4/2/96
			2/4/96	\$4568.67		
			2/18/96	<del>\$20265.25</del>		
				\$42281.33		
NATIONAL NURSES SVCS	MARK CONHEADY	CONTRACT NURSING	12/7/95	\$9295.63		YES
			12/7/95	\$16703.72		

APR-03-96 WED 21:42

NOONHR

FAX NO. 2023322949

P. 11

## DC VILLAGE NURSING HOME VENDOR REPORT

VENDOR	CONTACT	SUPPLIES	INVOICES OPEN > 45 DAYS		PAYMENT	CONTINUE SERVICE?
			DATES	SERVICES		
CONTINUED... NATIONAL NURSES SVCS			12/14/95	\$11034.59	} Received check 4/3/96.	
			12/14/95	\$11880.25		
			12/21/95	\$9137.95		
			12/21/95	\$13032.58		
			12/28/95	\$6964.29		
			12/28/95	\$13406.58		
			1/4/96	\$10560.66		
			1/4/96	\$10217.26 ✓		
			1/11/96	\$5668.80		
			1/11/96	\$11141.75 ✓		
			1/18/96	\$12855.19		
			1/18/96	\$9886.01 ✓		
			2/6/96	\$11039.06		
			2/6/96	\$8798.72		
			2/7/96	\$17138.88		
			2/7/96	\$26398.17		
			2/15/96	\$9768.63		
			2/15/96	\$11177.91		
	<del>\$236186.63</del> \$ 203,026.62 = Total Due					
SRT-PREMEIR	KELLY JOHNSON	NURSING	9/7/95	\$2334.70	MRS. RICHARDSON SAYS PAYMENT IN PROGRESS	YES
			9/7/95	\$4433.50		
			11/23/95	\$7349.43		
			11/23/95	\$5303.33		
			1/4/96	\$2191.45		
			1/4/96	\$3277.55		
			1/18/96	\$6629.16		
			1/18/96	\$12806.71		
			1/25/96	\$2075.93		
			1/25/96	\$5808.85		
			2/1/96	\$6071.73		
			2/1/96	\$9186.49		
			2/8/96	\$7507.49		
			2/8/96	\$4013.70		
			2/15/96	\$3412.37		

DC VILLAGE NURSING HOME VENDOR REPORT

VENDOR	CONTACT	SUPPLIES	INVOICES OPEN > 45 DAYS DATES	SERVICES	PAYMENT	CONTINUE SERVICE?
CONTINUED... SRT-PREMIER			2/15/96	<u>\$6261.01</u> \$88663.40		
T.H.R. (TOTAL HEALTHCARE RESOURCES, INC.)	EMMA RESUMADERO	NURSES	NOV. DEC.          JAN.	\$15673.20 \$5098.25 \$9087.50 \$7954.90 \$3635.35 \$3480.45 \$8559.00 \$4500.00 \$10483.08 \$9437.07 \$3289.00 \$3097.50 \$5541.93 \$2752.70 \$8762.03 \$2806.30 <u>\$10719.68</u> \$114877.94	DC VILLAGE PROMISED TO PAY \$115000 FOR NOV.- JAN.	SVC. SUSPENDED 3/28-WILL COMMENCE ONCE PAID \$115000
T.H.R.			1/2 FEB BILLED 3/1	\$11964.10 \$2366.70 \$5981.88 <u>\$1758.40</u> \$22071.08		
DIVISION MEDICAL	MILDRED	DISPOSABLES	4/7/95 4/13/95	\$15.00 \$2498.75		YES
CONTINENTAL BAKING	SKIP	FOOD	1/22/96 2/7/96	\$62.05 CR \$411.74		YES, HOWEVER 45 DAY CUTOFF
JACOBS GARDNER	JOHN	OFFICE SUPPLIES	7/94	\$111.00		YES

DC VILLAGE NURSING HOME VENDOR REPORT

VENDOR	CONTACT	SUPPLIES	INVOICES OPEN > 45 DAYS DATE	SERVICES	PAYMENT	CONTINUE SERVICE?
OCE BUSINESS SYSTEMS	AMY STRONG	COPIER LEASING	1/1/94		\$488.00	NO SERVICE UNTIL PAY MENT; WORKING W/ SALES REP.
			8/1/94		\$488.00	
			10/1/94		\$488.00	
			11/1/94		\$488.00	
			12/1/94		\$488.00	
			12/28/94		\$488.00	
			2/12/95		\$488.00	
			5/8/95		\$488.00	
			10/4/95		\$488.00	
			11/4/95		\$488.00	
			12/5/95		\$488.00	
			1/4/96		\$488.00	
			2/8/96		\$488.00	
			7/20/94		\$488.25	
			10/31/94		\$488.25	
			11/17/94		\$488.25	
			12/18/94		\$488.25	
		1/19/95		\$488.25		
		2/17/95		\$488.25		
		3/20/95		\$488.25		
		5/18/95		\$488.25		
		6/16/95		\$488.25		
		7/20/95		\$512.66		
		8/18/95		\$512.66		
		9/29/95		\$512.66		
		10/18/95		\$512.66		
		11/17/95		\$512.66		
12/29/95		\$512.66				
1/18/96		\$516.66				
2/15/96		\$512.66				
				\$14839.53		
		COPIER SERVICE CONTRACT				

DC VILLAGE NURSING HOME VENDOR REPORT

INVOICES OPEN > 45 DAYS

ANSWERS INCORP. (FORMERLY ASSOC. HEALTHCARE) RECEIVED A CHECK OF APPROXIMATELY \$34000 THE WEEK OF MARCH 11 AFTER TRYING TO COLLECT FOR FIVE MONTHS FOR AUG./SEPT. SERVICES. PER CYNTHIA IT WAS A PRIMARY REASON THAT ASSOC. HEALTHCARE WENT BANKRUPT. THEY WILL NOT PROVIDE SERVICE TO DC VILLAGE NURSING.

THE FOLLOWING VENDORS WERE CONTACTED ON 3/18/96 AND HAD NO RECORD OF INVOICES OUTSTANDING > 45 DAYS:

ACTION SUPPLY  
BERNARD FOOD INDUSTRIES  
BRIGGS ICE CREAM  
CHEMTRON  
EAST TECH, INC  
HEALTHCARE LAUNDRY  
HILL ROM  
J. P. FOOD SERVICE  
KELLOGG  
MAZO LERCH  
MEAD JOHNSON  
SANDOZ  
SHANE MEATS

REPORT DATE: 4/1/96