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P U B L I C H E A R I N G

before the

NURSING HOME STUDY COMMISSION

on

PERSONAL CARE FACILITIES FOR THE ELDERLY IN NEW JERSEY

Held:

Ocean County Community College
Toms River, New Jersey
June 24, 1975

Commission Members Present:

Senator John J. Fay, Jr., Chairman

Senator Anne C. Martindell

Senator Barry T. Parker

Assemblyman Clifford W. Snedeker

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I N D E X

SENATOR JOHN J. FAY, JR. (Chairman): Ladies and gentlemen, I would like to call this hearing to order.

On behalf of the members of the Nursing Home Study Commission and myself, I want to welcome you to our third public hearing on nursing homes and personal care facilities for the elderly in New Jersey.

My name is John Fay. I am a Senator representing the 19th District. Assemblyman Clifford Snedeker is here and a few other members of the Commission may come later.

The purpose of this hearing is to inquire into the current conditions of nursing homes and personal care facilities for the aging in our State.

For the record, the Nursing Home Study Commission was established pursuant to Senate Concurrent Resolution Number 15, official copy reprint. The duty of the Commission in inquiring into the current condition of health care facilities for the elderly is to investigate the organization, the operations, the standards and the policies of such facilities, and the adequacies or inadequacies of such facilities in meeting the social and health needs of the elderly in the State.

As a result of this duty and in light of the importance of the subject area the Commission will be studying, it was the decision of the Commission to hold public hearings not just in Trenton, but to get around the State to the various counties and get close to the people concerned.

My role today as well as that of the Commission is simply to learn, to hear the views and the opinions of the people, not only those who are or were patients, but also the professionals in the field, the administrators and the owners and operators.

I would like to exercise the right of the chair and establish several guidelines for the orderly operation

of this hearing.

First, we would very much appreciate it if you would limit your remarks to a maximum of thirty minutes, although the questions the Commission members may ask you following your testimony may expand the time allocation well beyond this period. We respectfully reserve such expansion to our discretion. As you can see, there are a number of people who have been invited to testify today.

Anyone here who did not send a letter or call to be a witness should see John Kohler, who is sitting in the front row in the plaid jacket. He is our Legislative Services staff person. If your name isn't on the list, he will be glad to take your name as the hearing progresses.

A transcript of these proceedings will be prepared and will become a matter of public record. Therefore, in order that your comments can be recorded accurately, we ask that you speak in a clear and distinct voice. I would very much appreciate it if the reporters would indicate to me if they are experiencing any difficulty in recording the speakers.

No questions will be addressed to the Commission. Should you have copies of your testimony, will you please give them to John Kohler for distribution prior to your testimony.

In conclusion, allow me on behalf of the Commission to thank you very much for coming. I would like you to know that in the few months that we have been in operation, already enough evidence has come in for recommendations to be made to the Commissioner of Health and to the Commissioner of Institutions and Agencies, and that some legislation has been introduced and is now in committee. Yesterday, this Commission finally got the bill granting us $20,000 through the Assembly and the Senate; so we will be able to hire some staff people. It

is hardly enough, but we will be able to hire some staff to start going through the information and the evidence that we have acquired so far.

The first witness if Mr. William Martin.

W I L L I A M R. M A R T I N: Thank you for inviting me here this morning. My name is William Martin. I live in Medford, New Jersey, and I am the Executive Director of the Estaugh Corporation which operates the Medford Leas Retirement Community, a campus-type retirement village encompassing residential and medical facilities for the aging. Medford Leas is a non-profit operation conducted by the Religious Society of Friends, the Quakers, and The Estaugh Corporation has been providing some services to the aging since 1914, originally in Haddonfield, New Jersey, having moved to Medford in 1970.

In addition to serving as the Executive Director of The Estaugh, I am Treasurer of the Health Care Plan of New Jersey, an organizing health maintenance organization which anticipates the beginning of services to residents of Burlington County in January of 1976.

Since moving to New Jersey in 1970 from Maryland, I've been active in the New Jersey Association of Non-Profit Homes for the Aging and have served for three years as the Chairman of the Administrators Conference Committee of that Association. Since last week, I have been appointed the Chairman of the Association Policy Committee of the New Jersey Association of Non-Profit Homes. Prior to my move in 1970. I planned and developed another retirement community for the Religious Society of Friends known as Friends House in Sandy Spring, Maryland, and for one year served as the President of the Washington, D.C. Metropolitan Association of Non-Profit Homes.

The testimony which I will give this morning, obviously is out of my own experience and though I know

that the views which I present herein are held by many, it must be clear that I am speaking only on behalf of myself and not even on behalf of the corporation which I serve as its executive, and certainly not on behalf officially of the New Jersey Association of Non-Profit Homes, although I was invited to do so yesterday. I understand that Dr. Sol Geld has previously testified before this Committee on behalf of our Association here in New Jersey. The testimony which I am giving though - I am going to deal more in specifics and problems and by examples rather than dealing with the fundamental and basic philosophies as Dr. Geld did. I concur with Dr. Geld's testimony.

In addition to my involvement with the New Jersey Association of Non-Profit Homes, I serve on the Committee on Aging Friends of the Philadelphia Yearly Meeting of the Society of Friends, and on the subcommittee for facilities thereto.

From our very beginnings as a Religious Society, Friends have been known for their working ministry of involvement in human concerns and human problems; and it is out of these concerns that the Society of Friends, and I believe other church groups, have long been involved in the field of aging, in Homes for the Aging and Nursing Homes, even in hospitals. Though small in number, the Society of Friends operates three retirement communities somewhat comparable to Medford Leas in the Philadelphia area, one at Gwynedd, Pennsylvania, known as Foulkeways, and one at Chadds Ford, known as Kendal, and perhaps 15 or so Nursing Homes and Homes for the Aging in the Philadelphia area. In addition to Medford Leas, we operating two Nursing Homes in South Jersey conducted by members of Philadelphia Yearly Meeting, and one in the northern part of the State conducted by members of the New York Yearly Meeting of the Society of Friends. In New Jersey, Medford Leas is the only facility conducted by the Society

of Friends that has seen fit to involve itself with public programs, such as the Medicare and the Medicaid Program.

I recognize that time is short and I wish to cover several important subjects, and consequently my coverage on each will need to be brief. The order of presentation indicates no emphasis because the subjects to a large degree are not related to one another.

I want to also add here that a large degree of my testimony is going to be critical because I think that needs to be brought out, and I think positively that there is also a great deal of positive things to be said. So please keep that in perspective that I am trying to bring out the problem areas and not necessarily condemning the entire field.

A week ago Monday, I was honored to be a principal speaker at the seminar conducted by the Medical Society of New Jersey on the subject of a "Medical Director in the Long-Term Care Facility." As you are aware, the federal regulations require a Medical Director in skilled nursing facilities under the Medicare program not later than December 2nd, 1975. I would be remiss if I did not summarize briefly what I said in that address to the New Jersey Medical Society.

I deeply believe that a Medical Director is needed by any facility caring for the aging. It is incomprehensible to me how we can operate a medical facility without adequate medical direction. I regret that we, as an industry, have not taken the initiative to meet what I consider to be the moral and legal responsibilities to provide appropriate and adequate and, I would suggest, superior services for each of the patients in our facilities. If this had happened, there would indeed be no need for the federal regulation requiring a Medical Director and probably would have been no need for this

Commission making this investigation.

For many years, the Long Term Care Section of the Joint Commission on Accreditations of Hospitals has, in fact, required medical supervision and directorship, has required medical staffs in Long Term Care Facilities. I don't personally care whether we call the person the Medical Director or the President of the Staff or whether or not you have some other equivalency. But the essential standard has, as a matter of fact, been required by the volunteer organization for many years prior to the inclusion in the government regulation for Skilled Nursing Facilities. I suggest to you that the volunteer standards of the Joint Commission on Accreditation of Hospitals for Long Term Care require medical directorships for any Long Term Care Facility and it seems to me that that is an appropriate and minimum standard for all facilities.

In its inspections, the Joint Commission has cited the lack of medical supervision as a primary problem in Long Term Care Facilities. I deeply believe that special attention ought to be paid to such voluntary associations as the Joint Commission for in my view it has been volunteerism and not governmental mandates or regimentation that has resulted in the high achievements in our society today. There are those within the halls of government who are out to condemn the Joint Commission, to cite every failing and deficiency, hoping to grasp under their own bureaucratic control the powers that have been exercised by the Joint Commission in the area of hospital inspections. In this climate that we are in today, many of the bureaucrats would have no qualms of conscience in encouraging the public to believe that if they had full powers of inspection, the quality of care would be miraculously improved. If that be so, with the massive controls imposed upon our society in the last few years, why has our real production and creativity in this country fallen?

How successful have been the facilities actually operated by these same bureaucrats? And I suggest to you that you compare the operations of the voluntary facilities with those operated by the counties and governments. My only regret is that so few of the facilities within this State and within this country have seen fit to voluntarily subscribe to the complete standards required by the Joint Commission, as I understand that less than 10 percent of the Nursing Homes in the United States seek out accreditation by the Joint Commission. I am proud to say that Medford Leas is one of those that has been accredited by the Joint Commission for meeting all of its standards.

As we sat through the sessions last Monday in Atlantic City, we heard time and time again that the long term care facilities could not even secure primary physician coverage. This certainly goes along with the findings of the Joint Commission and I'm going to suggest to you that there are several reasons for that. One is the rate of reimbursement for the physician, what we expect of our physicians, and, secondly, is the inordinate amount of paper work. On top of this, of course, it has been suggested that physicians aren't interested in providing care in long term care facilities because very often it is a depressing atmosphere. In many cases there is no hope of recovery and to some degree this is true, but I know as a matter of fact that if we attempt to compensate people adequately, we will not only have quality care, but we can help individuals in their last years to live with dignity.

In addition to the Medical Director, any long term care facility, and that includes in my view anything from the residential community which is no more than independent living for a large number of senior citizens, through the comprehensive medical care facility, needs

an adequate medical staff. In 1969 before the Medical Directorship requirement of the federal government, Dulcy Miller wrote in her book, "The Extended Care Facility," the governing board should engage two administrative officers, one a Medical Director and, secondly, an Administrative Director. I am skipping a great deal of this text because it is going to run way over.

Prior to building and planning Medford Leas, I took a tour around the United States with a member of the Board of Directors, visiting outstanding models of retirement communities and particularly campus-type retirement communities, which were all sponsored by various religious denominations. From the services point of view, Medford Leas has been modeled after the Presbyterian Homes of Evanston, Illinois, where there is a complete spectrum of services ranging from totally-independent living in separate homes to apartment living, to what we here in New Jersey call sheltered care, intermediate care, skilled nursing care and even hospital care. While we have not yet achieved the degree of comprehensiveness that the Presbyterian Homes have because we've only been operating for three years, there is a great deal to be said for a facility that can care for the total needs of the patient or at least most of the needs of the patient, whereby he can remain within the same community and amongst his friends even when his condition changes, whereby a patient can be assured that he will be provided quality care even without regard to ability to meet staggering medical costs.

If we review some of the models originally proposed for extended care facilities, I suggest to this committee that there are but few facilities that can even begin to qualify; and, furthermore, the laws of this State and the regulations adopted pursuant to those laws discourage the quality of care anticipated particularly in the book

referred to previously by Dulcy Miller, entitled, "The Extended Care Facility."

It's my understanding that Medford Leas is the one and only free-standing nursing home not connected with a hospital that operates its own laboratory. There is no provision in the laws or regulations of New Jersey for this, and the only guidelines we have to go by is the Medicare regulations and only because the federal government has approved this has the State of New Jersey permitted us to operate. But I submit, as has Dulcy Miller in her book, that any facility with a large number of aged persons needs the presence of a laboratory, needs to be able to conduct laboratory tests on premises, needs to have the ability to get the results promptly.

There are but a handful of facilities in New Jersey that operate their own pharmacies. Once again, we are one of them, but this was not done without a major battle, a major battle against interest groups, the pharmacists and the retail pharmacists, who have fought and continue to fight against the inclusion of a pharmacy in a nursing home. Why did we insist on running our own pharmacy? One, when we started out we did employ the services of a retail pharmacy, ordering drugs from them, and we went through more than one pharmacy. The degree of error was astronomical, approximating at times 10 percent of the drugs which came in wrong. Fortunately, we had the time and we took the time to have our trained nursing personnel check each and every drug to ascertain that it was correct. Running one's pharmacy is not going to reduce costs if one provides a quality service.

We know that patient profile records are not required, but my own experience as a result of interviewing a replacement pharmacist just a month or so ago suggests that many of the local pharmacies are not maintaining adequate patient profiles as required by law.

The patient profile is critical so that the pharmacist can indeed check the drug reactions and drugs which would counteract to another. Many of the aged are being seen by more than one physician for more than one problem, and we have had numerous cases in our own facility where a specialist prescribes one drug and a general practitioner prescribes another drug and they counterreact to another, and the pharmacist has the immediate responsibility to check with both physicians to see what should be done.

We hear a lot about the skyrocketing costs in medical care. There are many reasons for that and I am one who is going to take issue with anyone that suggests that by more and better control we are going to reduce our costs. If we are going to improve the quality of care, and I believe we must, we are going to find very, very substantial increases in the cost of long-term care. A few weeks ago, Prudential Insurance Company as the intermediary for many nursing homes in New Jersey sent out a summary sheet of average costs per patient day in skilled facilities. This was done in their Medicare Provider Newsletter SNF 75-2 on April 1. They, of course, represent the United States of America.

In this letter they presented as guidelines to us, the participating providers, the 50th and 75th percentiles of nursing costs per patient day. We were told in that Newsletter that the average costs of nursing service per patient day - that is nursing salaries for nurses and aides - should approximate $7.86.

In preparation of my speech for the New Jersey Medical Society, I attempted to determine if there were a correlation between the total cost of care and the deficiencies which existed in facilities. I attempted to determine the relationship between costs in free-standing SNFs and hospital-based SNFs. Despite the United States

Freedom of Information Act, which I believe required that information to be made available to the public, my efforts have been totally frustrated. Even the inspection reports which are required by federal law to be available at the local Social Security Office were not available until weeks after my demand for them under the federal law to the New York Office. As an administrator, I cannot comprehend how you're even going to meet minimal standards, let alone standards conscionable for human beings, on $7.86 a day. For, even if I assume that every employee never takes a vacation and is not paid for sick leave or has any time off for training, dividing that $7.86 a day by the minimum State standards of 2 and 3/4 hours of skilled care, gives me $2.85 per hour for the average employee, or about 4 cents an hour less than I pay my aides. And we all know that vacations, breaks and other absences will consume at least 15 percent of an employee's time.

If we hire people at the rate encouraged by Prudential Insurance Company, it would be immoral for me representing a religious institution, and the patients whom these people are treating would be getting just what somebody is paying for, minimal care and untrained care.

If these figures are true, it is indeed damning evidence that we are providing as an industry a minimal level of care. I recognize that to a large degree this is forced upon us by the Medicaid regulations which establish a maximum reimbursement rate of about $28 a day. We've heard a lot about New York, but I am satisfied that it is not all profiteering that has caused their average costs to nearly double that of New Jersey. Some of the highest rates in New York are in the non-profit industry.

Let me tell you that at Medford Leas, our average nursing cost for nursing salaries alone is running at approximately $17 per day as compared with $7.86 suggested

as a guideline by Medicaid --- Medicare. I have not as yet been able to get the average in other quality nursing homes or to correlate nursing care with deficiencies found.

At Medford Leas, certainly during the day shift, we have 400 percent of the required RN coverage. And I suggest that we could not provide care with less than that.

We're also told in the same Newsletter that we should provide food service at $3.48 a day. How can you expect those of us in the nursing home field to have costs approximately one-third of what we find in a hospital? You and I know that if we go out to feed our own family, without labor costs and overhead, that we are spending almost that per day to feed every member of our family, at least, I am,or my wife is. Though I recognize that we serve a selected menu, our food service costs are running approximately $10 per patient day, including overhead, labor, etc. We could go on and compare the other costs provided by Medicare in this Newsletter and what is actually happening, but time will not permit that.

I would be derelict if I did not bring to this Committee's attention some of the problems which we are experiencing in the field of interpretation of standards, particularly in the field of building standards amongst the various homes and the inspections. I submit that there is probably not one of you on this panel, there is not one architect in this State, and there is not one administrator that can make total sense out of the volumes of conflicting construction standards.

In long term care, we now have a Manual of Standards for Nursing Homes, a Manual of Standards for Intermediate Care Facilities and a Manual of Standards for Sheltered Care, in addition to the Manual of Standards for Hospital Facilities. We have State standards and we have federal standards and we have Department of Health Standards and

we have Department of Institutions and Agencies Standards, and none of them is the same. They are all in different books, and I suggest that this Committee would do a great justice not only to the facilities but to the public at large if it, by law, encouraged the adoption of the Life-Safety Code of 1967, which has been adopted by the federal government as the sole standard for all facilities caring for the aging. The federal government has adopted it only for facilities participating in federal programs.

We are currently in the midst of going through major additional construction and I'm told from my own architect that he can at least understand the Life-Safety Code, but with the State codes, it depends on who you talk with as to what answer you get. And I can verify that because I have gotten the same result myself.

We have tremendous problems with inspectors or surveyors who, themselves, don't know what the code requires. And I would like to give you just two or three examples. When we were under construction we were required by the Architectural Division of the State to put louvers in many of our service area doors. By the time we were opened a year later, their interpretation had changed and so we had to abandon these louvers at great expense. I learned later that a year before this, the inspectors had come through the Episcopal Home in Moorestown and required them to cut louvers in all of their service doors and one year later the inspectors came back and required them to remove the louvers.

Prior to opening, I received a deficiency ordering me to remove the carpet from what would normally be a threshold area between the patient room and the corridor - this is despite the fact that, of course, we used fire-proofed or fire-rated carpet approved by Medicare - and to install in its place a 5-inch, specially-made steel

saddle, which would cost, as we found out, about $100 a doorway or opening. We argued against this as a matter of common sense and safety, because with the aged population, which tends to shuffle, this would become a tripping hazard. There was no way that after a reasonable period of time that the carpet and the steel saddle would be the same height, and certainly would not have had the same feeling to the foot.

We protested and we finally said we would not do this. The argument came back that this was a requirement and all during these discussions we demanded to have a code citation, which was not furnished to us. And more than one year later while in Trenton reviewing our own records, I found that the Department of HEW had told the State that they were improper in making this request, yet we never had the courtesy of ever having this deficiency cleared up. While it was in our file that the State could not require us to do this, the State Health Department never admitted their error and only by going to the State and reviewing our own file did we find that we were relieved of the responsibility.

I have another case in South Jersey which is current, involving the Jewish Geriatric Center in Cherry Hill. Here the facility was ordered to enclose a lobby area opposite a nursing station. The facility saw fit to protest this, believing that this was not required by any code nor did it enhance life-safety in their opinion. Finally, the State, under protest, issued a waiver. We recently got word - and by "recently," I mean Friday of last week - through the Washington Office of the American Association of Homes for the Aging, who carried this matter to the Federal Department of HEW on behalf of the facility, that this was an erroneous interpretation and should never have been issued as a deficiency. But here again, the

State never admitted error and never even let the issue be finally resolved inasmuch as they said they would grant a waiver.

The call and demand is out for unannounced inspection of medical facilities. It is said that you should find what is normal, not what is planned to be seen. I, and I believe in this matter I speak for every member of the New Jersey Association of Non-Profit Homes for the Aging, because I know they agree with me -- if it is applied from a practical point of view, we support unannounced inspections. I submit that it is totally unreasonable to conduct comprehensive surveys at off hours or without appointments whereby copies of operating and capital budgets, for example, must be reviewed, copies of contracts between consultants, and other such items of paper compliance, and even the basic building construction surveys. Common courtesy and the mandates of efficiency demand that this aspect of a survey be by appointment. Certainly, a facility cannot create this kind of documentation by a week's advance notice. Unless this Committee and others so indicate to the Health Department, as a result of a meeting which I had yesterday with the New Jersey Association and the New Jersey Health Care Facilities at the Health Department, I am afraid that they will attempt to conduct comprehensive surveys completely unannounced.

Furthermore, I believe that if at all possible, the administrator ought to be present for this part of the survey and not someone who is not totally involved in administration. Most of us employ various and numerous consultants and it has been in the past beneficial to have the entire staff, including part-time consultants, present so that their area of responsibility can be dealt with adequately and accurately and comprehensively.

Thus, I appeal to this Committee to require unannounced inspections,to survey the over-all patient care being rendered, but to continue the announced surveys for the administrative, building and other aspects of the inspection. If surveyors come into our facility unannounced, they must realize that they will be received, but not at the detriment of the patients whom we must serve. A great deal of time will be wasted by all.

In the next section which I am going to talk about, I have notified the people that I am attacking as a common courtesy.

As an administrator, I am exceptionally pleased that Medford Leas is one of the less than 5 percent of the skilled nursing facilities operating in New Jersey without a conditional contract. Mr. Alan Saperstein, the Director of Long Term Care Facilities for the Department of HEW in New York, has confirmed that only 5 percent of our facilities are given unconditional contracts for Medicare because they are without significant deficiencies. I am also exceedingly pleased that we are one of the very few facilities in the State with not only Joint Commission approval and accreditation, but are one in which the Joint Commission has gone out of its way to commend for the quality service which we render. And yet, at the same time, we are found unsatisfactory by Medicaid.

When we opened in January of 1973, we were not in need of all of our beds and out of a moral and other considerations we took a large number of Medicaid patients, having been approved immediately for Medicaid even before we were approved for Medicare. The State was in a quandary because one nursing home in the area was doing away with all Medicaid patients and we took these patients even though the rate of reimbursement covered only 50 to 60 percent of our costs. We never had any problem with Medicaid until we took certain steps.

We've taken our job seriously, I believe, and the medical staff has done what it is charged to do; that is, to review the utilization of our facility. We had patients placed at Medford Leas allegedly to receive skilled nursing care who could almost live independently in their own homes. The medical staff had a responsibility and the medical staff in several cases decertified the need for some of these patients to receive skilled nursing care. In one case, and quite coincidentally, the medical staff decertified a patient one day after Medicaid recertified the patient for a long period for skilled nursing care. This was very embarrassing and we got some very nasty telephone calls to the effect that "Why do you have to worry - you're getting paid?" That is a quote. From that day on, I submit that we have been the victim of harassment.

Medford Leas also saw fit to file a lawsuit against Medicaid which was finally settled in our favor by the Attorney General, and we later had to encourage the family of a patient to file an appeal against Medicaid, all antagonizing the employees of the Medicaid office.

If I felt this were a single case involving only Medford Leas, I would not bring it before you. But I have strong reason to believe that this is not atypical, but rather is typical of the operations, certainly within our area and in Burlington County.

We filed suit against Medicaid and we heard through the grapevine that Tom Russo had no intention of renewing our Medicaid contract. The employees of the Burlington County Medicaid Office so told us and they told us that this came right from Tom Russo's office, and that they were charged with the responsibility of relocating each patient.

When three levels of care came into being - skilled, intermediate A and B - Medford Leas had no intention of

lowering its level of care and we advised them that we would only be a participant in the skilled nursing services program. Immediately they attempted to decertify the remaining patients or to lower the level of care needed now. One patient appealed and on my advice had the benefit of counsel, and counsel on my advice insisted on a transcript of the hearing. I was never quite so astonished at a fair hearing when I heard the Hearing Officer who, of course, is employed by Medicaid, open the hearing with the remarks that he had no authority, of course, to overrule any decision or policy of his bosses. The attorney and I looked at each other in amazement; for what purpose was a fair hearing if the facts could not be considered on the basis of law? Fortunately, after several hours, the hearing concluded and I suggest that with notice served that this case was going to go all the way through the court system, the patient was found to be, in fact, in need of skilled care as determined by the patient's condition and as determined by our medical staff and utilization review committee.

A few days later we had another visit by the Medicaid nurse who came down and in the most uncomplimentary language let it be known that she was very upset with the fair hearing and called it words which I will not repeat here. After a reasonable amount of this harassment, I contacted the Director of Institutions and Agencies and on one occasion met with her. Resulting from that, I had a very profitable meeting with Mr. William Jones, who was then the Director of the Medicaid Program, who, with his staff, came to our facility and after that meeting I sincerely felt that there were no more problems. Mr. Jones assured me that there would be none and that matters would be straightened out and that letters would be responded to appropriately and that Medicaid would no

longer sit on our request to have our outpatient department - we have one of two outpatient departments in a nursing home in the State -- that our outpatient department would be approved for providing services to Medicaid patients. He assured me that Mr. Russo would respond promptly and work out any problems in approving the outpatient department.

A few weeks later, Mr. Jones was politely requested to resign over differences with the administration and, as you might guess, there has been no further response from his office as promised. That meeting convinced me that in Bill Jones we had a person of conscience, a man with whom I had some disagreements on basic political philosophy, but an honest person and one whose word was his honor. Because of that meeting, I had no qualms as the Chairman of the Administrator's Conference Committee in hosting and chairing a dinner in his honor after he left office, a task which I would have avoided and absented myself had I not had that opportunity to meet with him.

During the testimonies at that dinner, there was some kidding between us and the membership at large and, there again, Bill Jones reiterated some of the points which I have brought out here. He reiterated the quality of care at Medford Leas.

But the harassment resumed and has continued under the current administration. We are faced with inspections by nurses who come in and continually cite us for deficiencies, deficiencies which we cannot find in any book and, when we ask to have the citations given, we are given a long list of things which appear to be irrelevant and which are not related to specific deficiencies - rather the type of deficiency is we refused to use the exact form a particular nurse would like.

On March 10, 1975, after a long delay, because the

matter was held in Trenton, we received a letter from Dr. Breme, the Medical Director of the Medicaid program, with copies to the Department of HEW, rating our facility as unsatisfactory. This matter was immediately reviewed by the entire medical staff in great detail and on March 13, 1975, my office responded with a three-page letter and 44 pages of addenda, specifically challenging each and every allegation made. A copy of this was hand delivered to the Director, Gerald Reilly, and other copies were sent certified mail.

On April 18, 1975, Dr. Breme wrote us indicating that he had no response to his letter citing our services as unsatisfactory and asking us to submit promptly our responses,which, of course, we did with some 48 pages a month and a half earlier.

On April 21, I responded to that letter, indicating that their April 18th letter requesting a prompt response was fully answered on March 13th and hand delivered to Gerald Reilly, over whose name the original letter was issued, and a copy had been mailed to the Department of HEW, Region II, and the New Jersey State Department of Health, together in each case with 44 pages of attachments and addenda. We reiterated that our letter could stand on its own and that it should be in their interest to realize that subsequent to receiving their idiotic letter, Medford Leas received from the Department of Health a renewal of its contract with Medicare, which indicated that the federal law so stated that once we qualified for Medicare we were deemed to be in full compliance with the Medicaid requirements. Despite the letter which went to the Department of Health from the Medicaid office, which apparently was sent as an attempt to prevent us from getting a clearness from HEW, Saperstein granted us an unconditional renewal of our contract, which is, of course, one of less than 5 percent of the facilities in New Jersey in that category.

On May 23rd, Mr. Reilly responded allegedly to our letter of March 13th, in no detail, stating that, of course, because of the differences there had been a great deal of correspondence between our staff and you in an effort to arrive at a satisfactory resolution. It seems, he said, that the basic reason for our differences are certain federal requirements over which we have no control or authority to change, and your concept of what constitutes quality patient care. He didn't mention, of course, that the federal government said we did meet all those federal standards. He went on to say that although we recognize that Medford Leas is providing an acceptable level of care, we are bound by certain regulations which must be met by federal participation purposes. As a result, we are required to see that such requirements are followed, even though there may be questions as to their relative value in contributing to good patient care. And he went on to say that inasmuch as you will not change - Medford Leas will not change - they will take steps to terminate our contract with Medicaid and remove the patient.

By letter of May 29th, 1975, my office appealed the decision and has not heard from them since and also served notice that the family of the one remaining Medicaid patient would file suit against them if they attempted to pursue with that. It absolutely made no sense that the federal agency had already certified us to be in full compliance when Medicaid indicated we were unsatisfactory.

It is my understanding that a similar situation exists in another facility in Burlington County whereby, because the facility has refused to go along in all respects with unreasonable requests, and I suggest idiotic requests, on the part of a Medicaid employee and has challenged Medicaid on other accounts, they too are having problems and cannot be certified by Medicaid, in violation, I suggest, of federal law,which states that once a facility qualified for Medicare, it is automatically deemed to be

in full compliance with Medicaid.

I'm not really surprised at this, at the session last week before the Medical Society, Dr. Konzelman, who is the Medical Director for Medicaid in Burlington County, got up and raised the question and made a statement that he felt that before any patient were transferred to a hospital, the physician should not rely on the nurses' opinion, but should make a trip to the facility, even at 3:00 A.M., to make sure that hospitalization was necessary.

I might say that there was just a feeling that went through that room of 250 people, about one-third doctors, one-third administrators and one-third Directors of Nursing, completely aghast at such a statement. Dr. Eckstein, the moderator of the program for the Medical Society, responded that while Dr. Konzelman may be concerned with a few dollars, Dr. Eckstein and most of us were concerned with the survival of the patient. I think it is that type of idiocy and views that is prevailing, certainly in the Burlington County Office of the Medicaid program, thus denying many of our New Jersey citizens under the Medicaid program of the equal care required by federal statutes.

Health facilities can never escape inspections. Many facilities have an inspection on the average of one every two weeks. We too are the victims of complaints from disgruntled employees and others who frequently will file a complaint. On one such complaint we received a deficiency from OSHA that our kitchen floor was too smooth and too slippery. Within the same week, we received a complaint from the Consumer Health Division that our kitchen floor was too rough and too hard to clean. This came within one week. I merely suggested that the two departments get together and decide what they wanted me to do and then I would comply, but I couldn't comply with both opposite requests. The Health Department gave in.

We have been open three years and until last month

had never had any evidence of roaches. That in itself is unusual for they come in cartons and shipments -- in food shipments and other kind of shipments. A month ago we received a shipment and shortly thereafter noticed a few roaches. Immediately, the same day, we called in the exterminators for after hours for special treatment. The next day though, the Department of Health coincidentally showed up hunting for roaches. They came into the facility with an aerosol can, clearly marked not to be used in kitchen areas, and began spraying around pipes and around food. I was not present. I am told that he spent two hours and ultimately found 10 live or dead roaches.

The sanitation code requires facilities to take steps to effectively reduce and eliminate their presence. I submit that we had acted prudently. There is not a definition, an objective definition, as to what action constitutes appropriate action or an appropriate standard. We were cited for spillage in an oven because we had just completed the baking of blueberry pies, and the blueberry had run over into the oven, and the oven was still hot, and this was cited as a deficiency for the public to view. This is absolute nonsense. Nobody is going to clean an oven when it is still hot and I don't know anybody that can bake a blueberry pie without spillage.

Dr. Sussman's inspection teams are ususally one person - usually comes without consulting the county, which I am advised is required or at least suggested. After his office made a lot of noise about the Methodist Home on the shore about two years ago and attempted to close it up, I consulted a Medicare surveyor who knew the home well to ask his opinion as to whether or not this was valid criticism - and I think there are many fine employees in the Department of Health. The response was that it was an exceptional facility and this inspector, himself, had gone to Sussman's office and tried to intercede. I have no quarrel with surveyors who intend to be practical,

who are mature enough to make mature judgments, but I have a tremendous quarrel with those who are out to seek headlines.

I have brought before you just a few examples of arbitrary actions by inspectors and government agencies. How I wish that they were only the rare exception. But while I do not deny that there is just need to protect the interests of patients, so there is an equal need to be fair and just and to protect the interests of honest facilities.

Just yesterday, I attended a meeting in the Health Department with representatives of both the New Jersey Association of Non-Profit Homes and the New Jersey Health Care Facilities to explore common problems and to creat an ongoing dialogue. In that meeting, I was representing the Association of Non-Profit Homes. I commend this type of activity. This was a first. But at that meeting several problems became evident. Surveyors and/or inspectors interpret regulations in one fashion and the head of the division interprets them differently. The surveyors were insisting on written documentation from the dietitian on every patient to prove liaison with the dietitian. All providers objected as this created an unjust additional demand for unnecessary paperwork. Examples were stated of errors in other surveyors' interpretations of rules and regulations. I learned for the first time that the Department of Health was issuing press releases, allegedly on chronic offenders, two days after sending a facility a list of deficiencies, before a facility could appeal or question an interpretation. Fortunately, I don't know of any such experience with non-profit homes. But it certainly doesn't seem fair to me to try an industry by press releases and to convict a facility before it has even had a chance to respond to a charge which may not even be valid.

Thus, I am proposing to you the creation of a peer review appeals council to be made up of practicing and active administrators to hear appeals from individual facilities without having to resort to legal action. The appeals council should also be empowered to consider whether or not a facility has complied with the intent of the standards by providing equal or better care. The appeals council, composed of a peer group of practicing administrators, as opposed to a theoretical group of administrators or surveyers, should also have the power to recommend necessary changes in regulations and clarifications thereto.

The peer review system works in other areas in our society. It is being mandated by government in the medical field. It would be invaluable in assuring fairness and high standards in the long-term care field. This would not be a device whereby any facility could escape meeting any of its obligations because I am convinced that a properly constituted group, a peer review group, would not be lenient, but would view any complaints from a practical point of view and in accordance with the law. Our own non-profit association has voted to create just such a group to hear any complaints from our own administrators, and to bring pressure to bear when it is justified.

I will try to speed up. I am going to skip the next page, but I will just speak --- For a summary, there has been a lot of talk about trying to erode and trying to eliminate the profit sector in health care. I don't represent that sector. I do think that is a mistake. I think that our society has been strengthened by pluralism and by various approaches. I hope you might read this page. But I don't think outlawing profit-making facilities from the health-care field is going to solve the problem. There are good facilities in both profit-making facilities and in non-profit. And I happen to have chosen a profit

hospital to send my own daughter last year because I knew it was a quality-care facility.

In 1971, the Legislature adopted the Health Care Facilities Planning Act which required a Certificate of Need prior to the building, planning or modification of any health care facility. As a representative of a religious institution, I suggest that this act is probably unconstitutional - it has been declared so in North Carolina - and that it attempts and does in fact limit a religious institution from carrying out its religious objectives, from carrying out the religiously-motivated directives of the religion. While worthy in its objectives, it appears to me that the act has had the reverse effect than what it was intended. Certainly, it was intended to avoid duplication of facilities and to avoid over-building of beds. Upon the adoption of the act, a freeze was placed on nursing beds in the State of New Jersey and what do we find ourselves in today but a tremendous shortage of nursing home beds, and I am not going to be moved by statistics which may show that there are beds available, for yesterday at the Department of Health, it came out by their asking the question of how many beds are you licensed for, how many people do you have, and the balance was necessarily beds available, which is not so. Many facilities deliberately operate at a 55, 60 and 70 percent occupancy because with private patients they use the rooms as private rooms. And despite the fact that they are showing a large vacancy, there isn't a single vacancy in the State. They had facilities with a 45 percent vacancy, but they had a three-year waiting list by the statistics which they gathered. They appreciated this coming out and they promised to change their method of gathering statistics yesterday.

SENATOR PARKER: May I interrupt?

MR. MARTIN: Surely.

SENATOR PARKER: When you say "in the State," are you referring to a particular area covered by one of the B planning agencies under the federal guidelines?

MR. MARTIN: I am talking about generally throughout the State. I am going to give you an example. Last year when we had to exceed our capacity, the nearest bed to us that the State could tell us was in Cape May, New Jersey.

SENATOR PARKER: So, in other words, when you are talking about the availability of beds, you are talking in the State?

MR. MARTIN: In the State as a whole, not one of the three areas. That's correct.

I have got to speak in some generalities. I can give you specifics, but it is going to take a lot of time.

I mentioned when we had no beds available, the closest bed for the State was at Cape May, New Jersey; and then the State, of course, granted us permission to exceed legal capacity.

Mr. Alan Saperstein, the Director of Long Term Care, tells us that the newest federal projections project by 1980 a doubling of the number of patients in long term care facilities from a little over one million - I think he used 1.1 million - to about two million. I had never heard that statistic before until last week. But this apparently is the latest HEW projection. One cannot build a facility in less than two to three years from the beginning planning stage. We presently have a Certificate of Need pending and we have had a Certificate of Need pending in each of the cycles because we have to continue to improve services. We got a Certificate of Need to build 198 sheltered care beds with the State knowing that we planned not to use it for that, but that was the only way we could start construction a year and

a half ago, and we now have one pending to change some of these beds to skilled or intermediate-care beds and to a geriatric hospital for 21 beds. We met recently with the B Agency and they had problems with the geriatric hospital because they didn't know - and I am quoting them - what pigeonhole that falls into. They only have medical and surgical beds and long-term care beds in the State and in the State Plan. And I must confess that I don't give a darn about a pigeonhole. I'm trying to provide care and I think we ought to have some flexibility in trying to provide care through innovative and different means, and not have to meet some bureaucrat's pigeonhole.

If a law such as this, the Certificate of Need legislation, is going to require us to program our efforts so they fit into neat little pigeonholes and prevent innovative and creative solutions to problems, it can't but have an adverse effect on the ultimate quality of care that we are charged with providing.

I can't but wonder, particularly in the long-term care field, because I think perhaps the law has some more merit when you're talking in terms of the very, very sophisticated and very costly medical equipment in hospitals, but I can't but wonder, particularly in our field, what was wrong with the law of supply and demand. Certainly, no profit facility is going to build unnecessarily unless they have reason to believe that they are going to be able to market the beds that they build. So I would encourage this Committee to also re-examine the particularly harsh requirements imposed by the Health Care Facilities Planning Act and make particular exceptions to religious institutions and also to consider a need which is beyond the immediate county needs for most of our non-profit operations are not catering to a local county. We, for example, only receive 15 percent of our total population from all of South Jersey and 15 percent from the Greater Philadelphia area, and 70 percent from the rest of the United States of

America and abroad; and yet we have to be measured by the need that exists statistically in Burlington County. While this is a variance --- any retirement community is drawing from a very wide area; and to a large degree, these same statistics are true for most religious organizations. They are drawing from a religious-based group, not from a county or a small municipal group.

SENATOR PARKER: Let me ask you another question. When you talk about the requirements imposed by the Health Care Facilities Planning Act, they are not statutory requirements; they must be regulations that have been adopted.

MR. MARTIN: They are regulations which are very strict. Sure - the statutory requirements - I can generally live with the law. I have difficulty usually in living with the regulations adopted pursuant to laws. Although I think the statute, itself, does not make exceptions for religious institutions. That is a statutory requirement.

SENATOR PARKER: It qualifies all institutions, regardless ---

MR. MARTIN: That's correct.

SENATOR PARKER: (Continuing) --- of religious.

MR. MARTIN: That is regardless of their sponsorship, whether they are profit or religious. It gives no preference or no special consideration for religious institutions.

SENATOR PARKER: What difference does that really make concerning the number of beds that are available?

MR. MARTIN: I suggest to you that a person ought to have the freedom of choice. If he wants to come to a religious-sponsored organization or religious-sponsored facility, he ought to have that choice. And what the Certificate of Need legislation has in effect done is to guarantee that even poor beds and bad beds, horrible-care

beds, are going to be filled up before other beds are built. That has been the result of it, sir.

Churches - I can give you examples in this State - have been denied the right to build beds, though they have long waiting lists. And I don't know of a single quality church-sponsored facility in this State that doesn't have a waiting list almost equal, if not equal, to its total capacity. And yet we cannot build beds.

SENATOR PARKER: Now that is true in the Lutheran Home in Moorestown and the Episcopal Home?

MR. MARTIN: I can't give you the exact number, but I am speaking particularly now of the Church of Christ Home in North Jersey that was denied. They have a waiting list more than their size. They had been granted a Certificate of Need and then somebody came by and said that they made a mistake because there were more than enough beds existing in the community.

I know that the Episcopal Home in Moorestown -- Ralph Shockey, the administrator of the Lutheran Home is the District Governor of Rotary. We haven't had as much time with him this year. With the Episcopal Home, they have gone -- Canon Daley has been so angered that he has suggested - he is usually a very conservative person - and he is now coming to the Association and suggesting that we file a suit challenging the constitutionality of the law because it affects his religious freedom. I happen to support him in that view.

But there is a lot of anguish among the members of our Association,which are predominately religious organizations, over the limitations imposed by this law. We are not going to build -- the churches are not going to build. When they have to go out for charitable funds, they are not going to overbuild. They are never going to meet the demand unless it happens to be an exceptional

case with very, very poor administration, and perhaps one that has been encouraged by a profit-making group. And that happens sometimes.

SENATOR PARKER: Do you in these institutions limit it to your religious affiliation?

MR. MARTIN: No. The Quakers have never limited anything. Some groups do. We have, of course, a large number of private schools and it has been our philosophy from the very beginning, from the founding of this State and Pennsylvania, that we never limited our activities to Quakers, but have had an open policy. We are 25 percent Quaker and 75 percent others. But other people, as they want to send their kids to a Friends school, they want to come to a Friends institution and they may not agree with our philosophies on many things, but they still have faith in us and they want to come to our Friends facility. I happen to be a Friend. But I have had this feeling expressed to me by many, many of the non-Friends at Leas.

We have a waiting list now for our whole facility equal to the facility, each with a thousand-dollar deposit, a good-faith deposit. That shows some demand.

I plead with the Committee to provide by legislation the means for a health facility to deviate from regulations and guidelines to provide leadership in innovative solutions. Let me just mention to you one area where deviation is necessary for human considerations. As you know, we operate 250 apartments in addition to our medical care facilities. We are currently considering adding another 250, which fortunately doesn't come under the Health Care Planning Act. Therein, any person may live. We provide home health services, which fortunately we started before the Health Care Planning Act, because we couldn't have started it thereafter. However, when a person becomes

more limited in mobility, he should move into one of the central buildings licensed by the Department of Health. A person who is able to provide for his own needs, except that he uses a wheelchair to assist him in moving around, must go immediately to a long-term medical facility; that is, intermediate care, rather than sheltered care. He is not allowed to go to a sheltered care facility because the State classifies him as a patient, not a resident. He can legally live in a high-rise apartment building without any assistance available, but he may not live on the second floor of a completely-fireproofed elevator building called sheltered care whereby he could have his own furniture -- continue to maintain his personal dignity. Rather he must move into a medical room, give up the right to take his own medications, if he has any, have daily nursing visits and unnecessarily bear the cost of this unnecessary care. What sense does this make?

The Department of Health's answer yesterday to me was build a high-rise building for that type of person and call it an apartment. But isn't a more realistic answer to be found in modifying rules to permit such a person to be provided care in the sheltered care section where there will be attendants (aides) on call? Why should the State demand that a person slightly incapacitated and in need of a wheelchair or walker surrender his human dignity? This is not a hypothetical case.

SENATOR FAY: Pardon me. When you posed that question to the people from the Department of Health yesterday, how did they answer that?

MR. MARTIN: Why don't you build another building and call it an apartment.

SENATOR FAY: I know. When you said that is a bit ridiculous, and then you posed the question ---

MR. MARTIN: That's the Attorney General's ruling.

SENATOR FAY: That's the Attorney General's ruling.

MR. MARTIN: That's what they told me. Now the regulation is written by the Department of Health and they define "patient" -- Mr. Snedeker knows that we have been involved in some communication trying to get clarification for this. But they came back to me - this was the Attorney General's ruling and why don't you build an apartment building.

SENATOR PARKER: Who is it in the Department of Health you are referring to?

MR. MARTIN: At the meeting yesterday was Mr. Hebner, I believe is his name, who is now the Chief of Licensure. Mr. DuShane was the one that actually made the response, who has been relocated in the Department of Health, and they had two or three of their surveyors there. We met yesterday in this advisory group which just was created between the Health Care Facilities of New Jersey, the profit-making groups, and the Association of Non-Profit Homes.

SENATOR PARKER: But they don't give you the approval to build.

MR. MARTIN: They wouldn't give me approval to build an apartment building. I could get that from the Department of Community Affairs or whoever issues the hotel licenses. But the Department of Health has to issue the licenses and they would cite us for a deficiency if we were to let a person as I have just described move into sheltered care, claiming it was the Attorney General's opinion that that couldn't be done. And, if that be the case, there needs to be corrective action in my opinion to correct it.

SENATOR PARKER: So what you are saying is if you get a Certificate of Need and go ahead and build it, they are going to cite you as being in violation.

MR. MARTIN: Well, I can't let that type of person ---

I have two cases like this that would like to move into the 198 beds under construction. I can't let them do it because the State says I can't. Instead I have only the option of offering them, "Well, you can move into a full medical facility." And I think that is demoralizing. It is downgrading to the individual. It is in violation of the Bill of Rights for Patients that we all created. We had to create this. It is in conflict with that. And it just doesn't make common sense. We have an elevator building, a masonry building, a totally fire-proof building divided into fire zones. It is said, of course, he can't walk up and down stairs, but nor can he walk up and down stairs in a 36-story, high-rise building. But in a fire-proof building, you can get from one fire zone to another and there is little chance of having to go from one zone to another. Every building in the health field has to be divided into at least two fire zones on one floor, and that is proper. It is part of the Life Safety Code.

This next area not only involves nursing homes but, obviously, involves many other businesses in the State.

About two years ago, non-profit institutions became subject to the unemployment laws. Prior to that time, they were exempt and their employees were not covered or eligible for unemployment insurance. I have no dispute with covering our employees because I have long argued from the time that I was president in Washington, D. C. that the churches were derelict in their responsibilities to their employees. The federal law did provide, however, for non-profit institutions to reimburse the State dollar for dollar for monies paid out on its behalf. A few months ago, I discussed this subject with my associates in Pennsylvania. They had not one dollar in claims in the two years.

We are not reducing our staffs. Yet the administration by this State of this law is costing us more than $10,000

per year. We have fired one employee for stealing, which she admitted, was caught and the goods returned. It cost us between six and nine hundred dollars for unemployment insurance.

We had another LPN for whom we found a job nearby. We had to replace her with a more qualified person. Though there are numerous jobs for people in the medical field, she has been collecting unemployment insurance for almost a year and there is no effort on the part of the State to make sure that these people are really hunting for jobs, because we found her one nearby.

SENATOR PARKER: Excuse me. Did you contest the payments?

MR. MARTIN: We contest them. We have contested them on a sample basis. One case we contested, it cost me $300 in legal fees. We are represented by the New Jersey Hospital Association and they are testifying before the Commission Investigating Unemployment Insurance with these same examples. I am just saying this is another problem which has gone into our industry right now, which we have to add more and more administrative staff, getting away from patient care.

And I think unemployment is justified. I think it should be if you fire a person or if a person is displaced. But I only know about three people in my two years' experience that under Pennsylvania law, for example, would have been eligible. A person that quits is not eligible for unemployment insurance after five weeks in most states. We had a person quit in Medford Leas because she wanted to run a computer. We appealed it and the State said that was sufficient grounds. We now have this under appeal, and the State knows and encourages these people -- the people in Burlington encourage these people to file, because you are going to get your claims and most employers don't have the time to protest this and to run to hearings. We

have to have one person,hours per week,just following up on these ridiculous unemployment claims, which all has to be reflected in the cost of medical care. We send them letters. We have jobs open. We'll take them back. They don't want to work. Yet we pay their unemployment insurance. Mr. Crombar here in the audience administers this for us and an inordinate amount of his time has to be spent on such silly things as this.

Obviously I have only skimmed the surface of the problems facing the management of both non-profit and profit facilities. It seems to me that your Committee must have before you the problems which we face. Our business, particularly in the non-profit sector is one of providing a ministry of love and compassion because that is how we interpret our religious convictions. We,like the rest of the business world,are faced every day with increasing, unreasonable rules and regulations, written frequently by those without the ability to manage a small operation. We know of some surveyors that have been hired after they were fired for their inability to operate a nursing home.

I urge you as you undertake the study of the nursing home problems to consider a balanced program - to permit the patient to be considered first and to permit the facilities to operate in such a way that the patient will once again be our principal responsibility - not bureaucratic requirements.

I urge you to recommend enactment of reasonable legislation to correct the problems faced today, while at the same time protecting the interests of the resident or patient. This Committee must guarantee that the primary emphasis is on patient care and that the patient care in all facilities must take the front seat to unnecessary paper work and particularly duplicate paper work, which consumes such an abnormal amount of the professional

personnel's time in institutions today.

Thank you very much and I apologize for going over.

SENATOR FAY: I want to thank you.

Senator Parker, do you have any questions?

SENATOR PARKER: I just want to get straight, Mr. Martin, your problem with the State. I am not sure I understand clearly your problem with the new facility over at Medford - the dialogue with the State. I am assuming that you are going to get a Certificate of Need or have gotten it.

MR. MARTIN: A year or so ago, we knew we had to expand and there was a freeze on nursing beds. We knew we needed more nursing beds. But the only thing that the State was issuing was sheltered-care beds. So, without any deception, for we told everyone, we applied for 198 beds of sheltered care, but built the first floor to skilled standards, showing it to them. Everybody knew about it.

SENTOR PARKER: You were going to build it to higher specifications in order to take care of ---

MR. MARTIN: --- with the expectation that we would file an amended Certificate of Need once the freeze was off. As soon as the freeze was off in this last cycle, we did file that. We have that pending right now.

SENATOR PARKER: Are you in construction?

MR. MARTIN: We are ready to open in a month. The Certificate of Need -- the revised Certificate of Need won't come through in that time because of the cycling of the thing.

SENATOR PARKER: Have you been approved by the B agency?

MR. MARTIN: Not for the --- we haven't gone through the hearings yet on the intermediate care and the geriatric beds. That hearing comes up on July 2nd and 3rd.

SENATOR PARKER: All right. But you have gotten

your Certificate of Need ---

MR. MARTIN: --- for sheltered care.

SENATOR PARKER: Okay. So what you now have done before you have opened is filed for a Certificate of Need ---

MR. MARTIN: And the real problem which bothers them is the geriatric hospital.

SENATOR PARKER: Is that the B agency or the whole board?

MR. MARTIN: The B agency. The B agency is the one in Millville --- not Millville --- in South Jersey. This is the B agency. The Health Planner simply doesn't know what pigeonhole to put us in. There is only one other geriatric hospital in the State that is provided for by statute, but not really covered in the "regs" and not really covered in their guidelines. The reason we applied for a geriatric hospital was after two years of operation, the medical staff in reviewing the utilization of the facility discovered that one-sixth of our total admissions or one-third of the admissions f or Medford Leas were, in fact, hospital-care cases. And because they were hospital-care cases that we were accepting directly, we were being denied federal reimbursement. It is the question of reimbursement. And, even so, once they finished what would be a hospital stay, they stayed in the skilled-nursing facility receiving extended care, but they still were denied reimbursement, of course, increasing our cost, because then they were denied the Medicare program because they had not met the three-day hospital stay. So consequently to overcome this technical problem, which is in federal law, we have applied for this special category of a geriatric hospital, which is used elsewhere.

I had a meeting with my Medical Director and Director of Nursing with Ari DuShane when he was head of licensing. And he recognized the problem very well and encouraged us to proceed.

SENATOR PARKER: Well, this is the point I want to get to: After you had gotten your Certificate of Need or assuming you got your Certificate of Need, I understood from the letter that they were going to deny you a license.

MR. MARTIN: No. They would deny me a license -- deny me the right to have a person in a wheelchair in sheltered care. I think that is what you are talking about. That would be violative of my license. There is no question about the licensing of the facility.

SENATOR PARKER: All right. There is no conflict then between the planning agency either on the State level and/or the licensing procedure in the Department of Health.

MR. MARTIN: Not that I am suggesting right now.

SENATOR PARKER: Okay. I thought that was what the problem was here with the letter you got from Mrs. Salayi.

MR. MARTIN: From who?

ASSEMBLYMAN SNEDEKER: Copy of the letter I sent you from Mr. DuShane with regards to ---

MR. MARTIN: I have received so many letters, I am not sure what one that is.

ASSEMBLYMAN SNEDEKER: I think that was the latest one I sent you on the 23rd that you wouldn't have to change from Community Affairs -- or change to ---

MR. MARTIN: That is on the apartments. They finally ruled that the apartments -- you know, they shouldn't get involved, fortunately. But we raised questions -- and this brings up another whole area. When the State finally adopted the regulations for sheltered care, we and others spent a great deal of time reviewing those regulations and trying to suggest changes. And we got back a very innocuous letter that they didn't care to make any changes at the time - they were adopting the regulations without comment.

They apparently had been using them for some six years without ever adopting them officially.

I must say I was pretty disgusted, having spent a full day in going through and suggesting what I thought were realistic changes and which they agreed were realistic changes, because the regulations didn't even permit a private bathroom in a patient's room that they adopted. And they said, "Well, we weren't going to enforce that." And that is a horrible way to run a government when you solicit the public's view through the State Register, you get their comments and then you totally ignore them and tell them so. If you are going to solicit comments on regulations and have them open for public comment, it seems to me the people that adopt these regulations ought to, at least, be willing to listen; and when the regulations don't make sense - and they even admitted they didn't make sense here - they ought to be willing to change them before they finally publish them. But Mr. Snedeker knows they didn't do that. They adopted a book six years old which was totally out of date.

ASSEMBLYMAN SNEDEKER: I think it shows a need here that there should be review of the complete statute -- the manual of standards for all ---

MR. MARTIN: I would hope that in doing this, somebody would bring pressure to bear to put all these standards in one book for medical facilities, so they are not conflicting one with another. You can go through these standards and prove anything you want to prove or prove that somebody is right or somebody is wrong. And there isn't any question as to what is a higher standard in some cases because you would have conflicting opinions on which standard is higher. It depends on the surveyor's interpretation. And we must overcome this and get back to patient care and not this other kind of stuff which we have to spend so darn much of our time involved with.

ASSEMBLYMAN SNEDEKER: I have a question or two. I'm not going to ask them all. I have a whole list of them. I will get together with you later.

You did mention staffing. Is there a percentage, a number of staffing per patient, that should be used in some way?

MR. MARTIN: I think there's difficulty any time you write legislation because that creates some of the problems I have talked about here. You are trying to write a standard which doesn't fit this or that institution. I could not in conscience operate by the State standards. The State standard basically requires one RN for our facility. I have four RNs during the day and even there they complain that I don't have enough. We have not had a serious case of decubitus develop, which is bedsores, a very serious problem in nursing homes.

We are running at slightly under four hours of staffing per day with about 400 percent -- or about 40 percent of our total staff is registered nurses -- not one nurse. That is as low as I want to run. This is in addition to my out-patient department, which is also separately staffed. This is for the in-patient department alone. We are staffed at almost the same standards as a hospital; and that is the same standards, by the way, that the Lutheran Home --- or the Lutheran Home meets approximately the same staffing pattern . I checked it with our other Quaker facilities and they meet approximately the same staffing pattern as we do. We all have slight differences. But many of the non-profit facilities are operating at slightly under four hours per day rather than the two and three-quarter hours per day. I don't think you can legislate morality and I think this comes almost the same way. You can only set an absolute minimum.

SENATOR PARKER: That is a minimum.

MR. MARTIN: It is an absolute minimum, yes.

ASSEMBLYMAN SNEDEKER: Do you feel that there should be a training program of some type for those who work in the nursing homes?

MR. MARTIN: You mean beyond the RNs?

ASSEMBLYMAN SNEDEKER: Yes.

MR. MARTIN: The RNs obviously, I think, in most facilities get adequate training. We send our nurses to the nearby hospitals to participate in their staff-training programs.

There is a big problem with aides. The situation has stabilized because of the unemployment problem recently where you don't have a constant turnover. But I do know that many facilities, you know, hire anybody they can get off the street with no training whatsoever. When we opened and had to hire 188 people, we couldn't be as selective either as we are now. But there is a big problem I think in aides. I don't know how you are going to do the training. On training, I think we have to cooperate with other facilities as we do and other facilities do. But I must confess that even we don't send our aides out for very much training because there are no programs given.

SENATOR FAY: We are in contact right now with the State Nurses Association and that is one of the responsibilities that they are taking for us, to work with the community colleges or the schools to come up with a specific training program for LPNs and aides.

MR. MARTIN: Well, I am not worried about the LPNs; it's the aides, the unlicensed ---

SENATOR FAY: The great thrust is for aides. The curriculum will be for aides, aide training.

MR. MARTIN: One other problem -- I think you can't look at an issue unless you touch all bases -- one of the problems in the whole industry is the minimal pay that is

paid. Most of the nursing facilities, including our non-profits, are out to hire people at the lowest possible rate, which is now $2.20 an hour, I think. And I chaired a Salary Survey Commission for the State last year and made recommendations. And we found facilities that were paying a decent wage and we found those that were paying minimum wage. If you go out to hire on the basis of the minimum wage, you are going to get what you pay for in my view and in my judgment, and you have to pay a person a living wage. And I have fought problems with the church facilities on how they can in conscience pay people these minimum wages.

It is true we have to balance the income and the outgo, but we have got to find a decent solution. And Medicaid is part of the problem because we can't afford very many Medicaid patients. Our costs are running $51 a day. We are the highest-priced facility now in South Jersey. We also have a waiting list. We have people that want to come to us. We are probably the highest staffed facility in South Jersey. We are about the same as many of the New York facilities in the church-sponsored facilities. I am not apologizing for our costs. If I can find ways to cut costs without cutting care, I will do it. But we are not going to cut the cost if we have to at the same time reduce significantly the quality of care.

SENATOR MARTINDELL: I am sorry I missed the beginning of your testimony. I have two or three questions. I would like to hear more, if I could, about your out-patient department.

MR. MARTIN: Let me just give you a brief background. Because of our retirement community, we enter into a life contract with our residents, whereby we essentially charge everybody for the average cost of medical care. Modelling ourselves after the Presbyterian Homes of Illinois, we created much the same as what you would find in a hospital

with a total outpatient department. We have our own pharmacy, our own laboratory, our own general practice of medicine, ophthalmology, dentistry. We don't have x-ray, but as of January of next year, we expect to have x-ray. This has not been efficient because of the low volume. But we did this approach because we could not find within the community when we were planning adequate medical facilities that we felt would adequately meet the needs of our clientele. So we provided the outpatient department so that the patients at Medford Leas could be treated and the public at large, if they wished to. We have now entered into an agreement with the Health Care Plan, which is an HMO, and we have expanded the health center. I am the Treasurer of the Health Care Plan also. And we will be serving the whole public at large through our outpatient department and actually part of the outpatient department will be actually managed by a separate corporation, although I am told - we haven't worked out the licensing problem -- the last thing they told me is we had to maintain the license and they had to maintain the Certificate of Authority. But that is a technical problem I am sure we will work out.

This should provide better facilities for our population and also reduce costs by providing larger utilization of services and providing for us, from a selfish point of view, a physician around the clock or nearly so, which we don't have now; we are only staffed part time. Of course, you have to do anything today on a fairly large scale; and, if you are going to do it right, you can't run a small facility.

The outpatient department has been absolutely essential for us to meet our moral obligations to our residents.

SENATOR MARTINDELL: How many outpatients do you have?

MR. MARTIN: At this moment, we have 360 ambulatory residential apartment residents. We have 250 units.

SENATOR MARTINDELL: They are yours.

MR. MARTIN: They are mine. They are my responsibility. We meet all the bills.

SENATOR MARTINDELL: How about the community?

MR. MARTIN: We get very little of that, even in physical therapy.

SENATOR PARKER: Do you share with the other homes, the Lutheran Home and the Episcopal Home, in your community with these services on an outpatient basis?

MR. MARTIN: No, we are too far away. They have to have the doctors come to them. The Episcopal Home and the Lutheran Home are more medically oriented. They are more all inpatients, not with mobility. We have gone a broader spectrum where we have ambulatory residents that want the availability of services, but can --- many of them, of course, drive their own cars, while the Luthern Home in Moorestown and the Episcopal Home and the Wiley Mission in Marlton, etc. would not have this capability. They are all medical or health department patients.

I hope with the HMO that we are going to enter into more contracts with the homes. I had a meeting a couple of days ago with the administrator of the Masonic Home in Burlington and he is having physician problems and I recommended to him that we sit down and talk and see if we can't work out adequate coverage through the HMO. And the very quick arithmetic showed it was going to be very profitable to him or create a savings to him to do this. But a meeting has been set up for sometime in July to enter into preliminary discussions.

From the HMO point of view, wearing a different hat, I have to be a little concerned about the over-abundance of elderly patients because of the high risk

involved and what it is going to do to the over-all rate structure.

SENATOR MARTINDELL: Do you anticipate taking more from the community?

MR. MARTIN: For the HMO, we are planning within a few years to have 18,000 members. If we don't, we are in trouble. We have received a $125,000 federal grant. Now I'm not speaking of Meadown Leas; I am speaking of the Health Care Plan.

SENATOR MARTINDELL: Would you charge them or would that come under ---

MR. MARTIN: This is prepaid, the health maintenance. I am an advocate of the health maintenance concept having been a member in Washington, D. C. for 11 years and having had all my children born through a health maintenance organization.

SENATOR MARTINDELL: How much does it cost?

MR. MARTIN: The HMO plans are basically about 10 to 15 percent above Blue Cross because they are comprehensive, all-inclusive. I am Chairman of the Finance Committee. I believe the suggested family rate for comprehensive coverage for HMO is $66 a month and for an individual it is around the neighborhood of $20. I am not accurate on that, but that is a ball-park figure. That is for comprehensive premium, including preventative medicine as well as inpatient services and outpatient services, etc. They do that primarily by reducing the hospital in-stays and by treating more on an outpatient basis and by treating preventatively rather than after the fact and try to catch things in their early stages.

SENATOR MARTINDELL: Could I go to the inspections?

MR. MARTIN: Sure.

SENATOR MARTINDELL: Because the inspection was designed not to get at homes like yours.

MR. MARTIN: I have no quarrel. I invite anybody

to come to our facility, but don't ask us to disrupt everything.

SENATOR MARTINDELL: My mother is at Meadow Lakes and ---

MR. MARTIN: Meadow Lakes is the only other facility in the State with an outpatient department. We are the only two facilities. And Meadow Lakes and ourselves have approximately the same staffing and almost to the dollar the same daily cost for medical; we are much lower in our residential section because we are not as luxurious. But our medical costs - we compare them and they come out almost to the dollar per month per patient.

SENATOR MARTINDELL: Dr. Eckstein complained also about the inspection - the duplication and the lack of communication between the ---

MR. MARTIN: That's a good point. --- between I and A and the Health Department.

SENATOR MARTINDELL: Yes. What do you think the remedy for that is?

MR. MARTIN: I think frankly all inspections ought to be under one department, and I think the Health Department is the answer. I and A in my view ought to only certify people for a need and not try to come in. There is a power struggle going on whether you like it or not and whether you want to admit it or not. There is a power struggle.

SENATOR PARKER: We'll admit it.

MR. MARTIN: Okay. And I think we are suffering from that power struggle. It only seems to me reasonable if you have a Health Department that is where the power should be. And I must say from my own observation, I think for the most part the people in the Health Department are far more qualified, at least those that I have met, and far more reasonable and pragmatic and practical and willing to help than those that I have met - and, of course, there is this animosity because we have sued

and we are just ornery enough to sue somebody ---

SENATOR FAY: You are sore losers.

MR. MARTIN: Well, we have won. We don't plan to sue them unless we intend to win either.

SENATOR MARTINDELL: To go on with this inspection, do you think there is anything more than this lack of communication?

MR. MARTIN: I think you are always going to have --- you have some untrained people. We have had a couple in the Health Department. I don't know how you are going to do it with civil service. I talked the other day with Al Saperstein - last week - and I said to Al Saperstein that I have no quarrel with anything you have ever said. I have heard the man speak several times. He speaks wonderfully. I only wish the real world were like what he says. But I understand his problem. What he says doesn't always get down to the people that get out into the field, and that's the problem. It is communication. Most of our problems in the world today are communication.

SENATOR MARTINDELL: You don't see any lack of integrity in the inspectors?

MR. MARTIN: I think that is picked up. When I came to New Jersey, I came from Montgomery County, Maryland, which is the most affluent county in the nation. And we had a very strong conflict of interest and I was hardly ready to open when I had an inspector ask for $20 to get out a license for the beauty shop, and I was absolutely flabbergasted and had nothing to do with it. In order to get that license, we had to go to Governor Cahill's Office, but we got it and we didn't pay $20 and we'd better not ever pay $20 or anything else.

SENATOR MARTINDELL: So you think there is some of that.

MR. MARTIN: Oh, there is some of it, but I think it has been reduced, substantially reduced. There is

some of it in the State. I don't want to mention any names. There is one person in the Health Department that you can't get an answer out of unless you take him out to lunch at the restaurant he suggests. I don't mind taking somebody to lunch, but I don't want to be told I have to.

SENATOR MARTINDELL: Thank you.

SENATOR FAY: Mr. Martin, I want to thank you very much. This has been one of the more comprehensive and damming bits of evidence that we have heard so far. I want to ask you to please, if you would - if you are not equipped to do it, the Department of Legislative Services is -- all of the documents that you have been going back and forth with between I and A and the Department of Health, if we could have these copied and have them put into our file.

MR. MARTIN: I will be glad to if you give me a couple of weeks.

SENATOR FAY: Yes. Because we do want to be back in touch with you. Members of the Commission and members of our staff will start going into it. The most aggravating thing I have heard and, to me, one thing that I would never tolerate for a minute is harassment. Now, I think for the first time ---

MR. MARTIN: That is pretty hard to prove too.

SENATOR FAY: I know it is hard to prove. This is exactly why I think we are here and I think this is exactly why we are trying to get these veils away - that these are not anonymous people. I, for one, would like to know who demands to go to lunch and I am sure the Commissioners, the big bureaucratic monsters -- and this is what we are trying to do - we are trying to tame them. And we are trying to bring them out -- you know, what inspectors are we talking about? Names are going to have to be named.

MR. MARTIN: I will name them in the cases where they are the most obvious. I will be glad to send you the names because I want to make sure I am speaking of the right names. We have this documented.

Let me just take one additional minute. When we had to reduce our Medicaid population for financial reasons - we reduced it to a lower level - and we tried to do that only on the basis of the patients that were decertified or did not need the higher level of care. You could go to any of the patients that were moved and go to their families. The hardest thing about this was the tears that came to our office because the families said to us, "If that patient is moved, he is going to die." And Linda Willis can sit here and tell you the names of the patients that died a month after being moved. Our staff has gone from Medicaid lectures - have been invited to other nursing homes - and I had one when they came back, the staff said, "I'm never going to go there again. I'm not going to go and sit in the room where I can't even breathe for the stench of urine." Yet this was a facility that apparently cooperated totally with Medicaid and had no problems. But our employees couldn't even breathe in the facility. That is in Burlington County also.

SENATOR FAY: But I would like to go into one case at a time and those that should be brought to the Attorney General's attention or have been brought to the Attorney General's attention, and neither you nor the family concerned feel that there was a proper impetus or follow-through.

MR. MARTIN: The one case that I used here, I discussed this with the family before to get permission from the family to use it and I will be glad to send you backup data on that, and the family will too.

SENATOR FAY: What we will do through the Commission is make an official request to protect you and to protect any information that you send to the Commission.

MR. MARTIN: That is, of course, one of the reasons I am not wanting to name names because I don't want to get a libel suit thrown at me.

SENATOR FAY: This will be directed as an official request of the Commission and we will be meeting with you very soon and we will have these follow-up meetings with you to follow up point by point. For example, one of the people we are bringing on staff is a pharmacist because I'd say around 20 or 30 of the complaints that we have received through the mail and through personal visits is in the area of drugs.

MR. MARTIN: Sure.

SENATOR FAY: I would like to investigate this further with you, for example, as possibly a requirement.

MR. MARTIN: I would hope you would encourage facilities of reasonable size to have their pharmacy. Of course, with the Certificate of Need, the retail pharmacists are opposing any request to encourage this. And I am making a supposition here, but I think it is based on fact. The retail pharmacists are strong enough in the Division of Medical Assistance that at the same time that Medicaid raised the rate of reimbursement for retail pharmacists from $1.85, I think, to $2.15 - I might be slightly off - they lowered the rate of reimbursement for inhouse pharmacies from $1.85 to $1.00. Now a pharmacist can only fill seven prescriptions an hour and we pay a pharmacist $7.90 or $8.00 and something an hour. We can't do it; we are taking a loss on every one of these. But if we send them out to the retail pharmacist, they don't get one dollar over the cost of drugs, they get $2.15. Does that make any sense to you?

SENATOR FAY: To clarify your page on the unannounced inspections, to me, when we were recommending this and others were recommending this, it was never the type of inspection that you oulined in the page here

of a comprehensive, all-the-records-out inspection. Again, where the bad complaints were coming in, was a complete lack of care in the evening. It was only about the patients' care.

MR. MARTIN: That is the way I read what I read in the newspaper from your Commission, but that is not the way they are interpreting it in Trenton right now.

SENATOR FAY: This is exactly why we are going to be spending more time with the bureaucrats ourselves, and we have already run into these kinds of brick walls ourselves a few times with the bureaucracy.

MR. MARTIN: I worked on the Hill in Washington.

SENATOR FAY: Our major challenge before this is all over in this one year's stand is going to be trying to break through this veneer of indifference or that they are above -- that they are government onto themselves.

MR. MARTIN: That's right.

SENATOR FAY: This is what they are going to have to be taught and it is going to be taught the hard way if necessary. But certainly the thrust of this Commission is to make many more administrative changes so far than legislative changes.

MR. MARTIN: I appreciate that and I have no quarrel with that. I think that is what is needed.

SENATOR FAY: Thank you very much.

SENATOR PARKER: Just one thing further: Are you part of or an official in the Association for the Non-Profit Nursing Homes?

MR. MARTIN: I am now Chairman of the Administrative Policy Committee, which will be responsible for bringing up all policy positions of the ---

SENATOR PARKER: If you could, I think we'd like to have ---

MR. MARTIN: I was authorized to speak on their behalf, but I said yesterday that I don't think that is

fair because everybody hasn't had a chance nor would I ever permit anybody a chance to approve everything I say.

SENATOR PARKER: The point that I would like to get is some background as to why you feel the religious homes, the non-profit homes, should be treated a little differently from the others.

MR. MARTIN: Okay. I will be glad to submit it.

SENATOR PARKER: And some factual background.

MR. MARTIN: I will try to give you 15 or 20 examples of why.

SENATOR FAY: Are there any other states in the union that do treat them in a unique manner?

MR. MARTIN: I can hardly keep up with New Jersey law, much less the others, believe me. I just know North Carolina has declared it unconstitutional. Many states don't have the Certificate of Need legislation yet.

SENATOR PARKER: You say Canon Daley is going to bring suit?

MR. MARTIN: I don't think he is seriously, but I have never known the man to talk that way.

SENATOR PARKER: I haven't talked to him lately.

MR. MARTIN: Well, he and I were both before the Burlington County Board one night. They changed the rules and they tried to kick the public out before they voted.

SENATOR PARKER: The Burlington County Board?

MR. MARTIN: The Burlington County Citizens Advisory Board of the Comprehensive Health Planning. And Canon Daley and I said, "Be darn, if we are leaving. We are going to sit right here. You can get the Sheriff to evict us." They didn't want us there because they didn't want us to see how they were going to vote. And most of the Board, despite the fact that they are supposed to be consumers - most of the Board are providers - they are called consumers - and, particularly Medford Leas with the HMO and the opposition it has generated, as an

HMO because it is attacking certain established concepts ---

SENATOR PARKER: Without naming names,because I don't know that we need to get into that, is this a problem generally in these areas ---

MR. MARTIN: We were asked to leave the room.

SENATOR PARKER: (Continuing) --- where advisory boards are pharmacists, doctors, and those people ---

MR. MARTIN: Yes, that's correct. I will give you an example because Alice Molineux, who happened to be until last week the Executive Director of the New Jersey Association of Homes for the Aging, was named to the board as a consumer. Now I like Alice very much and she is a wonderful person, but no way is she a consumer. I think the federal legislation is pretty strict as to who is a consumer.

SENATOR PARKER: This is the advisory to the B agency ---

MR. MARTIN: Right.

SENATOR PARKER: (Continuing) --- which is federal. We don't have any ---

MR. MARTIN: Well, you created it by State law. The federal government required you to create something to do the purpose and, of course, it has all been changed. I will say that when we insisted on staying and watching how the people voted, one person changed his vote, who was a provider, because we wanted to stay. If we had to appeal any of these things, we wanted to know how they voted. And the federal law January 4th - this happened in January -- but January 4th, the federal law required all meetings to be open on this to the public with all votes taken publicly.

SENATOR PARKER: Would you just provide us with the titles- you don't have to do it now - of these people, because if this is indicative of the B agency and what is happening there, I think that we ought to get Joe Kale in,

who is head of the Health Care Facilities Plan.

MR. MARTIN: I will write you a statement. Sometime I will get to do some work at Medford Leas. I have spent about a day in the last week in the office.

SENATOR FAY: We will come down to see you.

MR. MARTIN: I will invite you down unannounced. But I prefer that you give me some notice so that I can be there, sometime when I am not running around the State to this or to the American Medical Society or the State Association meetings or the National Association meetings.

Thank you very much.

SENATOR FAY: Thank you.

Mrs. Charlotte Roy. Mrs. Roy, would you give us your full name and address, please?

C H A R L O T T E I. R O Y: My name is Mrs. Charlotte I. Roy, and I live at 104 Mc Kay Drive, Breton Woods, which is a section of Brick Township.

SENATOR FAY: We are requesting you here to testify to give us information at this public hearing.

MRS. ROY: I would like to thank the Commission for the opportunity of speaking to you on behalf of my mother whose name was Mrs. Henrietta A. Puder. She was a patient at the Bay View Nursing Home in Bayville, New Jersey. I first would like to compliment the Legislature for organizing this Commission, and especially Senator Fay, because I believe you were a prime mover in this, and I did write you a letter telling you that I hoped you would make an effort to see that this Commission was organized, and that I would be glad to give you any information that I had which might be of assistance to you.

At the outset, I would like to go on record and say that I never had any intention of leaving my mother permanently in any nursing home. I only permitted her to be a patient - well, she was a patient in three different nursing homes - there because, first, I was recuperating from double cataract surgery, and it was quite hard to see myself. And, secondly, I have rheumatory arthritis, so that I was not able to physically lift her or see her as she needed to be in her physical condition.

Also, she needed therapy to be able to learn to walk and to be able to get out of a wheelchair. She was confined to a wheelchair. As a matter of fact, my husband and I were making plans to bring her home from the Bay View Nursing Home. Very shortly after her death, my husband needed to go to the hospital for a

somewhat minor operation, and as soon as he recovered from that, we had planned to bring her home, even though she would be in a wheelchair the major portion of the time.

Now, the report which I had submitted to you is confined entirely to the case of the care of my mother. However, I have a few additional points here, that I would like to briefly mention. They are not directly related to the care of my mother, and in addition I have a couple of points that I could make which would be a verification of what the gentleman before me said. I mean, as I observe and see it, my observations definitely tie in with what he has said.

Now, you do not have this report in front of you, so that you are not aware of the circumstances or the background information. My mother passed away on October the first, and I contacted the Ocean County Welfare Board, and they advised me that I should make a report, and I should see a Mr. Paul Scavuzzo, who is the Medicaid Director of Ocean County. I made an appointment with him, and I felt that rather than just go in with maybe a few notes or an ad-libbed speech, it would be better if I prepared a written statement to give to him, and my presentation would be more organized and I would not probably omit points which I felt should be included. So, I will read this statement to you. It is not too long.

"I have requested this interview, because I believe that I must report to you information concerning the quality of care my mother, Henrietta A. Puder, received at the Bay View Nursing Home, Bayville, Ocean County, during the time she was a patient there from May the 29th, 1974, until September the 24th, 1974, when she was removed to the

Toms River Community Hospital with a broken hip. She expired on October 1st.

"You may wonder why I have waited until now to talk with you. I can assure you that my prime motive was to make certain that I would wait until I could be absolutely objective and fair in my analyses and opinions.

"At the time of my mother's death, my immediate reaction was to sue the Bay View Nursing Home for negligence, but I soon decided that I should not do this for various reasons, the principle one being that no amount of money could restore my mother's life. Rather I have decided it wiser to report to you certain pieces of information and trust that you will investigate them with the hope that other patients will not meet the fate of my mother."

Mr. Scavuzzo forwarded this report very quickly to Dr. Finley's office. And shortly thereafter I received a very brief note from Mr. Du Shane, and I have a copy of it with me, who said that the report had been received, and that it would be investigated. A record would also be made of the report.

I replied to him that I was very interested in learning the result of his report, and asked how I could find out what the report was, and where I could locate this after they had made their investigation. I never received a reply. This is another reason that I am really very glad to have an opportunity to speak to you.

"There are three areas of my mother's confinement at Bay View which I would like to critique.

1. Of greatest importance, the carelessness and lack of attention on the part of the nursing home, which I feel was a direct cause of my mother's death.

2. The poor quality of nursing care she at times received. This would also include my observations of the care of other patients I saw there.

3. A lack of proper medical attention on the part of the doctor assigned to her."

Now, here is a point that I could make that might tie in with what the gentleman said before me. I cannot prove this. I am only going by reliable hearsay, that there were three doctors assigned to Medicaid patients there and there are approximately 317 patients in the Bay View Nursing Home. I beleive he mentioned that he felt that the number of doctors available in nursing homes was not sufficient, and if my secondhand information is correct, that would certainly verify what he has said.

"I have thought a great deal about our interview, and I have decided it wisest to carefully prepare a report from my notes and vivid memory.

"First, I feel there are certain factors you should know about before I discuss any of these three areas:

"1. During the first nine months of 1974, my mother was a patient in three different nursing homes, having been moved from nursing home to hospital to nursing home to hospital, and so forth.

Besides, I personally spent 10 days in a Morris County nursing home following eye surgery." That was Holly Manor Nursing Home in Mendham, and I can assure you that I can give that nursing home the highest recommendation. Possibly this is one reason that I see such a drastic contrast between Bay View Nursing Home and a couple of other nursing homes which I have had experience. I explain that my doctor would not permit me a two-hour ride from Morristown, where I had my double-

cataract surgery, to Bricktown because of the danger of hemorrhaging, and he said that I must stay close to the hospital.

"These experiences have given me ample opportunity to observe and compare from various vantage points the care given in different nursing homes.

"2. From the time my mother entered Bay View on May the 29th, my husband and I visited her every day with few exceptions."

My husband was employed then on a part-time basis, and there were very few times when he had to be away on business and, of course, I was not able to drive, and so I possibly missed a day out of ten or so. I mention this so that you may know that my critique is qualified by extensive, personal observations.

"3. Until the time of my mother's death, she was always completely alert mentally, which, of course, can be verified by the nursing home and the nurses in the Toms River Hospital. I mention this so I can offer as valid all statements made to me by my mother.

"4. I feel an understanding of my mother's physical condition at the time of her entering Bay View is imperative to understand the care and treatment that she should have received.

"a. On March 23rd my mother entered the Point Pleasant Hospital and was moved to the intensive care unit where on March the 26th she was operated on for a hernia on the small bowel involved with the appendix. In a few days she developed pneumonia.

"b. However, she recovered to an extent that on April 15th she was cut off from Medicare and was moved to the Tower Lodge Nursing Home in Glendola." My mother was not on Medicaid during the time she was in Point Pleasant Hospital. She went on Medicaid April the first of 1974.

Incidentally, I would speak favorably of the Tower Lodge Nursing Home.

"The day after her arrival, her doctor observed that she was running a temperature and still had pneumonia. Eventually she recovered so that she could walk short distances with the use of a walker, which was her own personal walker , and the constant assistance of a nurse.

"c. On May 17th, a cyst in the bladder hemorrhaged, and my mother was removed to the Jersey Shore Medical Center in Neptune." I might say here as a point in favor of the Tower Lodge Nursing Home, that the doctor assigned to my mother there moved very, very rapidly. When her condition was reported to him, she was moved by ambulance instantly before I even knew that she was in trouble. "The doctor in charge at Jersey Shore, in my opinion, gave her excellent treatment. However, she told me that the pain she suffered during this treatment, examination and so forth was so severe, she felt 'this took more out of her than the operation and the pneumonia.'

"d. On May the 29th she entered the Bay View Nursing home. Thus, as you can appreciate, the effect of her sicknesses had made her so weak she was unable to get out of bed, dress herself, or walk without the constant attention of the nurse. Besides, her knees were greatly stiffened because of arthritis."

Incidentally, she had cataract also, but hers was the slow-developing kind so that she was able to get around to some extent.

"Now to report in specifics on the three areas that I have previously outlined.

"1. Although to me the accident that lead to my mother's death is of greatest importance, I feel it

wiser to take up item two first, her general care. In fairness to the nursing home and for the sake of clarity, I have divided her care at Bay View into three periods, based on the three floors on which she was a patient.

"A. For approximately two weeks she was on the first floor , to which I was told all patients are at first assigned. Her nursing care there was excellent. There was an ample number of nurses, and they very kindly cared for her, and after a few days, personally conducted her on short walks daily with her own walker.

"B. Near the middle of June she was transferred to the third floor, where I feel her care was definitely, very definitely inferior.

1. Her call bell did not work. I was told by the nurses and aides that they did not work in any of the rooms on that floor and that they had not worked for some time. Because of the location of my mother's room, which I have roughly sketched here, it was absolutely impossible for a nurse at her station to hear her call."

The Bay View Nursing Home is a seven-story building, if you are not familiar with it. There were 50 patients, as there were on, I guess, nearly all of the floors except the first. The nurse's station was in the middle of this floor opposite a little hallway out of which there were two passenger elevators. Sometimes they worked, but not always. That means that there were twenty-five patients on each wing, at each side of the nurse's staion. You went down a corridor about sixty feet long. You come to the end of the hall, you turn to the right and you come to an alleyway. I called it an alleyway, because it was about four feet wide. It was the depth of the room and it was wide enough for the wheelchair

to go through. In one offset of this alleyway - I call it - was a garbage bucket where they deposited dirty chucks. This lead then into a fairly large room which accomodated four beds. My mother was in one of those four beds.

SENATOR FAY: Were these beds filled with three other patients?

MRS. ROY: Oh, every bed practically in the Bay View Nursing Home is filled. There is hardly a day when it isn't filled.

"One day when I visited my mother she burst into tears and told me that the previous night she had needed to use the bedpan and had literally screamed for a nurse. Her throat was hoarse. A man down the hall hollered at her in the night and told her to shut up. Eventually she wet the bed. Thus she was emotionally upset since she was embarrassed, having 'never done such a thing in my life,' she said.

"A ccuple of nights later she again needed the bedpan for a bowel movement. Again, the nurse did not come in time.

"A third night when she called, a nurse or aide must have been near and gave her a bedpan and told her she would have to get off it herself. Because of her weakness and arthritic condition, she spilled some in the bed. Finally, the aide returned, changed her bed, and told her - not too pleasantly - 'if you wet again, you will have to lie in it, as there are no more clean sheets on the floor.' My mother was crushed, because she was a lady.

"2. To my knowledge, during the time she was on the third floor, no aide ever attempted to help her walk to regain her strength and ability beyond wheeling her into the bathroom and assisting her on the 'john' during the day."

Now, I say to my knowledge, because none ever did when I was there and my mother told me that none had.

"Because of this neglect, my husband several times helped her up on the walker and kept behind her as she moved along. Twice she was so weak she slid down on the floor, and we decided that it was too risky for us to attempt further.

" In my opinion, one of the major drawbacks to my mother's recuperation was the lack of nursing help to give her the attention that she should have had."

As an aside from the report presented to Mr. Scavuzzo, I would like to state that to my knowledge, a therapist visited the home somewhat irregularly. I feel that she should have been taken to the laboratory regularly to learn to get herself out of the wheelchair, walk with assistance, and at least get on and off the john. This did not happen on the third floor.

"4. Near the end of June, I called Mrs. Mc Donald - and I think that is her correct name - evidently the administrator of nursing and requested a conference. She told me to meet her in her office at any time the next day. On arriving there about 2 P. M. the next day, and after waiting for a conference a considerable length of time, I contacted a first floor nurse, who made a phone call and found that Mrs. Mc Donald had to leave for the day.

" A Miss Mitchell, I believe her name was, met me and very respectfully I had explained my mother's plights and requested only that she be moved to another room on the third floor nearer the nurse's station."

I felt that if this were done, my mother could make the aide at the nurse's station hear her if she called in the night; whereas, located in the room where she was, it was utterly impossible.

"She promised to see what could be done. However, after one week, no change had been made, and my mother's attitude, and I believe physical condition, was worsening. So I again stopped at Mrs. Mc Donald's office. Eventually a female came out and advised, 'Mrs. Mc Donald would be tied up for about a half hour.' So I told her that I would return.

"I had hardly reached my mother's room when a lady from Social Services and a nurse came and said that my mother was to be moved to the fifth floor, which she was immediately that afternoon while I was still there. I helped move her belongings.

"C. On the fifth floor, my mother - through the kindness of the aides, I believe - was moved to another room on the fifth floor about August the 15th where she had a very compatible roommate, a Mrs. Carrie Schlosser, I believe her name was. Also I will say that the nurses on the fifth floor were pleasant. From this point my mother's spirits rose as well as her courage, and she regained her usual determination and will to take care of herself and walk again.

"1. However, it must be noted that there was, if I understand State regulations, a great lack of aides here also. It is my understanding that there is a State ruling that there must be a certain number of registered nurses and/or aides per every number of patients.

In the Holly Manor Nursing Home where I was a after eye surgery, there was a chart on the wall indicating the name of the aide and the names of the patients for which each one was responsible for that day. I had a certain type of eyeglasses called shields at the time, and I was able to perceive that they run about five to six patients per aide.

"On the fifth floor at Bay View, where I had ample opportunity to observe, there usually seemed to be four aides per the fifty patients. Sometimes I could find only three.

" On Thursday, July the 25th, my mother told me she had not gotten out of bed until about 1 P. M. An aide had told her they were very short of help, and they sat her on the side of the bed to eat, rather than take the time to even move her to her wheelchair where she would have been more comfortable." Incidentally, her bed was not a regular hospital bed, which made it rather uncomfortable for a person to have to sit there for such a long period of time. I asked her what she did, and she said,"Well, I couldn't stand it, and after a while I just kind of flopped back on the bed."

"In any event, on this floor again my mother did not have available nursing help to assist her in walking and regaining her strength. In other words, I got the impression that the home was too satisfied to let her remain a 'wheelchair patient.'

" 2. It should be noted I furnished my mother's own pillow, pillow cases, towel, and washcloth, while in this room, and I laundered them at home along with her personal clothing.

" a. My mother had asked me to bring her own towel and washcloth, because the aides, when giving her her weekly bath, had used a terrycloth bib, which of course they kept in her possession. I can't remember ever seeing a pillowcase on Carrie's pillow, and when I asked her about it, she said, 'Oh, at night they wrap a rag around it.'

" On July 18th, I took my mother for a ride in her wheelchair, as I did almost daily. We stopped

in to visit a friendly patient who was in a four-bed room and who had invited my mother in to see her T. V. I do not know the room number, but definitely know its location. While there I observed one of her roommates in bed apparently asleep, with her head on a blue and white stripped ticking covered pillow with no pillow case.

"3. Incidentally, the bathroom did not have a bell within her reach when sitting on the john. She claimed she often sat there for long periods of time until Carrie - a bashful, withdrawn soul - ventured out in the hall to find an aide. Finally my husband rigged up a string attached to the end of the bell cord and the toilet paper roll.

" 4. The accident which led to my mother's death.

" a. On Tuesday, September 24th, shortly after returning from the noon meal - which should establish the time at approximately 1:30 P. M., I don't know the exact moment - according to my mother, she decided to take a short walk in the hall with her personal four-legged therapy walking cane. She was very determined to gain strength and to get walking so she could come home." She knew, we had talked with her, and she understood that as soon as my husband had this operation she would be coming home.

"The previous night she told me how proud she was of herself because she had washed out her own stockings for the first time. Since she was unaccustomed to receiving any help from aides, which I have previously criticized, she set off alone.

" On leaving the room, she stumbled against a small wastepaper basket which she at once realized was not sitting

in its proper - meaning accustomed - position in the corner, and was extended into the doorway."

Now, this is really very difficult, because in the paper I submitted, I have a sketch of my mother's room and the location of this wastebasket. As you went into my mother's room, there was a little area to the right, which was ---

SENATOR FAY: That's all right. You don't have to go into great detail.

MRS. ROY: It was seven inches from the entrance way to the wall. And I believe it was nine inches from there over to the closet, which was a coat closet. In this little area was the wastepaper basket. The main point is that there was a leeway of one and a half inches in this little corner for this wastepaper basket to be sitting. If anybody going in or out of the room bumped against it, it could move over into the doorway or it could move wherever it moved to. In any event, my mother, she bumped against this basket.

I wrote here in the letter, "On the next page is a sketch of the corner, the doorway, and the usual location of the wastebasket. Personally, I feel placing the basket in such a precarious location was in itself a hazard not only to patients but to nurses as well. The placing of the basket in its location, in my opinion, created a carelessness on the part of the Bay View Nursing Home, and automatically made the home liable. Furthermore, it must be remembered that my mother was, unsteady on her feet as she was, permitted to walk unattended."

A woman who is confined the entire time that she is out of bed to a wheelchair and then draws herself up out of the wheelchair onto a walker, and attempts to

walk alone, is naturally unsteady, and furthermore, as I had explained, she had arthritis in the knees.

"As my mother started to fall, she grabbed the left doorcase, she said, but she did not have the strength to hold herself up. She went down on the floor on her left hip which broke.

" My mother told me that she begged the aides all afternoon to call me on the phone, and she assured them that I would reimburse them for the telephone call, telling them where in her drawer they could find my number. No one would do this, nor did the nursing home advise me. She lay in bed all afternoon in agony, which is quite in contrast, you see, to what happened at Tower Lodge, until about 6 P. M. when a patient in the next room who was able to walk around down on his own to the dining room" ---

SENATOR FAY: When your mother fell at 1:30, how did they get her back into the bed?

MRS. ROY: The aide, as I understand it, came and lifted her onto the bed, and she lay there fully clothed with the blanket over her.

"As I say, at 6 P. M., a patient in the next room - whose name I will gladly supply - realizing the seriousness of my mother's condition, went down to the pay phone on the first floor and called me to relate the accident and its apparent seriousness. Immediately my husband and I sped to the nursing home, finding her lying there in bed still unattended. I requested to see the superintendent of nurses who, when she came to the fifth floor, advised they had been having difficulty in locating her assigned doctor. She claimed they had just contacted him and that he had ordered her sent to the Toms River Hospital for x-rays. Why couldn't another doctor have taken over in this emergency to prevent my mother lying there for so many hours in agony?

"After 7 P. M. an ambulance had not yet arrived. And I told the nurse, that if one did not come immediately I would call my own Breton Woods Rescue Squad. Finally, an A-1 Ambulance arrived and my mother was admitted to the Toms River Community Hospital shortly before 8 P. M.

"Dr. Jacob Seltzer operated on my mother's leg. She came through the operation and she seemed to be doing well for the first day or two. But on Sunday afternoon when I would say in a layman's term I could tell she was taking a turn for the worst, and she passed away on October the 1st.

"My definite feeling is that my mother's death needlessly resulted from carelessness and a lack of care on the part of the Bay View Nursing home. In other words, it is reasonable to assume that she could be alive today if the wastebasket had not been kept in its endangering position and if an aide would have been available to attend her.

"3. Lack of Proper Medical Care

a. Dr. Marvin Nicholas, of Forked River, was my mother's assigned doctor.

1. According to my mother he did visit her immediately after her entering Bay View." By immediately I don't mean that day, but within a reasonable time.

SENATOR FAY: Within a week?

MRS. ROY: Oh, yes, definitely within a week. He did visit her, "but definitely had little or possibly no conversation with her or performed no examination, according to my mother."

You see, in Tower Lodge, when my mother arrived there, the doctor in charge there did examine her and did discover that she still had pneumonia.

SENATOR FAY: Did you ever have any discussions with the doctor?

MRS. ROY: I certainly did. I had three discussions which I am going to take up now.

MR. ROY: By telephone.

MRS. ROY: Oh, yes, by telephone only.

SENATOR FAY: You never met him?

MRS. ROY: Never, never. I think this part that I am coming to was to me quite shocking.

"Many times in the almost four months that she was a patient, I asked her if the doctor had again been to see her, and always she said, 'I have never laid eyes on him. If he ever came in this room, he did not make his presence known.'

"Now, did Dr. Nicholas receive payment from Medicare and/or Medicaid for only one visit to Henrietta A. Puder?

"2. After my mother had been moved to the fifth floor she was in a very weakened condition and dejected, as I have previously explained, from what went on on the third floor. Therefore, on July 2nd, 1974, as my telephone bill will verify, I called Dr. Nicholas stating that I believed that my mother's condition was worsening and I was concerned that 'an additional physical condition might be besetting her.' " I thought that it was foolish of me to feel that way, but you see she had had such a series of problems, and then she had a couple of others previous to what I have already discussed.

"I pleaded with him to examine her, and added that I realized she was a Medicaid patient, and that possibly he was not at liberty to carry out certain tasks that he might feel advisable. I told him that my husband and I were attempting to live on Social Security, but that I would be willing to reimburse him for any reasonable expenditures that he might incur. Note: I also discussed

with him the possibility of her visiting a therapist, which he had never done up to this point, and which I had been advised by this aide that he must order."

Now, this the doctor did do. I have another area in which I will cover this subject.

"Dr. Nicholas told me that he would see my mother and then I asked him if I could have a conference with him at his office to discuss the results of his findings at my expense. He said, 'No. That will not be necessary. I will write on her chart the results of my findings, and the nurses on her floor can tell you.'

" After the day of the doctor's weekly visit to the home, I asked my mother whether he had been to see her. She said, no. I asked the nurse or aide about this, and she told me that he had ordered five tests. In a couple of days I asked my mother about these tests, and she said that she knew nothing about them except that one morning a nurse had instructed her aide in the early morning to take a urine sample for a test.

" I waited about ten days and then made sure to get to the home while the day nurse was still on duty." I say this because I never could get any information out of any other nurse except the day nurse, who left at three or four, I forget which it was.

"I asked the R. N. about the results of Dr. Nicholas' tests and evaluations after which she did fumble through my mother's chart - at least I assume it was my mother's chart - and finally, she said she could find no report. She told me to wait a minute and she left, and finally she brought back another nurse or aide, whom I felt, tried to 'brush me under the rug' by telling me how much improvement my mother was making, and that ended that.

"On September 3rd I again called by telephone Dr. Nicholas and told him that I was concerned with the number of colds my mother had been having and the phlegm she seemed to have much of the time in her throat. I stated that she was definitely unaccustomed to having colds. She had gone even four and five years without a cold. I reminded him of the pneumonia she had recently had. He said he would investigate. But my mother said she did not see him. Whatever resulted from this request I never knew."

SENATOR FAY: In that telephone conversation did you then ask the doctor the results of the tests?

MRS. ROY: No, I didn't. I felt that it was useless. He told me he didn't want to talk to me. He said it would be written on the chart. And according to the nurse there was nothing on the chart. So I didn't think there was any point in pursuing that.

"As I have indicated, Dr. Nicholas did approve therapy for my mother. It was well along in July, I believe, before she ever saw Dr. Asa, the therapist, and then her visits were very irregular." As I understood it, he visited the Bay View Nursing Home twice a week. Now, I could be incorrect in that assumption, but I do know that he had his own private clinic in Long Branch, and I did speak with Dr. Asa about my mother's condition at his clinic in Long Branch. I called him on the phone and spoke to him, and I felt that he seemed to be a very compassionate gentleman, who I thought knew what he was doing.

"This discouraged my mother, the fact that she did not see him regularly, as she had high hopes for help from this source. She would tell me that she would work her wheelchair out to the elevator, but the attendant would not take her down, because 'Dr. Asa is not here today.'

or 'you are not on the list today.' And then the Doctor was on vacation for two weeks after Labor Day and after a Federal inspection.

"In all fairness to Dr. Asa, I believe this man really did help her. What he actually did to teach her to walk again with such few visits or learn to get herself up out of the wheelchair, I am not sure, but he did."

He apparently told her to back her wheelchair up against the wall, to put the lock on the wheelchair, and get her walker and pull herself up that way. Also, he gave her exercises to strengthen her arms, and then he would try to get her to reach up higher to pull herself up.

"Of one thing I am sure, he must have been very kind to her and he realized that she wanted to walk and leave the Bay View Nursing Home. She did, I believe, gain much courage from him and assumed, as a result, a positive attitude."

In other words, her attitude and spirit rose after she had seen Dr. Asa, and I believe that he was a very compassionate man.

"In August, I believe, I called Dr. Asa at his clinic in Long Branch and I discussed my mother's case. He understood that we were anxious about her, and by talking with him I believed him to be a very compassionate man. I have no proof of this, but I strongly suspect that there were too many patients out of the more than three hundred at the Bay View Nursing Home for one Dr. Asa to take care of.

Now, there are additional points that I could make regarding what I believe to be inadequacies at Bay View Nursing Home, however, I feel I have touched on those most

relative to my mother. If you are interested, I shall be glad to discuss any other observations which I can give specific supporting evidence."

That was the report which I made to Mr. Scavuzzo. Now I have some other points here unrelated.

SENATOR FAY: Now, did the Ocean County Welfare follow through on all these complaints? Did they get answers for you from the Medicare people?

MRS. ROY: I never had any. I never contacted Mr. Scavuzzo regarding this. I possibly was lax in not contacting Mr. Scavuzzo regarding this, but I did not do it, because I was of the feeling and hope that my mother would improve so that I could - to put it bluntly - get her out of there and bring her home.

SENATOR MARTINDELL: Earlier in your testimony you mentioned having contacted Mr. Scavuzzo. Did you get a letter back from somebody else?

MRS. ROY: Yes. I got a letter from Mr. DuShane, which I have here.

SENATOR MARTINDELL: What did he say?

MRS. ROY: Okay, I have it right here. "Mrs. Clifford E. Roy, 104 McKay Drive, Breton Woods, New Jersey. Dear Mrs. Roy, your letter to Commissioner Joanne E. Finley has been referred to me for reply. We will investigate the matter, and the results of our investigation will be a matter of record and will be available for public disclosure. Sincerely yours, Arrie J. DuShane."

SENATOR MARTINDELL: What was the date of that letter?

MRS. ROY: The date of that letter was February 10. And then I wrote to Mr. DuShane, as I indicated, asking how I could find a report or any records that were available resulting from their investigation. I never

received a reply from Mr. DuShane.

SENATOR FAY: After that letter in February, you never received another reply?

MRS. ROY: No, sir, not up to today.

SENATOR MARTINDELL: Could we have a copy of your letter?

MRS. ROY: Yes, I have it here. If you want to make a copy of it, I would be glad to let you do that.

SENATOR MARTINDELL: Mrs. Roy, I'm interested in alternate means of taking care of people. Did you investigate to see if there had been any way of getting home health care, so your mother could come home earlier from the nursing home?

MRS. ROY: We had considered that very definitely, and I assume that it would have been possible to have maybe a visiting nurse or someone like that coming in to give her a bath whenever she needed it. However, she would have to be taken to the bathroom, and I truthfully was not able to lift her myself, because I had rheumatory arthritis. The blotches on my arms are now as a result of cortisone shots. And I knew -- well, I would have been petrified. I wouldn't attempt lifting her. My husband, as I said, had to go to the hospital for an operation, which, if you want to know frankly, was a hydrocele. I didn't think it was proper for him having to lift my mother either.

Therefore, we didn't think it was practical to bring her home until she herself would be able to get around on the walker. We would have been willing to take her periodically to a therapist, but that was our ---

SENATOR MARTINDELL: You would have required someone almost continually, then?

MRS. ROY: Yes, we would have, really, and I don't think Medicaid would have done very much on that ---

SENATOR FAY: Nothing.

SENATOR MARTINDELL: Not yet.

MRS. ROY: Well, you see, my father had died in 1959 of a heart attack, and he had been unable to work for several years, and they had a small savings account, and the sickness that she had had, the operation in Point Pleasant Hospital and she had been in the Point Pleasant Hospital the previous fall that took most of the money.

SENATOR FAY: Mrs. Roy, we want to thank you very much.

MRS. ROY: I have a couple other points, if you are interested in them?

SENATOR FAY: Could you sum them up?

MRS. ROY: Yes, very quickly. The first point that I have here is the matter of a fire hazard at the Bay View Nursing Home. Now, the Bay View Nursing Home, as I understand it, is a building that was erected probably forty-five to fifty years ago, in the twenties ---

SENATOR PARKER: Is that the big building you can see as you come south on the Parkway, a big reddish building?

MRS. ROY: I think it could be red from the back. It is not far from the Parkway. I'm not sure whether you can see it from the Parkway or not, but I believe it is red in the back, although it is a tan color in the front.

SENATOR PARKER: Didn't it used to be an old hospital or hotel?

MRS. ROY: Originally it was built as a hotel in the days when it was the popular thing to go down to the pines, you know. Then it was a hotel, and then it passed over that interest. This is only hearsay. Don't quote me on this. I don't know who ownes it now. I was

told that it was owned by a doctor in Irvington. I was told that he comes there once a week on a Friday, and I made several attempts to get there early in the afternoon, because I would have liked to have seen this gentleman; however, I never did make it because he always had just left.

SENATOR FAY: Now, about the fire hazards.

MRS. ROY: Yes, about the fire hazards. It is, as I have said, this large building which was a hotel. I don't know what the safety is in a cement building that is fifty years old, what they do with them nowadays, but it did have wooden door frames and wooden doors, and wooden windows, and only God knows how many coats of paint. There was no sprinkler system in the halls or in any of the rooms. The only place there was a sprinkler system was in the dining room, which had been an annex added later.

To my knowledge, there are no fire escapes. I asked the nurse at the desk about this one day. I said, "What happens if there is a fire?" "Well," she said, "there is the stairwell." On either side of this hall opposite the nurse's stations are two stairwells by the elevator.

SENATOR FAY: What we are going to do is every complaint that is listed here that was forwared to Mr. DuShane, we intend to get answers for every one of these questions. Definitely the Life Safety Codes about fire escapes and about the types of stairwells and the necessity or the waiver on sprinklers are explicit. There are records in Trenton, and these questions that you are posing, we will go to the two proper agencies to get answers for you and for the public.

MRS. ROY: Well, now, I have a feeling that they were approved because of the fact that in front of this nursing home is a fairly large lake, which I guess the quests took rides on in canoes or something, and you know that

could be considered very valuable.

SENATOR FAY: We will definitely find out for you.

MRS. ROY: My feeling is what are they going to do to get three hundred sick people down two stairwells? The building is seven stories high, and to my knowledge they never had a true fire drill during the time my mother was there. I mean, they never to my knowledge attempted to evacuate.

SENATOR FAY: We will put the people responsible on the line to answer these questions.

MRS. ROY: Now, then, another point I have here is that I do feel there is a lack of nurses and aides which chimes in with what this other gentleman had said. There is a law which states that there must be a ratio of nurses and aides per number of patients.

Now, they have a very impressive battery of time cards in the entrance hall where people punch their time when they go in, but I have a very strong feeling that this includes the gardener, the cook and the garbage collector. How many of these are really nurses and aides?

SENATOR FAY: We will find that out.

MRS. ROY: Now, then, of course another point is the responsiblity of the doctors of Medicaid toward their patients. I feel that they do visit the homes sometimes, but I have a feeling - and I am telling you that this is only my feeling - that they look at the patient's chart and initial it, but do not go into the patient's room and actually see the patient. I can tell you in the Holly Manor Nursing Home there were doctors there all the time. The man that operates the Holly Manor Nursing Home would not permit anything like this.

Now, another thing which might be considered minor but which I think is important to the aspect of the patient is

the fact that there is a great lack of activities for the patients. They do nothing to entertain them. They just sit there all day long in the room, or they will sit them out in the hall in a wheelchair. They don't do anything to entertain them.

Most of them have no visitors. I went to see my mother faithfully, and I can tell you that others did not. They just go there, and it is so easy for them to become vegetables.

SENATOR FAY: That's why the better nursing homes that we have heard reports on do have social workers. They do have educational entertainment programs.

MRS. ROY: Oh, my, if I could ever explain to you the fantastic activities' programs enforced at the Holly Manor Nursing Home.

SENATOR FAY: I have heard a lot of good things about that home.

MRS. ROY: Now they did make quite some effort in Tower Lodge, but not as much. Now, unless you have any other questions, that's all I have.

SENATOR FAY: Mrs. Roy, I want to thank you very much. We do have your report in Trenton, and we do want a copy of your letter and Mr. DuShane's letter so we can get the answers to the questions that you have posed. We would appreciate that. Thank you very much, Mrs. Roy. We will take a five-minute break.

(Whereupon there was a short recess taken.)

SENATOR FAY: We would like to hear from Assemblyman Doyle.

J O H N P. D O Y L E: I am pleased that this hearing was held here. I want to personally commend the Chairman, the Committee, and Senator Parker and Assemblyman Snedeker

in particular who represent part of this county for coming down here. This is the fourth public hearing that we have had in the last year and a half, in addition to other forums we have had with cabinet officers and ourselves, being part of the effort to bring Trenton to Ocean County.

You probably will hear from more people who are more expert and knowledgeable in this area than I am. I don't think you will ever hear from anyone who is more concerned and personally involved than the witness who just testified, but I thought if I may I would lend a few comments to the Commission.

You will hear much, I'm sure, about the negative implications of nursing homes and the need to put sanctions upon the homes themselves. Let me speak briefly about taking affirmative action on behalf of those oft times lonely and elderly people who are the patients. By putting negative strictures on the homes, you can only do so much. Perhaps the balance can be done by affirmative action on behalf of the patients, and particularly in the form of a bill of rights. There is particuarly now a bill pending. There has been a report I think every legislator has recieved from the Commission on Law, Social Action, and Urban Affairs of the American Jewish Congress, which has some very meaningful and helpful ideas.

Let me just point out a few. I think that bill of rights should be addressed to preserving human dignity, particularly in three areas, one is privacy, the guarantee that the patient has privacy within their room, they have privacy with their most personal actions, they have privacy to talk to whom they want, whether it be relatives, friends, visitors or professional help of a non-medical area.

Secondly, that they have a choice as much as possible, a choice in their quarters, in their roommates, if possible, the food they eat, the medication they receive. If you can give them privacy and give them choice, then you can restore to them the humanity that is often taken away because of difficulties the prior witness spoke about.

There must also be a guarantee of professional medical care. That too must be affirmative in its nature. All too often it would seem that nursing homes - some nursing homes, certainly not all - are nothing more than perhaps baby-sitters. There should be a duty placed upon the home to take affirmative care, be it therapy, but of a remedial nature and not just a holding pattern.

One thing that I think can be done in an affirmative way to help restore human dignities to these people - and I don't know whether it can be done by legislation - is to encourage the volunteerism that we often see best displayed by candy-stripers. It seems to me that there is something about having teenagers interact with our seniors, particularly those who are in a nursing home, that helps both groups. It helps to uplift the human dignity for both groups, and gives both groups a common bond. I don't know, as I say, whether that can be done through legislation, but there should be some affirmative charge in the administrative agencies of this State and the private care facilities to, in any way possible, encourage these kind of neighborhood volunteer efforts that particularly cut across the age spectrum.

To the degree that some of these things require enforcement, let me make two suggestions: one is the use of the Public Advocate. I think this is one of the most meaningful things that this legislature has done. But unfortunately as a lot of other things that a legislature can do, it has not brought to bear upon the needs to which it is to be addressed, because people don't know about it.

Perhaps, within that Department, someone or some person who is specifically charged with the rights of nursing home patients, particularly if the bill of rights for nursing home patients is enacted, can be charged with the responsiblity of protecting them.

I think of the other day, having read an obituary of a woman who was 91. It said she had moved from her home of many years only three years ago. She obviously died out of a nursing home. The last paragraph read, "Mrs. So-and-So leaves no known relatives." And I wondered who cared for her in those three years, who knew about her existence? If she was badly cared for, who could have seen about it? This is where perhaps the Public Advocate could come in. And perhaps one, small, simple piece of legislation can be recommended by the Commission. And that is, that the person who comes into a nursing home institution, or any institution for that matter, health care facility, and in that blank that says nearest next of kin has no name to fill in, that there is an affirmative duty on that facility to give the name and the address and the condition and the age of that patient and to leave it with the Public Advocate or some state agency, so that there will be a constant check that they can do to look out after these people whom I speak of.

The second one perhaps is fought with other kinds of consequences you can consider, and I am speaking now as an attorney. We have a doctrine in the law of res ipsa loquitur which indicates that if a person is injured by an instrumentality over which they had no control, and the person who gave the instrumentality had all control, that there is some greater duty of care, so that the person who is injured would not have to prove a specific negligence, much the same way a person who is consigned to a nursing home and is

injured through none of their doing, there must and perhaps should be placed in the law - and not by case law, but by legislative law, for that is the best type of law - some extra duty of care upon the nursing home to prove that situation was not of their doing.

I think through those two affirmative steps, the Public Advocate and the suggested change in the law, and by enacting some sort of bill of rights that is enforceable in the ways I have suggested and also by encouraging volunteer help, we can go a long way towards taking the problems of nursing home care and its patients off the front pages as tragedies and making them one of the right and appropriate things in our society.

Once again, thank you very much for coming to Ocean County. On behalf of the delegation of the Ninth District and all the citizens of Ocean County, we are very pleased that you are here in hope that some help will come to them and to all of the people of this state. I speak particularly of Ocean County, because we are the fastest growing county in the state. We are one of the fastest growing in the country. Much of our growth is because of the seniors who have found a pleasant place to live, in this community and in this county, and to the degree that you can provide some assistance, then the pleasure they have found in this county will continue even if they find themselves in a nursing home in this or any other county. Thank you very much.

SENATOR FAY: Thank you. Senator Martindell would like to ask you a question.

SENATOR MARTINDELL: I am interested in your comment on the volunteerism. Do you have any ideas about how this could be encouraged, because what I have been told is that very often these volunteers will not be willing to go into the profit-making homes. They feel that they

are exploited. And it is important to get them in there if for no other reason than but to watch.

ASSEMBLYMAN DOYLE: Well, I don't know how to help particular groups. I remember in the last administration an office on volunteerism was opened, and I don't know what became of it, very honestly.

SENATOR FAY: I think they went into the CIA.

(Laughter)

ASSEMBLYMAN DOYLE: I hope it wasn't that secretive. It seems to me what the state can do is in effect to serve as a broker, if you will. There are groups, be it the Junior Women's League - which my wife was in - or other types of groups, the Key Clubs, the high school service organizations, who wonder what projects they can do. And then there are groups like the nursing homes and others who wish they had volunteers. If the state can act as a broker, and match them up, that's one thing I think they can do.

Now, as I said, I don't know that it can be done by law. There probably will have to be an administrative charge, but I am sure that if your final report makes a strong recommendation on this point it would be most helpful.

SENATOR FAY: I just want to comment that the Pulic Advocate, of all the departments we have dealt with so far, have already played a major role in this study and investigation, and they have and still are working very closely with this Commission on the whole spectrum of the problem.

ASSEMBLYMAN DOYLE: I am glad to hear that, but they can of course not do that which the people don't know about, and I think perhaps a defendant in a criminal action is first advised of his rights before the focus narrows, and in the same way, perhaps a nursing home patient, as part

of whatever packet of information they get should be advised or their next of kin should be advised that there is a Public Advocate in their admission papers, and perhaps sign a receipt that they received it; plus the idea of the 91 year old and the affirmative duty for those people who unfortunately have no next of kin.

SENATOR FAY: Thank you.

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(RECESS)

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After Recess

SENATOR FAY: May I have your attention, please.

We are going to hear from two more witnesses and then we are going to take a break for lunch and resume the testimony after that.

Will you please give your name and address.

S U Z A N N E L O N G: My name is Suzanne Long and I live at Apartment B-7, Kingswick Apartments, in Thorofare, New Jersey. And I thank you, Mr. Chairman and Senators of the Committee, for inviting me here today.

First I think I'd better give a little bit of background, my educational background. I've had a little bit more training than most LPNs. I went to school at Methodist Hospital in Philadelphia for two years and the University of Pennsylvania for one year for my background sciences, and I was an honor student, and graduated from Masula Technical Center, Masula, Montana.

I will begin now. On my first day at Mount Laurel Convalescent Center, I was assigned the duty of swatting flies. I was handed a fly swatter and told to go down the end of the hall. When I got there, I noticed swarms of flies in about eight of the patients' rooms. I definitely mean swarms. The urine-soaked beds and dried fecal material had drawn them. The bedridden patients had gotten so accustomed to the flies, they weren't even attempting to swat at them. The flies were crawling all over the bed sheets, floors, bedside tables, and the patients' pillows. The patients had them on their faces, chests and arms. The most disgusting sight was a patient who had a decubitus ulcer on her buttocks. She was lying on her stomach to relieve the pressure from her sore area. The sheets had fallen off her and, being unable to replace them, she had a group of flies feasting on her exposed flesh.

I felt ridiculous with a little fly swatter, there were so many of them. The cause was the screening in the windows. They were wooden-edged screens that had warped so badly that they were of little use. After inquiring when new screens would be put in, the head nurse just laughed at me like I was crazy.

Mount Laurel was roach and rodent infested. The treatment carts, drug cabinets, sterile supply room and patients' rooms were all infested by roaches. I never saw an all-out extermination ever attempted. All I saw was a regular maintenance man walk around squirting bug killer here and there for about a half an hour.

The Dietary Department was very deficient. Diabetic diets were miscalculated a great deal, resulting in high blood sugar counts. Special diets were ignored. One woman was to receive no milk or milk products, yet practically every meal contained the forbidden foods. Puree diets were usually cold and completely liquid. Silverware was always short and some patients had to resort to eating with their hands. A roach was found by a patient crawling out of her cottage cheese. Meals were poorly planned and most of the time the meals did not include the basic four food groups. The dining room, where most of the patients ate their meals, had roaches crawling across the floor and up and down table legs during mealtimes. These are things I have actually seen. I do want to put this down, that I have actually seen these things happening.

Nurse's aide staffing was adequate most of the time; however, approximately three-quarters of the aides were untrained. The aides on my wing were nice people, but none of them could read a thermometer, hang a Foley catheter drainage bag correctly, or knew the correct body mechanics for lifting and moving patients. The in-service training offered by the home for the aides consisted of a movie every month or so.

Some of the aides in the home were sadistic. I saw an aide slap a patient and another one throw a patient on the floor because she refused to go to bed at 8:00 o'clock P.M. Most of the nurses at the home were afraid to correct the aides because of an incident where an aide attacked a nurse who reprimanded her.

One aide came up to me while I was pouring medications one night and told me that none of the patients she was supposed to feed would eat. After talking to some of the patients and seeing their trays, I found that the girl hadn't even offered them any food. Incidentally, two of these patients were diabetics.

Patients were left at times with fecal material covering them from head to toe and then covered with a clean sheet to hide it.

The nursing staff was generally good; however, because of an overload of really ill patients and understaffed conditions, the nurses were reduced to frantic pill pushers. Treatments were left undone, such as IPPB treatments, Foley irrigations, the changing of bandages, blood pressures, etc. A feverish patient would not have had his temperature taken when needed. Orders for forced fluids were ignored; nurses' notes written hurriedly, carelessly or not at all due to lack of time.

One nurse, an LPN by waiver, was consistently left alone on a wing housing eighty patients. She had had no training in pharmacology at all and had failed her State Board examination. She made countless mistakes in dispensing medication, double-pouring 9:00 P.M. medications into 5:00 P.M. medications to save time, and giving laxatives without a doctor's order. According to a pamphlet, "The Standards of Practice for the Licensed Practical Nurse in the State of New Jersey," 1973, put out by the New Jersey Board of Nursing, "The Licensed Practical

Nurse should accept only those assignments for which he or she has been prepared according to state law." This woman should not have even been touching medications, let alone dispensing them. She was also left alone as charge nurse many times without even the benefit of an RN in the building. Backing me up is another quote from the same publication just mentioned, "In situations which are complex, (complex meaning hospitals and home health agencies) a Registered Professional Nurse must be immediately available for direct care, when necessary, or for guidance and consultation." One instance of gross misjudgment was a case of her pouring Noctec, a narcotic to produce sleep, down the throat of a semi-comatose patient. The administration was well aware of this nurse's complete ineptitude, but did nothing about it.

The physical and mental status of the patients varied greatly. Most of the patients were not convalescents.

First, we had patients who were physically and mentally sound but had nowhere else to go. Second, we had the true convalescing patients from orthopedic surgery, heart conditions, things of that sort. Thirdly, elderly senile cases with no gross physical impairments. Fourthly, the psychotic patients, some of which were vicious at times. Lastly, the comatose patients shipped from area hospitals to die in the nursing home. Combine all these disorders together, when they should be dealt with separately, and problems result. We had lucid patients being beaten up at times by the mentally deranged. Things of value, sentimental and otherwise, would be stolen. Their clothes, eyeglasses, and even dentures were taken. Some patients who entered the home rational would become irrational in a very short time due to undignified conditions, loneliness, foul smells and the disorientation of the other patients. These patients, used to being

somewhat productive, cleanly and sociable, would soon be reduced to a bath once a week in a dirty tub, dressed in other patients' ripped underwear and clothing, and at times being left soiled by their own wastes for hours at a time. They feel and are treated as something less than human.

The entire place reeked of urine and fecal smells. The dining area and TV rooms were used to park all the senile and mentally-ill patients so they could spend their time staring into space. Rational patients refused to go into these areas because of the urine on the seats and the incessant chatter of some of the mentally-unbalanced patients. So subsequently these patients spent 90 percent of their time in their rooms.

The only homey place in the whole building was the lobby, yet the patients were not allowed to sit there and enjoy the surroundings. One night a patient wishing to talk quietly and privately to his family was in the lobby. The administrator saw him there and told me to, quote, "get that old man out of there."

Mount Laurel's Reality Reorientation team consisted of two women. Their goal, supposedly, was to try and orient the patients to where they lived, their age, year, month, etc. Most of the time their program consisted of pasting sparkles on construction paper cutouts. This encouraged regression, certainly not orientation.

No library for the patients was available, not even a deck of cards for a pinochle game. In my estimation, there was no mentally-stimulating services offered at all.

I was most appalled by the institutions during the flu epidemic. During this time, I was scheduled alone most of the time on my wing. Some nights there wasn't an RN present to supervise, just two LPNs for approximately 135 patients. I had so much work sometimes I didn't leave for home until about 12:30 P.M.

One night I was so rushed with all the flu patients that I couldn't even stop for a moment to talk to a patient who burst out in tears when I brought her her medication. She was a new patient and probably was going through some real head hassles. The fact that I couldn't even stop and help her bothered me so much that I called the Directress of Nursing the next day and begged for help. She agreed with me that the patients were being sorely neglected and promised to get me some help. It was then that I told her that I did not want to work again without help and that,if I came on to find myself alone during the flu season, I would refuse to work. It was simply too dangerous. She agreed again and I wasn't scheduled alone again until the day I was terminated.

The administration never, underline "never," closed the place to visitors, despite what they say. We had visitors walking in and out with runny noses every night. The patient turnover was definitely abnormal during the flu epidemic as opposed to turnover beforehand.

Even though Mount Laurel denies any of their patients had the flu, it can be proven very easily by checking the patients' charts. On the doctor's order sheet one can find written: Tetracycline 500 mg. stat., which means immediately; then 250 mg. every 4 hours; Tylenol II tablets for elevated temperature; and Benylin or Phenergan Expectorant 2 drams every 4 hours. These orders will illustrate to an educated layman that a virus infection must have been present. Approximately 60 percent of the patients were on an order of this kind, slight variations excepted.

Lastly, I would like to explain to you, Senators of the Commission, what transpired because of my involvement with the Public Advocate.

I believe Mount Laurel found out about my associations with the Public Advocate through another nurse

who knew about my documenting things occurring at Mount Laurel. This nurse became angry with me one night and called up the Directress of Nursing and I believe told all. My reasons for assuming the worse from this conversation stem from the fact that I arrived for work the next day to find 3 nurses scheduled on the wing with 45 patients and I scheduled alone on the wing with 80 patients. All the time I was employed at Mount Laurel, I had never seen 3 nurses scheduled on the smaller wing. I confronted the Assistant Directress about what was going on and she just said, "If you don't like it, punch out." I came back the next week to find out if that statement meant I was fired. She told me that because I consistently challenged their authority on scheduling I was terminated. Quoting the pamphlet on Standard Practices of LPNs again, it states that one of the functions of an LPN is, "Participation in the development, revision, and implementation of policies designed to insure safety and comfort of patients and personnel."

I lost a job with the Nurses' Registry located in Pennsauken because of malicious falsehoods given for a reference by Mount Laurel.

I would like to read a letter I wrote recently to Miriam Span of the Public Advocate. I beg your patience in this facet of my prepared statement because what has happened to me will happen to any nurse who tries to speak out against the horrors that exist in nursing homes. Witnesses are very scarce because of the repercussions from such actions. One friend of mine who is aware of what has happened to me recently said. "God, even if I saw a patient beaten to a pulp by an aide, I wouldn't say a thing." It is a horrible nightmare when good and honest people's minds are manipulated to react this way.

Thank you again for your indulgence.

This is to Miriam Span of the Public Advocate.

(Reading)

Dear Miriam:

I filed my claim with the Division of Unemployment and Disability Insurance on March 18, 1975. I was disqualified on April 2, 1975 due to a statement sent by Mt. Laurel Convalescent Center. This document stated that I had quit and also included several distorted accounts of my behavior on the job. After I asked my caseworker, at the Woodbury Division of Unemployment, if I might see the statement from Mt. Laurel I was met with "What's the matter? Don't you believe me?" Many protestations followed until I demanded my right to see the statement. I finally was given the document to read, but was harrassed throughout with "Please hurry, there are other people waiting."

I wrote a leeter asking for an appeal date to be set up the same week of my disqualification. My original appeal date was set up for May 5, 1975 on April 8, 1975. It was later postponed to May 9, 1975.

During the interim I wrote a letter to a nurse, a Ms. K. Mathas (employed by Nurse's Medical Pool in Cherry Hill, N.J.), who was present during an incident which had been distorted beyond belief in the statement from Mt. Laurel. Her employer informed me that Ms. Mathas did'nt wish to get involved and would not help me in the least to refute Mt. Laurel's claims. I realized I could have had her called to the hearing anyway, however, I decided she might be so irritated at having been dragged into it that she could hurt my appeal.

On advice from my attorney at the time, Mr. H. Green, I mailed a letter to Mt. Laurel on April 28, 1975 asking for references for future employment. Miriam, you have their response in your files that states simply that I would receive a good reference from them as of May 1, 1975. Later on, they changed their minds again and labeled me "incompetent," and an "irresponsible employee" the latter of which was a quote from the Courier-Post, May 10, 1975. I also called Dr. C. Volpe, with whom I worked, and asked if he could give me a good reference in order that a libel suit could be initiated against Mt. Laurel for their false statements. He told me that I was an excellent nurse and that he had an opening in his office if I wished to work for him; however he also said he'd have to think about any testimony in my suit. Unfortunately, the story on Mt. Laurel was leaked to the press and Dr. Volpe immediately abandoned my cause siding with Mt. Laurel.

On my appeal date I arrived at the Division of Unemploymentin Woodbury alone. My other lawyer Mr. D. Dugan III, who was collaborating with Mr. Green, had decided that he really would'nt be needed there. In retrospect, I must strongly disagree with his decision. When I walked into the private area set up for the hearing, Mt. Larel Had their lawyer, Mr. L. Coyl, with a private stenographer recording every word I said for his own reference. I stated why I had left the particular day in question. I had been told to "punch- out" by the Assisstant Directress of Nursing. I also told Mr. J. Tarnacki, the hearings examiner, that the statement sent by Mt. Laurel to the Division of Unemployment did'nt coincide with the later letter sent to me on May 1, 1975. After I stated my views, Mr. Coyl began cross examing me about a "false" statement I wrote to Unemployment in which I stated that I terminated my employment at Greenbriar Nursing Home (located in Woodbury) in late October, 1974. He said that the entire time I was working at Mt. Laurel, I was also working full time at Greenbriar, still was employed there, and insinuated that by my working an 80 hour week for 5 months I was perpetrating fraud on Unemployment. Mr. Coyl was permitted to illustrate this preposterous lie for about 20 minutes of our allotted ½ hour time; however the minute I mentioned that fact that I was put in this postion by my having communicated with the Public Advocate it was disallowed and struck from the record. After the hearing was ended I inquired about a second appeal if I should perhaps need one, and Mr. Tarnacki stated that a second appeal really

wouldnt accomplish much. I was never informed that a second appeal is heard by different examiners. I thought that a second appeal was held in the same place as the first and heard by the same examiner. That is why Mr. Tarnacki's statement seemed to make sense to me considering what I thought. I decided not to file for a second appeal under these circumstances.

I received a decision on my appeal approximately 10 days after the hearing. It stated that I was not entitled to unemployment benefits due to the fact that I left without ~~x~~sufficient cause. I did not quit. I had warned the nursing Directress that if she placed my patients in an unsafe environment by scheduling me alone on a wing again, especially during the flu season, I would refuse to work that day as a mistake on my part could very well result in a revocation of my license. I was told to punch out on March 8, 1975 and the next week I was told if I could'nt follow the scheduling assigned me that I could'nt work there anymore. The Directress and Assisstant Directress were both present at this time and I answered "So, you're firing me?" The Assisstant Directress said, "Oh no, you're quitting."

All I was trying to do was prevent unsafe staffing and an overload of patients on the nurses. Many mistakes are made when nurses are consistantly understaffed. I've requested a copy of the determination from Unemployment because I have misplaced my copy. A copy will be sent to you soon.

I applied at Lakeland Psychiatric Hospital on May 7, 1975. When I arrived there I was told they had 2 openings for L.P.N.s. They seemed genuinely glad to see me and the Directress of Nursing began telling me how much I would be paid, days off, etc. In an effort to be honest, and also to be certain I could not be dismissed later for a fraudulent application, I told her of my involvment with the Public Advocate and Mt. Laurel. She very indelicately said the 2 positions had just been filled that morning. I asked why they had an ad in the paper stating L.P.N.s needed all shifts, but she did'nt answer. I was ushered out quickly.

I applied to Lakeland General Hospital approx. June 3, 1975. The Directress of Nursing, Mrs. Magee, said she could'nt see me obtaining a job anywhere in the state of N.J. because of my affiliations with the Public Advocate. She stated she had many openings for LPNs , but that she would have to ask her superiors about hiring me. I was'nt hired because all the positions had been mysteriously filled in the space of 3 days. The help wanted ad was in the paper again today, June 20, 1975 for LPNs all shifts.

As of now, I am still unemployed. I have little hope of finding a job in the nursing profession for which I was trained.

Because of a demand on the part of my lawyers for $1000 immediately, I was forced to drop my lawsuit. All attempts for legal aid have been futile.

In spite of my training , I am now applying for waitress jobs, as I am in desperate need of employment. I also face eviction from my apartment as my landlord is most unsympathetic to my plight.

Miriam, I deeply appreciate all the help you have given me thus far. I sincerely believe I should have been less idealistic and more prepared for the consequences occuring as a result of speaking out. Please don't blame yourself for what has transpired, I walked into it of my own accord. In closing I'll try and keep my cynicism in check and my thoughts positive that everything will turn out okay.

Hopefully yours,

Suzanne Long

(Ends Reading)

SENATOR MARTINDELL: Where is Lakeland Hospital?

MS. LONG: It is in Blackwood, Camden County.

SENATOR PARKER: That is the County Home.

MS. LONG: Right. They have two separate buildings.

SENATOR FAY: The Public Advocate's Office - do they have this letter yet?

MS. LONG: It is in the mail now.

SENATOR FAY: It is in the mail now?

MS. LONG: Right.

SENATOR PARKER: To whom did you refer it?

MS. LONG: Mirian Span.

SENATOR FAY: The Public Advocate's Office.

SENATOR MARTINDELL: When did you first start working with Miriam Span?

MS. LONG: I first contacted her in January.

SENATOR MARTINDELL: You were already working at Mount Laurel?

MS. LONG: Yes.

SENATOR MARTINDELL: It was because you were worried about what was going on there?

MS. LONG: Yes. You see, I was switched shifts, 7:00 to 3:00 shift, which was pretty well staffed, to 3:00 to 11:00 shift, which is not well staffed at all. And when the flu season hit, it just really knocked me over and that is when I contacted them because they just weren't giving me any help.

SENATOR FAY: To me, the very fact that you feel that you are being completely blacklisted or blackballed ---

MS. LONG: Not necessarily because of a reference from Mount Laurel, but mostly because of the fact that these places know that I have been a tattletale and they don't want a tattletale in their midst; they really don't because there's a lot of things to tell on, you know. And the nurses get to see a lot that the family never sees.

SENATOR FAY: Now what was this --- While you were at the hearing on your unemployment stance, what was this point that you were working in another --- What was this charge that you were working ---

MS. LONG: Yes, their lawyer said that -- this big buildup -- and he said that I had been working at --- You see, I did work at Greenbriar Nursing Home for about a month and a half just before I worked at Mount Laurel. He said through the entire time I was working at Mount Laurel full time, I was also working at Greenbriar full time.

SENATOR FAY: He made this charge?

MS. LONG: Yes - and I was still working there, as of the appeal.

SENATOR FAY: While this appeal was going on, he was charging that you had worked in two nursing homes at the same time?

MS. LONG: --- at the same time and was still

working at Greenbriar.

SENATOR FAY: --- and you were still working at Greenbriar while you were making the unemployment claim?

MS. LONG: Right.

SENATOR FAY: And did the examiner --- Could you refute that?

MS. LONG: I couldn't believe he said it. I wasn't prepared for anything like that. The Appeals Examiner ---

SENATOR FAY: Was it true?

MS. LONG: Oh, no. There is no way I could do that. I have a little boy.

SENATOR FAY: Did he present evidence?

MS. LONG: No. I was completely flabbergasted. I said, "Well, where did you get this from?" He said, "I called them and they said you were working there." I don't know where he got this. It is completely foreign to me how he could have picked this up or thought it up. I don't know anybody who can work an 80-hour week.

SENATOR FAY: Did the examiner accept your answer?

MS. LONG: I don't know. He didn't say either way. He did say that he felt that one nurse and four aides for a wing of 80 patients, half of them sick with the flu, was sufficient. That means one aide for every 20 patients.

SENATOR FAY: Now you are waiting for ---

MS. LONG: Well, he disqualified me --- he said that I --- because I walked out without sufficient cause. In fact, the law is, I think, that an RN must be on duty when there is an LPN on and there was none on that night. He disqualified me because he didn't think I should have left.

SENATOR FAY: But the charge that Mr. Coyle made against you ---

MS. LONG: That wasn't in the decision at all. I don't know what happened to that.

SENATOR FAY: Okay. All I can tell you is that we will be -- I will be in touch with Mrs. Stan and the Public Advocate's Office. Anything that I can do, I will try to do.

MS. LONG: Thanks a lot.

SENATOR MARTINDELL: May I ask you one more question? Have you applied to any State institutions for a job?

MS. LONG: Well, the closest one, I think, is --- Ancora is a State institution, isn't it? But that is pretty far from me and I have been mostly applying to things around my area because for me to drive that distance with the gas ---

SENATOR MARTINDELL: Where do you live?

MS. LONG: Thorofare. Do you know where Woodbury is? Glassboro?

SENATOR MARTINDELL: Yes.

MS. LONG: It is right around there. From Ancora, I don't know - it's about 45 miles or 50 miles. Now I have completely forgotten applying for nursing jobs. I'm starting to apply for other ones because I need a job right now.

SENATOR FAY: All right. I will be in touch with Mrs. Stan and I will get back in touch with you.

MS. LONG: Thanks a lot.

SENATOR FAY: Mr. Bjorkman. Mr. Bjorkman, will you give us your full name and address.

E D W A R D B J O R K M A N: Yes. My name is Edward Bjorkman. I am at present a patient at the Bay View Convalescent Center in Bayville, New Jersey. I have been a writer most of my life. I spent five years in Washington as correspondent for Medic Economics and I am deeply interested in the entire picture of health and medical care. But I am appearing entirely voluntarily, not in behalf of any organization.

First of all, I should like to congratulate the Commission, its Chairman and its members, for the very useful role they are playing in carrying on an investigation of nursing home conditions and practices in the State of New Jersey, and the very existence of this Commission has exerted a decidedly salutary effect and influence on the operation of such homes in this State, bringing about a discernible upgrading of services, more concerned attitude toward the patient and his care on the part of the nursing home management and its staff, and this is all to the good. One cannot but hope that some sort of permanent watchdog committee can be formed to see that the improvement which is already evident will be maintained after this Commission is disbanded.

I cannot offer any cure for many of the conditions that I report and many of the difficult problems which confront nursing home operators and their staff. The more I have dug into these problems, the more difficult I have found their solution to be. There are so many ramifications to them. For instance, in the matter of Medicare and Medicaid abuses, I have observed first-hand incredibly cynical and high-handed abuses espoused by some doctors - I emphasize the word "some" - in their dealing with their patients in nursing homes. One doctor in particular showed a callous disregard to the most elementary principles, even of honesty, in my opinion. He would not only openly brush off patients who wanted to see him and then follow up the brush-off with the presentation of a Medicare bill for $20 or $25 for - and this is what the Medicare form would say - a complete physical, including blood counts, urinalysis, etc., etc. If a patient demurred signing this form for services, none of which were rendered, he was confronted with an ultimatum of either signing or getting another doctor, and the

latter not always being an easy task, which I shall go into in more detail in a moment. So crass, so coldly commercial,was the attitude of doctors of this type in their attitude toward their patients that he would even send in bills via nurses' aides to patients in their rooms for signing, without so much as knowing - the patient, that is -- without so much as the patient knowing for sure that he was even in the building at the time.

When a patient demurred signing a form for readmission to the nursing home after a stay in the hospital, which form calls for the payment to the doctor of $50 for the readmittance to the home, plus the usual complete physical - blood count, urinalysis, etc., etc. - routine, when the doctor actually did none of these services at all, did nothing but sign his name to that form, that patient was curtly dismissed as his patient with the curious remark, first to the nurse, to "lay that chart aside - I don't want to see this patient again," and then to the patient with a blank stare, "I'm not questioning your right to protest if you think you have been unfairly billed," and then to the nurse again, "That's the trouble with the world today, not enough trust, not enough confidence, not enough love," making the patient feel as though he somehow were the guilty party because he was reluctant to go along with what was essentially a fraudulent practice, that of obtaining money under false pretenses. One cannot help but wonder just who was really the party at fault here, the patients or the doctor. And did the doctor's definition of trust, confidence and love demand the collusion of the patient with him in an obvious attempt to perpetrate a fraud?

I, if you want me to, can go into more detail on this particular doctor. I don't want to indict the entire profession by any means because I have found some doctors there that were as excellent as any doctor I think

anyone would want to find - kind, compassionate, interested in the patient and willing to take a little time to talk to him. The one I mentioned before never spent more than two minutes with any patient, regardless of what the circumstances were.

SENATOR PARKER: Mr. Bjorkman, do you verify the comments made by Mrs. Roy this morning concerning Bay View?

MR. BJORKMAN: Only in part. I left Bay View myself last fall because many of the practices and things that were going on there were not to my liking and I told them precisely what they were and why. And the day I left, I was asked if I would reconsider my decision because them seemed to like me as a patient, and they said that they were going to rectify all of the things that I had found fault with. And I told them if it had come earlier, I might do so, but it was only an hour or two before I was to leave and I had made all the arrangements and could not do so.

SENATOR PARKER: Were those recommendations made in writing to the management?

MR. BJORKMAN: Yes, I believe they were because I was editor of the paper there and I was also Chairman of the Residents' Council, so I was very much in touch with everything that was going on.

Among them, I might state - and one of the outstanding objections - there was a woman there that was the Nursing Director and she was about as tyranical a person as I have ever come across. I think she even overstepped her own field and her own jurisdiction of her powers on many occasions in the way she acted. With me, for instance, she tried to deny the right to visitors of my own choice. She tried to abridge that right. I have but one relative, a son,that lives in New York. He is not too well unfortunately. I don't see him often. And I have made some very good friends among the staff at

Bay View, mostly among the young people - male, female, both. And they often came to see me and would invite me out for dinner, a little ride, something like that. But as soon as they left Bay View, they could not come to see me again nor could they pick me up. That was her orders. And I was unable to do anything about that. That was one of the prime objections that I had because I thought that was --- Now, of course, with the new amendment to the law that was passed, I think, it was last fall, and went into effect in December, that count is no longer legal to do. She couldn't continue to do that. That person is not there any longer and they told me at the time I was leaving that she wouldn't be there. And she contributed, I think, enormously to both the nervousness and uncertainty of the staff and to the discomfort of the patients.

Presumably she was looking out for the patients. But her manner was so completely lacking in any human consideration as to make it difficult to understand just what she was driving at. She would come up on the floor --- I have seen any number of nurses and aides - some of the best, incidentally, left because of her - I have seen her come up on the floor and, say, a patient or more than one patient was supposed to leave for the hospital at 9:30 - she would come up at 9:00 o'clock - "Where the hell is the patient that is supposed to go to the hospital?" "Well, we haven't quite gotten him ready yet." That's at 9:30." "Well, goddamn it, I want him down here. What are you doing about this place?" She'd look around the floor; it looked all right to me. She'd say, "This god damn place looks like a shit house." That was her language. That's the way she carried on. And, of course, she is no longer there.

SENATOR PARKER: How about the other problems with a fire and the physical plant?

MR. BJORKMAN: What?

SENATOR PARKER: Fire.

SENATOR FAY: Fire hazards.

SENATOR PARKER: Has that been corrected?

MR. BJORKMAN: Not yet. They are installing fire stairs this summer and I think - I have been in touch with the administration --- I am back there, incidentally, now. And I went back because of the improvements and the changes they made and because I thought I could be of some help also to the people in there. The fire stairs will be taken care of this summer and many other things that I thought could be done there to enhance the place and the comfort of the patients.

SENATOR FAY: Have you been in many nursing homes, Mr. Bjorkman?

MR. BJORKMAN: I have been in four nursing homes altogether over the past few years. One was in Madison, New Jersey. I believe that is out of operation now, the Royal Oaks, and it should be. The second was - I'm just trying to remember the name of it now - Troy Hills in Parsippany, a very modern facility. Now, on the surface, it was an excellent one, but under the surface there was a great deal to be condemned in that place. Then I came down here to Bay View and there are things about Bay View that are admirable. It has a fine location. It has a private lake there. You have a boathouse - a sundeck - where people can go out in the summer, and also it has a bit more less formal atmosphere about it and though it may seem a little noisy, which I noticed at first, in contrast with the others, the very noisiness, I think is rather healthy rather than non-healthy because an awfully quiet place can be like a mausoleum and a place in which the patient is restriced so much, all he does is sit in a room and stare or lay on his bed and sleep. And I think a certain amount of noise and action is very healthy from my own

observation.

So I went to this other facility, a much more modern facility, only a few years old, and they had the advantages. But there were things I didn't like about the place there too. And when I was contacted by people at Bay View and asked if I'd like to return and told what they were planning to do, I did so because I had friends there. I knew if the things that they said they were going to do were carried out, it would eventually be a very good place, and that is my honest opinion. And I have seen evidence of it to date. The administrator there is seemingly a very sincere and hard-working man, who is seriously interested in doing everything he can to promote the betterment of the institution and the better care of the patients.

Among other things, just to mention one, food, which is always a point of gripping at any place I have ever been, has been very appreciably bettered, the menu, since I have been back. It is as good as any and better than many I have been in. That is my own personal observation.

One of the --- well, I won't go into that because, if possible, I would like to testify on some of the northern homes later when you take up that subject.

SENATOR FAY: Some of these charges, for example, with the doctors and these other issues, we will have a closed session where you will be able to ---

MR. BJORKMAN: Yes. Now I want to go into that because it is a very interesting thing and it brings out one point I particularly want to make and, that is, the more you dig into the situation, the more you realize it is not going to be an easy thing to solve the problems, many of them, because they are almost built in. To give you an illustration with this particular doctor, I went down and I spoke to the administrator about it and he

listened attentively. He said, "If we tried to take any action to remove him, what doctor could we get to replace him?" I said, "Surely there must be plenty of physicians in the vicinity that would be willing to come." He said, "As a matter of fact, we do have difficulty getting doctors out here." And he said, "Recently, I spent an entire day going through the directory, doctor by doctor, and calling them and explaining the setup and asking them if they would be willing to serve and see patients here," and he said, "Do you know how many doctors I got out of all those that I called? One."

Now, he said, "If I take any steps at all to remove this fellow, who are we going to get to replace him? We can't let the patients just sit here unattended." And he said, "Those that are in here now have as large a case-load as they can carry." Now that is a built-in difficulty and I can see his point of view and I think you can too.

SENATOR FAY: But where they are doing something near criminal or criminal, this is something that should go on to the Attorney General's Office. But we will discuss that later in closed session.

MR. BJORKMAN: Another thing I wanted to comment on and, that is, that we Americans have always been idealists and we always shoot instinctively for the ideal. And we are suddenly awakening to the fact that some nursing homes fall considerably short of the ideal. It is only natural for us to want to reverse that trend, if possible, overnight and make every home as close to an ideal place as possible in which to house the elderly, the infirmed and the disabled. And the motivation is laudable, but the working out of it is something else again. When we come down to, you might say, the nitty-gritty of the matter, then we run into very many difficulties as the one that I have just pointed out to you. It is just one of them.

We have to consider not merely the art of the ideal, but what Franklin Roosevelt so often used in the phrase, "the art of the possible." I think that is a very important thing to keep in mind. He was an astute politician and he realized the difference between the art of the ideal and the art of the possible. And I think if anything can be done, we have to operate within that particular philosophy and within that framework. There is a primary need for an exhaustive re-evaluation of the plight of the senior citizens in today's society, a re-evaluation of the manifold problems and the active encouragement of a greater concern on the part of all involved in these problems to develop deeper insight and a broader empathy and a fuller involvement with the problems, which confront all people as they age. The postponement or brushing-aside of such problems as a concern not of them by any particular group, whether it is a young group or a middle-aged group, is only to delay a resolution of the problem until one day it suddenly is their problem in the most immediate and personal sense of the word.

It is a heartening sign that the younger-aged groups with which I have had contact seem more mindful of the plight and the problems of the elderly than the middle-aged group - more knowledgeable, more sympathetic - and they seem to have a greater sense of social awareness. I am personally fortunate in having more and better friends in this than any other age group. We seem to have a better and deeper rapport. And perhaps George Bernard Shaw with his incisive wit put his finger on the reason for this better than anyone else. Someone once expressed puzzlement as to why grandchildren and grandparents seem to understand and get along with each other so much better than children and parents or parents and grandparents. "Why shouldn't they," snorted Shaw, "they both share a common enemy." There is more truth than humor in the

observation. It is not only nursing homes and the practices of abuses revealed by this Commission which are figuratively on trial here; it is parents who callously dump grandparents in nursing homes to store them away in what Senator Fay has so aptly termed,in many cases, warehouses for the aged, and then to neglect or forget all about them as if they were indeed so many unnecessary, unneeded, unfeeling pieces of furniture.

I cannot emphasize this point too strongly. I have spent several years in various nursing homes myself and I have come to the inescapable conclusion there is no single factor which contributes more directly to the well-being and the outlook and the mood and the spirit of a patient than the feeling that he or she is still important, loved, cared for by relatives and friends, and that feeling can best be sustained by frequent personal visits - as frequent personal visits as possible.

I will wager that I could make the rounds of any strange nursing home on any given day and pick out with almost 100 percent accuracy those patients who had enjoyed a warm and meaningful visit that day. It shows itself in their faces, their eyes, the very lift in their voices. No amount of technical staff and no gourmet meals and no level of nursing care, however high, can ever substitute for a warm, cheerful, friendly visit from a relative or close friend. To those sequestered in a nursing home, that is the one indispensable ingredient in their lives, the one magic medication, without which patients wither away, shrivel up, sicken and eventually die. It is more apt to be a spiritual and emotional death that overtakes him or her before the physical one. Very few, if any, people can live for and by themselves alone. The mind turns inward, feeding upon self and upon an exaggeration of every ache and every pain, every annoyance, every frustration, large or small, and the world becomes one

of anxiety, resentment and hostility, and imagined snubs from other patients and staff members, and eventually despair is beyond remedy. That has been my observation.

I think the general well-being of a patient is helped enormously by contact with him and it is a pity to me that there isn't more of it.

I have a book in preparation on the subject and I have to keep changing it because the picture changes so frequently. What I said at the outset --- and a book takes time to write. I have written several in my time and two or three years is the equivalent that most books take to write. And I had started this then; it isn't as applicable now as it was then. It simply points out a thing which I think deserves pointing out. I have changed the title since. It was called, "The Slow Kill." Among certain less-advanced cultures when people reach an age at which they are no longer useful to the society in which they have been a part and are unable to take care of themselves, their lives are terminated in ways that are quick and effective, if not exactly humane by civilized standards. Certain African tribes are reported to abandon their aged and infirmed in the open at night where they will be dispatched by roaming predators. In the more primative Eskimo tribes when a member comes old and toothless and unable to masticate the coarse and tough foods - that is their indication of age if you no longer have any teeth --- to masticate the coarse, tough foods which constitute their sole fare, he will wander out of his own volition into the killing cold of an Arctic night and be killed by it. And the so-called civilized countries abandon their aged and disabled to a much slower demise, death by starvation, and not by withholding the food necessary to sustain their bodies, but by denying them the things necessary to sustain their will and their

spirit, and all those things for which the human heart hungers and for want of which they eventually perish - attention, respect, dignity, freedom and love.

Which of these three ways of disposing of the old is really the most humane? The question is actually moot. Viewed realistically, some observers will probably give their votes to the Eskimos first and the Africans second, and the civilized nations last, for the kill administered there is much slower and in the aggregate much more painful, much less humane.

That is putting it pretty strongly; I grant you that. But it does point up the attitude in general. And I think many people faced with the prospect of a long, painful, drawn-out, lonely and desperate existence and a quick end would choose the quick end of their own volition. And it doesn't have to be. It doesn't have to be because a great deal can be done to ameliorate their condition and to give them a sense of their worth and a sense of their dignity and a sense of being still human beings.

I don't know how much time you want me to go on.

SENATOR PARKER: I wanted to make a few comments if he is finished.

SENATOR FAY: May I interrupt you a second.

MR. BJORKMAN: Certainly.

SENATOR FAY: Senator Parker has a statement to make.

SENATOR PARKER: No. Are we going to continue on? If we are going to break now, I just wanted to recognize the comments that were made by the young lady from the Monmouth County Welfare Board, who indicated that the Committee should meet with the Welfare Directors of the counties and get information concerning Medicaid, Medicare and the various other aspects of it. I think that is a good suggestion and that we should look into

that.

Secondly, we have Mr. Al Rueffer here from the Senior Coordinating Council of Manchester Township who is interested and I don't know whether he just wanted to be recognized or what.

A L R U E F F E R: May I say something? I don't have a prepared statement. I don't want to take up any time.

I am getting involved with nursing homes, per se, and hospitals, etc., and I am very much concerned. I heard the first witness and from my little experience in the short time I am in it, I find out he is so right. So anything that you gentlemen can do to correct these laws made archaic by the influx of people in our county, by the conflict of information, by the red tape, Lord, we will all appreciate it.

SENATOR FAY: Thank you.

Mr. Bjorkman, do you have anything more you want to report on?

MR. BJORKMAN: Yes, I would like to make one comment. I want to go back to the doctors. At the time I was in Washington, the first agitation was beginning for socialized medication of some form, the Wagner-Murray-Dingle Bill was the first one, and the doctors fought every advance of pre-paid medical care from the start. They saw it as a deadly encroachment on their power and the sanctity of their domain. They were virgins confronted by a rapacious monster that was out not only to intimidate, not only to ravish, but to pillage and destroy. That was their attitude. I can attest to that. I tried to prevail on the editor of our publication to write some editorials and get the doctors to realize it was inevitable, it was the coming thing, and they couldn't stop it. As I put it, "Have a say in it if you don't like the way it is."

If you are a part of a thing, you can do something about it. If you fight it tooth and nail, you aren't going to have any say at all in the matter. He agreed with me thoroughly, but he said he didn't think the publication would dare to take that stand.

The thing that I tried to get across was the idea of riding with the wind and directing the storm instead of being demolished by it.

Then with Medicare and Medicaid and all the other plans, the despised forerunners of socialized medicine, when it put the doctors on the gravy train and suddenly gave them entree to a mint, in excess of what they had before, the whole picture changed and they became the ravisher instead of the ravished. They not only embraced what they formerly feared and condemned, and embraced it with open arms, they went further. They did not stop their love affair with just warm embraces and fervent kisses. And the result, as everyone here I am sure is only too aware, is the screwing that Medicare and Medicaid today is taking from some, and I underscore the word "some" - of these doctors.

If I don't have much time left, there is one point I would like to get across. "Life," observed George Santayana, the famous philosopher, head of the Philosophy Department at Harvard for many years -- I say that because there are a lot of young people here who may not have heard of him --- "Life," said George Santayana, "is neither a feast nor a specter, but is a predicament." To get through with any measure of peace and contentment and satisfaction and happiness, we need all the strength and all the wisdom and all the understanding and all the love we can get - I am speaking now particularly as a patient in a nursing home - a nd not only get, but give, because it is a curious thing that all these qualities grow by giving even more than by getting. With other

things, it is just the opposite. The more money you give away, the less you have left. But the more of understanding and of love and of encouragement and strength that you give, the more that those very qualities grow.

I know this sounds corny and platitudinous, but it happens to be true. Emerson put it very nicely when he said, "Happiness is a perfume which we sprinkle on others." We cannot sprinkle on others without spilling a few drops of it on ourselves - a little flowery perhaps, but very perceptive.

So I am urging all of you and citizens that have any interest at all in the plight of the elderly, not only to give us, the so-called elderly, your attention, your respect and your affection and your love, but give us what we need perhaps even more, the opportunity for us to give you ours.

If there are any specifics you want, I have a great deal more material here. I would be glad to turn to it. Did you want to disband for lunch?

SENATOR FAY: First of all, I think what you just gave us was one of the most articulate and eloquent pronouncements on the whole problem. It is not limited to the nursing homes or to the operators. There is enough love and also enough blame to go around for all of us in this nation and in this State. I am not articulate enough to tell you how much I appreciate it and how much I think you brought to this Commission and I want to thank you.

MR. BJORKMAN: Thank you very much.

May I mention one other thing? I had a letter --- I know you are pursuing an investigation into hospitals, just nursing homes now.

SENATOR FAY: Right.

MR. BJORKMAN: I had a letter from a nurse at

a hospital where I was a patient some time ago. She was on the point of a breakdown. She gave splendid care and her hours were from 3:00 to 11:00, supposedly. And she was finding herself getting home most of the time a little before 3:00 o'clock because when she left the hospital, there would be patients that needed certain care and no one to give it to them. She said, "I simply could not make myself leave them l there for the rest of the night without the care that they needed before I left." And it was slowly bringing her to the point of a breakdown because she was so devoted, so dedicated, to the profession and she was getting so thoroughly disillusioned with the practice of it. And in her case and in many other cases in all walks of life you come against what the poet Keats called, "the world's slow stain." I think it is the most apt phrase I have ever come across because in every calling sooner or later you come to face and you confront this spreading stain. And it is very difficult not to let it overtake you.

She said herself, "The thing I am beginning to despise myself for is when I see myself turning into one of these hard-core, cold-hearted nurses, but what else am I going to do?"

SENATOR FAY: It is a terrible alternative. I am promising you and I promised Mr. Martin that we will be back in touch with you and we will be visiting you to go into this in specifics and details.

MR. BJORKMAN: I'd like to. There is any number of specifics that I could go into. There are so many of them, it would take far too much time.

SENATOR FAY: We are going to have a very busy summer working on this.

MR. BJORKMAN: Fine.

SENATOR FAY: Miss Audrey Bouch.

A U D R E Y B O U C H: My name is Audrey Bouch, and I live in Toms River. I am speaking on behalf of my mother-in-law. Two weeks ago today we buried her. But this took place last May. I don't have anything typewritten. I will try to tell you things that happened pertaining to her.

She had a stroke the third of May last year. She was completely paralyzed on the whole left side. She was a heavy woman. I'd say 170-180 pounds. Her biggest fault in life was she liked to eat. She spent three weeks at Toms River Hospital, and then they moved her up to Hillcrest up in Lakewood. She was brought in there on a Wednesday afternoon, and we had weather last year at the end of May much like what we are going through right now. They moved her in about three o'clock in the afternoon, and I went right up to see her. The hospital called me and told me they moved her, and I said I wouldn't be back because it was near dinner time.

When I went back on Thursday afternoon, she was still in bed. She smelled. She was hot. I went over to my neighbor when I came home, and I said, "Will you please come up and help me bathe my mother-in-law." We went up that night. She still had the same chuck on her that she had brought with her. The weather was like what we're going through right now.

I called the nursing home. I haven't done it lately, but I did at that time, and I asked them as a stranger how often they bathed their patients, and she very nonchalantly said, "We bathe them once a week." This was evidently their procedure.

When we went up on Thursday evening to bathe her, I went out in the hall and I asked the nurse if we couldn't have a towel, that I was going to bathe my

mother-in-law, and she was very annoyed that I had to ask for a towel. Reluctantly, again, I was given a towel. Thereafter, we brought our own towels, and we took care of her ourselves. I went up every night to bathe her. In the course of the nineteen days that she was there, she was bathed one time by the home.

In the process of our bathing her every night, she even developed bed sores, and these were very, very bad. Even with our going up every night and bathing and powdering her, this happened. You have to realize that she was completely paralyzed. She could not mover herself at all from any position that she was left in.

I would go up there, and she would ask me to please give her a glass of water. I had just come in the front door and found four nurse's aides sitting -- and pardon the expression, but they were hanging over the edges of the chairs, because they were not very little people, gabbing, and I would walk in the room, and I would find my mother-in-law just wanting a plain drink of water.

I spoke to the nurse about this, and I said that I was sure that these girls could at least walk around and ask the patients if they want a drink of water, something as simple as that.

The room was clean, so to speak. I have no complaints in that direction. I went in at another time, and mainly this one particular time stands out in my mind, and she said to me, "Please take me off this bedpan." She had been on that bedpan for almost two hours. The nurse was sitting in the kitchen, or wherever they were eating, and I walked down and asked her to please come up and tend to this. The nurse again was very arrogant with me, and this was the night ---

SENATOR FAY: When the nurse's were this arrogant

and this abrupt, did you ever complain to the administrator?

MRS. BOUCH: No, I did not. I signed my mother-in-law out. The food was satisfactory. She never complained about the food, to speak of. As I said, the nurse's were nasty to me.

This particular night, the nurse and I went around. She came into the room over the bedpan, and she said, "I've had it with you and her." And she walked out of the room. All I had done was go down and ask her to please come up and take her off the bedpan.

I myself had had surgery the eleventh of April previous to this, and my mother-in-law was very, very strict about the fact that I did not touch her, because she did not want me to be hurt in any way. My husband has had a heart condition, so this is why we had to put her in the nursing home. We had no alternative at this point.

We wanted to leave her in the nursing home, and have the rest of the children chip in and make up the difference and pay for it when her money ran out. But when I went in and saw the bedpan, I was too upset. I said, "we have to take her home. I am not putting up with this any more." So I brought her home.

I would like to go back to the beginning when she went to the hospital - or from the hospital to the nursing home. The hospital called me and told me they had a bed in Hillcrest, and we had to take it because of Medicare. Wherever there was a bed available, we had to take. We could not wait for one in Toms River.

I made arrangements or discussed the fact that the Pleasant Plains Ambulance would transport her. Yes, that would be fine. I happen to be a member of the auxiliary, not of the squad. I work for the ambulance and the first-aid, because I would rather work for them than need them any time.

However, this time I needed them, and I didn't hesitate to call them. I expected the hospital to do so. I received a bill from Shore Ambulance for $40 to move my mother-in-law six miles up the road.

I also received a bill from Medicare stating that they had paid $32 and that I still owed $8. I called the hospital about it. I told them that I had made arrangements for our own squad to do it. She verified it. It was on the records. She said, "I don't know why this ambulance was called. Do not pay them the bill, Medicare will pay it all."

I called Shore Ambulance to verify that my bill would be paid, and I was left with information that I would be called back, and until this day, I have never received another bill, or a phone call from them.

SENATOR FAY: Shore Ambulance put in a bill for $40 and you never used them?

MRS. BOUCH: I used them. Somebody sent for them. I had made arrangements for our own squad to pick her up.

SENATOR PARKER: Is that a profit organization?

MRS. BOUCH: Shore Ambulance is financial, yes. We complain all the time about the cost of Medicare, and I feel that there is something that is not right with this particular incident. We have a very good squad. We have a very concientious squad. We all work very hard for it, and we want it to be used when we need it. We don't want someone coming in and charging us when we have our services available.

SENATOR FAY: Who called the profit ambulance, the hospital?

MRS. BOUCH: They must have. I can't seem to track down where this was done or why. I have even had

the squad members offer to move my mother-in-law out to Pennsylvania, where we eventually moved to, and this would have been of no cost to me.

I received one doctor bill while my mother-in-law was at the Hillcrest Nursing Home for $12. I received a statement from Medicare claiming they paid $10 of this bill. I eventually paid the balance of $2. I repeatedly asked my mother-in-law, and she repeatedly questioned me, "When was the doctor going to come see her." She had a lot of faith in the fact that a doctor would just talk to her. This was important. Never did she say a doctor was in to see her.

SENATOR FAY: How long was she there?

MRS. BOUCH: She was there nineteen days. I think we could have kept her there for twenty or twenty-one days. I'm not sure. I couldn't take it any longer, so we brought her home. The odor in the Hillcrest Nursing Home just about knocks you over. Today, I couldn't speak. I don't know. I won't go back to the place.

We brought my mother-in-law home, and I had her for approximately seven weeks in my home. The first-aid squad provided me with a hospital bed. I had very adequate therapy through homemakers, and I had a homemaker come in and help me. However, my mother-in-law, again, was determined that she was going to walk. She tried her best, and she did fall at least three times on me.

I can't verify that it's a fact, but my mother-in-law left the first of August, and my husband had to pick her up at least two or three times. And he has had since, two more attacks, one in August and one in December. Had we left her in the nursing home, I don't feel this could have happened.

I have been asked as a 4-H leader to take 4-H'ers up to the nursing home, because I have stressed the need for

help in these homes for these people. I was asked in September, but because of my own personal problems at home I didn't do anything about it. But I can't bring these children into this kind of a home, even though I know it is needed. This man sat here before and said that we need volunteers, and we do. As I said, just to take a glass of water around for these women or men, or for the children to come in and write a letter for these people, would be really so needed. But how can you bring children into an atmosphere such as you have at Hillcrest? I can't bring myself to go back there.

I have just been told of a person that I know going back there, and I know what it would mean to go back and just say hello, but I can't go into that atmosphere.

I have come here today, because I just hope others may not have to go through what my mother-in-law did.

SENATOR FAY: We appreciate that very much.

MRS. BOUCH: Thank you.

SENATOR FAY: Are there any other witnesses? I want to thank everyone who contributed to the public hearing. We have one more this week in Camden County. Congressman Florio, who is on a subcommittee relating to health problems -- by the way, some of those things we heard here today date directly back to the Federal laws, and if we ever reach the millennium in this State when everything is done properly, you still have the other layer of bureaucracy above us in Washington, and the original law itself has to be corrected. For example, the point that Audrey just made, the fact that the mother could have stayed at home. The very fact that the law works against this - the law too often forces a family to take the mother or the grandmother out of the home and put them into a nursing

home. So I am looking forward to the next meeting. From the other ones so far, too much of it does relate to Washington and to the Federal law that we have been coping with.

The meeting is adjourned. Thank you.

(Hearing Concluded)

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