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

before

LY INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

on

NEW JERSEY VETERANS' FACILITIES AT MENLO PARK AND VINELAND

Held:
August 13, 1980
Assembly Chamber
State House
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblyman George J. Otlowski (Chairman)
Assemblyman John W. Markert
Assemblyman Clifford W. Snedeker

ALSO:

John D. Kohler, Research Associate
Office of Legislative Services
Aide, Assembly Institutions, Health and Welfare Committee

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I N D E X

ASSEMBLYMAN GEORGE J. OTLOWSKI (Chairman): May we come to order, please? My name is George Otlowski. I am the Chairman of the Assembly Committee on Institutions, Health, and Welfare. With me is Assemblyman John Markert. Other members of the Committee may come in during the course of the day. In the meantime, I just want to point out that we are holding this hearing today to look into the situtation at the New Jersey veterans' homes, which are located in Menlo Park and Vineland. We are here to determine if legislation is needed to correct the problems that exist, and to determine if it is necessary to restructure the present bureaucratic makeup that permits this kind of a situtation to exist, and that permits the closing out of admissions to these homes. That is the purpose of this hearing.

In the meantime, I would just like to say that Senator Larry Weiss is going to submit a written statement. This involves his district. Assemblyman Al Burstein has also indicated to us that he is going to submit a written statement. There may also be other Assemblymen in the room during the course of the day, and they may also give testimony on this matter.

We are going to hear from the different departments that are associated with the problem, and then we are going to hear from the veterans' organizations, who have a very deep interest in this. As a matter of fact, it was because of the concern voiced by the veterans and their organizations that this hearing is taking place. So, we are ready to begin.

Assemblyman Clifford Snedeker has just arrived and we are now ready to call the first witness. I would just like to ask our staff person, John Kohler, if he has anything to say to me at this time before I call on the first witness. (negative response from Mr. Kohler)

Assemblyman Markert, do you have anything to say before we begin?

ASSEMBLYMAN MARKERT: Thank you, Mr. Chairman. I am here today, also as a member of this Committee, to avail myself of all the information we will receive today, because that is necessary in order to answer the questions that are not only in my mind but are in the minds of the citizens of the State of New Jersey, especially the veterans and the families of the veterans.

At one time there was a possibility that this State might not have the opportunity we enjoy today: we might not have been free to be able to sit here and hold this public hearing. And, the reason we are able to be here today is because of what the veterans of this country have done for this country. We have this freedom, and this freedom should enable us as a state to give to the veterans - not only of the state but of the country - the necessary facilities to be able to live out their lives with the best medical health care and the facilities that we can possibly give them.

The reports that have come to me and that have hit the papers are the reason for this hearing. I, along with the other members of this Committee, intend to get the answers.

ASSEMBLYMAN OTLOWSKI: Thank you, Assemblyman. Assemblyman Snedeker, do you have anything to say?

ASSEMBLYMAN SNEDEKER: No, Mr. Chairman. I think we are going to have a long hearing today and I would like to hear from those who are here to testify.

ASSEMBLYMAN OTLOWSKI: Thank you very much. The first witness we are going to call is the Deputy Commissioner of the Department of Health, Mr. David Wagner.

D A V I D W A G N E R: Thank you very much, Mr. Chairman. Thank you for inviting us to participate in today's hearing. First, let me tell you something

about ourselves. We inspect all health care facilities in the State of New Jersey. This includes hospitals, nursing homes, sheltered boarding homes, ambulatory care facilities, drug and alcohol treatment centers, intermediate care facilities for the mentally retarded, etc. We do annual inspections, and we do claim investigations. We attempt to apply standards evenally -- non profit and for profit -- in county and state facilities. We do not discriminate for or against any institution, no matter what the nature of their sponsorship or governance may be.

This work is done by persons trained in the following fields: medicine, nursing, nutrition, pharmacy, sanitation, and instruction. More often than not, we work for two masters: the State of New Jersey, under the authority granted us under Chapter 83, and the Federal Government, under Medicare and Medicaid amendments and regulations to the Social Security Act.

In performing our state role, we are monitored by the ombudsman for the Institutionalized Elderly, by the Public Advocate, and by various interest groups. Federal inspectors actually do validation surveys on the homes that we have inspected to be sure we have done our job well. Those who are professionally qualified to monitor us have given us high marks, gentlemen.

Today we are here to talk about nursing homes, generally, and veterans' homes run by the State, specifically. As we discuss these homes, it might be useful to keep in mind some of the misconceptions about nursing homes, what they are, and what they should be. One general misconception is that nursing homes are places where you keep them fed, keep them clean, and keep them quiet. That is not a nursing home. Some add to the previous definition what I call the rule of the two "c's" -- be compassionate and condescending. That doesn't quite do it either. With these misconceptions, it is not unusual for us to receive complaints from individual groups about how unreasonable we are. "How can we threaten to close a home which appears to be clean, provides three meals a day, and apprears to be nice to patients"? Aside from what it appears to be to the untrained eye, there are many elements that go into the operation of a good nursing home. The mission of a good home is to assure that the patients are functioning at their maximum capacity. To achieve this mission, a home should address itself to offering the best in the following areas:

Health Care -- Staffing to meet minimum standards. Patients should be seen on a regular basis by physicians. The physician's orders should be followed. Proper medication should be given at the proper times. Proper diet should be adhered to. Patient records should be maintained. Patient plans should be maintained and followed. Patients should be kept clean. Rashes and sores should be attended to.

Habilitation, Rehabilitation, and Recreation -- Maximum effort should be made to maintain physical and mental skills. In many cases, effort should be made to regain skills. There should be recreational activities which offer exercise, education, and amusement. Doing puzzles and watching t.v. is not enough.

Environment -- The facility should be spotless and without odors. It should be bright and cheerful and safe. Clothing should be clean and in ample supply in appropriate sizes. Food should be heated at appropriate temperature, in ample supply and properly prepared. The facility should be free of insects and rodent infestation. The staff should be caring, helpful, and not condescending. Our elderly should not be treated like children.

If a patient does not receive the proper medication at the proper time,

his life is in danger. If the physician's orders or plans are not followed, the patient is in danger. If the patient does not receive the proper diet, his life is in danger. If he is not kept clean, if his room is not maintained, if his clothes are ill fitting, or if he is treated like a child, his or her worth and dignity as a human being is denegrated.

When we have a facility that has serious deficiencies, there are a number of things we can do. We can withdraw the license. This usually leads to a protracted hearing process because the law requires that we give due process. If successful, patients are transferred as beds become available, and so-called "transfer trauma" could result, that is patients could die because of the stress and upset associated with change.

We could fine a facility. If the fine is small, there is no impact on operations and attitude. If it is large, the facility makes use of the appeal process. If the home loses the appeal, it can pass the cost on to private patients. If it is a Medicaid facility, it will argue that the fine cuts funds need for good patient care. Therefore, the preferred method is to curtail admissions. This creates immediate financial pressure, lowering the standards quickly, and leads to family, patient, or organizational pressures to improve the facility. This is a process not subjected to protracted hearing pressure.

This last approach is the one we have taken at these two facilities. They have not been singled out. This is an approach we have used eleven different times this year, and we have used it repeatedly in the past years. I have brought the staff that is responsible for the inspection program with me today. Mr. Fred Hebeler and his people can deal with your specific questions about what problems we found at these two homes, and we can attempt to elaborate on any concerns that you have. Thank you again for inviting me.

ASSEMBLYMAN OTLOWSKI: It has been brought to my attention, through letters and telephone calls, that in some instances - and I have no way of establishing the veracity of the statements because, as I indicated, they were made by telephone or by anonymous letter, but I feel we should pursue it here at this hearing today - the people from the Health Department inject their personal feelings without any regard to any kind of adequate guideline, and that the inspections become inspections of nitty gritty hunting. Have you anything to say about that alleged conduct of the inspectors?

MR. WAGNER: We inspect on the basis of state and, very often, federal standards. We don't make it up as we go along. Obviously, we are imposing standards through not a computer but through human process; therefore, there is always a possibility of different interpretations, generally speaking. As I said previously, it is a process we apply throughout the state and it is a process that we attempt to apply very uniformly. You will find by looking at the records and by talking with these individuals that they are very experienced and they have been around for some years, and it is surprising that suddenly they are found to be too subjective.

ASSEMBLYMAN OTLOWSKI: If in the first instance there was cause to apply this very radical and drastic measure of denying admissions, from the time that this took place are you telling me that there have been no improvements since then, and the rule of closing the place is still standing because there have been no improvements?

MR. WAGNER: We are talking about two facilities. The first one that became a problem was Menlo Park. We inspected a second time after the curtailment of admissions - which, incidentally, is not a radical approach; the most radical approach is to take the license - and we found that there were improvements,

but the improvements were not sufficient to warrant our continuing to have admissions open. The facility has asked for additional time to get their house in order, and we will return in the near future to look at it again.

ASSEMBLYMAN OTLOWSKI: In the original inspections, where you came to the decision to close out beds, what were some of the things that prompted that decision, the original decision to close out beds?

MR. WAGNER: If you will permit me, I will ask Mr. Hebeler and his staff if they can elaborate on that for you.

ASSEMBLYMAN OTLOWSKI: Yes. All right. Excuse me, can we go back to you, Commissioner, for a moment?

MR. WAGNER: Yes.

ASSEMBLYMAN OTLOWSKI: When an inspector makes an inspection and he makes a determination and a recommendation to you, does he recommend that the facility, number one, be closed, or, number two, that admission be curtailed? Does he make that kind of recommendation?

MR. WAGNER: The inspector makes the recommendation. For the purpose of assuring that absolutely fair treatment is given by the Department, the decision to actually curtail admissions is formed by the Director of Licensure and Standards. Inspectors make the recommendation.

ASSEMBLYMAN OTLOWSKI: That is done by the Director?

MR. WAGNER: The Director of Licensure and Standards.

ASSEMBLYMAN OTLOWSKI: And who is that?

MR. WAGNER: That is Dr. Solomon Goldberg.

ASSEMBLYMAN OTLOWSKI: Yes.

MR. WAGNER: He is currently on vacation.

ASSEMBLYMAN OTLOWSKI: He is the only one who has the legal authority to make that decision?

MR. WAGNER: The authority is vested in the inspector to make the recommendation and, if necessary, to curtail admissions immediately. Continued curtailment of admissions can only be done by the Director of Licensure and Standards.

ASSEMBLYMAN OTLOWSKI: And his opinion is based upon what? What does he base his opinion on?

MR. WAGNER: His opinion is based upon written records and his interview with staff.

ASSEMBLYMAN OTLOWSKI: And he reviews those records and then makes the decision after he reviews those records?

MR. WAGNER: That is correct.

ASSEMBLYMAN OTLOWSKI: Does he question the particular inspector to determine how the inspector arrived at that decision and that recommendation?

MR. WAGNER: If it is appropriate, he will do that.

ASSEMBLYMAN OTLOWSKI: Is it ever appropriate?

MR. WAGNER: Yes, there are occasions when it is.

ASSEMBLYMAN OTLOWSKI: Did he do it in this instance?

MR. WAGNER: I do not believe he did it in this instance. He is not here; I can't ask him directly.

ASSEMBLYMAN OTLOWSKI: Do you mean to tell me that two facilities have practically been closed to patients without him interviewing the people who made this recommendation? Is that what you are saying?

MR. WAGNER: I think that if you will look at the kinds of problems that we found, they are the kinds of problems that do not require him to ask

additional questions. They were problems we would consider to be serious.

ASSEMBLYMAN OTLOWSKI: Is he in the room today?

MR. WAGNER: I beg your pardon, sir?

ASSEMBLYMAN OTLOWSKI: Is he in the room?

MR. WAGNER: He is not in the room today; he is on vacation.

ASSEMBLYMAN OTLOWSKI: We may want to question him, and I am going to ask Mr. Kohler to make a note of that so we can call him in. I want to know more about how he arrived at his decision. He has this great authority. I want to see how he exercises it, and to see if he is exercising it properly.

MR. WAGNER: I can assure you that he does. He reports directly to me and confers with me on his decisions.

ASSEMBLYMAN OTLOWSKI: But, at this moment you can't say whether he talked to these inspectors individually to determine how the arrived at that decision.

MR. WAGNER: With regard to the Menlo Park decision, I cannot answer you categorically whether he talked to the inspectors.

ASSEMBLYMAN OTLOWSKI: All right, now can we hear from Mr. Hebeler?

MR. WAGNER: Yes.

ASSEMBLYMAN OTLOWSKI: This is about Menlo Park?

MR. WAGNER: Yes, Menlo Park.

ASSEMBLYMAN OTLOWSKI: For the purpose of the record, would you identify yourself, please?

F E D E R I C K H E B E L E R: My name is Fred Hebeler. I am Director of Inspections. Initially the inspectors report to me and provide me with the details of their inspection and ask if I, in fact, concur with their findings. If I do, they then make their curtailment announcement. It then is referred to Dr. Goldberg, both in written form and verbally. It is also then confirmed by Dr. Goldberg by telephone, and followed by a letter to the facility, announcing the curtailment.

ASSEMBLYMAN OTLOWSKI: Did you review these facilities yourself after you had the reports from the inspectors? You said you questioned the inspectors?

MR. HEBELER: I questioned the inspectors.

ASSEMBLYMAN OTLOWSKI: Did you review the facilities yourself?

MR. HEBELER: I did not go to the facility in question.

ASSEMBLYMAN OTLOWSKI: So, the only knowledge you have is the knowledge that was given to you by the inspector?

MR. HEBELER: That should be sufficient, sir.

ASSEMBLYMAN OTLOWSKI: Yes, but the fact is that you didn't make any personal inspection.

MR. HEBELER: No, I did not make a personal inspection.

ASSEMBLYMAN OTLOWSKI: And, were you part of the agreement to close admissions to these places?

MR. HEBELER: Yes, I was in the case of Menlo Park.

ASSEMBLYMAN OTLOWSKI: Have you visited the place since then?

MR. HEBELER: I have not visted the place since then.

ASSEMBLYMAN OTLOWSKI: Have there been any drastic changes made in the facilities since the original inspections were made, up to the present time?

MR. HEBELER: The follow-up inspection of the curtailment of Menlo Park revealed that some 21 of the deficiencies found had been corrected, but

not all of the deficiencies had been corrected. That is why the facility itself asked for additional time.

ASSEMBLYMAN OTLOWSKI: But they have been corrected in many instances?

MR. HEBELER: Twenty one of the deficiencies found have been corrected, yes, sir.

ASSEMBLYMAN OTLOWSKI: And, the corrections, in your opinion, weren't sufficient to lift the ban on the beds?

MR. HEBELER: That was the opinion that I was given and that was the opinion I accepted from the staff, yes.

ASSEMBLYMAN OTLOWSKI: That is the opinion you accepted from the inspectors. Let me ask you this: On some of the original findings that were made - I think I have them before me here-- Is this what I have before me here? Are these the original findings at Menlo Park?

MR. HEBELER: That's correct.

ASSEMBLYMAN OTLOWSKI: And, these original findings included - one, two, three, four, five, six, about fifteen of what you call deficiencies which were sufficient to curtail the bed use, is that correct?

MR. HEBELER: Assemblyman Otlowski, that is correct. May I preface my remarks, sir?

ASSEMBLYMAN OTLOWSKI: Yes.

MR. HEBELER: In the last 12 months I have been at three different hearings. This is my third hearing.

ASSEMBLYMAN OTLOWSKI: Excuse me, I didn't hear you.

MR. HEBELER: In the last 12 months - it seems like 12 months, maybe it is a little longer - I have been at three hearings, all three of which you have attended, and I appreciate that. At the other hearings there was always a disaster, and part of the problem was that action wasn't taken to prevent the disaster.

Now, in the case of the last hearing, last week, you were all advised and you all know that there was no law in place to prevent that disaster -- none whatsoever.

ASSEMBLYMAN OTLOWSKI: We are talking about Bradley Beach?

MR. HEBELER: Yes, sir. In this case we are here because we took action and had laws, rules, and regulations to prevent a disaster. So, we took action to prevent a disaster - so there would be no disaster - and so I would not have to be here before you trying to explain to you why people die because of food poisoning or why people die for any other reason -- misappropriated, or misgiven drugs, misinterpreted orders, and all kinds of things that lead to deaths. In most instances the kinds of deaths we are talking about could happen as a result of things we find, and could only happen to one person at a time, so it doesn't get to you fellows because someone is dying in a nursing home every day, one at a time. The only time it hits you people is when a number of people die. Well, we are here to prevent deaths, and if we don't prevent them, and if we don't do what is right to prevent them, where do we stand? Are we in a win situation?

ASSEMBLYMAN OTLOWSKI: Let me just say this: There is no question about it, there should be concern, particularly on the part of the people who bear this responsibility. But, there is also this companion that goes with responsibility, the exercise of good judgment, the exercise of common sense.

The purpose of this hearing is to determine if that has been exercised here. You know, you can fly into a place and make all kinds of arbitrary decisions. I think we all have the same concern about the fact that the places should be clean, the food should be refrigerated properly and free from contamination -- we all have that concern.

MR. HEBELER: That is what these deficiencies are, sir.

ASSEMBLYMAN OTLOWSKI: But, the fact of the matter is that these deficiencies were spotted, and what I am trying to determine is, once these deficiencies were spotted the corrections weren't made so that the ban could be lifted on the beds.

MR. HEBELER: That is correct. We discussed this with General Doyle, and General Doyle, at that time, agreed with us. In fact, he went up there and made an inspection.

ASSEMBLYMAN OTLOWSKI: There is something wrong about the whole bureaucratic structure. When deficiencies are determined and it takes that long to correct them so that the beds can be utilized, there is something wrong. Now, what is it that is wrong?

MR. HEBELER: We only inspect the deficiencies and the corrections. We have nothing to do with correcting them physically.

ASSEMBLYMAN OTLOWSKI: Excuse me, as I said, in the course of the hearing we are going to go into that more. No one on this Committee, or no one in the Legislature for that matter, or, for that matter, no responsible person, including the veterans' organizations, would say that they want the place to be dirty or would say that they want the food to be exposed to contamination. That is elementary and basic.

MR. HEBELER: It is part of everything we found.

ASSEMBLYMAN OTLOWSKI: But, the fact of the matter is, here is a report that was made, and I am not challenging the intitial report.

MR. HEBELER: Yes you are.

ASSEMBLYMAN OTLOWSKI: What I am challenging is the time element between the initial report and length of time that has expired since then. The ban has not been lifted on the beds. The beds are still not being utilized.

MR. HEBELER: Well then, you are challenging the wrong department.

ASSEMBLYMAN OTLOWSKI: If you think I am challenging your department, maybe I am. As a matter of fact, let me tell you this; I'll tell you what might happen here, maybe the Legislature ought to take a look at this whole thing and take it away from your department and set up a whole different department, where there would be a better exercise of judgment.

MR. HEBELER: Assemblyman Otlowski, you are challenging the wrong department, in that we don't have anything to do with making the corrections.

ASSEMBLYMAN MARKERT: If I might, Mr. Chairman?

ASSEMBLYMAN OTLOWSKI: Yes.

ASSEMBLYMAN MARKERT: Mr. Hebeler, I might have some information as to the time element and also just to whom these reports were made and possibly Mr. Wagner will help me with that. When you found these discrepancies, or when these reports came to you from your inspectors, and the notification went out - and it went out immediately because of the fact that you refused any further admissions - who did the reports go to?

MR. HEBELER: The first telephone report comes to me, or to someone

on my staff.

ASSEMBLYMAN MARKERT: Then from you to the Department of Human Services?

MR. HEBELER: Then it goes to Dr. Goldberg, and from Dr. Goldberg it goes over to the Department of Human Services.

ASSEMBLYMAN MARKERT: Right. Now, who does it go to in the Department of Human Services?

MR. HEBELER: The Department of Human Services knows immediately. We tell the administrator right on the spot, or in this case -- I believe it was the administrator. Yes, we tell the administrator on the spot.

ASSEMBLYMAN MARKERT: The administrator of Menlo Park knew on the spot?

MR. HEBELER: The administrator or whoever was in charge at Menlo Park at the time of the suspension. In other words--

ASSEMBLYMAN MARKERT: Do you know who was in charge?

MR. HEBELER: Barbara Dix, do you know who was in charge at the time?

MS. DIX: It happened at midnight.

MR. HEBELER: It was a midnight visit and a nurse was in charge. I don't know who it was.

ASSEMBLYMAN OTLOWSKI: Wait a minute. Just for the record, who said that?

MR. HEBELER: Mrs. Barbara Dix was the surveyor of record at that time.

ASSEMBLYMAN MARKERT: All right. A nurse was in charge at Menlo Park. It was an evening visit and she was informed of your decision at that point in time that you were going to limit or cease allowing admissions to Menlo Park?

MR. HEBELER: That is correct.

ASSEMBLYMAN MARKERT: And then this was followed up with information to the Department of Human Services by letter and by phone. What time element are we talking about -- a day, a week, a month?

MR. HEBELER: I would have to assume now because my message gets to me the very next day when I walk into the office. I immediately tell Dr. Goldberg, and Dr. Goldberg then normally calls the facility.

ASSEMBLYMAN MARKERT: Within twenty-four hours, you would assume the Department of Human Services had at least the notice that you were closing them down. Now, when was the report of the charges made by the inspector made available to the director of the hospital and the Department of Human Services? In other words, now we have a time element. They know it is being closed down. Until they get these reports, other than knowing what the inspector was talking about at the time he was inspecting, they would not know just how to get started on cleaning up these violations. So, what are we talking about in terms of time in that case?

MR. HEBELER: I see here that the facility refers to a letter from Dr. Goldberg, dated May 20th. The date of the investigation was May 5th. So, we got it through our typing process; that was the 13th. Then it went by letter on May 20th.

ASSEMBLYMAN MARKERT: All right. At no time prior to that did the director of the hospital have a list of the violations?

MR. HEBELER: A list of violations are left at the facility at the time of the inspection.

ASSEMBLYMAN MARKERT: Like any other Health Department inspection, a check off sheet - a written sheet - is left with the director, correct?

MR. HEBELER: That's correct.

ASSEMBLYMAN MARKERT: Thank you.

ASSEMBLYMAN OTLOWSKI: Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: Just to clarify a couple of points, Mr. Hebeler, this inspection was made at midnight on May 5, 1980?

MR. HEBELER: This inspection was made at midnight on May 5, 1980 as a result of a complaint we had received.

ASSEMBLYMAN SNEDEKER: And, you immediately closed -- the inspector immediately closed admissions as of that date?

MR. HEBELER: The inspector, following her inspection, informed the person in control of that facility at that moment, which we just heard was a nurse, that admissions would be curtailed immediately.

ASSEMBLYMAN SNEDEKER: The inspector has the authority to tell a nurse that the facility is closed and doesn't have to tell a supervisor, or a higher authority than a nurse?

MR. HEBELER: Well, we assume that the person there at that time is the charge nurse and is responsible for everything that happens in that facility at that time. That individual has every right to communicate directly with the administrator of the facility at his or her home.

ASSEMBLYMAN SNEDEKER: You have given us a list -- and this is Menlo Park, since we are discussing it. When was Menlo Park last instpected before the May 5th inspection?

MR. HEBELER: A re-visit was made on January 30th and 31st of 1980. There was an original survey conducted in September, on the 11th and the 13th, in 1970. The re-visit in Janauary was a follow-up to that survey.

ASSEMBLYMAN SNEDEKER: All right. The inspection was originally made on the 11th and the 13th in September?

MR. HEBELER: That is what we call our full annual survey, yes.

ASSEMBLYMAN SNEDEKER: Then you came back to see if any deficiencies were corrected on January 30th-31st?

MR. HEBELER: That's correct, sir.

ASSEMBLYMAN MARKERT: Were any of these deficiencies noted in those reports? You have three pages here.

While you are looking that up, the reason why I ask this is because some of the items which the inspector has listed on here do not seem to me to have occured over a short period of time: 233.3, the supervisor of housekeeping did not insure proper training of housekeeping personnel, including the use, cleaning and care of equipment.

MR. WAGNER: If I may add to that, I think that get to the issue of reasonable. There was an annual inspection in September and there were a large number of deficiencies, and there was a follow-up inspection in January which showed that the deficiencies had not decreased by much. So, you can see that over a period of time it was not the Health Department being unreasonable. The Health Department was attempting to give any facility in the State - not just these facilities - the opportunity to get these problems straightened out. We then followed with another inspection in May as a result of a complaint. The complaint, incidentally, was about the staffing of the evening shift, that is why we were there so late. We go to the health care facilities at any hour of the day, any day of the week. Interestingly enough, that complaint was not validated, but while we were there, the inspector went through the facility and found a

number of problems, some of which I am sure were repeats - it is a little difficult to go through the list and compare them - and then came to the conclusion that based upon that kind of record, the time had come to curtail admission.

ASSEMBLYMAN MARKERT: You are telling me that some of the definciencies existed before but you didn't think they were serious enough to close the facility in September?

MR. WAGNER: On the contrary. You see, we are in a situation here in which we are damned if we did and we are damned if we didn't. There are a lot of definciencies,and if we consider them serious we try to maintain a posture of giving people the time and opportunity to straighten out their problems.

ASSEMBLYMAN SNEDEKER: Mr. Wagner, I don't want to put words in your mouth, but let's go back again to this report: There is an inadequate supply of patient care equipment, such as bed pans, wash basins, etc. This does not occur, in my opinion, over a short period of time. From January to the time you closed this facility in May, someone has stolen or misplaced or mislaid a large number of utensils of some kind. Was that in the January report? You inspected it in September. You gave them some deficiencies. You came back two days in January. What I am trying to get at is, all of a sudden we have a three page list of things that are serious. Were these same items in the report in September, and were they there after you reinspected this facility?

MR. WAGNER: You are asking us a question which would have to be compared item by item. I would have to answer you by saying that I am sure there were a number of repeat deficiencies in those inspections.

ASSEMBLYMAN SNEDEKER: Then why did you leave the facility open in January?

MR. WAGNER: We were just asked why we closed it in July.

ASSEMBLYMAN SNEDEKER: I asked you a question. Why did you leave it open if at that time there were still deficiencies from September to January?

MR. WAGNER: Because we were attempting to give the facility, which had submitted to us a plan of correction, the opportunity to get their problems straightened out. We gave the facility the opportunity and the time to implement the plan of corrections and get the deficiencies off the books.

ASSEMBLYMAN SNEDEKER: Then I must misunderstand this report, because the understanding that I have about Menlo Park is that on May 5, 1980, an investigation was made because of a complaint made about the conditions at Menlo Park. You weren't going back to see if the deficiencies were corrected - that weren't corrected between September and January - you were going back because of a complaint that had been made.

MR. WAGNER: That is correct.

ASSEMBLYMAN SNEDEKER: Why didn't you go back to see if the deficiencies were corrected in February or March or April, or some other time?

MR. WAGNER: We would have gone back to see if the deficiencies were corrected as a rountine part of our procedure. We were there on a complaint investigation, and while the inspector is there, you go ahead and do other things also.

ASSEMBLYMAN SNEDEKER: When would you have gone back to inspect again after you did the inspection in September?

MR. WAGNER: We did the annual inspection in September. We went back in January, and depending upon what the plan of correction was, we would have proceeded back there probably during the summer months.

ASSEMELYMAN SNEDEKER: Through you, Mr. Chairman, I would like to see what those deficiencies were in September, what was corrected in January, and what still remained to be corrected if we can secure those records.

ASSEMBLYMAN OTLOWSKI: Yes. Will those records that Mr. Snedeker requested be made available so that they can be part of the record?

MR. WAGNER: They certainly will, sir. As a matter of fact, just for the record, the inspection records of all health care facilities in the State of New Jersey are public records. As long as there is no patient information involved, anyone can see them.

ASSEMBLYMAN OTLOWSKI: Please make them available to the Committee.

MR. WAGNER: I will make them available to the Committee.

ASSEMBLYMAN OTLOWSKI: Yes, Assemblyman?

ASSEMBLYMAN SNEDEKER: At the end of your report you indicated - and you indicated this today - that 23 deficiencies were corrected and 3 new deficiencies were cited.

Mr. Hebeler, you said today that 21 of the 23 deficiencies were corrected. Can you tell me which two deficiencies in this report are still serious enough to keep this facility closed to admissions?

MR. HEBELER: I have to confess I had the history, which you now have, on the second page, with the 21 corrected out of 87, mixed up in my mind.

ASSEMBLYMAN SNEDEKER: So, there are 21 out of 87 that were corrected, rather than 21 out of 23?

MR. HEBELER: That is where I came up with the figure of 21, sir.

ASSEMBLYMAN SNEDEKER: There are 87 in this report? It doesn't look like 87 to me.

MR. HEBELER: That's correct.

ASSEMBLYMAN SNEDEKER: Where do I find the 87 deficiencies?

MR. HEBELER: The 87 were in the September report, which Assemblyman Otlowski asked for.

ASSEMBLYMAN SNEDEKER: There were 87 deficiencies then?

MR. HEBELER: In September. you see, the history--

ASSEMBLYMAN SNEDEKER: And this is the remainder of the 87, or is this in addition to the 87?

MR. HEBELER: They were the ones that were found on May 5th as a result of the midnight visit.

ASSEMBLYMAN SNEDEKER: All right. Then some of the 87 must have been corrected.

MR. HEBELER: Quite conceivably. The 87 deficiences that were found were found by a team approach for an annual inspection, where you use a nurse, a pharmacist, and a nutritionist. In a midnight inspection there is no food being served, so you would have no one to review food. You could review some housekeeping and certain things as a nurse, but we didn't have a pharmacist present at that time.

ASSEMBLYMAN SNEDEKER: You said to our Chairman, Assemblyman Otlowski, today that you testified before other committees and attended other meetings and various public hearings that we have had, many of these after a disaster happened to have occurred.

MR. HEBELER: That's true.

ASSEMBLYMAN SNEDEKER: And, you said that this is the reason, more or less, for the action taken by the Department of Health, because it would not like to see a disaster happen before action was taken. It would seem to me that

you are negligent in the sense that you had 87 deficiencies listed in the month of September, and you went back in January - and it is going to be interesting to see how many of those were corrected - and then you didn't go back again until somebody made a complaint and you still had some 20 some odd deficiencies at that time. I would have been after them weekly or monthly if it was that serious. I don't understand how you can say that you are right on the ball and you closed them up when you found out there was a problem. With 87 in September, it will be interesting to see how many of the 87 are still there, and if they were as serious as those you have on the sheet by comparison.

MR. HEBELER: I don't disagree with what you are saying, please understand. In 1976, on an annual inspection, there were 30 deficiencies. In 1978, on an annual inspection, there were 40 deficiencies. In 1979, on an annual inspection, there were 87 deficiencies. We were constantly in communication with the facility. We are concerned for them. We are concerned also that they are a sister agency. But then, when we received a complaint and we went out at midnight and we found the deficiencies that we found, not even having to evaluate the food, we felt we best take action before something occurred which would be detrimental to all of the patients in the facility.

ASSEMBLYMAN SNEDEKER: How long has your department been making midnight, or after five o'clock - or a normal workday - inspections?

MR. HEBELER: Well, I have been in the program since 1974, Assemblyman Snedeker, and we had a complaint team then. At that time there were two representatives on it. Since that time, the Legislature has been gracious enough to provide us with funds for four or five additional people, counting the supervisor. We have about five or six people, with the borrowing of a pharmacist when needed. So, yes, we have been doing these complaints at midnight, holidays, weekends, and so on, since 1974.

ASSEMBLYMAN SNEDEKER: That is all I have.

ASSEMBLYMAN OTLOWSKI: That institution at Menlo Park is about a twenty million dollar institution, and they are all mostly one-story buildings with multiple windows, and multiple doors. How often does the federal government inspect that facility, since the federal government provides money to that facility?

MR. HEBELER: Correct me if I am wrong, but that facility, to my knowledge, is state licensed only. I do not know if the federal government conducts an inspection there at all.

ASSEMBLYMAN OTLOWSKI: You are saying that to your knowledge the federal government does not make inspections?

MR. HEBELER: I am saying to my knowledge we do not make federal inspections -- we do not make inspections for the federal government.

ASSEMBLYMAN OTLOWSKI: To you knowledge, you don't know if the federal government does or not?

MR. HEBELER: That's correct.

ASSEMBLYMAN OTLOWSKI: Just so the record is clear about this, and pursuing the line of questioning that Assemblyman Snedeker just concluded, on the night that the inspector came to the institution, that inspector then and there told the nurse that she was going to close the place to admissions -- right then and there, without consulting with the supervisor, without consulting with the person who actually had to make the decision? She right then and there made that decision, according to your testimony, is that correct?

MR. HEBELER: I would say that is true, sir.

ASSEMBLYMAN OTLOWSKI: I think that concludes that part of the testimony, Mr. Wagner.

We are now ready to call on Jack Fay, who has to leave for Washington in a short time. I want to give him an opportunity to testify before he leaves. Mr. Jack Fay. Jack, just for the record, do you want to identify yourself, please?

J O H N F A Y: I am the State Ombudsman for for the Institutionalized Elderly. The report you have before you was delivered to the Governor and to Commissioner Klein. Before I go into the report, however, I would like to speak to some of the testimony that has already been given.

In our office, besides acting upon complaints and doing individual reports and investigations, we refer many of the problems we get to the various state agencies. We also monitor. One of the strong points of the Ombudsman stataute is that all departments and all agencies report back to us on what they have done or what they haven't done. In the two years and some months that we have been in existence, we haven't always agreed with the State Department of Health and the State Department of Human Services, but they have always been very open and very objective in areas of disagreement.

With respect to curtailing operations, we have had more than a few discussions and meetings about curtailment, and if I had any criticism it would be that they did not curtail quickly enough.

In this particular case, we are - the professional people in my office, especially the R.N.'s who were sent into the Menlo Park Veterans' Home and the R.N.'s that were sent into Vineland - in complete agreement with the curtailment. The very term deficiency is general. There are deficiencies and there are deficiencies, and most of the deficiencies that the State Department of Health found, and that were noted and validated, were complaints that came from a few veteran groups and from Assemblyman Burstein before the State Department of Health received the complaints. Ms. Lucille Long is with me today. She was the field investigator for our department and she did the initial invstigation and the initial reports, along with another R.N. from our department. She also spent a great deal of time in the last month meeting with people on all levels who are concerned with the state operated soldiers' home.

The great stress was on the Menlo Park operation. We received reports on Vineland on and off, but the great amount of time and energy was spend on the reports about the Menlo Park home.

What I have tried to do in this report is to note the gravity of it and to note the seriousness of it. Curtailment does not come casually. Curtailment does not come quickly. When the State Department of Health curtails any nursing home, it is, in my opinion, and it is in the opinion of the professional people on my staff, badly needed. The nursing home that is curtailed has had serious deficiencies associated with it. It has had time, in most cases, to clear up these deficiencies.

The State Department of Health - and I am speaking from my experience in the Senate when I was on the Health Committee and from my experience in this office - does have a well documented case when they finally curtail. So, on that point I would be glad to answer questions.

ASSEMBLYMAN OTLOWSKI: Excuse me.

MR. FAY: Yes.

ASSEMBLYMAN OTLOWSKI: The point that Assemblyman Snedeker brought

up I think is the key to this. As a matter of fact, I opened the door and he went in and developed it further. He points out that there were inspections taking place in September and in January, and then in June. Then, all of a sudden, a decision is made to curtail beds. Evidentally, there was something cockeyed with all the inspections that took place in September, January, and in June. Then, on top of that, to add insult to injury, after the place is closed, it is kept closed and no corrections are made in a hurry.

MR. FAY: George, I believe when you read all of the reports, when they are brought together, you will see that there were some corrections being made. They were absolutely not being made quick enough, but I think you will find there is general agreement on the follow-up examination by the people in authority in the soldiers' home that curtailment should be kept.

In my opinion, it should have been done faster, but almost all of the professionals involved agree that it is still in bad enough shape to warrant keeping the curtailment on. And, if you notice, the deficiencies in our inspections and those of the State Department of Health are very serious. Many of them are very serious. They are not just dust in the rooms. They are not just "the bed was mussed." Many of these were very serious. Some of them dealt directly with patient care. Many of them dealt directly with the diets.

Point number five -- "poisons and medications for both internal and external use were improperly stored. Medication refrigerators and medication carts were not locked." The foley catheters - according to two nurses from my office and from the State Department of Health - were in a very filthy, poorly-kept place. We had gone through the tragedy at Marboro and there were more than a few documentations regarding the food -- the handling of the food, the condition of the food, and the refrigeration, or the lack of refrigeration, of the food. The low sodium diets were not being served to patients who required diets of that nature.

So, I insist that by the objective records, both from the State Department of Health and from my office, yes, the soldiers' home was in very poor condition. Objectively speaking, when the State Department of Health curtails a nursing home, no matter where it is, it is in serious difficulty and the patients who are in that nursing home are in need of help.

What I have tried to do in this report is to make long range recommendations. What I would hate to see is to see all of us sitting here again three months from now or six months from now. I think what we have been going through in this state is to fulfill the challenge the state has taken upon itself with reference to nuring homes and boarding homes. The fact is, we are dealing with legislation; we are dealing with public hearings. And, I insist this is not true of the other 49 states.

Why I am particularly concerned about the soldiers' home is, the State of New Jersey operates three nursing homes in the state and one of them is being run in an exceptionally strong manner. We have had all kinds of good reviews on Glen Gardner. There have been all kinds of good comments about Glen Gardner, and this could become a model. I believe that the soldiers' home is in the same category as a state-run nursing home, and there is an awful lot to be done in the long run. I don't think anyone, neither you, Dave Wagner, Fred Hebeler, myself, nor anyone concerned - the staff and the personnel at the soldiers' home - wants something cosmetic done. They do not want this place to suddenly be

sprayed, mopped and cleaned, and that is all. I think some of the problems there are deep-rooted. I think some of the problems there are going to call for a major turnaround.

The first recommendation that our office is making to the Governor, to the Commissioner, and to you the Legislators, is there should be sanitary inspections. I believe very strongly that one of the first things the state could do is to put the sanitary inspections under the State Department of Health, where I believe they belong.

ASSEMBLYMAN OTLOWSKI: Who is making those inspections now?

MR. FAY: The Department of Human Services. They are the last department in the state doing their own sanitary inspections. Commissioner Bob Mulcahy - wherever he is - as one of his first acts when he was named Commissioner of Penal Institutions, said that he didn't want that responsibility. He didn't want the responsibility of inspecting themselves. The Turnpike Authority, the Parkway Authority -- almost every other department - and I stand to be corrected if I am wrong - has said they didn't want to inspect themselves and that they wanted the State Department of Health to do the inspections for them. I believe that credibility is very important. I think the actual operation is that vital and that needed and that necessary. And, to me it would mean that great or dramatic a change. I think it would bring about prositive things, both medically and bureaucratically and, most importantly to me, it would increase the credibility of these inspections by having someone else do them. Someone else would do the follow-ups and someone else would do the specific reports.

In our report we give you specifics and details on that specific recommendation.

The second recommendation is about housekeeping. Again, I think there is general agreement - there might be a minority report coming from somewhere - that you can no longer keep going with the penal program at the soldiers' home. Again, it might have been great in theory, that some type of program was needed. But, again, in summing up on houskeeping, it just hasn't worked. It just hasn't worked, and it can't work. And, I am ready to conclude that I don't think it should work in this particular instance. We are dealing with housekeeping. We are dealing with the need for supervisory control. We are dealing with the need to have regular shifts and regular coverage on weekends. And, all and all, as you go into this - and George and I are from Woodbridge Township and we are close to it and we know the myriad of problems besides housekeeping that we have dealt with in this Penal Code-- I am just talking about the housekeeping part of this.

ASSEMBLYMAN OTLOWSKI: Jack, excuse me, I just got word from John that Commissioner Fauver says he is pulling out the penal people -- when?

MR. KOHLER: He preferred to pull them out by July 1st.

ASSEMBLYMAN OTLOWSKI: They are being phased out?

MR. KOHLER: Commissioner Klein requested an extension.

ASSEMBLYMAN OTLOWSKI: I think the point you made is a well made one, there is no question about that.

MR. KOHLER: The Department of Human Services had to have sufficient time to hire people.

MR. FAY: Now I think they are starting off with a new group. Another one of our recommendations is in staffing, in administration, and in supervision.

Vineland had no penal code, and some of their problems parallel Menlo Park, so I don't think that any of us should come to the easy conclusion that it is only the prisoners and it is only the program involved. It is a lot more complex. It is a lot more serious than that, and I am very glad that Commissioner Klein and Commissioner Fauver have agreed that this part of the housekeeping program should go.

Even more important when we talk about staffing are the nurses, both the R.N.'s, the L.P.N.'s, and the nurses' aides. Again, we have found a most serious problem there - a, in staffing, the fact that there are open positions, and, b, the fact that there is inadequate staffing at the present time. If there is anything more basic in a nursing home it is the nurses who are the administrators. This is something else, I think, that the public and everyone else concerned has to be reminded of. In a nursing home, a nurse is usually an administrator. Now, a great deal of the touching of the patients, the care, the rotation of the patient in bed, the feeding -- eighty five percent of the laying on of hands, the actual care, comes from the nurses' aides. So, you do need good, strong, professional nursing on the R.N. and the L.P.N. level, and you also need to stress the nurses' aides who go into this. There is going to have to be a great turn-around. This has to be made a higher priority than it is right now. There has to be priority given to, a, recruiting and, b, the present staff. I think there should be salary changes. This is a large institution. This is a difficult institution to work in. I think that as much as is humanly possible, the Commissioner could recommend to the Governor, the Appropriations Committee, and the Legislature that you do need to lure talented people and committed people. There should be this combination of talent and commitment to the elderly that they are serving in an institution like the soldiers' homes, both in Edison and in Vineland.

I believe that the staff differentials and most of the requests that can be made should be carried through. I think it is fair for everyone concerned to bring out the fact that there is a great deal of serious labor-management difficulties in this institution. We have listened to management and we have listened as much as we can to the individuals in the profession and we have not made any conclusions; we are concluding that, yes, there are many serious management-labor problems. We speak about a consultant. I think if any area could use a good, strong consultant for both areas concerned, both management and labor, this is one of those areas, and there should be a consultant brought in. I think the Governor's office and the Commissioner's office should recognize that these problems are not going to go away with the use of a few cliches. They are not going to go away with my report, nor with anybody else's report. It is something that needs immediate attention. Because after all we have said about staffing, about new housekeeping programs, about nurses, about L.P.N.'s, and about nurses' aides, labor-management problems should be a top priority matter.

The food operation -- again, what we went through in Marboro we could go through here. As far as the dieticians are concerned, we recommended a dietician. We have been told that they don't need dieticians as much as they need supervisors. Whatever. They most certainly need a much stronger, supervised awareness of what is wrong with the food preparation and the food serving. There is a lack of dietary awareness. There is a lack of awareness that many of these people in these homes - many of these patients - need special diets, and both the State Department of Health reports and our reports show this to be a most serious

matter.

Physical therapy -- Some of the best equipment in the state is in that soldiers' home. Some of the best physical therapy equipment is in that Menlo Park home. At the present time, there is one licensed physical therapist with a staff of four to serve a potential patient population of four hundred. This is compounded by the fact that there are three separate physical therapy rooms. Currently, sixty to sixty-five patients receive therapy. It is estimated by medical staff at the facility that at least 30 more would benefit from physical therapy, but are not receiving treatment. Additionally, a number of patients need physical therapy provided at the bedside. This type of service cannot be provided by current staff. I think this should have a high priority. We are not talking about a lot of money here. We are talking about a few professional people. Again, there are a lot of people here, according to the doctors and according to the nurses and according to the physical therapist, who could benefit from this and who could be using this. One of the most depressing things, and one of the most shocking things to me is the fact that in a nursing home population so few people leave a nursing home to go home. So, therefore, when you find a home where, a, it is needed and, b, the equipment is there, not to find it utilized is depressing.

Our recommendation about the administration I think leads to the need for a stonger role from the Commissioner's office. There has to be a stronger grip. I think the administration has to be given a deadline. It is a harsh position, but I think it is a fair one. Yes, they all should be given what they need, but they also have the authority and the responsibility to follow through on almost of the recommendations that have already been made by Human Services, and by the State Department of Health.

So, gentlemen, that is my report. I said that Lucille Mohn, our field representative who did most of the ground work and the actual---

ASSEMBLYMAN OTLOWSKI: One of the things that your testimony brings out, at least to me - and, again, I just want to focus in on those inspections - is the kinds of things that need a good look at: the medical approach to physical therapy -- the medical approach to each individual patient and his particular needs. There is no question that you highlighted that. The thing that bothers me is, here is a beautiful institution, physically. It is set in a beautiful place - 20 acres of land, I think, if I am correct - with buildings that were put there at a cost of almost $20 million. Then, on top of that, we have the Department of Human Services with their big army; we have the Health Department with the "marines"; we have the Ombudsman with the "navy"; and we have the Public Advocate with his army. We have all of these people and all of the inspectors, and yet a thing like this goes on and on and on. Now, even with what we are saying here - September, January, and June and all of this coming to light - who has the authority to call in the Commissioner of Human Services, the Health Department, you, the Public Advocate and say, "Look, this is what we found there, now what is being done about it and how quickly is it being done"? This hasn't been done in this instance, has it?

MR. FAY: No, I think we are doing it now. I think that one of the major purposes of this hearing is that you are getting, both from the State Department of Health, from us, and I think from some of the other people who have testified-- My point is not how dirty it looked. To me that was not the most important point.

I think that the State Department of Health did a very good job, going back to September or back to January, of saying: "This is a nursing home in trouble." To me, it would have been redundant to go in there and say, "Yes, it is as bad as they say it is; not worse."

What I am trying to do in this report is to say, "Here is how you can correct much of this," and I am saying, "It is not simple; it is complex, more complex than the ordinary nursing home." With an ordinary nursing home, we could go to the owner and say, "You are curtailed; no more medicaid money is going in there. You are going to be bankrupt. Fire some people. Shake this place up. Get edible food in here." You can do that to an individual owner of a nursing home. You can do that to non-profit people. The Catholics -- you can turn them into the Pope. You can go to some of the other groups and actually lay the responsibility before them. What we are doing here in a state-run, state-administered nursing home is saying: "This is what has to be done." And, I think you have already heard that some of the things are now being done.

The Penal program has been kicked around for a few years now. We finally got a decision. We finally got a concluding, positive decision. I believe - and I am not trying to be dogmatic - that most of the recommendations I have made in this report have positive aspects and can only improve this situation. Staying with the status quo, I think, is unconscionable. I don't know what more the State Department of Health could have done than what they did, with the staff they have. I think the curtailing is not a casual thing, as I said before; it is a most grevious thing. The next step is taking the license away.

The Veterans' Administration was mentioned here. The Veterans' Administration could say: "We are not going to keep these veterans here."

ASSEMBLYMAN OTLOWSKI: Jack, excuse me. Just on that score, I would like to say this: I have always been schizophrenic because by nature I am probably a better administrator than I am a legislator, but it seems to me that this is a single matter of administration. I would never give the authority to an inspector to, on his say-so, close the place to beds. I would want to review it myself. For example, whether it is in the county, as you well know, or whether it is in the city - you have been in both places - you don't leave that kind of decision to the guy down below. If something as radical as this is called to attention, then the top guy has to jump in there.

What I am searching for here is, there is something cockeyed with this whole setup -- you know, where an inspector can make that kind of a decision, and they the boss man doesn't go down there to look at it himself. This is what bothers me at this point.

As you know, if in a town the garbage is not picked up and somebody calls the Mayor, the Mayor goes down there to see that it is picked up, if he is any kind of a Mayor. In any event, this is what I am talking about. This is one of the breaks that I see here. It is a very serious break. And, the bigger the bureaucracy gets, the more of these inspectors you have, and where do you go with them? How far do you let them go? I am not talking about the conditions; I am talking abut the structure here, and I am talking about the use of authority, and the abuse of authority, and the proper responsibility of the guy on the top.

ASSEMBLYMAN MARKERT: Mr. Chairman, may I say something? Jack, I have read your recommendations completely -- the recommendations that you have just spoken to -- and I do hope that the Department of Human Services reads

your recommendation a, which is about sanitary inspections. Before the week is out, I would hope they would come out with letter of recommendation that their inspectors be transferred immediately to the Department of Health. Actually, this is unconscionable. I can't understand it. It is like me-- Well, I won't get into that, but I am in the food business and I know what inspections are like. If I had my own inspector, I know how many times I wouldn't have an unsatisfactory condition sticker, where I had to take care of a particular violation -- which even could have been done in five hours. But, still and all, I know what I am talking about there.

So, I do hope that the representatives of the Department of Human Services realize that this recommendation made by you is probably the first thing they should take care of, and I hope before the day is out they have already worked on it.

I commend you -- really. I commend you for your report, and for the completeness of it. As you said, you have spoken positively. You have presented positive points here, showing where we can help the situation in both Menlo Park and in Vineland.

I also want to commend, personally, along with your staff, that one inspector from the Health Department that closed this facility down, because, boy, if anyone deserves a pat on the back, that inspector deserves it. I am glad he or she took it upon himself or herself to do exactly that because it brought it to light. So, whoever that person is, if we could give him or her or a medal and I would like to present it myself.

The other thing that I wanted to talk to you a little bit about has to do with administration. I always conceive that most problems that are prevalent, whether they be in an institution, a business, a manufacturing plant, or a service organization, can be solved by proper administration. I notice that in administration, and prior to that, you addressed the fact that we have a vacancy of over 16 nurses, according to your report - unfilled licensed nursing positions. Did you talk at all to those in administration to find out just why these vacancies were still there and how long they may have been there?

MR. FAY: Mrs. Mohn could come down and answer that.

ASSEMBLYMAN MARKERT: I would appreciate hearing about that because we are talking care - and you were talking about it yourself.

MR. FAY: This is Lucille Mohn, an investigator, and she is also an R.N. She did the lion's share of the work on this report.

ASSEMBLYMAN MARKERT: Before you leave, there is one other question I wanted to follow up on.

MR. FAY: All right.

ASSEMBLYMAN MARKERT: Mrs. Mohn, can you give me any information on these vacancies, and just how long they have existed and what type of remarks you got when you approached the administration in your report about the vacancies?

MRS. MOHN: We did talk to the administrator and the director of nurses with regard to the staffing problems. The problems result, basically, because the facility has such a poor reputation.

ASSEMBLYMAN OTLOWSKI: Excuse me. You can't be heard. Will you just speak into the microphone, please?

MRS. MOHN: There is a problem with recruiting because the facility has a bad reputation. No professional wishes to work there under the conditions

that exist.

ASSEMBLYMAN MARKERT: In other words, there is a possibility that those 16 vacancies could become 32 within a short period of time, if we have that many nurses there?

MRS. MOHN: I can't answer that.

ASSEMBLYMAN MARKERT: But, what you are saying is-- How long have the vacancies existed, let me ask you that?

MRS. MOHN: I think the director of nurses could answer that more specifically than I could.

ASSEMBLYMAN MARKERT: Has it been a year, do you know?

MRS. MOHN: I can't answer that.

ASSEMBLYMAN MARKERT: But that gives me the reason why there are there, the reason is--

MRS. MOHN: Because there are major problems.

ASSEMBLYMAN MARKERT: In fact, that probably answers some of the other questions that I had with reference to the help that was needed for physical therapy and so forth. I am sure that probably follows the same line.

ASSEMBLYMAN MARKERT: Mr. Fay, there was one statement that you underlined. The administration at the facility did not wish to recognize the deficiencies cited. Could you just broaden that a little for me? Did they just turn their heads and walk away from that?

MR. FAY: Too often they felt they were running into brick walls. They felt they weren't being supported with the labor-management difficulties. This is just a general condition that prevails and that we found in our investigation.

ASSEMBLYMAN MARKERT: Was there a lackadaisical type of attitude -- just, "I can't do anything; I can't fight city hall" type of thing?

MR. FAY: Yes, one of frustration.

ASSEMBLYMAN MARKERT: Where does this lie? Does it lie with the top administrators at the facility?

MR. FAY: Yes, I believe that the buck stops there as far as the administration is concerned. When we are dealing with the nursing home, that is who we are holding responsible.

ASSEMBLYMAN MARKERT: Did it go past the nursing home directors into the Department of Human Services?

MR. FAY: There are differences of opinion between the people in Human Services and the administrators. There are serious differences between the administrator's problems and the supervisor above the administrator. So, this is why I am saying that after all is said and done, this kind of clear, direct order has to be given, and the administration should be given this last caveat: to either get this home in a livable, proper condition or they should change the administration.

ASSEMBLYMAN MARKERT: Or the individuals who are trying to-- Well, all right, we will leave it at that.

MR. FAY: No one is picking up the buck; it is just laying there. There are enough problems to go around for everyone concerned.

ASSEMBLYMAN MARKERT: Right. We don't want everyone to have them all.

MR. FAY: Right.

ASSEMBLYMAN MARKERT: Thank you very much. Thank you, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: I think it was part of your suggestion when you were here that midnight inspections be started because we had a problem with not having inspectors after 5:00. I think that is a credit to you and to the

Bill of Rights of the Nursing Homes, which can be attributed directly to you.

I am concerned though, John. I have been to three hearings now. We had the Menlo Park hearing here. We talked about the one at New Lisbon, and we talked about the one at Marboro. It seems every time we get into a problem, we look back at the Correction Department and say there are inmates working there and part of the problem could be placed on them. I am in one thousand percent agreement with you that we should not depend upon cheap labor from the Department of Corrections to staff a facility such as this, where human lives are at stake. I am happy that you make that recommendation, and I hope the Department will take this into consideration, in not only these facilities but in any other the Department may have inmate labor working at, in kitchens or any other serious area where they can affect the lives and the safety of the individuals at that institution.

Your or your staff were probably the last ones to go there since the facility was closed to new admissions. Would you say that the deficiencies that still exist are serious enough to put those who are there in danger of any kind, and what should we do about that?

MR. FAY: Again, I don't know. I would have to refer that to Dave Wagner and Fred Hebeler. From the reports that we have read and that we have been monitoring, yes, I agree that the curtailment should have been kept, and, yes, I do believe they are being cleaned up properly right now. I am also insisting that this is not enough either. Lifting a curtailment, to me, is not enough for the long haul. I think that major change that has to be made is a Catch 22 kind of a situation where we do get all of the deficiencies corrected and we do start bringing the veterans in - next Monday, let's say - but I am afraid that six months from now we might be right back to the 40 or 70 deficiencies that we found last year. That is why I am saying it is not enough to go through this anguish and to go through this concern and then think that that is enough. I am insisting that the status quo is not enough. I am saying that the potential for this home to go into the curtailment category again is too real. It is not enough for all of us to be able to report on this and to be able to say that. I think that what everyone who has testified before is trying to say is, we are going to have to make major changes.

ASSEMBLYMAN OTLOWSKI: I just want to get this into the record at this point. Were you at the institution?

MR. FAY: No, I wan't.

ASSEMBLYMAN OTLOWSKI: You havn't been there?

MR. FAY: No.

ASSEMBLYMAN OTLOWSKI: I just want to say this for the record, because I think it is important that it be said at this point. The statement was made here a moment ago that it was difficult to get people there because of Menlo Park's bad reputation. I just feel that I can't let that statement go and stand that way.

MR. FAY: I would like to qualify that, George, in this respect: The reputation that the nurses have no real authority, and also that there is labor-management difficulty, I think is what Mrs. Mohn was referring to. When you are trying to recruit a nurse for Menlo Park, you are told that they don't have much authority, they are going to have a hard time, and no one will back them up -- it is that type of a reputation.

ASSEMBLYMAN OTLOWSKI: I can understand that. But, I just thought that should be cleared up. I spent a Sunday there a couple of weeks ago. I spent a whole Sunday going through the whole place. The thing that strikes me about that place is the fact that - and this was when I was there - the place was clean. The kitchen that I looked at was clean. I looked in the refrigerator and that was clean.

There was one thing else. The question that I asked every single nurse and that I asked the Director, and I thought it was a key question, was: "How many patients here have bed sores"? He has 136 incontinent patients, and none had bed sores. Only the patients that were brought there from other institutions have bed sores, and then, of course, they are cleared up at the soldiers' home. That tells me something. That tells me something about pretty good nursing care, pretty good practical nursing care, and pretty good nurses' aide care. That tells me a big story about the institution when they tell me that they don't have any bed sores.

For the purpose of the record, I am not going to indicate all of the institutions that I know of - and that I can take you into right now, some which have tremendous reputations - where the patients have bed sores after they have been there for a while. I am not familiar with Vineland because I haven't been there. I haven't been to Vineland. But, I spent considerable time in Menlo Park, and I just want the record to show that because I think that is a great credit to the nurses. It is a great credit to the practical nurses, to the nurses aides, to the entire staff, and to the entire administration, that out of 136 incontinent patients they don't have one patient with a bed sore. That indicates the kind of care they get. I wish I could say that about some of the general hospitals that have big reputations.

I just want the record to show that. Now, that is based upon a personal inspection. That is based upon personal questioning, after spending the day there.

Now, I am not going to argue about the fact that people were smoking there.

MR. FAY: The one thing about patient care that bothered me, because of the many homes that I have been in and out of, was that we noted there were 30 patients still in bed at 2:45 in the afternoon, and the reason we were given was because of the shortage of staff.

ASSEMBLYMAN OTLOWSKI: You also mention the problem with therapy in your report. It is an astounding thing that the therapies are so inadequate. That, of course, is something that, in my opinion, should be corrected quickly, because that goes to the heart of the institution and to the heart of the care of the patient. I don't care about anybody smoking in the kitchen, especially if the guy is a compulsive smoker. But, I am talking about the stuff that goes to the heart of the institution, and I think that we would be doing that institution, which over the years has had a pretty good reputation - and so has Vineland - an injustice with the kind of words we are using here.

I am not faulting any of the reports that have been made. But, I think that the testimony that I am going to elicit here from some of the veterans' organizations will show that they are very happy about the kind of care their people are getting -- their brothers, their sisters, and their fathers. What you point out, of course, are deficiencies that should be corrected. There is

no argument about that. There is no argument either about the fact that there should be better coordination between the departments so that everybody is on the same track, and so that when deficiencies are pointed out, they are responded to quickly and completely.

Now, the labor-management problem is something, of course, that all of the institutions are suffering from. That is a separate thing that the legislature, the Governor, and that all of us are going to have to address ourselves to because there is going to be a sad awakening about that particular problem one day.

I just wanted to correct that, and I am glad you amended that so that this is brought into proper focus. You have a train to catch. You have to go. Thank you very, very much; you have been very helpful.

MR. FAY: Thank you.

ASSEMBLYMAN OTLOWSKI: May we now have Jack White, the Superintendent of Menlo Park institution? Mr. White, do you want to give our girl one of your statements, please? Thank you very much.

Mr. White, for the record, would you identify yourself, please?

J O H N A. W H I T E: Yes. My name is John A. White. I am a licensed nursing home administrator and I am currently Superintendent of the New Jersey Home for Disabled Soldiers in Menlo Park.

ASSEMBLYMAN OTLOWSKI: Excuse me, I would like to make this suggestion. Rather than read your statement, because you have submitted it, why don't you just highlight it, so that we have a more personal kind of conversation with you.

MR. WHITE: This is my first appearance before a body such as this, so I beg your indulgence if I seem awkward. I will do the best job I can to try and explain our point of view at the facility.

In highlighting my report here, at the outset I would like to say that I don't think the citations that were instituted on that midnight visit--

ASSEMBLYMAN OTLOWSKI: Excuse me. I want to be helpful to you because you say this is your first trip to the guillotine. Don't go into any of the things that were brought out here, because what will happen is, those questions will be asked of you. What I would do if I were you is, I would just go over this written report and highlight it. Pick out some of the stuff you think ought to be brought to our attention. The rest of the things that are bothering you will come out through the questions from the members of this Committee.

MR. WHITE: I should emphasize that on July 1, 1978, the Department of Health issued new standards and new regulations, which were much more complex than before. Unfortunately, funding and appropriations have not kept pace with the standards mandated by the Department of Health's regulations. The Menlo Park facility is the lowest funded, per capita, among all 16 of the state institutions. In 1980 we were getting $30.22 a day, per capita, compared to other facilities ranging from $68.70 and $67 per day.

You spoke of the Glen Gardner facility, which is a very fine facility. They get $60 a day to maintain their patients there. That means a great deal in upgrading the facility.

And too, I am responsible at this facility for some 800 employees and patients, including volunteers. It is a $20 million plant, as you mentioned before, on 50 acres of ground.

ASSEMBLYMAN OTLOWSKI: It is 50 acres?

MR. WHITE: Well, it is 100 acres, but we are utilizing 50 for the purposes of the facility. I am not autonomous as an administrator there. I have to rely on other agencies and mandates. I deal with seven major unions there and I have Civil Service rules and regulations to abide by.

Relative to the lack of filling nursing positions, my goodness, it is well known that in central New Jersey you can't find a nurse. We have advertised. We have done all sorts of recruitment methods. Nurses are scarce in New Jersey, particularly in central New Jersey. Right next door to us, the Roosevelt Hospital is going to construct an addition of 250 nursing care beds on their facility grounds. I don't know where they are going to get the nurses. Dr. Chung, in a news article yesterday stated that he doesn't know where he is going to get the people. They are not there.

The comment about people not wanting to work for us because of the conditions there, that is untrue.

ASSEMBLYMAN OTLOWSKI: Excuse me. I think that has been corrected.

MR. WHITE: Okay. Part of these new regulations - and I would just like to give you an idea of the magnitude of of the new standardization - for example are: "The following functional committees must be formed with appropriate minutes reported for each: utilization review; discharge planning; safety evaluation; medical staff; patient care; pharmaceutical; and dietary. This means, gentlemen, that professionals must be taken away from patient care duties to attend these meetings; secretaries are required to record minutes, type and issue new policies, all of which requires time from people that I do not have at the present time, neither in my budget nor otherwise. The documentation and paperwork is choking us, and we seem to be drifing further and further away from direct patient care.

ASSEMBLYMAN OTLOWSKI: Excuse me, Do you just want to clarify that, that you are drifing away more and more from patient care.

MR. WHITE: Our nurses have to spend a great deal of time in reporting and in documentation. This takes them off the floor from patient care and this type of thing. When inspectors come in, they want to see the paperwork usually; they don't want to see the patients. And, no two inspectors view the same situation in the same light. In my opinion, there should be more definitive guildelines in order to limit subjective decisions.

We talked about housekeeping. Well, under the new standards, a higher degree of skill is required in some cases in supervision. For example, the position of an Executive Housekeeper requires a Bachelor's Degree, or even a Master's Degree, and we require retraining of these people under the new standards. I certainly welcome inspections and I would welcome fair criteria for evaluations.

ASSEMBLYMAN OTLOWSKI: Excuse me. You said that under the new guidelines the housekeeper has to have a B.A. Degree, or a B.S. Degree, and even in some instances a Master's Degree. Do you have such a person there?

MR. WHITE: No, I do not.

MR. WHITE: If we are going to be white glove inspected by the Department of Health, I will need such a person as that. There is no question about that. You know, when you go through a facility on a Monday morning, you are going to find a spent soda cup on the floor. You are going to find a cigarette butt squashed on the floor. I have 360 men there who smoked up and down Main Street and you can't have a person there behind them all the time to prevent them from smoking in a non-designated smoking area. You will find coffee drips along the hallway,

where they come from the vending machine shaking and dripping coffee. But, this is no reason to close the facility. It is cleaned up during the course of the day at one point.

ASSEMBLYMAN OTLOWSKI: Let me just ask this question: How many patients do you have in that institution?

MR. WHITE: Approximately 360.

ASSEMBLYMAN OTLOWSKI: You have a total of 800 people, staff and patients?

MR. WHITE: Right.

ASSEMBLYMAN OTLOWSKI: And they are all under Civil Service?

MR. WHITE: Yes, except for--

ASSEMBLYMAN OTLOWSKI: And they are all unionized?

MR. WHITE: Yes.

ASSEMBLYMAN OTLOWSKI: If you want to make changes, how can you make changes to meet with Civil Service regulations and with the union contract?

MR. WHITE: Any changes in--?

ASSEMBLYMAN OTLOWSKI: In staffing. How would you make changes?

MR. WHITE: Well, if we want to make a significant change, for example, in hours of work, we have to negotiate with the union. Or, if we want to make a change in adding a half hour lunch, or something like that, we have to negotiate.

ASSEMBLYMAN OTLOWSKI: You have heard the testimony here about the penal help. Do you feel that the penal help should be eliminated? Of course, that might be a moot question now.

MR. WHITE: It is.

ASSEMBLYMAN OTLOWSKI: I think the record ought to show that because both commissioners are withdrawing that help. But, I think we ought to have your opinion on that for the record.

MR. WHITE: Okay. First of all, in utilizing the inmates from Rahway Prison, we were getting about three and one-half hours of work out of them a day. They are not trained housekeeping people. They are transient. By that I mean that they go off on parole and a new group comes in. A geriatric center is really no place for inmates. It is not conducive to making life that great for the geriatric type patient.

They are going. They are being phased out and by September they are being replaced by Civil Service personnel.

ASSEMBLYMAN OTLOWSKI: I don't want to put you on the spot, because you work with nurses and you have to live with them, I don't. But, in any event, you are talking about a shortage of nurses; you are talking about an even greater nurse shortage when the Roosevelt Hospital goes into its expansion program, into the nursing home field. In your opinion, would it be of any help to have physicians' assistants? You don't have to answer that question if you don't want to, because you have to go back to live with nurses. If you feel that you can answer that question, I think it would be helpful to this committee.

MR. WHITE: I have my medical director here with me today, and I am sure she would sanction it. I would too, very much so.

ASSEMBLYMAN OTLOWSKI: They would be helpful?

MR. WHITE: Yes.

ASSEMBLYMAN OTLOWSKI: All right. That answers the question.

The other thing I wanted to ask you is, under development of your volunteers, what kind of volunteer orgainzations do you have there?

MR. WHITE: Well, we have established what we call a VIVA organization --

which means "Volunteers in Veteran Aid," and that comprises a membership of 150 people who come in sporadically during the week and at night to help on the floors.

ASSEMBLYMAN OTLOWSKI: And what is the purpose for these volunteer organizations? What do they do? How do they relate to the patients?

MR. WHITE: Well, there are a lot of patients that don't have families. They talk with the patients and write letters for them. They take them to our canteen. They have picnics for them on our picnic grounds. They do general things of that type.

ASSEMBLYMAN OTLOWSKI: Is there a good liaison with the veteran organizations, say with the Legion and the Veterans' of Foreign Wars? Is there an established liaison between the institution, the patients, and these organizations.

MR. WHITE: Yes, there is. You know, this institution is wide open, and by that I mean our veterans' organizations - the American Legion, VFW, Disabled Veterans - come in there practically every day and every night. There are bingo games. They walk through the facility and give out "goodies" to the men, and so forth. The place is always under observation.

ASSEMBLYMAN OTLOWSKI: Do you encourage the veteran organizations to be active and to participate in activities?

MR. WHITE: Yes, I do. If it weren't for them, we wouldn't have some of the things that we do have, such as a donated screened-in porch, an ambulance which was donated by the veterans' organizations, television sets, and so forth, and so on.

ASSEMBLYMAN OTLOWSKI: I asked a question before that maybe you can answer. These state institutions get federal monies. Are there federal inspections conducted by the federal government?

MR. WHITE: Yes, the VA conducts an inspection once a year.

ASSEMBLYMAN OTLOWSKI: Who conducts them?

MR. WHITE: The East Orange Veterans' Hospital sends down an insepction team of about 7 people, once a year, to inspect our facility. In their last inspection, in September 1979, they had 8 recommendations to make and certified us as fine for them, and we were in the process of developing those 8 recommendations when they appeared at that time. So, we meet V.A regulations.

ASSEMBLYMAN OTLOWSKI: Do the veteran organizations - the coalition, or whatever they call themselves - have periodic inspections? Do they have a committee that makes inspections?

MR. WHITE: No.

ASSEMBLYMAN OTLOWSKI: From the point of view of an administrator, wouldn't it be good to encourage that?

MR. WHITE: Most veterans organizations have what they call a hospital officer that visits a hospital mostly on an entertainment basis, but he does get an opportunity to walk around the facility.

ASSEMBLYMAN OTLOWSKI: On my visit to your institution - I am sorry I can't say this for Vineland - early on a Sunday morning, I talked to the nurses and I talked to you -- I elicitied information from you and from the nurses - and I found that not one patient of the 136 incontinent patients had bed sores, other than patients that came in from other institutions. Did you tell me that?

MR. WHITE: That's correct.

ASSEMBLYMAN OTLOWSKI: Do you remember the nurses that I spoke to?

MR. WHITE: I believe you spoke to a Ms. Levey, who is the head nurse in the main building.

ASSEMBLYMAN OTLOWSKI: And she told me to same thing, isn't that so?

MR. WHITE: Right.

ASSEMBLYMAN OTLOWSKI: I spoke to a couple of other nurses as I went through, you probably don't remember their names.

Let me ask you this: You heard some of the testimony that was given here this morning. You heard the testimony about the different inspections that Assemblyman Snedeker has pursued -- the one in September, the one in January, the one in June. Finally, the one in June was the one that closed down your beds. The inspections that Assemblyman Snedeker was talking about, when those inspections were made, and when the criticisms were made, and when the shortcomings were pointed out to you, what reaction was there? What kind of reaction took place? What kind of corrections took place from the September, January, and June inspections?

MR. WHITE: Usually an inspection form is systematized, that is it is in segments by department -- nursing department, medical department, dietary, and so forth. As soon as we receive the inspection report, I give each and every one of our department heads that is responsible for these areas the report right away, and they proceed with making corrections. Now, there are times when items must be ordered, there are delivery schedules, items must go out for bid under purchasing, and so forth, and it requires a length of time to make some of the corrections. But, by and large, corrections are made immediately. And, such was the case on the midnight visit of May 5th. I would like to point out that the inspector did not leave a list.

ASSEMBLYMAN OTLOWSKI: The inspector did not what?

MR. WHITE: Did not leave a list of the deficiencies that night. There was a head nurse on duty. They came in unannounced. She didn't know who they were. She was nervous. They may have told her something. They may even have told her the place was closed, but that was never related to me.

At 2:30 in the morning I was awakened by one of the nurses in another building and told that there was somebody at the outside door flashing a badge, should she let him in. I said, "Go look at the badge." She went and looked at the badge. She was still upset. You can imagine a nurse, late at night, with somebody banging at the door. She identified it as a Department of Health badge and I said "Let them in and let them inspect; they have that right. And, call me back if there are any problems." Apparently there were no problems. They went through the facility, and in the morning I asked for a report on what they had found, and there was no report left in writing.

ASSEMBLYMAN OTLOWSKI: When did you first get the report?

MR. WHITE: I got the report on May 20th from Dr. Goldberg.

ASSEMBLYMAN OTLOWSKI: And that was how long after that night?

MR. WHITE: Fifteen days later.

ASSEMBLYMAN OTLOWSKI: That was 15 days after that night inspection and after that inspector said the place was going to be closed.

MR. WHITE: I had some idea of what they found.

ASSEMBLYMAN OTLOWSKI: But, you didn't get the report for a period of 15 days?

MR. WHITE: I didn't get a written report for 15 days.

ASSEMBLYMAN OTLOWSKI: Who spoke to you on the 15th day when you got the inspector's report?

MR. WHITE: I got that in the mail.

ASSEMBLYMAN OTLOWSKI: You got that in the mail. By whom was it signed?

MR. WHITE: Dr. Goldberg.

ASSEMBLYMAN OTLOWSKI: And, for the record, who was Dr. Goldberg?

MR. WHITE: He is the-- His title is right here. He is the Director of Licensing and Certification Standards.

ASSEMBLYMAN OTLOWSKI: Of the Department of Health?

MR. WHITE: Yes. I would be happy to detail a report.

ASSEMBLYMAN OTLOWSKI: But in any event, that was 15 days after the that night visit?

MR. WHITE: That's correct.

ASSEMBLYMAN OTLOWSKI: Let me ask you this: When you got that report, what was your immediate reaction? What did you do to react to that report?

MR. WHITE: Of course we began to correct it.

ASSEMBLYMAN OTLOWSKI: Taking in what? What kind of priority did you give it? Did you go after the first fellow that was smoking ciagrettes, or did you go after the place that--

MR. WHITE: As I mentioned before, Assemblyman, I got my department heads together, the ones who were responsible for the areas the deficiencies were in, and we began tackling the whole business at one time. This is a relatively small deficiency report - 21 deficiencies - so I saw no reason why we couldn't clean the first report up in a week's time, except I will qualify that remark concerning a few of the items.

ASSEMBLYMAN OTLOWSKI: There were 21 the first time, and the moment you got that you immediately reacted by calling in your department heads? What happened with those 21 deficiencies when you called in your department heads? Were they immediately corrected? Were they corrected the next day or the next week? When where they corrected?

MR. WHITE: I would say they were corrected within a period of one or two weeks, and I must explain that items have to be ordered. A new medication cart had to be ordered. New no smoking signs had to be ordered, and so forth and so on.

ASSEMBLYMAN OTLOWSKI: The 21 deficiencies that you received, how long did it take you to clear them up?

MR. WHITE: I sent my report with reference to clearing them up back to Dr. Goldberg on June 6th.

ASSEMBLYMAN OTLOWSKI: They were cleaned up, in your opinion, on June 6th?

MR. WHITE: In my opinion, on June 6th.

ASSEMBLYMAN OTLOWSKI: And then what happened after you said they were cleaned up and after you submitted your report?

MR. WHITE: They came back for a reinspection on June 18th.

ASSEMBLYMAN OTLOWSKI: And then what happened?

MR. WHITE: They noted that some of the deficiencies were corrected,

but they sustained some of the others, even after I was willing to show them purchasing orders in process to buy signs and to do this and that and the other thing.

ASSEMBLYMAN OTLOWSKI: Excuse me, Mr. White. If the sign wasn't there, then the deficiency wasn't corrected. The only thing that you showed them is that you were buying the signs.

MR. WHITE: I wanted to show them good faith, that we were proceeding to correct them.

ASSEMBLYMAN OTLOWSKI: You showed good faith, but how many of the 21 deficiencies were actually corrected when they came back -- actually corrected? And, how many of the deficiencies did you show would be corrected?

MR. WHITE: I showed all of them would be corrected.

ASSEMBLYMAN OTLOWSKI: But, how many out of the 21 were actually corrected?

MR. WHITE: Actually corrected? Ten.

ASSEMBLYMAN OTLOWSKI: What were the ones that were not corrected immediately?

MR. WHITE: Evidence of smoking was found throughout the facility -- that was one of them. All needles were not kept in a locked storage area in the main building.

ASSEMBLYMAN OTLOWSKI: Why wasn't that corrected immediately?

MR. WHITE: Well, that was something they found on the second go-around.

ASSEMBLYMAN OTLOWSKI: Wait a minute. Are you saying that after the 21 they added to the list?

MR. WHITE: Oh, yes. They have the right to add when they come back.

ASSEMBLYMAN OTLOWSKI: I know they have the right to add. I suppose they know how to add. But, after original 21, how many more deficiencies were found?

MR. WHITE: About 5.

ASSEMBLYMAN OTLOWSKI: Five? And then what happened when you got those 5?

MR. WHITE: We proceeded to correct those as well.

ASSEMBLYMAN OTLOWSKI: You reacted in the same way? You called department heads and told them to correct the 5?

MR. WHITE: That's correct.

ASSEMBLYMAN OTLOWSKI: And then what happened?

MR. WHITE: I usually bird-dog that stuff, personally, as well.

ASSEMBLYMAN OTLOWSKI: You attended to it personally?

MR. WHITE: Yes.

ASSEMBLYMAN OTLOWSKI: You mean you supervise it personally to see that it is done?

MR. WHITE: Absolutely.

ASSEMBLYMAN OTLOWSKI: Were those 5 deficiencies corrected immediately?

MR. WHITE: As quickly as possible, again depending upon the circumstances of what has to be done.

ASSEMBLYMAN OTLOWSKI: And then what happened?

MR. WHITE: That is where we stand right now. I have all my deficiencies

corrected, except housekeeping.

ASSEMBLYMAN OTLOWSKI: Have they agreed with you that all your deficiencies are corrected with the exception of houskeeping?

MR. WHITE: I have had no communication.

ASSEMBLYMAN OTLOWSKI: You have had no communication to the contrary?

MR. WHITE: I submitted my report.

ASSEMBLYMAN OTLOWSKI: So you are assuming that all of the deficiencies have been corrected because you haven't heard to the contrary. As a matter of fact there is only one that remains, and that is housekeeping.

MR. WHITE: Correct.

ASSEMBLYMAN OTLOWSKI: And why hasn't housekeeping been corrected?

MR. WHITE: We are in a period of transition right now, where we are phasing out the inmates and we are hiring civilian personnel. We must train those civilian personnel, and a consultant executive housekeeper training person is coming in on August 18th for one week to train the new personnel that we have hired. It doesn't make sense to put people on the floor to do cleaning and to use sophisticated cleaning solutions, and so forth, and machinery when they have had no training.

ASSEMBLYMAN OTLOWSKI: How long would it take you to train those new people?

MR. WHITE: One week.

ASSEMBLYMAN OTLOWSKI: How long?

MR. WHITE: One week.

ASSEMBLYMAN OTLOWSKI: One week? In any event, as far as you are concerned at this moment there is only one deficiency and that is housekeeping.

MR. WHITE: May I please answer that?

ASSEMBLYMAN OTLOWSKI: Yes.

MR. WHITE: That isn't to say when they come back again they will not find other deficiencies. You can go into any nursing home in this state and sharp-shoot it. I could go into any nursing home and pull out at least a dozen deficiencies.

ASSEMBLYMAN OTLOWSKI: But in any event we are just reviewing their inspections. We are reviewing their findings up to this date. When they came in originally they found 21 deficiencies, to which you reacted immediately. They came back and they found 5 more. You reacted immediately to those. In your opinion, at the present time, your testimony shows that there is one deficiency that remains, namely housekeeping, and that is going to take some time to correct.

MR. WHITE: That's correct.

ASSEMBLYMAN OTLOWSKI: Let me ask you this: Is there any recognized national association that the state engages to make inspections, other than the Health Department?

MR. WHITE: No, not at my facility.

ASSEMBLYMAN OTLOWSKI: Let me ask you this question from the point of view of administration, and you don't have to answer this question if you don't want to because I don't want to put you on the spot. In your opinion, would there be better inspections and a better relationship if a non-profit national orgainization of considerable reputation made the inspections and certified the institutions, as they do with general hospitals?

MR. WHITE: You are thinking of JCH?

ASSEMBLYMAN OTLOWSKI: Right.

MR. WHITE: I haven't had that experience, so I wouldn't be able to answer.

ASSEMBLYMAN OTLOWSKI: You wouldn't know. All right. I just wanted to ask you that question because I think that one of the things I am going to ask the Legislature to review is that possibility. In any event, at the present time, have you had the cooperation of the Department of Human Services once you made the deficiencies known to them?

MR. WHITE: Yes.

ASSEMBLYMAN OTLOWSKI: They responded immediately and were of help to you immdiately to make sure that you were able to correct those deficiencies?

MR. WHITE: As much as possibly could be done, yes.

ASSEMBLYMAN OTLOWSKI: Do you have any penal workers in that institution at the prsent time?

MR. WHITE: I do.

ASSEMBLYMAN OTLOWSKI: You do?

MR. WHITE: Yes, they are still there. They are going to be phased out by September lst.

ASSEMBLYMAN OTLOWSKI: How long is it going to take you to phase them out?

MR. WHITE: Well, it takes time to hire people and that is what we are dong.

ASSEMBLYMAN OTLOWSKI: I just want to tell you this: from what I hear from the patients and from what I hear from the veteran organizations - and I want the record to show this - the patients in many instances are afraid of those inmates that come there. Stuff is stolen from them. If the commissioners made this decision, I think we should get rid of them as quickly as possible.

MR. WHITE: I will say this: The force that is being sent out at the present time has dwindled down to such a low quantity, because most of them were paroled, that in some cases where we had nine inmates in one building, I now have only two. We just can't strip ourselves entirely.

ASSEMBLYMAN OTLOWSKI: How many do you have, total, off the top of your head?

MR. WHITE: Off the top of my head, I would say about 20.

ASSEMBLYMAN OTLOWSKI: When can we get rid of them?

MR. WHITE: Very shortly.

ASSEMBLYMAN OTLOWSKI: Shortly is how many days?

MR. WHITE: I would say if I was really pushed against the wall I could get rid of them in a week.

MR. KOHLER: You are going to get rid of them by September lst, isn't that correct?

MR. WHITE: That's correct.

MR. KOHLER: Because that is the phase out period.

MR. WHITE: That's correct. I spoke with the superintendent of Rahway Prison and we mutually agreed that a transition period of 60 days would be suitable for both of us.

ASSEMBLYMAN OTLOWSKI: And in the next week you will have your new people trained?

MR. WHITE: Yes. We are training our new people right now.

ASSEMBLYMAN OTLOWSKI: Let me ask you a question that I asked Senator Fay. When these deficiencies are made known to you and you call in your department

heads and you react, of course there are then other departments that are a part of the concern, namely the Health Department, the Department of Human Services, I suppose the Public Advocate, the local plumbing inspector, the local electrical inspector, etc. Do these people come to you to see how quickly it can be worked out? How does it work from then on in, when this is called to your attention?

MR. WHITE: They usually come individually, but since there was public notoriety of these deficiencies, in the last six months we have just had an onslaught of all kinds of inspectors throughout the state and the community. They don't come in collectively if that is what you are asking.

ASSEMBLYMAN OTLOWSKI: What I am saying is, the deficiencies are called to your attention; you react and call your department heads.

MR. WHITE: Right.

ASSEMBLYMAN OTLOWSKI: And then after that you find out there are some problems and you need help. Does the Department of Human Services then come in to meet with you and with the Health Department to review those deficiencies to see how quickly everybody can act to correct them, or are you left there all by yourself?

MR. WHITE: No, I advise my directors as much as I possibly can and seek their advice and assistance with these deficiencies.

ASSEMBLYMAN OTLOWSKI: Let me rephrase the question. Is there any kind of coordination between all of these departments that have their own "six guns" and who are all shooting from different directions? Is there any kind of coordination whereby they all get together after the thing has been made known, so that they can work to correct it together?

MR. WHITE: No.

ASSEMBLYMAN OTLOWSKI: Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: Yes. Mr. White, have you had an opportunity to read Mr. Fay's report?

MR. WHITE: No, I haven't.

ASSEMBLYMAN SNEDEKER: I think you ought to take a copy because he indicates that even if the items you heard him speak about are cleared up, he will still not recommend that the facility take new admissions because there are certain other things he would recommend be done before you take new admissions in, even if the Department of Health deficiencies are corrected. You really ought to read this report also.

ASSEMBLYMAN OTLOWSKI: Do you want to take Mr. Fay's report, so that you can follow up on the suggestion that the Assemblyman is making by looking at that report?

ASSEMBLYMAN SNEDEKER: I would like to have some comment from you on Item A in that report, under sanitary inspections. Not today, but I would like you to take some time and read it. I read in the last paragraph in Section A that one inspector, your inspector I assume who works for your facility--

MR. WHITE: No.

ASSEMBLYMAN SNEDEKER: No? He is the Health Department inspector? Where is the inspector from?

UNIDENTIFIED WOMAN IN AUDIENCE: The central office of the Department of Human Services.

MR. KOHLER: The Division of Sanitary Inspections.

ASSEMBLYMAN SNEDEKER: So it is one of the inspectors working for the

same department, in a sense, that you work for?

MR. WHITE: Yes.

ASSEMBLYMAN SNEDEKER: One of your own inspectors, not working at your own facility but who is still under the Department of Human Services. One inspector said - and I quote from Mr. Fay's report - that he has given up making inspections at the HDS because he cites the same deficiencies and all too often nothing is done. There is little evidence that direction and/or enforcement is given a high priority by higher level of management. Can you comment on that, or would you like to have a little more time?

MR. WHITE: Well, I would like to know what specifically he is talking about.

ASSEMBLYMAN SNEDEKER: Mr. Chairman, I would ask you, if it is possible, since the Department is here, to obtain copies of their inspection reports also so we can see what they are talking about. Since it is the Department of Human Services, if we can request it--

ASSEMBLYMAN OTLOWSKI: Will that report be made available to this Committee, please?

ASSEMBLYMAN SNEDEKER: Mr. White, after reading Mr. Fay's report I would like to know just who is in charge at the facility. It seems as though there is some employee-staff-management hard feelings, and "not getting along together" problems, or whatever you want to call it. I think, at least in that report, it indicates that there are problems with employees and staff and management at the facility.

I will give you time to read the report and come back with something in writing, if you can, because Mr. Fay's does make several recommendations in there. I think since you run the facility you ought to have the opportunity to go over it and come back to us and give us your yeses or nos, or reasons why we should or shouldn't go into some of those things. Would you like to make a comment now?

MR. WHITE: Well, you know we are departmentalized and our supervisors meet with me at staff meetings and we discuss the problems within their departments. They do have a contingent of people to manage, and any problems that occur are brought to my attention for discussion.

Now, in the case of the kitchen, most of the kitchen was manned by inmates, so there were on-going problems there.

ASSEMBLYMAN SNEDEKER: Where would you go with a problem when someone from your staff came to you and said, "We are having a problem running the kitchen. They can't get the food out on time; its cold," or some other problem?

MR. WHITE: We usually took that problem up with the sargeant or the lieutenant from Rahway Prison who was responsible for managing those inmates.

ASSEMBLYMAN SNEDEKER: You would agree that is not a good way to solve the problem?

MR. WHITE: Absolutely not.

ASSEMBLYMAN SNEDEKER: In other words, your own staff - your own people - cooking and doing what the inmates are doing would be better than having the inmates in there working?

MR. WHITE: Absolutely.

ASSEMBLYMAN SNEDEKER: Where you have no control?

MR. WHITE: Absolutely, and the same condition occurred in the housekeeping department.

department.

ASSEMBLYMAN SNEDEKER: I agree completely with that. As I said, I have been through three of these. This is the third one and they have the same problems.

We were talking earlier about notification and notifying you -- when you knew about the facility being closed, and so on, and you indicated there wasn't a written report left at the facility for you to read and that a nurse was in charge. When you were not there, as happened on the evening of May 5th, you indicated that the nurse called you up early in the morning. Was "the" nurse in charge, or was it "one of the" nurses in charge of a building?

MR. WHITE: Let me explain that. On May 5th, we did not have an 11:00 to 7:00 supervisor of nurses. That position was vacant. It is now filled. Usually the director of nurses selects a head nurse, which is the next level down, to be the officer of the day, if you will, for that night, and this is the nurse that called me to explain that there was someone at the door.

ASSEMBLYMAN SNEDEKER: How long had that position been vacant?

MR. WHITE: It had been vacant for-- I really can't answer that.

ASSEMBLYMAN SNEDEKER: Was there a recruiting problem?

MR. WHITE: That is a high skill job and as I mentioned before, nurses are as scarce as hens feet in central New Jersey.

ASSEMBLYMAN SNEDEKER: So that means the nurse who was placed in charge called you up and indicated there was an inspector there. When did you know, if there was no report left with that nurse or left with anyone, that you were to take no additional admissions as of the 5th of May?

MR. WHITE: I made an inquiry. I don't recall what day that was. I think I called the Department of Health.

ASSEMBLYMAN SNEDEKER: You don't know what day?

MR. WHITE: I don't know what day. I asked for the report and they said to me, "We don't leave a written report on midnight surveillances. Our surveillance team does not leave a written report." That is the answer I got. Then I said, "Can you tell me some of the deficiencies that you have found," and verbally, over the telephone, the person told me the deficiencies.

ASSEMBLYMAN SNEDEKER: Their report that was given to us today said admissions were curtailed on May 5, 1980.

MR. WHITE: Right.

ASSEMBLYMAN SNEDEKER: So, as of that time, they have the authority to say to you, the administrator of the facility shall take no additional admissions as of that date. Were there any admissions between the 5th and the--

MR. WHITE: Fortunately, there were no admissions between the 5th and the day I called. I did not know I was closed.

ASSEMBLYMAN SNEDEKER: You were not given anything in writing, directly to you as the administrator of that facility, stating that you will not take any admissions and that a report will follow later?

MR. WHITE: No, it was done on the telephone and the earliest report, as I meantioned in my previous testimony, was received on the 20th.

ASSEMBLYMAN SNEDEKER: But, did you receive a notice on the 15th of some kind?

MR. WHITE: Doctor Goldberg's letter is dated May 20th, and I received it through the mail. I have here "received May 27" stamped in.

ASSEMBLYMAN SNEDEKER: All right. So, you received a latter from Dr. Goldberg on May 20th?

MR. WHITE: It is dated May 20th; I received it 7 days later.

ASSEMBLYMAN SNEDEKER: And that letter listed the deficiencies and said that you were closed to additional admissions?

MR. WHITE: I have to refresh my memory.

ASSEMBLYMAN SNEDEKER: The question I asked was, the facility was inspected, the Department of Health testified earlier that as of the 5th they had notified the person in charge who happened to be a nurse that was appointed that evening to be in charge that they would take no further admissions. I believe the Department also indicated that a list of the deficiencies was left there, or were noted by the person in charge. I would like to know when you, the director, received notification that you would take no additional admissions, and when you received a list of any deficiencies you had.

MR. WHITE: Okay. I didn't realize our facility was closed to admissions until I made that telephone call the next day, or the day after, to the Department of Health, and I was lucky that there were no admissions in effect so that I wouldn't violate that.

Now, in Dr. Goldberg's letter, which is dated May 20th and which I have stamped received in my office on May 27th, the last two paragraphs state, and I quote: "If your facility were to admit any new patients before the cited deficiencies were corrected, the already sub-standard conditions would be exacerbated thereby endangering the health and safety of both the new patients as well as those already housed in your facility. Therefore, if you do not immediately cease admitting new patients until such time as the cited deficiencies have been corrected to the satisfaction of the Department of Health, appropriate legal action will be taken." As I read it, what he is telling me there is that he is acknowledging that I may not have heard about the curtailment and that I had better abide by it.

ASSEMBLYMAN SNEDEKER: How long have you been administrator of this facility?

MR. WHITE: I had been acting superintendent for a period of time, and I was made permanent superintendent on May of '78. I have been at the soldiers' home in both the assistant superintendent and superintendent capacity for nine years.

ASSEMBLYMAN SNEDEKER: Then you were familiar with the Health Department's normal, routine inspections?

MR. WHITE: Yes, I was.

ASSEMBLYMAN SNEDEKER: Have you worked with the Department before in correcting deficiencies?

MR. WHITE: Yes.

ASSEMBLYMAN SNEDEKER: Have you had as many deficiencies as 80? There were some 80 listed.

MR. WHITE: I think one of the primary reasons for the increase in deficiencies in the later years was because of the new regulations that were promulgated on July 1, 1978. Prior to July 1, 1978, we had no problems under the current staffing, and so forth, meeting the standards of the Department of Health.

As I mentioned in my testimony, in instituting the new standards on July 1, 1978, the Department did not keep pace with upgrading the funding, resources, and so forth, to meet those standards, that is why I would suspect the deficiencies increased.

ASSEMBLYMAN SNEDEKER: To clarify this for me, the standards you are talking about were published and made by who?

MR. WHITE: The Department.

ASSEMBLYMAN SNEDEKER: The Department of Health? Did your office receive

a copy of that in July, August, or September?

MR. WHITE: Probably a short period after they went to press.

ASSEMBLYMAN SNEDEKER: Did you have those reviewed with your staff and personnel there to see if you were in violation of any of the new regulations at that time?

MR. WHITE: Well, yes, we did review the standards, but you know, as I said, I am not an autonomous being; I realize that the Department had to provide the wherewithal to meet these standards. At the time, I recall it was to be done in due course. I think the Department of Health, in the beginning when they issued the new standards, gave nursing homes in this state an opportunity to take a period of time to meet these standards.

ASSEMBLYMAN SNEDEKER: That was in 1978?

MR. WHITE: Right.

ASSEMBLYMAN SNEDEKER: Did you have inspections between that period and before September?

MR. WHITE: Normally, I have an annual inspection from the Department of Health in October or November of every year, and sometimes there is an intermediate inspection in the middle of the year.

ASSEMBLYMAN SNEDEKER: Has Menlo Park ever been the subject of a midnight inspection?

MR. WHITE: No.

ASSEMBLYMAN SNEDEKER: Had you had complaints from patients, or residents of the facility, or members of their families, or members of veterans' organizations concerning certain problems in this institution?

ASSEMBLYMAN SNEDEKER: Assemblyman, when you are running a facility of this size -- I have a folder of thank you letters from families stating what a wonderful job we have done, and I have a folder of complaints, and we act on both of them.

ASSEMBLYMAN OTLOWSKI: Did you bring both folders?

MR. WHITE: I brought the thank you folders.

ASSEMBLYMAN SNEDEKER: Sometimes you do get complaints, I am sure, and you act upon those and inspect them at that time and try and clear them up?

MR. WHITE: We act as best we can on every complaint.

ASSEMBLYMAN SNEDEKER: Would you say that your problem-- I will rephrase that question. Is there a problem with the amount of money you have to operate your facility with?

MR. WHITE: Yes, in my opinion there is.

ASSEMBLYMAN SNEDEKER: Is there any problem with the cooperation that you get from the Department of Human Services, outside of money?

MR. WHITE: No.

ASSEMBLYMAN SNEDEKER: So, you would say the big problem is if you had the funding available you wouldn't have any problems, or not as many, let's say; you will probably always have problems.

MR. WHITE: I could upgrade the facility even further than it is.

ASSEMBLYMAN SNEDEKER: It just seems to me, Mr. Chairman, that we just got through a bond issue recently. You and I discussed it here on this floor. I would hope that maybe we could find some funding in that bond issue, if it is passed by the voters this November, to take out of that $10 million for private nursing homes and maybe put it in our veterans' homes in the state, where it rightfully belongs. I think that is where we really ought to start. I make that as a comment here for the record.

ASSEMBLYMAN OTLOWSKI: Thank you very much, Assemblyman. Assemblyman Markert.

ASSEMBLYMAN MARKERT: Thank you very much, Mr. Chairman. I have heard two things with reference to a report and the violations cited on the evening of May 5th. The Department of Health has stated that you were made aware of them. You claim that you were not made aware of them.

MR. WHITE: Oh, no, I didn't. I said I was made aware of them on the telephone.

ASSEMBLYMAN MARKERT: But, not that evening?

MR. WHITE: Not that evening.

ASSEMBLYMAN MARKERT: Do you recall when you called to get that information?

MR. WHITE: It was either the next day or the day after, Assemblyman. It was most likely the next day because I was looking for the report that they might have left the first thing in the morning, and the nurse told me they didn't leave any report.

ASSEMBLYMAN MARKERT: And, on that day, that next day or the day after whichever it may have been, you said you were notified by phone also that your admissions were closed.

MR. WHITE: Yes.

ASSEMBLYMAN MARKERT: So, really, you didn't have to worry about the thirty days, or whatever it was, until you got the written letter from Dr. Goldberg about the fact that you were going to be closed to admissions, because you knew it the next day, or the day after.

MR. WHITE: Yes.

ASSEMBLYMAN MARKERT: You knew about it within 48 hours. So, we don't have to really think about the fact that you didn't have anybody coming in because you shouldn't have anybody coming in. You knew that in 48 hours.

MR. WHITE: Right.

ASSEMBLYMAN MARKERT: This Committee has given you Mr. Fay's report, and you have been asked some question with regard to it by Assemblyman Snedeker. I do hope that you have an opportunity to read that report and get back to us, as he has requested, with some of the proposals made by him.

MR. WHITE: May I make a comment on that, Assemblyman?

ASSEMBLYMAN MARKERT: Yes.

MR. WHITE: The first page and the second page, the 21 items, you realize are mirrored from the Department of Health.

ASSEMBLYMAN MARKERT: Yes, I realize that. They are mirrored; however, according to the questioning of Mr. Fay, they were also evidentally verified by his inspectors.

MR. WHITE: Senator Fay, as far as I know, did not have the inspectors of the type from the Department of Health go into every nursing station and do an inspection. He simply had a woman at our facility to interrogate all of my department heads. He does not have his own inspection team, such as the Department of Health does.

ASSEMBLYMAN MARKERT: I understand that. You stated that you have been around for a little while, approximately 9 years, in two capacities, one as acting and just recently permanent. I am looking at a report that states the historical information, dating back to 1977. We are talking about as recently -- and I don't know if you have a copy of this report or not-- John, do you have a copy of this report?

MR. KOHLER: Yes.

ASSEMBLYMAN MARKERT: Let's turn to the second page. We find in the history of the survey that there were 87 deficiencies - I like that word deficiencies, it is much better than violations - on September 11th and 13th - this is '79 - and then

in January 30th and 31st of '80, and now we are talking about approximately two or three months, there were only 21 corrected out of the 87 deficiencies. Now, when I see 21 out of 87 corrected, I can think about such items as I saw here -- a crusted mop laying in a pail of black water, a cigarette butt and a paper cup; now these are all deficiencies -- I can empty that bucket, pick up the butt, put it in the paper cup and throw it in the trash and in 13 seconds to a minute and one-half I have just taken care of three of the deficiencies. We are talking about 87 deficiencies and what they do is-- I am talking about the Department of Health and I have not seen the report that we have asked for from the Department of Human Services and its health inspectors, which I know is forthcoming. It is impossible for me to conceive that in this length of time, with your experience of 8 or 9 years at this institution, that there would be this many deficiencies that deal with the health and the care of individuals.

Let me address one thing that particularly disturbes me, and that is the one stating that at 2:30 in the afternoon we find "x" numbers of patients still in bed.

MR. WHITE: I don't think I have the same report.

ASSEMBLYMAN OTLOWSKI: That was in Fay's report.

ASSEMBLYMAN MARKERT: That is in the Ombudsman's report? I will give you the page on that one, if I can find it in a hurry.

ASSEMBLYMAN OTLOWSKI: It is page 2 in Fay's report.

ASSEMBLYMAN MARKERT: Do you have that, Mr. White? There are 30 patients who should have been out of bed and who were still in bed at 2:45 in the afternoon, from the night before. Is this something that goes on all the time, or did he just happen to have someone walk in there on this particular day and find this one item that happened to be an isolated case on this one day?

MR. WHITE: It could have happened only the one day. We do have a shortage of help from time to time - sick-outs, sick calls - and it could have happened that particular day.

ASSEMBLYMAN MARKERT: It is not an on-going problem?

MR. WHITE: I wouldn't say it is on-going, no.

ASSEMBLYMAN MARKERT: You would say it is on-going?

MR. WHITE: No.

ASSEMBLYMAN MARKERT: It is not on-going?

MR. WHITE: No, it is not on-going.

ASSEMBLYMAN MARKERT: Talk about coincidence. May I ask, since you have been subjected to 87 violations and you have cleared up 21 within the last six months, and you know that these -- I'm sorry, I keep calling them violations because in my business that is what they are-- With all of these deficiencies, and if you feel that finance is your problem, have you ever had any communication with your superiors in the Department of Health that said, in essence, "Look, we have deficiencies; I cannot satisfy them; we stand a change of having this home closed" - or whatever action you felt at that time may have been taken - and asked them just what they wanted to do? I realize you are sitting there with certain restrictions on you. There is no question about that; I understand that. And, I understand also that if you were to bring this problem to a superior, we may have had some input from that person, or persons. Have you ever had that type of correspondence?

MR. WHITE: Yes.

ASSEMBLYMAN MARKERT: Who did you address it to?

MR. WHITE: My superior.

ASSEMBLYMAN MARKERT: Who would be?

MR. WHITE: The Director of the Division of Veterans' Programs and Special Services.

ASSEMBLYMAN MARKERT: And that is?

MR. WHITE: General Doyle.

ASSEMBLYMAN MARKERT: Has General Doyle ever given you any satisfaction as to how you can go about correcting these deficiencies without the funds that you say you requested, or the personnel that you requested?

MR. WHITE: There are some cases where funds are not necessary to correct a deficiency, as you know. There are other cases - more important deficiencies - where it takes some money to do the job, either in the form of money to buy equipment, or money to staff with supervision, or what have you. So, again, it is a subjective kind of question. There are occasions where--

ASSEMBLYMAN MARKERT: I realize what you are saying.

MR. WHITE: It takes a different form. You put it in a certain way but--

ASSEMBLYMAN MARKERT: I want to know how much pressure you are using.

MR. WHITE: I can only use my own pressure. I have to submit a budget once a year for his review and I do that with justification for each item that I want.

ASSEMBLYMAN MARKERT: I have a breakdown of that budget.

MR. WHITE: Coming back from the other end of it, these problems that we have, the lack of funding for replacement equipment, equipment, staff, or what have you, comes back in the form of a spending plan. The Appropriations Comittee, as you know, allocates so much money for the operation of Menlo Park Soldiers' Home. That is spread out into a spending plan. So, regardless of whether I need something beyond that spending plan or not, it is not there. So, I have to live with the monies that are given to me to operate the facility.

ASSEMBLYMAN MARKERT: I can understand your position. I am just really concerned over the fact that you have not done something that maybe I felt I would have done.

MR. WHITE: I scream and holler just like anybody else

ASSEMBLYMAN MARKERT: You should have closed that home first. You should have said, "I won't take another person in here until I can at least make the sanitary conditions better."

MR. WHITE: I recommended to the division director that we close fifty beds.

ASSEMBLYMAN MARKERT: Well, that is what I am looking for, that type of thing.

MR. WHITE: I recommended it because we were lacking adequate supplies at the time.

ASSEMBLYMAN MARKERT: And the director said, "You keep them open"?

MR. WHITE: Of course.

ASSEMBLYMAN MARKERT: That is what I am looking for, because I know that a person's hands can be tied through limitations -- funds and everything else.

MR. WHITE: I imagine his hands are tied too.

ASSEMBLYMAN MARKERT: If his hands are tied, I am going to find out why his hands are tied. It is going to stop somewhere. Somewhere this buck is going to stop, and then we are going to find out. And, I hope when it does stop we can make some determinations why things weren't done the way they should have been.

There is one point I would like to stress. We have some problems with time insofar as reports are concerned. I just saw the Chairman looking at his watch, and maybe we are going to break again. If we do, I am going to find out just why there has been a difference in the statements made about the report you received about the violations.

I would like to ask one other question, if I may. I notice that in some of the statements made here today - we were talking about bedpans, urinals, etc. - they claimed that there is not enough to go around; there is not one per person, or one per bed.

MR. WHITE: Let me shed a little light on that, okay? We were licensed in 1971. That is the first time that government nursing homes were included under the licensure law. The Department of Health has been inspecting us since 1971, year in and year out. We did not have enough bedpans and urinals and basins for each individual patient in the entire facility. Not everyone requires them. We have 136 incontinent patients, but the rest of them are not. We had enough to service the patients, in my opinion. Now, apparently the new standards are that every patient, regardless of whether he needs a urinal or not, must have one in his possession. We did that. Every patient in my place--

ASSEMBLYMAN OTLOWSKI: Where does he put it, in the bank? If he doesn't have any need for it, does he put it in the bank?

MR. WHITE: He puts it in his locker.

ASSEMBLYMAN OTLOWSKI: Oh.

MR. WHITE: I had to go out and spend thousands of dollars to insure that every patient had a bedpan, a urinal, and a basin.

ASSEMBLYMAN MARKERT: Well, I would hate to think, Mr. White, that we needed one and you didn't have one, and because of a certain change in the health standards you had to go out and buy them.

MR. WHITE: I didn't have one for each patient. I had enough bedpans, enough urinals, and enough basins to service any patient that required them, but that wasn't good enough. They wanted one for every single patient in the place, so we went out and bought them.

ASSEMBLYMAN MARKERT: Well, I don't really think they addressed it as one for every patient, but at least one for every bed. You may not have had a patient in the bed.

MR. WHITE: Well-- If I may, may I make another comment? I want to assure you that when I am presented with a list of deficiencies, I don't demean those deficiencies. I think they are important. I act on them right away. I may not agree that they should close the facility, but I don't put them aside as meaning nothing. We act on every deficiency, even though I may not agree that these deficiencies should close our facility.

ASSEMBLYMAN MARKERT: Thank you.

ASSEMBLYMAN OTLOWSKI: One more question before we recess for lunch. What is your daily absenteeism -- sick-outs, call-outs -- among your employees? What does it average?

MR. WHITE: We are averaging between ten and eleven percent on a daily basis, and between twenty-two and thirty-seven percent on weekends.

ASSEMBLYMAN OTLOWSKI: Twenty-two percent on a weekend?

MR. WHITE: That's correct.

ASSEMBLYMAN OTLOWSKI: And that has been consistent for how long now?

MR. WHITE: My director of nurses knows better than I do. I think for about the last three months.

ASSEMBLYMAN OTLOWSKI: I know the problems that you have trying to maintain discipline, just based upon absenteeism. Let me ask you this before we recess. I wish you would take it upon yourself to talk to the Department of Human Services about the problem of absenteeism and get their help in looking for some kind of solution. I know it is difficult. I know you have all kinds of restrictions about firing people and about letting people go because of their indifference or their absenteeism.

I feel that the Committee would be more comfortable, since you are giving us these astounding figures of twenty-two percent on the weekends, if you would talk about that to the Department of Human Services to see if you could come up with some kind of a solution, whatever it is; and I don't know. I am sure the Committee would feel more comfortable with that. Will you do that?

MR. WHITE: Yes, I will. I have addressed this problem on several occasions, not to the Department but to the legislators, that some incentives have to be ordered.

ASSEMBLYMAN OTLOWSKI: I think you should address it to your Department, to the people there, and they then have to address it to the Legislature, and there may be something that we can do; I don't know. But, I think you have to emphasize that to your Department, because that is a crippling thing; there is no question about it.

MR. WHITE: You cannot give good patient care that way.

ASSEMBLYMAN OTLOWSKI: Of course not.

MR. DOYLE: To rectify this problem, it would take ten to fifteen percent more personnel to operate the facility.

ASSEMBLYMAN OTLOWSKI: I don't want that kind of an answer that quickly. I wish it would be given more thought. The easiest answer, of course, is always spend more money, put more people on. I want a better answer than that. Maybe the answer has to come from the Legislature; I don't know. Let's look for a better answer than that.

In any event, Mr. White, we are going to recess for luch. As a matter of fact, we wish you would stay. We are finished questioning you, but we wish you would stay in the event we have to call you back.

We are going to recess from now until 2:00. For those people who aren't familiar with the State House and with the facilities here, there is a cafeteria right in this complex, in the State House Annex. We will be back here at 2:00 sharp to continue the hearing.

ASSEMBLYMAN MARKERT: Mr. Chairman, before Mr. White leaves, I would like to ask two questions. Number one, would you have any objection to a member of this Committee coming up and vising Menlo Park?

MR. WHITE: I would be delighted.

ASSEMBLYMAN MARKERT: You have given us a report. Would you recommend that this facility at Menlo Park be opened now for admissions?

MR. WHITE: Absolutely.

ASSEMBLYMAN OTLOWSKI: As a matter of fact, on the basis of what Assemblyman Snedeker has said, I may invite the Committee to visit your facility within the next day or so, or by next week. Since he made the suggestion, I think it is a good one. We stand recessed until 2:00.

ASSEMBLYMAN OTLOWSKI: Will the meeting come to order, please? Mr. Samuel Peronne, please? Mr. Peronne, will you please identify yourself?

S A M U E L P E R O N N E: My name is Samuel Peronne and I am the Coordinator of Institutional and Environmental Services for the Department of Human Services. Our responsibility is to conduct inspections of the facilities operated by our Department of Sanitary Inspections. In addition to inspection, our other two functions are consultation and education. We are involved in food handling classes right now with the institutional food handlers and that, basically, is what we do.

ASSEMBLYMAN OTLOWSKI: You are in charge of the inspectors for the Department of Human Services?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN OTLOWSKI: Your inspections have what criteria and what markings do you usually leave?

MR. PERONNE: Following an inspection, we can give one of three ratings. That would be either satisfactory, conditionally satisfactory or unsatisfactory. A satisfactory rating doesn't necessarily mean that there are no violations. There could be violations and a facility still be rated satisfactory. Conditionally satisfactory means that there are some potential problems, things that, if allowed to go on, could cause illness, perhaps, and unsatisfactory would mean that there is imminent danger to the health of the employees or the patients. Our policy is to never leave an unsatisfactory rating and walk away from it. Our sanitarians are instructed to stay there and see that some improvement is made so that we could at least upgrade the rating to conditionally satisfactory.

ASSEMBLYMAN OTLOWSKI: So, you have three grades of criteria?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN OTLOWSKI: Let me ask you this. Your people,they inspected these institutions that we're reviewing today, namely, Menlo Park and Vineland?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN OTLOWSKI: Briefly, what did they find at Menlo Park?

MR. PERONNE: We have been conducting inspections at Menlo Park and 39 other facilities operated by our Department all along. Sometime prior to the recent problem at Menlo Park, we issued conditionally satisfactory ratings to that facility.

ASSEMBLYMAN OTLOWSKI: Conditionally satisfactory?

MR. PERONNE: Yes, sir. There was a problem of use of urine bags for patients. We thought it was an unsanitary situation and we thought these bags should have been disposed of in a much shorter period of time than they were. We were told by the institutional personnel, "Yes, we realize it is a problem, but we just don't have the finances to purchase these things in larger quantities."

ASSEMBLYMAN OTLOWSKI: When was your last inspection made at Menlo Park?

MR. PERONNE: It was within the last three weeks, Assemblyman.

ASSEMBLYMAN OTLOWSKI: And, what kind of rating did you give it at that time?

MR. PERONNE: We called it satisfactory at that time.

ASSEMBLYMAN OTLOWSKI: What about Vineland? What kind of rating did you give Vineland?

MR. PERONNE: The Vineland Soldiers Home was rated satisfactory at the time of the Health Department inspection. We did go in afterward and do a reinspection and many of the deficiencies that the Health Department noted were still there.

I can't remember them right now, but our feeling was that they were not of a nature significant enough to cause the facility to be closed to admissions.

MEMBER OF AUDIENCE: Excuse me, may I interrupt?

ASSEMBLYMAN OTLOWSKI: Wait a minute. You will get your chance to correct him. I'm not going to have everybody running this meeting.

MR. PERONNE: Assemblyman, we do send our reports in to Deputy Commissioner Rubin and I'm afraid that she is more up on what my latest rating is than, perhaps, I am. So, if I said that the last one was satisfactory, it may well be that I was wrong.

ASSEMBLYMAN OTLOWSKI: Would you rather change that anwwer to, you don't remember or it is not clear to you? Would you want to say that for the record?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN OTLOWSKI: All right. Thank you very, very much. Thank you. Assemblyman, do you have any questions?

ASSEMBLYMAN SNEDEKER: Yes, I do. Mr. Peronne, do you, in any way, co-ordinate your inspections with the Department of Health inspections?

MR. PERONNE: No, sir, we do not. We operate independently. That is not to say that we don't consult. I have spoken with Fred Headley, Mrs. Dix and others in that unit several times and I have frequent contact with the consumer health services of the Department of Health, as well.

ASSEMBLYMAN SNEDEKER: Your title is what, again?

MR. PERONNE: I am called Coordinator of Institutional and Environmental Services.

ASSEMBLYMAN SNEDEKER: Now, generally, do you inspect the same facilities all the time or the same type of facilities, the state hospitals or soldiers homes or childrens homes or what do you inspect, you as an individual? Do you do inspections?

MR. PERONNE: No, sir, I do not. I go out to the institutions to know what is going on, to see how my inspectors are functioning, to talk to the personnel, but the inspections are done by my sanitarians.

ASSEMBLYMAN SNEDEKER: Now, your sanitarians, are they assigned always to the same institution or the same type of institution?

MR. PERONNE: They operate on a geographical basis.

ASSEMBLYMAN SNEDEKER: So, they have a few of each one and a little of everything?

MR. PERONNE: Exactly. We have, for example, a sanitarian based at Vineland State School and additionally, he is responsible for the Vineland Soldiers Home and the Woodbine State School and some day care centers operated by the Department.

ASSEMBLYMAN SNEDEKER: But, that one sanitarian, then, in the Vineland area, he inspects Vineland many times?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN SNEDEKER: So, he is familiar, generally, with every nook and cranny in the Vineland institution? Whether he is inspecting the hospital there or the soldiers home, he is familiar with all the kitchen and medical facilities and so on.

MR. PERONNE: He should be very familiar with those facilities because in addition to inspecting, he is a member of the Infections Control Committee and he is frequently called upon to offer his opinion as to matters of sanitation, safety and infections control.

ASSEMBLYMAN SNEDEKER: Well, at Vineland we were talking about that. At that facility or any other, are you familiar with the Department of Health inspection forms they use? Is there a form or check-off list that they use?

MR. PERONNE: I am not familiar with them, but I have seen them.

ASSEMBLYMAN SNEDEKER: You don't trade back and forth ideas, like we should be looking for this, or a form so you have a standard to meet?

MR. PERONNE: When it comes to kitchen facilities or food service areas, we inspect them according to Chapter 12 of the State Sanitary Code, which the Health Department uses as well. When you get into the residential facilities, I believe there are standards that Mr. Hebler's group uses, but we and the other components of the Health Department do not have any, so it is basically the professional judgement of this licensed sanitary inspector as to what represents---

ASSEMBLYMAN SNEDEKER: Do you think it might be a good idea, though, if you two got together and came up with a report or form, at least, to try to cooperate with each other? Then, if they know that something is wrong in the kitchen, such as the knives being kept in a particular area, when your man goes in the next time around he can report that there is a violation that has been corrected with their cooperation . Don't you think that could be done?

MR. PERONNE: I welcome whatever cooperation we could get.

ASSEMBLYMAN SNEDEKER: Don't you think you will get more done that way if there is cooperation?

MR. PERONNE: Sir, we had a slight problem yesterday at one of our facilities and I did check with someone in the Health Department to get his opinion as to how to handle it, before I went out to the facility and made the decision. The input was very helpful, so we do frequently have this type of interaction.

ASSEMBLYMAN SNEDEKER: Are you familiar with the report on Vineland in which there were some 80 different violations from the Health Department?

MR. PERONNE: I have not seen it, and of course we have our own inspection with a number of deficiencies listed.

ASSEMBLYMAN SNEDEKER: When your department inspected Menlo Park, would you have any idea what you may have picked up at that time, in terms of violations?

MR. PERONNE: If my memory serves correctly--- What we have is an inspection index to help my memory which lists the date that the facility was inspected .

ASSEMBLYMAN OTLOWSKI: Do you want to get them into the record now? You do have that before you; is that correct?

MR. PERONNE: Yes, I have.

ASSEMBLYMAN OTLOWSKI: Let's take Menlo Park first. Give us the dates of the inspections and your findings on Menlo Park.

MR. PERONNE: The inspections were made in February, and the ratings listed were all conditionally satisfactory. The kitchens in Building Number 3 and Building Number 4 were re-inspected on March 22, and March 4th. One kitchen was rated satisfactory, and the other two areas were rated conditionally satisfactory.

ASSEMBLYMAN SNEDEKER: Mr. Peronne, you say in Building Number 2 there was a conditional satisfactory. But, let's say I am in charge of that building. How do you tell me what is wrong?

MR. PERONNE: Okay, we have a report, Assemblyman, that is left. When a conditionally satisfactory rating is issued,a copy of the report is left with the Chief Executive Officer or his or her representative. The original of this report comes to me. I review it, and in most cases I agree with the rating as issued by the Sanitarian.

Then, I in turn send a letter to the Chief Executive Officer, with copies to the Deputy Commissioner, and the Director of the Division, that this facility comes under.

ASSEMBLYMAN SNEDEKER: On February 25th, the report will say that the building was conditionally satisfactory because it did not pass these items, and it was explained on that report for the Superintendent to make the necessary corrections?

MR. PERONNE: Yes, sir.

ASSEMBLYMAN SNEDEKER: Are these announced inspections? Did someone call the Superintendent and say, "We are going to be inspecting your facility on a certain date."

MR. PERONNE: No, sir, our inspections are never announced, neither are re-inspections or final inspections. Someone on the Committee asked Mr. White for copies of our inspections for Menlo Park, so you will be getting those. These are the ones that you gave to the office of the State Ombudsman.

ASSEMBLYMAN SNEDEKER: Now, you don't have anything to do with the Department of Health, as far as turning over any of your inspections. You were just doing an inter-departmental inspection of your own facility.

MR. PERONNE: Yes, sir.

ASSEMBLYMAN SNEDEKER: Do your inspectors see the Department of Health inspection reports?

MR. PERONNE: Yes. Now, this component of the Department of Health is not the same as other components. Well, it is the same, I believe, component that handles inspections for ICFMR, intermediate care facilities for the mental retardation, so there are some areas within institutions operated by the Division of Mental Retardation that are inspected by Health as well as us. But, the Health Department does have the authority to go into any of our facilities at any time and they sometimes do.

ASSEMBLYMAN SNEDEKER: Well, they have a requirement to do it by the statute.

MR. PERONNE: For the ICFMR, yes, sir.

ASSEMBLYMAN SNEDEKER: That's all I have.

ASSEMBLYMAN OTLOWSKI: Let's go back to Vineland. What are the findings on Vineland, so we keep the record straight, for January, March, April and July?

MR. PERONNE: The latest inspection I have listed here is July, which Commissioner Rubin called my attention to, the dining room and kitchen in facility one was rated conditionally satisfactory. However, all of the other facilities within Vineland State School, inspected in July and June and May, with the exception of another dining room and kitchen, as you can see, have been satisfactory. By and large this facility, as far as we are concerned, sanitation-wise,has been very good.

ASSEMBLYMAN OTLOWSKI: All right, I just wanted to get that into the record.

Assemblyman Markert has a question, I believe.

ASSEMBLYMAN MARKERT: Have you had an opportunity to review the report of the ombudsman to date?

MR. PERONNE: No, sir, I have not. I did see part of it.

ASSEMBLYMAN MARKERT: I understand, of course, that you or your department has been inspecting continually these two particular homes. At no time has your department ever felt that these homes should be closed until corrections were made to satisfy conditions that you felt were not worthy of being operated? In other words, what I am saying, so I do make myself clear, have you ever found conditions that would cause you to act or react under the same type of conclusion that has come from either our Health Department or the ombudsman?

MR. PERONNE: The answer to that, Assemblyman, would be no. That is not to say that I didn't find serious deficiencies, two in particular,at the Menlo Park soldier's home that resulted in correspondence and some threats that if they were not taken care of, the Superintendent would be liable for a departmental hearing. After our latest correspondence, the particular deficiencies that I was most concerned about were debated. But, other than that, no, I didn't find anything that would warrant closure to admissions.

ASSEMBLYMAN MARKERT: Of course, I realize you are dealing solely with the sanitary conditions and I realize there are other phases of the reports that have been brought before us, and they deal with other than sanitary conditions.

I just want to know whether or not you can comment - if because of communications in the past with Superintendent White, in which he said as far as he was concerned, he had asked General Doyle to reduce by 50 the number of beds that would be operating within the home because of not having the facilities or equipment or personnel to operate them. Of course, I realize at this point in time he feels we should open the homes, including those 50 beds that he suggested we not use. Have you ever talked with him in reference

to those 50 beds that he felt should be reduced in number because of the conditions? Were those conditions ever discussed with you as a Sanitarian?

MR. PERONNE: No, sir, they were not. I suppose the conditions that referred to had to do more with personnel and with sanitary conditions.

ASSEMBLYMAN MARKERT: So that none of it was directly because of sanitation problems.

MR. PERONNE: No, sir.

ASSEMBLYMAN OTLOWSKI: Mr. Perrone, just one more question to bring this into focus, on the basis of your inspection criteria, you would not recommend that beds not be used in these two institutions?

MR. PERONNE: No, sir, I would not.

ASSEMBLYMAN OTLOWSKI: Thank you very much. Can we have the Superintendent of Vineland, Mr. Joseph Cagno, please?

For the record, I want you to know that Assemblyman Alan Karcher from the Nineteenth District has a statement he is going to submit.

Mr. Cagno, will you give us your full name and position? I notice, also, that you have a written statement. Rather than reading the statement would you just paraphrase it?

J O S E P H M. C A G N O: Mr. Chairman, and members of the Committee, my name is Joseph M. Cagno. I am the Administrator of the New Jersey Memorial Home in Vineland.

In summary, I think certain aspects are very important to note. Number one, unlike the inspection at Menlo Park, the inspection at the Memorial Home in Vineland was a full annual licensure inspection. I think it is also important to note that this year the team was expanded from four to seven members.

I think it is also important to note that the annual inspection is conducted two months prior to normal. I want to make one thing very clear, that the deficiencies noted in the inspection were there. I am not refuting the fact that they existed. However, I completely disagree with the conclusions that were drawn from them.

ASSEMBLYMAN OTLOWSKI: What you are talking about is the conclusion of curtailment of beds is contrary to your feelings in the matter.

MR. CAGNO: Yes, sir, of course they are contrary to my feelings in the matter. Of course, you are dealing with two groups of professionals in a health care field.

ASSEMBLYMAN OTLOWSKI: Well, as a matter of fact, we just heard two people diametrically opposed in their opinions as to the closings. So, you know, that is nothing strange. You are not on some kind of virgin territory when you are reading us that paper.

MR. CAGNO: I make that statement particularly where we talk about the three nursing facilities. Vineland also has a domiciliary area, which is approximately 114 years old. Because of the condition of that building, approximately two weeks prior to the Department

of Health inspection. The Commissioner of the Department of Human Services made the decision to curtail all further admissions to that building. So, again, where that building is concerned, our department has already acknowledged, with my total concurrence, that that building should have all admissions curtailed. It was just not economically feasible to repair it.

Going on with my statement, another area that is important to note, the Memorial Home in Vineland operates under three regulatory agencies: The Department of Health, Department of Civil Service, and the Veterans' Administration. I think probably the biggest problem between them or in this area is that there is no correlation between the regulations of three particular agencies. The matter becomes compounded when the Department of Treasury enters the picture. They are the ones who decide how much money we are actually going to get to function. Again, there is no correlation between the funding we receive and the regulations from the various regulatory agencies that we have to deal with.

I cited two examples in my statement, but I will highlight one at this time. We just hired a new Food Service Supervisor.

ASSEMBLYMAN OTLOWSKI: Who did you hire?

MR. CAGNO: A new Food Service Supervisor. That was one of the deficiencies that was on our inspection. The gentleman meets all the qualifications for the Department of Civil Service. He does not meet the qualifications for the Department of Health, therefore, we will still be out of compliance in that area despite the fact we are complying with the regulatory agency that dictates who we hire and who we don't hire.

This is just an example of the type of situation we are dealing with. In other areas, such as the social work area, where we have one position authorized, the Department of Health requires 20 more hours than we are authorized. They also require a Master's in Social Work, and the position we have in Civil Service only requires a Bachelor's degree. So, now we are faced with not having a position to meet the Department of Health standards. We are also 20 hours short, and of course, I can't even think about addressing the 20 hours, because I don't have the funds to comply with the regulation. That is interesting when we talk about social workers, because the VA, by the way, requires one social worker for 100, so even if we meet state standards, we will be out of compliance with federal standards in that particular area.

ASSEMBLYMAN OTLOWSKI: What does a social worker do?

MR. CAGNO: The social worker functions in the department to basically interview employees, or interview our members, and they assist in drawing a bridge between the families and the members and they also draw a little closer relationship and see the members in a little different light than the nursing home personnel do, and try to give an overall assessment of the type of things that a member of our facility might be interested in, activities, past hisotry, or personal problems that might assist us in dealing with

that member as an individual. That is what I would say at this time.

ASSEMBLYMAN OTLOWSKI: What ratio of nurses do you have to have in your institution?

MR. CAGNO: Basically, we are required to have 2.75 hours of nursing care for each member. I think, if you work it out, it works out to approximately 10 R. N.'s for every 100 patients.

ASSEMBLYMAN OTLOWSKI: How many do you have?

MR. CAGNO: Right now we have 26 R. N.'s. We are four under. We are trying to supplement that, however, with L.P.N.'s. We have downgraded a significant number of our graduate positions and hired some L.P.N.'s.

ASSEMBLYMAN OTLOWSKI: Is it easier for you to recruit practical nurses?

MR. CAGNO: At this point in time, yes, it is. Actually, if you look at our budgeted figures, we are functioning now with a figure of 47 or 49 positions filled, although many of them are downgraded from graduate nurses to L. P. N.'s. It is my opinion, that, if given a choice of no one on the floor or an L. P. N. on the floor, then we are better off having licensed practical nurses. So, we are trying to fill the gap in that respect.

ASSEMBLYMAN OTLOWSKI: From your point of view, are you satisfied with the medical care that your patients are getting by way of therapy, by way of nursing attention, by way of medication, by way of the kind of the physician care they get? Are you satisfied with that?

MR. CAGNO: Yes, and I would like to say that not only am I satisfied with it, but if you review the report from the department, they too are satisfied with it.

ASSEMBLYMAN OTLOWSKI: But, as the Director, you feel you are doing an adequate job, and you can have an adequate staff, and that your people are committed to the task.

MR. CAGNO: I believe our people are committed to the task. I believe we are getting by under the present circumstances to the best of our abilities. The Department of Health cited the memorial home in Vineland in three areas, dietary, pharmaceutical and housekeeping. There was no question whatsoever concerning our patient care, our medical services, our rehabilitative services, or any of those things that relate to direct patient care.

ASSEMBLYMAN OTLOWSKI: The bulk of your patients are in what age group?

MR. CAGNO: The average age of our patient is 70 years old, however, we do have two Vietnam veterans who are 34 and 35 years old.

ASSEMBLYMAN OTLOWSKI: What percentage would you say are not ambulatory?

MR. CAGNO: In our nursing units I would say approximately 40% to 50% are either not ambulatory, or are severely limited in that.

ASSEMBLYMAN OTLOWSKI: Thank you. Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: Mr. Cagno, have you seen the report from the Department of Health?

MR. CAGNO: Yes, the Department of Health left the report with me on the day that they conducted the full licensure inspection, which is the normal procedure.

ASSEMBLYMAN SNEDEKER: I must be reading a different report than the one you have, because it is indicated here that you are sort of in a catch-22 situation between Civil Service and the Department of Health in requirements for employees, and standards which they must meet. That is generally what the two-page letter says.

When I read the Vineland report from the Department of Health, on page two, there are only two places where employees are mentioned. One says there was no Food Service Director, and the second says there was no supervision of food preparation.

Now, that is the only employee reference they have. The other reference there - and I think you are serious from what you indicate - is, there were flies in the facility, and bedside tables and closets and drawers were dirty. The one which I think is most serious, potentially hazardous food was served at improper temperatures. I don't want to go back to another Marlboro situation. That is in the report, and your statement here indicates that you are talking about employees. I only mention that because that is in only two lines, and it is on the third page. You don't mention anything else about the rest of the recommendations, and the rest of the deficiencies.

MR. CAGNO: I believe I stated that I did not question the deficiencies that the Department of Health cited. I guestion the conclusions for curtailment that they made. The memorial home in Vineland had approximately 58 areas that were cited for deficiencies which, by the way, was an 80% improvement over the prior inspection. The curtailment---

ASSEMBLYMAN SNEDEKER: "From bad to a little badder doesn't make it any gooder." If you have a facility and you improve it 50%, in human lives, that is not a good track record.

MR. CAGNO: There was no danger whatsoever cited to any of the patients, as far as any of the areas. Again, there was no question from the Department of Health as to patient care at all. There were three areas mentioned, dietary, and one of the major deficiencies in that area was cited as lack of a Food Service Supervisor, and that has since been corrected.

ASSEMBLYMAN SNEDEKER: Well, now, wait a minute. I must be in the wrong here. The State Department of Health says discrepancy was found in the administration of drugs. And, I quote the very last line of that being, 3B, "This drug was not administered, but could have been fatal." Now, I think that is a very serious deficiency.

MR. CAGNO: That particular problem was reviewed by a doctor and the doctor does not share that view with the pharmacist who made the inspection.

ASSEMBLYMAN SNEDEKER: Mr. Cagno, I can get you six doctors and several opinions. That is not an answer to the problem. We

are talking now about the Department of Health that you must satisfy, not the doctor.

MR. CAGNO: That is why I stated I am not questioning the deficiencies of the Department of Health. We are working towards correcting the deficiencies as they cite it. I simply disagree with the conclusions that the facility should have had admissions curtailed. The Department of Health has conducted professional evaluations in our facility. We have had good relations with them in the past. I question the conclusions, not the deficiencies, nor do I make any attempt to minimize them.

ASSEMBLYMAN SNEDEKER: Have you replied that you and members of your staff or employees disagree in that one instance there?

MR. CAGNO: In all the areas we have replied in a fashion to say that we have corrected, or are in the process of correcting, these deficiencies. I think because of the situation - saying whether we agree or disagree - the inspector felt that what he wrote was correct, or he would not have written it, so to sit down there and get into an argument over whether we agree or disagree becomse irrelevant. We have recognized the deficiencies and we are working towards correcting the deficiencies that they cited.

ASSEMBLYMAN SNEDEKER: Do you accept the fact that some things are wrong and will be correct, and do you think you will be able to be satisfied with the Department of Health in all the recommendations, or deficiencies?

MR. CAGNO: I handed to the Division Director my plan of correction, which has invited the Department of Health back after September first. As far as I am concerned, we have satisfied enough deficiencies as of this date to justify re-opening the facility, however, to avoid any unnecessary re-inspections, I have said September first, which will give us more than enough time to re-inspect ourselves, perform our own internal inspections, to make sure we have not overlooked anything in that area.

We also have one other problem to face at this point in time, and it will hurt us in an area that we have not particularly cited in the inspection. Unfortunately, the Director of Nurses who was recognized by the Department of Health as being an extremely competent woman, and who was commended on the progress that she was making died of a heart attack Saturday. As a result of that, we are now presently recruiting a new Director of Nurses, and that, of course, is going to stymie some of the administrative procedures in areas that we would normally be pursuing in the nursing area.

ASSEMBLYMAN SNEDEKER: In the meantime, I assume you have appointed someone to that position.

MR. CAGNO: In the meantime, we are filling the position as best we can with the staff we have.

ASSEMBLYMAN SNEDEKER: What steps do you intend to take to get the Department of Health, together with the Division of Civil Service so that you are not caught in a catch-22 situation? Have you recommended this to a higher authority?

MR. CAGNO: Approximately six months ago I wrote a letter to Dr. Goldberg concerning this particular matter, and cited some of the areas that were in conflict. I received a letter back from the Department of Health referring me to the Department of Civil Service in an attempt to rectify the matter. I believe this is the type of thing that has to be handled at a much higher level than I have the authority to deal with.

ASSEMBLYMAN SNEDEKER: The Department of Health said our rules and regulations are such and so, and you are to contact the Department of Civil Service. I would hope that you would send that out to the Commissioner, so that she can take the necessary steps.

MR. CAGNO: The conflicts between the regulations have been forwarded to the Department.

ASSEMBLYMAN SNEDEKER: I am glad that you do recognize other things besides just an employee situation and those two that you have indicated on here. I am sorry that the Departments don't get together beforehand in some way with a higher authority rather than take the superintendent and put him in the middle of a conflict, because I think this is what we do in the case of the Health Department and the Civil Service Department. I think the Health Department's responsibility in this instance would be to notify Civil Service that whatever their standards are, they are not acceptable for certain reasons. I think you ought to state those reasons and the statutes that give you the authority to do that.

ASSEMBLYMAN OTLOWSKI: Thank you. Mr. Cagno, we may ask you and your Medical Director to meet with us in Executive Session. The reason for that is, I want to protect whatever legal rights he has with some of the questions that may be asked. I think it would be best if those questions were asked in Executive Session. I just want to alert you to that fact. But, that is something I wanted to relate to you at this time.

The other question I wanted to ask you, Mr. Cagno, how long have you been the Director there, and what kind of experience do you have?

MR. CAGNO: Tomorrow will be the anniversary of my first year as the Superintendent of the memorial home in Vineland. Prior to that I was the Business Manager at the facility for five years.

ASSEMBLYMAN OTLOWSKI: Which facility?

MR. CAGNO: The memorial home in Vineland.

ASSEMBLYMAN OTLOWSKI: So you have been at the facility for about six years?

MR. CAGNO: Right.

ASSEMBLYMAN OTLOWSKI: With your experience and your background, with these deficiencies that were cited, would you have closed the institution to new admissions?

MR. CAGNO: Based on the deficiencies cited in this inspection, I would not.

ASSEMBLYMAN OTLOWSKI: One other thing, you have been in this business for six years now. You have seen inspectors come and go, I suppose, from the Department of Human Services, from the Health Department, and you have seen inspectors from the county, and you have seen inspectors from the city. There is an element of prediliction; there is an element of prejudice; there is an element of personality; there is the element of human nature that enters into his decision. Would you say that, based upon your experience?

MR. CAGNO: The inspector can only effectively do his job by allowing his personality to interject into that decision, and that, I think, is safe to say in any situation.

ASSEMBLYMAN OTLOWSKI: The question that I am asking, there is always that possibility in any inspection with any inspector there is always room for prediliction; there is always room for personality, always room for prejudice, always room for personal opinion. We have heard testimony here from two people for whom I have the greatest respect, and their conclusions are entirely different.

The question I am asking you is, on the basis of your experience, do you find this true about inspectors generally?

MR. CAGNO: Yes, I would say generally.

ASSEMBLYMAN OTLOWSKI: That is all. Thank you very, very much. Assemblyman.

ASSEMBLYMAN MARKERT: Thank you, Mr. Chairman. Just along the same lines before I get into some of the things I would like to address to you, Mr. Cagno, we talked about an inspector possibly injecting his or her own personality in making a decision. Do you think that it might also be a superintendent of a facility such as Vineland, and also such as Menlo Park, where the Superintendent might inject his own feelings about saying, no, the facility that I am in charge of should be closed because it is not going to be one that I would think we would like to have additional people attending?

MR. CAGNO: Assemblyman, I make no bones about it. I am very prejudice about the facility that I run.

ASSEMBLYMAN MARKERT: I thought you might be.

MR. CAGNO: I would be too, if I were in your position. I certainly wouldn't sit there and say, let's close this because I am not doing a good job, or because things are not going right, and I don't want to stand for it. I know you wouldn't do it; I wouldn't do it, and I am sure---

MR. CAGNO: There is no question about that, no question at all.

ASSEMBLYMAN MARKERT: There are just a few things that you could possibly address with reference to the point made by the Department of Health, including the ombudsman's report. The first one at the top of the list is something that I would like to comment on, if I could. These are major deficiencies. Some of them to me are not major deficiencies. I want you to know that. I don't agree with everything that has been pointed out here as major deficiencies.

But, I am concerned with the first item under pharmacy where it says the drugs are outdated. I know that dates of drugs are meant. I know there is a leeway. I know there is a certain time available for these drugs to still be as effective as intended, but the reason they are dated is so that they are guaranteed that they will be effective. And it says that your drugs were outdated, and the second item states that review of the drugs should have been every thirty days, and forty to fifty days elapsed between drug reviews.

We are talking about the claim that drugs which were outdated were used to treat these patients. Could you make a comment on that?

MR. CAGNO: There were very few incidents of that noted in the inspection; however, to address the matter as a deficiency, the pharmaceutical consultant firm that is dealing with our facility has been down to the facility repeatedly for the last three weeks addressing this particular problem. The Department has sent down a phamaceutical consultant. This matter has been thoroughly reviewed. We feel that our situation with outdated drugs is that outdated drugs were sent to us, corrected, and I think it is important to note that the oudated drugs were not administered to patients as part of the check and balance system. As far as the consultant services, I think it is important to note that the consultant who was functioning at the facility has been terminated.

ASSEMBLYMAN MARKERT: When was that?

MR. CAGNO: That was the date following the inspection. It was unequivocally throughout this whole inspection, the one thing that was proven to be factual, the work that was performed by the consultant that the State was paying was not satisfactory. Action was taken on that quickly. It was a contractual situation, so it was easy enough to do. We are presently being covered by a consultant, and efforts are now being made to hire a permanent consultant.

ASSEMBLYMAN MARKERT: But you see what we have done here--- Had the Department of Health not seized or reported it to you, there is a possibility that first of all we would not have dispensed with the services. We would not now have a new consulting group in there. There is a possibility that the drugs would have been used, and there is a possibility that they would not have been effective and some patients could have died.

Now, I know that is extreme, but the only time normally we meet is because of extreme situations - 23 people die, 6 have food poisoning. We always react after the actual incident. For the first time since I have been in the Legislature and attended public hearings, I am witnessing some action taking place before a catastrophe has happened, and I am so glad that you have been made aware of this one problem. In obtaining these new consultant services, you have at least verified the fact that you are interested in the patient health. That is important to me.

MR. CAGNO: I think it is important to note that the purpose

of the Department of Health in administering some 450 paragraphs that are in that regulation are just that. I have no objection to any inspection where deficiencies are pointed out. I think the Department of Health cited several things in their inspection that quite frankly were valid. Again, that is the purpose of the inspection. I don't think I will ever see the day all 455 paragraphs are met, and if we do, I am sure it won't happen twice in a row.

I have no problem whatsoever with the inspection. My only contention is with the conclusion. I do not feel that at this point in time, considering all the factors involved in this inspection, that a curtailment of admissions at the memorial home in Vineland---

ASSEMBLYMAN MARKERT: I know you are interested only in the memorial home in Vineland.

MR. CAGNO: ---was justified.

ASSEMBLYMAN MARKERT: Another thing that has bothered me, that maybe you could comment on, and under patient's rights, I am giving you the title, so you can follow, on the first page it says "improper restraints" which included sheet restraints. They claim these were used on at least 16 patients. Why are we using improper restraints. Why do we have to get to this situation?

MR. CAGNO: That was a situation that was inexcuseable. The proper restraints were in the store room, and it was an oversight. I will take full responsibility for that. The proper restraints have been issued, and we should not see that problem again.

ASSEMBLYMAN MARKERT: I am glad they brought that to your attention. Under nursing, page two, let's get into the bacon. I am reading this--- And, I am going to read this paragraph, because I would like to have it understood so that the questioning is as follows: In building one, A-Wing, at least seven patients had no bath during the first twelve days of July. Seven patients had one bath from July first to the survey date, which is July 22, I guess. This was in building 1-A, and the documentation on the A-wing baths schedule indicated it was insufficient staff. We didn't have enough staff, so somebody had to go 12 days without a bath.

MR. CAGNO: The inspector can only make that evaluation based on the documentation we presented. Our bath schedules were not up to date as of the survey date. It was not a situation where people had not received a bath for 12 days but a situation where it had not been properly documented. Now, I cannot find fault with the Department of Health inspector. They can only read our documentation. That documentation has been updated. Now, there was one situation there which was valid. The night before the inspection, 4 out of 5 people assigned to that particular wing called in sick, and the people who were scheduled for baths that evening and the evening before had not received their baths that night. That was a one-shot situation.

But, that deficiency again refers to documentation, our own documentation.

ASSEMBLYMAN MARKERT: What is your percentage of absenteeism, especially on the weekends?

MR. CAGNO: I did not compute our absenteeism on the basis of percentage. The figure I have been using is that last fiscal year, we project that each employee at the New Jersey Memorial Home will use an average of 14.6 sick days this year out of a possible 15 they are entitled to. So, I think that highlights the serious sick leave usage that we are experiencing.

ASSEMBLYMAN MARKERT: You say they are using them not necessarily giving previous notice.

MR. CAGNO: You will find a trend. Sick days fall into generally three categories, either before or after your regular days off, before or after holidays, or on weekends. You can't always define weekends, because many of our employees are not always assigned on weekends, so I usually use the biggest, before or after regular days off, or before or after holidays as the most prevalent.

ASSEMBLYMAN MARKERT: I realize that. So, really, you are not coming up with any kind of percentage as call-in or anything else. Is that 20%, 15%? You say they are using up 14.6 out of the 15 days. I am not able to then understand how many or what percentage of 100% you have on duty.

MR. CAGNO: I can tell you that it is seriously affecting our operation, because, corresponding to this, our overtime usage for shortage of personnel has significantly increased. All the areas that reflect on people not coming to work, or their increased overtime for the shortage of personnel, increased usage of sick time, etc. are there. I could sit down and compute an exact percentage.

ASSEMBLYMAN MARKERT: I don't want to give you any more paperwork than you already have, believe me. I know that that is a very big problem, especially in government, with rules and regulations and paperwork and everything else.

MR. CAGNO: In my documentation, you will notice that is one of the serious problems that we are forced to deal with: the volume of paperwork and the documentation. This definitely takes away from patient care. We have to have the people to punch that typewriter.

ASSEMBLYMAN MARKERT: We had the same thing when we created T & E. Do you remember that?

MR. CAGNO: Yes.

ASSEMBLYMAN MARKERT: On page 3, mention is made of a broken dishwasher. Maybe that doesn't sound like much, but I know what a dishwasher can do. It can sanitize the dishes that these patients are going to eat out of. Has it been fixed? If it hasn't been fixed and it is unrepairable, has it been replaced?

MR. CAGNO: The dishwasher itself was not broken; it was the booster on the dishwasher that was broken and that has been replaced. That particular item had been on order for approximately six weeks prior to that. In fact, the conditional satisfactory that was noted in housekeeping on department sanitation was based solely and entirely on the fact that the booster of that particular piece of equipment was not functioning. That was replaced. By

coincidence, it was replaced and put in on Monday. It finally arrived.

ASSEMBLYMAN MARKERT: Coincidences - they really do happen.

MR. CAGNO: I can point out that it had been on order at that time for almost seven weeks and it arrived on Monday.

ASSEMBLYMAN MARKERT: It is just like the tooth that doesn't hurt.

MR. CAGNO: The tooth that doesn't hurt. It did arrive and it has been installed and we now have solved that particular problem.

ASSEMBLYMAN MARKERT: As you know, I earlier referred to the fact that there is something in the Ombudsman's Report that I wanted to talk to you about.

MR. CAGNO: I have a problem on the Ombudsman's Report. Not only have I not seen it ---

ASSEMBLYMAN OTLOWSKI: Excuse me. Do you want to continue?

ASSEMBLYMAN MARKERT: I don't want anyone to prejudge what I am going to ask him. If you give me an opportunity you might understand.

ASSEMBLYMAN OTLOWSKI: The question is simple. Did you or didn't you see the Ombudsman's Report?

MR. CAGNO: No, I did not see the report.

ASSEMBLYMAN MARKERT: If you did not, let me briefly mention to you that in his report one of the recommendations of the Ombudsman was that the sanitary inspectors which are now in the Department of Human Services be repositioned under the Department of Health, so that no longer would the sanitary inspectors be a part of the Department of Human Services. Have you ever heard that concept, or recommendation, or discussion on that subject before?

MR. CAGNO: No, I haven't.

ASSEMBLYMAN MARKERT: You haven't. Off the top of your head, do you think it would be a good idea?

MR. CAGNO: No. The way the inspections are running right now, I think we are receiving more frequent inspections by our own department internally than we would if we were dealing with the Department of Health. I think generally the procedures that we are using now, at least for our facility, have proven to be reasonably effective.

ASSEMBLYMAN MARKERT: Do you find that you can work very well with the inspector that comes to your place? I mean, is there good communication?

MR. CAGNO: I can say I have excellent rapport with all the inspectors from all departments that have been at Vineland.

ASSEMBLYMAN MARKERT: Thank you.

MR. CAGNO: Can I make a comment on Senator Fay's ---

ASSEMBLYMAN OTLOWSKI: I just want to ask one question here to keep this thing in focus. What is your total population?

MR. CAGNO: As of today, our total population is 326.

ASSEMBLYMAN OTLOWSKI: That includes patients and staff?

MR. CAGNO: No.

ASSEMBLYMAN OTLOWSKI: I want the total, patients and staff.

MR. CAGNO: Patients and staff, we are approximately 700.

ASSEMBLYMAN OTLOWSKI: How many?

MR. CAGNO: Approximately 650 to 700 roughly.

ASSEMBLYMAN OTLOWSKI: Out of that number of 650, how many are patients?

MR. CAGNO: Three hundred and twenty-six.

ASSEMBLYMAN OTLOWSKI: You don't know how much overtime costs you, how much sick time costs you, how much vacation time costs you? Do you know how much that is in your budget off the top of your head?

MR. CAGNO: Off the top of my head, last year, it was close to $135 thousand for overtime.

ASSEMBLYMAN OTLOWSKI: For overtime?

MR. CAGNO: For overtime.

ASSEMBLYMAN OTLOWSKI: That's not counting sick time and that's not counting vacation time?

MR. CAGNO: No. And I understand right now we are working well ahead of that schedule as of this point this year.

ASSEMBLYMAN OTLOWSKI: But overtime was $140 thousand?

MR. CAGNO: It was approximately last year $135 thousand.

ASSEMBLYMAN MARKERT: One other question along the same line, if I may, Mr. Chairman: Do you have 326 available beds?

MR. CAGNO: We have 300 available nursing beds and we did have 40 available domiciliary beds. That, of course, would be between the two department commissioners. We are now cutting down on our domiciliary population. With the closing of the main building which comprises 40 beds, we can project a population of 300.

ASSEMBLYMAN MARKERT: How many beds have become available since the closing down of admissions?

MR. CAGNO: Approximately 10.

ASSEMBLYMAN MARKERT: There are 10 beds now available that were ---

MR. CAGNO: --- that were not there before.

ASSEMBLYMAN OTLOWSKI: Do you know what the total waiting list is for admission into Vineland and into Menlo Park, or don't you know?

MR. CAGNO: It is my understanding that it exceeds 400.

ASSEMBLYMAN OTLOWSKI: Four hundred?

MR. CAGNO: I don't have the exact figure.

ASSEMBLYMAN OTLOWSKI: That is your understanding?

MR. CAGNO: I know it exceeds 400. I don't know the exact figure.

ASSEMBLYMAN OTLOWSKI: You are talking for Vineland and Menlo Park?

MR. CAGNO: Vineland and Menlo Park.

ASSEMBLYMAN OTLOWSKI: All right, if there are no further questions, thank you very, very much.

MR. CAGNO: I would like to make one comment on Senator Fay's report. I believe the report pertained entirely to Menlo Park and I do not believe that it pertained to Vineland at all.

ASSEMBLYMAN MARKERT: No, this was a recommendation for Sanitary Inspectors that would then deal with the department, itself, and, therefore, would include Vineland.

ASSEMBLYMAN OTLOWSKI: That was a general question he was asking.

Thank you very much.

I would like to call Dr. Kowalczyk, the Medical Director of Menlo Park, just for a couple of questions to bring this into focus.

Doctor, will you give us your full name and your position at Menlo Park?

D R. T E R E S A A. K O W A L C Z Y K: My name is Teresa Kowalczyk.

ASSEMBLYMAN OTLOWSKI: Your name has a nice ring to it.

DR. KOWALCZYK: My position is Medical Supervisor.

ASSEMBLYMAN OTLOWSKI: How many doctors are there under you?

DR. KOWALCZYK: We have three full-time physicians.

ASSEMBLYMAN OTLOWSKI: You have three full-time doctors under you?

DR. KOWALCZYK: No, two. I am the third one.

ASSEMBLYMAN OTLOWSKI: You are the third?

DR. KOWALCZYK: Yes.

ASSEMBLYMAN OTLOWSKI: Do you have any part-time consultants?

DR. KOWALCZYK: No, we don't.

ASSEMBLYMAN OTLOWSKI: You don't. So that your medical staff merely consists of the three doctors; and, as a matter of fact, in any emergency, you then would refer that patient to a general hospital. Is that correct?

DR. KOWALCZYK: That's right.

ASSEMBLYMAN OTLOWSKI: So that you really take care of the medical problems that exist and that you can handle in the nursing home?

DR. KOWALCZYK: Excuse me. Can you repeat the question?

ASSEMBLYMAN OTLOWSKI: Your medical staff merely handles the medical problems that exist in the home?

DR. KOWALCZYK: No, we take most of the medical problems. We treat most of the medical problems unless it is an emergency which we cannot manage.

ASSEMBLYMAN OTLOWSKI: But you don't have any out-patient program, do you? Do you have patients come in who are not living in the institution?

DR. KOWALCZYK: Oh, yes, we have a 120-patient boarding home.

ASSEMBLYMAN OTLOWSKI: And you are responsible for their medical care?

DR. KOWALCZYK: Yes, absolutely.

ASSEMBLYMAN OTLOWSKI: How about if a veteran comes in off the street, does your staff treat him?

DR. KOWALCZYK: No.

ASSEMBLYMAN OTLOWSKI: You do not. Let me ask you this: How long have you been there, Doctor?

DR. KOWALCZYK: Three and a half years.

ASSEMBLYMAN OTLOWSKI: Three and a half years?

DR. KOWALCZYK: Yes.

ASSEMBLYMAN OTLOWSKI: How long have you been a medical doctor?

DR. KOWALCZYK: It's about 16 years.

ASSEMBLYMAN OTLOWSKI: About 16 years?

DR. KOWALCZYK: That's right. Let's see ---

ASSEMBLYMAN OTLOWSKI: Doctor, it doesn't have to be exact because I don't want to get too close to your age. But in any event, let me ask you this: Based upon your experience and based upon your professional standing, would you say on the whole that your patients get good medical care?

DR. KOWALCZYK: I think that my patients get excellent care. I think the State is lucky that there are three full-time physicians at Menlo Park. Three of us are board eligible in medicine and from the 1st of July one more physician was hired - it is not one more - one of the physicians resigned and we have one physician now with psychiatry experience, because before we had a lot of problems with patients who have psychiatry problems and we had a problem with

psychiatry consultations. Now we have three physicians. Three of us are board eligible in medicine and one physician is also eligible in psychiatry.

ASSEMBLYMAN OTLOWSKI: One of your physicians is eligible in the area of psychiatry?

DR. KOWALCZYK: Yes. And I think our patients are getting excellent care. Since I have been here in this institution, our death rate dropped 100 percent. And since I have been here three and a half years, we never had any outbreak of infectious diseases, except a small outbreak of scabies which we treated. We never have had any food poisoning.

ASSEMBLYMAN OTLOWSKI: Scabies results from what, Doctor?

DR. KOWALCZYK: This was probably brought by somebody from outside.

ASSEMBLYMAN OTLOWSKI: It's a contagious disease?

DR. KOWALCZYK: Yes, it is.

ASSEMBLYMAN OTLOWSKI: It can be easily passed around?

DR. KOWALCZYK: Absolutely.

ASSEMBLYMAN OTLOWSKI: And that was the only serious outbreak you had?

DR. KOWALCZYK: Yes. I was really very surprised that our facility was closed because I think the patients are given excellent care.

ASSEMBLYMAN OTLOWSKI: Doctor, let me ask that question. Doctor, based upon your professional opinion as a doctor of sixteen years, attached to the institution now for the past three and a half years, based upon your professional standing, based upon your reputation, based upon your commitment to your profession, would you have closed that institution to additional beds?

DR. KOWALCZYK: No.

ASSEMBLYMAN OTLOWSKI: That's all, Doctor.

Assemblyman, do you have any questions?

ASSEMBLYMAN MARKERT: I have no questions.

ASSEMBLYMAN OTLOWSKI: Thank you, Doctor.

We will hear next from General Doyle. We are going to speed this up, General, so we are going to ask you to get a fast horse. General, will you please give us your name and your position. Again, don't read a statement. Epitomize any statement as quickly and as shortly as you can.

W I L L I A M C. D O Y L E: Mr. Chairman, I am William C. Doyle. I am the Chairman of the Division of Veterans Programs and Special Services. I am responsible to the Commissioner of Human Services for the supervision of the two veteran care facilities in Vineland and Menlo Park. I am also responsible for the veterans' program in all of the State for the more than 1,105,000 veterans in New Jersey, both state and federal programs.

As to the inspection at Menlo Park on May 5th, I cannot disagree with the Health Department's inspection. I think the condition was unsatisfactory in patient care and I think the Department of Health was justified. On the reinspection after the corrections were made, there were a little less, but most of the deficiencies were serious ones. Sanitary conditions had to be cleaned up. They expanded on those more in the housekeeping area: rusty bed frames, dirt on the floor and dirt in the corner - mainly, not satisfactory housekeeping conditions.

Since that time, at Menlo Park we have hired a consultant on a part-time basis. We have had a consultant from the Department for dietary and housekeeping services. Funds have been authorized to get rid of the prison labor by

hiring 31 housekeeping and food service employees. We have spent $8,000 - roughly $8,500 - at the facility, in order to get the worst building to meet the housekeeping and sanitatary conditions. They are now training those hired in order that they may be effective September 1st, or thereafter, to be ready for reinspection by the Health Department.

I do, however, have some difference in opinion on the methods in the grading system. For instance, I personally believe from what I read in the requirements of the Health Department in the standards manual, it is oriented to a 100-bed nursing-care facility. It is oriented toward a proprietary facility of 100 beds. In their grading system, 15 deficiences in food service, dietary, pharmaceutical, etc. - 15 deficiences could close that facility down. That doesn't sound like much. But those same 15 deficiencies applied against a complex of three different buildings of 100 beds each, in both of these facilities, is a different matter.

Now, I have had an awful lot of experience in inspection. I have had 35 years military experience. I have had 17 years with the Nursing Home Care Administrator. I have been a business inspector on construction. It seems to me that the standards of this inspection, itself, are unfair to the veteran-care facilities. I've been a health care administrator and I know what they are going through. I went through these same inspections up until the 14th of August last year. But the standards are not oriented toward a complex of this size. This has been admitted to by inspectors in the past, who I submit shouldn't be inspecting them on these standards. But still the standards are the same. If you find a deficiency in one building, A-wing - example, nurse didn't make her scheduled rounds - that's a deficiency, one of the medical nursing deficiencies which is charged against the whole facility. For instance, one of the things that I saw here was that a light was not enough over a nursing station; it wasn't bright enough. This is a Vineland inspection. That is a big deficiency? It is not a health-care deficiency, but that is one of the 15 deficiencies. That is two. Say, for instance, they find another thing, that the patient did not have sufficient light.

I won't go into the classification of the program that the other people have gone through. For instance, the dietitian wasn't there. He was fired. But there was an Assistant Supervisor of Food Service. It didn't hurt the quality of the food. It didn't hurt the quality or the quantity. That was a deficiency. Again, that is one of the 15. You may find this in one building or you may find it in one or two wings. You may find a pharmaceutical deficiency in one wing of one building charged against the facility of three buildings.

I think the system is unfair. I don't mind one bit the strong standards of inspection. I never have. When you are charging 15 against one 100-bed or one 50-bed facility, that is a serious matter. But when you use it for the over-all - there may not be a deficiency in one building - then the whole complex is closed to admissions. To me, it is not a fair system.

I won't go any further. You have heard enough of this stuff today. I will answer any questions you have.

ASSEMBLYMAN OTLOWSKI: I think, General, there is one thing you can probably help us on, either you or someone else in the department. I am referring to the persistent problem of absenteeism, particularly on weekends, which undoubtedly affects the operation of the home for that weekend. Then when you come in on a Monday, you have all of that catching up to do. Do you see that as a serious

threat to the operation of the home?

GENERAL DOYLE: I not only see it as a threat to the operation of the facility, I see it as a threat to the financial cost. Most of Mr. Cagno's $150,000 which is projected this year for overtime is because of the shortage of personnel, mainly, because of the shortage of nurses and LPN's, but also because they have to call other employees in when people don't show up. So you are talking last year, I think, $150,000 or $155,000 overtime; and it affects the patient care.

ASSEMBLYMAN OTLOWSKI: And we are talking big money when we are talking about overtime, when we are taking about sick leave and when we are talking about vacations.

GENERAL DOYLE: Sure.

ASSEMBLYMAN OTLOWSKI: On top of that, absenteeism then puts a hole in that whole pocket of big money.

GENERAL DOYLE: It not only puts a hole in the big pocket; it puts a hole in patient care for those 2.75 hours per day that we are supposed to provide the patients from the nursing schedule, plus those hours from the attendants' schedule which are applied to the particular patients.

ASSEMBLYMAN OTLOWSKI: General, based upon your long experience as you have indicated in your testimony, of being an inspector, being inspected, throughout the course of your life at almost any kind of an institution as part of the military - on the basis of that experience and on the basis of your position and on the basis of the reputation that you would want to maintain in the health field, would you have closed beds to admission in these two institutions based upon those inspections?

GENERAL DOYLE: Based on the deficiencies at Menlo Park for unsanitary conditions, I might have said yes.

ASSEMBLYMAN OTLOWSKI: What about Vineland?

GENERAL DOYLE: I would like you to understand two different inspections were performed. At Menlo Park, there was a surveillance inspection which was caused by a complaint by an employee to the Health Department of unsanitary conditions. Nobody knew they were coming. They don't have to tell you. They stop in and make an inspection. They don't have to leave a report with you because that is not a formalized inspection. The licensing inspection is generally done by Miss Knight sitting here. She comes in and she goes over the whole gamut of your qualifications to meet licensure standards for the coming year. That is composed of 454 items. It is an entirely different type of inspection. When a surveillance team comes in, they come in specifically to cite that one thing: What was the unsanitary condition in the facility that evidently had been reported to them by an employee in the medical department?

ASSEMBLYMAN OTLOWSKI: General, the Menlo Park institution now has not been admitting patients since, I think, June sometime.

GENERAL DOYLE: May 5th.

ASSEMBLYMAN OTLOWSKI: May 5th. Now, here we are way into August, inspection, inspection, inspection, and the beds haven't been opened to patients yet.

GENERAL DOYLE: This again, Mr. Chairman, is what I said about that one-building concept. If all those deficiencies were in Building A or Building 1, the rest of the facility that didn't have deficiencies should be opened. They are applying the one-rule concept to a three-building facility. If those deficiencies were found in Building Number 2, the restrictions should have been on Building

Number 2, not Building Number 1 and Building Number 3.

ASSEMBLYMAN OTLOWSKI: Are you saying, General, that you wouldn't close those beds at Menlo Park at this stage of the game?

GENERAL DOYLE: I wouldn't have closed all of those beds. I would have closed them where the deficiencies were in the building.

ASSEMBLYMAN OTLOWSKI: All right.

Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: General Doyle, you indicated that you had hired approximately 31 housekeeping personnel?

GENERAL DOYLE: Yes, housekeeping and food service.

ASSEMBLYMAN SNEDEKER: What is the starting salary?

GENERAL DOYLE: We use an average of $8600 or $8700.

ASSEMBLYMAN SNEDEKER: Does that seem to be a problem in recruitment?

GENERAL DOYLE: It is always going to be a problem. There is a survey going on now, trying to pay a decent wage to the lower-paid category people - not only the lower category people, but the skilled people. We are competing with all the nursing homes and all the hospitals. We should even go into differential pay for nurses and the medical aides working at night.

ASSEMBLYMAN SNEDEKER: Do you have any idea what the general hospitals are starting their personnel at?

GENERAL DOYLE: Mr. White made the statement in some hospitals to recruit people, they will give you $2,000 as a bonus to come to work in that facility. All of the civilian hospitals generally pay time and one-half for the 3:00 to 11:00 shift and double time for the 11:00 to 7:00 shift. The United States Veterans Administration pays the same. In comparison with the United States Veterans Administration - and they have hospitals all over the country - our top rate probably meets the second stage or the second increment of the VA system because of the fact the VA system goes by degrees. If you have a Batchelor's degree, then it is a higher salary. If you have a Master's degree, it is a higher salary. If you have a Doctor's degree, then you run the show. But we are holding our own mostly with the local hospitals, at least in the South Jersey area; we are not up in the North Jersey area.

ASSEMBLYMAN SNEDEKER: Is recruitment because of the housing location a problem at either one of the institutions?

GENERAL DOYLE: I think our recruitment is generally a problem because of a shortage of nursing people for hire. I take exception to the statement made that the inspection caused a slow-down in recruiting. It wasn't the initial problem. Initially, we couldn't get them. They posted memoranda on bulletin boards at shopping centers and contacted nursing associations. I have been to vocational schools, county colleges and every other place, trying to recruit. Since the inspection and since the bad adverse publicity we have gotten, there were two nurses at Vineland that have now refused to take the job - "We are not going to lose our license because of this kind of a thing." The adverse publicity has hurt these facilities tremendously. Now it has even gotten to the point where they are questioning the professionalism of the doctors and nurses. It has affected us tremendously both at Vineland and Menlo Park.

ASSEMBLYMAN SNEDEKER: Mr. Chairman, will anyone from the department be testifying today?

ASSEMBLYMAN OTLOWSKI: Yes.

Assemblyman Markert.

ASSEMBLYMAN MARKERT. Thank you, Mr. Chairman.

General, on your last page, page 3, you make a statement that you cannot fault the requirements and standards of the Health Department and you said that verbally here also. But in the next line - and I think this is important - you state, and I quote, "I think we should oversee nursing care facilities with a firm and rigid hand in order to prevent poor nursing and medical care." I know I took that out of context. I realize that you also talk about reasonableness and inflexibility as far as the inspectors are concerned. But that statement leads me to believe that you understand that we do have that problem and maybe that firm hand in overseeing the nursing-care facility more rigidly, if you feel that that is so, should be extended to the superintendents of the individual homes. Am I correct?

GENERAL DOYLE: I think you will find they feel the same way, that the inspection standards are reasonable, but they are rigid. Someone mentioned a third-party inspection. The inspectors in the State Health Department are much more rigid than SAH, the Joint Committee on Accredition, I can assure you.

ASSEMBLYMAN MARKERT: I am just going to make a statement and I do it here so that you will have an opportunity to address some of the things I am going to mention. These are not notes that I wrote down with reference to your statement, General.

I am concerned about one thing. I am concerned about the type of care that we give to the veterans of the State and I am sure as a military man, so are you. The only difference between the two of us is that you have an opportunity to do something about it and I have bureaucracy to go through as a legislator, so I have a less effective means of doing something about it.

The biggest problem that I can see is that we can end up in the situation that we have today. Evidently, the inspections with reports dating back to 1979 have shown that for some reason or other attention to these small points that were brought up - and I use the term "small points" without bringing in some of the major items - was not given. It is as though they said, "The hell with them. They will go away," as though it is something that could happen every day. But you know of all the people in this State, as I said in my opening statement, we should at least be trying to take care of these people. I am not saying that they are any better than a senior citizen or anyone else. We should recognize what has been done here, that we were able to, not were able to, but did close the facilities. And let's grant that they are in the aggregate, so that the violations in Buildings A, B, C, D and E and 1, 2, 3 and 4 have to be added up to get the total of 87 violations. That has nothing to do with it. The problem is that we have human lives. We have people who need care. We have a $5 billion budget. Yet we can't make livable places for these people to live. I say this because of the condition of some of the places I have seen.

This is a nursing home problem. I realize that we have been addressing nursing homes and nursing home care throughout the State in this Committee. We have touched the tip of the iceberg. But, right now, as far as I am concerned, we have got the iceberg. I feel that a real effort is necessary to be made by you and the superintendents of both homes. If you have to start working 12 hours a day, damn it, work 12 hours a day; but see that it is done. It has to be done.

I realize there will be other testimony. There is more to come. I can't come up with any conclusive decision because I have an awful lot of reading to do.

But I would like the opportunity of addressing this problem to you again, whether it be in caucus or in your office. I hope we will have that opportunity.

GENERAL DOYLE: Mr. Markert, I would like to say, number one, I would like to praise the dedication of the nurses, the aides and the LPN's in these facilities.

ASSEMBLYMAN MARKERT: I don't believe it is their fault.

GENERAL DOYLE: It is not. I want to steer you straight.

ASSEMBLYMAN MARKERT: I am glad you are.

GENERAL DOYLE: It is not their fauilt. Those gals work their tails off.

ASSEMBLYMAN MARKERT: I am sure they do.

GENERAL DOYLE: I will tell you how they gauge the health care in a nursing care facility. Somebody referred to it. It is decubiti. It is a normal breakdown of the skin in the aged because of diabetes or some other disorder. Of 700 patients, there are 3 cases at Menlo Park and there are 3 at Vineland. All 6 had the decubiti before they came in there. They came from a hospital or from a nursing home. That is a hell of a good percentage and indicates you have damn good nursing care in those facilities because the best way to determine bad nursing care is decubiti from laying in urine, laying in feces, laying in beds that are not clean. I would never allow it. And, if I saw it, I would fire the two administrators and I would quit myself.

ASSEMBLYMAN MARKERT: If you fire them, then you shouldn't quit.

GENERAL DOYLE: It doesn't refer to that. It refers to the documentation leading up to that. You have to post on the schedule if a guy took a bath. You have to post it if he didn't take a bath. You have to post if he participated in activities. You have to post if he didn't participate in activities. You have to post he went to the bathroom. You have to post it if he doesn't go to the bathroom. It is all documentation which is required by the Department of Health regulations. The inspectors have no out. They can't use a reasonable approach to the thing. I know when I was an an administrator, some of the inspectors were ready to rap me. But I stayed up day and night if I had to get the work done. I knew that they were in the facility. That phone was right next to my bed. I lived on the grounds. If they had a problem, they called and I was in the facility. I'll tell you, it is not an easy job. With the type patients we have, the aged and all the bed patients, and everything else, I think it is a hell of a good indication that we are providing damn good nursing care, regardless of what some people say about the condition of the floor.

ASSEMBLYMAN MARKERT: Take care of one thing immediately for me, if you can. There are five beds that do not have call buttons. I don't know what the situation was there.

GENERAL DOYLE: It is a matter of opinion. I made an inspection of this facility myself. I am not going to give you the results, only to say it would have not passed. I made an inspection myself. I particularly noticed when I went around the facility these call buttons. This is a matter of semantics. They don't like the call buttons laying on the bed. So they hang them up on the lamp or some other place. This is just a little ridiculous to me. If the man wasn't in the bed and wasn't using it, they were criticized because the call button was hanging up on the lamp. Hell, I did the same thing. I was in the hospital for six months. I didn't want that thing laying on my bed, so I hung it up on the lamp. How can you go around continuously and pick those kinds of things up?

ASSEMBLYMAN MARKERT: You can't. I agree with you.

GENERAL DOYLE: How can you go around continuously keeping things clean if a guy just got a cup of coffee out of the canteen machine and spilled it? You would have to have one-on-one housekeeping personnel.

ASSEMBLYMAN MARKERT: I agree there are many, many silly violations, especially in housekeeping. They go overboard and I think the Department of Health knows that.

GENERAL DOYLE: They are required to make inspections according to those specifications.

ASSEMBLYMAN MARKERT: We will have to go into that too. But unless this comes to light, as it has, and we know what is going on, how are we going to address it? So, maybe it is a good thing we are sitting here today.

GENERAL DOYLE: Well, I went to the Health Department and met with them and I got some things changed. You know you can even achieve their standards and be criticized, which has been done. It was straightened out. If you are below the minimum standards, criticize the man; but if you are above them, don't criticize him.

I can cite another example - registration. The Department of Health has one type of registration for patients. We are required by the Veterans Administration - and they pay us $10.50 a day - to stick to their method of registration of patients. That is not acceptable to the Department of Health inspection standards.

ASSEMBLYMAN OTLOWSKI: General, thank you very, very much.

May we call on Deputy Commissioner Selma Rubin from the Department of Human Services. Commissioner, you wanted to talk all day - all morning, all afternoon. Now is your chance.

S E L M A R U B I N: I thank you for your courtesy in letting me talk since I wasn't scheduled. I apologize for interrupting twice.

ASSEMBLYMAN OTLOWSKI: No apology is needed. You behaved better than the Assemblymen.

ASSEMBLYMAN MARKERT: Have you a particular one in mind?

ASSEMBLYMAN OTLOWSKI: Don't make me mention names.

Will you please identify yourself and the department with which you are associated.

MS. RUBIN: My name is Selma Rubin. I am Deputy Commissioner of the Department of Human Services and among my responsibilities are the supervision of the Divisions of Mental Health and Hospitals, Mental Retardation and Veterans Services, in other words, the institutions as opposed to the agencies of the Department.

ASSEMBLYMAN OTLOWSKI: Commissioner, one of the questions that we wanted to ask you and you were so anxious to answer - and we are all concerned about this because it has such a tremendous bearing upon personal care - is about the absenteeism. What we asked was what the Director was doing about that, or the Directors, whether they were communicating ideas and suggestions to the Commissioners because it is a very difficult problem to deal with. Would you address yourself to that question, please?

MS. RUBIN: I would be glad to. Very shortly after I was appointed to this position, it was brought to my attention that there was a problem specifically at Menlo Park as far as employee morale, as far as scheduling of the employees' workweek, as compared to many of our other institutions. Mr. White met with me and with our Director of Employee Relations, with our Personnel Director, in an attempt to examine the problem and see where it was.

Unfortunately, the fact did exist that many more people were required to work weekends at Menlo Park than was equitable. As a result of that, we assigned a task force to look into the scheduling to see if the matter of absenteeism was related to the fact that people could not get normal time off, that some of our employees had to work 10 or 11 days in a stretch before they were scheduled for a day off. We did set up a task force - this was as long ago as almost a year, I guess, as last September - to examine it. We had some very in-depth work done on this. We had some very skilled manpower people assigned to it. The task force came up with the recommendation, which had originally been brought to me by my Employee Relations Advisor, that we change the workweek. I am not going to try to explain it because it took me weeks and weeks to be able to understand it. But by changing the workweek from ending on a Friday to ending on a Saturday, we would be able to handle our schedules in a manner so that no one, except on rare occasions, would have to work more than five or six days without getting a day off. We felt this would appreciably decrease the absenteeism. It is easy enough to say they take the day before or they take a day after. But if an employee is working 10 or 11 days straight and they are exhausted, the tendency is to call in sick. Their report has been approved by the Department.

The next step, since it will have a fiscal effect, was to get it approved by Civil Service. Then we had to get it approved by Budget. It is now in the hands of Mr. Mason, the Governor's Labor Relations person, because it can happen, in fact, throughout the State government. We recognized this and asked if we could have a pilot program specifically for Menlo Park to see if it would help overcome this problem. I did meet with the union people. They are aware of the fact that

we are trying very hard to get this through.

At the moment, it is in Mr. Mason's office. We are waiting for a response from him on that. It is something that I agree is a major problem. In some areas of some institutions, we have been able to address it on an ad hoc basis. In some of our other institutions, we have not been able to do it.

This is where the Department stands on this. I do want to assure you that we recognize it as a major problem and are trying to address it.

ASSEMBLYMAN OTLOWSKI: Are you saying that there is only one cause for absenteeism?

MS. RUBIN: No.

ASSEMBLYMAN OTLOWSKI: This is one of the causes?

MS. RUBIN: That's right.

ASSEMBLYMAN OTLOWSKI: All right, that is one of the causes. What other causes do you see or other cause?

MS. RUBIN: There is a basic morale problem at least as far as Menlo Park is concerned. I know that Mr. White recognizes it. I know there are some employees here and I know that they are aware of it.

There was unfortunately a very, very rapid turnover in the position of Director of Nursing there. There was no Director of Nursing there for awhile. Then there was a turnover, one after another. Unfortunately, the Director of Personnel who was not necessarily qualified to be a Director of Nursing handled the scheduling of people. That person was not totally knowledgeable and could not be expected to be. As far as disciplinary actions, there was inconsistency in dealing with discipline. And, on many occasions, again, our Employee Relations Director from Central Office has been sent up there to try and rectify the problems. As of three months ago, there was a new Director of Nursing who was hired at Menlo Park. Unfortunately, she had an accident a short time after she came, but is now functioning well and capably. I am looking forward to a very, very positive improvement in that particular area.

I do think, psychologically, if a person is unhappy, they will get sick and stay out or call in or say, "I don't give a darn."

ASSEMBLYMAN OTLOWSKI: So, first, you thought one cause was the work schedule; two, was the improvement of morale. What would you say the third reason would be for the absenteeism?

MS. RUBIN: Well, the third reason, the bottom line, is - and I promised myself I wouldn't talk about lack of money, but I can't help it - the wage level that our people come in at.

ASSEMBLYMAN OTLOWSKI: Let's just understand this. When you are talking wages today, nobody is happy with wages.

MS. RUBIN: That's right.

ASSEMBLYMAN OTLOWSKI: Because in the first place, you have a severe inflation that is added upon people who are already being taxed. You have severe inflation. You have the high cost of electricity, the high cost of fuel. You have the high cost of groceries. So nobody is happy with wages and nobody will be happy with wages so long as you have this rate of inflation that is eating into everybody's income and everybody's wages. How to cope with that, of course, is a separate problem that is not your problem, that is not my problem. Really, it is everybody's problem because it is a national problem how to deal with that.

MS. RUBIN: I agree.

ASSEMBLYMAN OTLOWSKI: And, until the American people decide how they

want to deal with that, that is a whole separate question. Wages have been upgraded in all of these institutions. But now they are caught in this spiral of inflation. So I don't see any real answers there. You can give a person an increase of 6 or 7 percent and when your rate of inflation is 13 or 14 percent, you are not helping.

MS. RUBIN: One hundred percent correct. I can't dispute that. That is why I promised myself I would not make that an issue because I know it is beyond our control.

ASSEMBLYMAN OTLOWSKI: Well, you know there is the other thing that many people are thinking about. People are talking about abandoning these institutions because they cost too much. Is there a better way of dealing with this than having these people in these costly institutions? Is it better to do what England is doing, reimbursing families to keep the person, eliminating zoning laws so that you can even add to your house no matter where you live; you can change your one-family house to a two-family house; you can bring a trailer in on your property? Will we have to go in that direction if these costs keep going up that way?

MS. RUBIN: At certain levels of care, there is no question in my mind that deinstitutionalization would be cost effective. However, I can't conceive of ever being able to be without institutions. There is a certain level of care where you do have to have around-the-clock nursing care, which would become prohibitively costly on a skilled nursing basis in a private home.

There is no question that a certain level of care could be cost effectively handled in the community. This is something that we are carefully looking at. We have tried to work within our Medicaid structure for home-maker care so that we could avoid institutionalization.

ASSEMBLYMAN OTLOWSKI: What kind of contribution are you getting from the federal government for these veterans' homes?

MS. RUBIN: A very, very minimal one.

ASSEMBLYMAN OTLOWSKI: Percentagewise how much is it?

MS. RUBIN: Well, $10.50 a day is what we receive per nursing patient and our cost runs to ---

ASSEMBLYMAN OTLOWSKI: You are receiving $10?

MS. RUBIN: Ten dollars and fifty cents a day for our nursing patients - five dollars and fifty cents a day for our domiciliary patients. Of course, our cost range is from $31 to $36.

ASSEMBLYMAN OTLOWSKI: How much money are you getting from the federal government for non-veterans, for example, in Glen Gardner? What kind of federal money are you getting there?

MS. RUBIN: Glen Gardner is not a veterans' facility, of course.

ASSEMBLYMAN OTLOWSKI: But you are getting Medicaid monies there and Medicare monies there.

MS. RUBIN: Medicare is a different factor. But part of Glen Gardner is a Medicaid approved facility; part of it is not. The part of it that is, the federal government pays 50 percent of the cost.

ASSEMBLYMAN OTLOWSKI: Fifty percent of the cost. So if the cost is $60 a day, the federal government is paying $30 a day.

MS. RUBIN: That is correct.

I would like to address a few little comments to areas that I felt had to do with the Department that some of the earlier speakers were not able to.

ASSEMBLYMAN OTLOWSKI: We would be delighted to hear it.

MS. RUBIN: I know that Assemblyman Markert questioned about our own

Sanitarians inspecting our own facilities. When this administration came in, at that time, the Sanitarians were stationed directly in the various institutions. We felt, as you did, that that was inappropriate in that their boss, in effect, was the one they would be reporting their deficiencies to. As a result of that, we did move the Sanitarians out of the individual institutions and established a Central Sanitarian Office.

At this time, regardless of the question - and I did read Mr. Fay's report - of whether they sit in Health or whether they sit in Human Services, I do want to say that they have been an exceptionally effective tool for Central Office in making our institutions toe the line. Health cannot possibly staff up enough with their present staffing to send their inspectors with the frequency that we do. You can say, okay, transfer the staff over to them; but they are available to us at any time of day and night.

ASSEMBLYMAN OTLOWSKI: Commissioner, you are saying, as far as you are concerned and as far as the Department is concerned, it is a satisfactory arrangement because you are able to call on them at any time and you are able to direct their activities and tell them where to go, so you can have that kind of supervision and that kind of control. And you feel that you are getting a better service out of it. That is what you are saying, isn't it?

MS. RUBIN: That's right.

ASSEMBLYMAN OTLOWSKI: That is your position. You have made your position clear.

What else did you want to comment on?

MS. RUBIN: As far as that is concerned, I would in no way want to eliminate the inspection that the Department of Health does because of the factor that has been brought up: self-inspection has its human failings. As such, I am grateful for the inspections that Health does.

ASSEMBLYMAN OTLOWSKI: What about the comment that General Doyle made about that criterion and those standards not fitting into this kind of an institution; or, where one building may be deficient, why penalize the entire institution? What are your comments on that?

MS. RUBIN: They all have a degree of validity. But I don't think --- I will be frank. When I heard from Deputy Commissioner Wagner that admissions were curtailed there, I called him on the phone. I don't want you to think that we don't have a positive working relationship.

ASSEMBLYMAN OTLOWSKI: You have exchanged and coordinated your thinking and your actions?

MS. RUBIN: Very definitely. And he did clarify for me some of the bases for it. The term 87 deficiencies has popped up here many, many times. Those deficiencies existed and they are there. But many of them were paper deficiencies. The admissions would not have been curtailed on the basis of that type of deficiency.

ASSEMBLYMAN OTLOWSKI: You are saying that the admissions should not have been curtailed based upon those deficiencies?

MS. RUBIN: No, I am not saying that.

ASSEMBLYMAN OTLOWSKI: What are you saying?

MS. RUBIN: I am saying that there is a specific basis for curtailment, whether it be pharmaceutical, dietary, nursing and housekeeping. In other words, if you don't have your records right, they are not going to curtail admissions. If they haven't entered something, it is still one of the 87 deficiencies and they

will list them one after the other. But none of those is the basis for curtailment of admissions.

ASSEMBLYMAN OTLOWSKI: Wouldn't it have been better to close down the entire institution under that theory?

MS. RUBIN: I am not a skilled health person. I am not a skilled Sanitarian. I am a skilled administrator. I have learned a long time ago to rely on the expertise of the professionals whom I respect.

ASSEMBLYMAN OTLOWSKI: But, based upon the theory, wouldn't it have been better to close the whole institution?

MS. RUBIN: No. I'm sorry, but I don't understand. Which theory are you talking about.

ASSEMBLYMAN OTLOWSKI: What they did here was curtail the use of beds. If you curtail the use of beds to satisfy yourself in the deficiencies that the place has, why not eliminate all the beds and close the place down entirely?

MS. RUBIN: You mean move people out?

ASSEMBLYMAN OTLOWSKI: Move people out.

MS. RUBIN: Well, at that point, it was their judgment - again I respected professionalism - that it was not of life-threatening immediacy and that we would be given the time to address the deficiencies by curtailing it rather than going the route that you are suggesting.

ASSEMBLYMAN OTLOWSKI: Don't you think that the time has been unreasonable, from May until August?

MS. RUBIN: That was one other thing that I wanted to bring to your attention and that was the action that was taken. No one has really addressed it. There have been explanations of what was wrong, why it was wrong, where the areas were that we could not address. But no one has said, okay, it was wrong and this is what we have done to correct it; and I would like to be able to say that

Immediately upon hearing of this, I did contact General Doyle. We had a meeting immediately. Our first concern was that we didn't want one veteran to be deprived of a bed one more day than was necessary and what could we do in the fastest way possible to address this problem. It was his suggestion, which the Department accepted immediately, that we bring in an outside consultant to go up there and review the problems and to advise us since there was a difference of opinion between the Superintendent and the Division Director as to what was needed.

We brought in a consultant. We agreed that we would have to immediately go to phasing out the inmates. I contacted Commissioner Fauver. We came to an agreement that the inmates would be phased out. We had to recruit new staff. We had to go through civil service lists. We realized it would take at least 60 days. He agreed to give us the 60 days for the phase-out procedure. So there was cooperation between Corrections and our Department.

We went into an immediate recruitment and hiring program. Civil Service was completely cooperative. We walked through all the CS-21's. We got immediate approval to start hiring. There was cooperation from Civil Service on that.

ASSEMBLYMAN OTLOWSKI: You only had that problem in Menlo Park because Vineland never had a problem in that area because they never had penal people there. Is that correct?

MS. RUBIN: That's correct. I will address the Vineland areas. I am doing the difficulties at Menlo first.

ASSEMBLYMAN OTLOWSKI: All right.

MS. RUBIN: I immediately sent my Sanitarian up from Central Office to help and advise, as far as completing that was concerned. Our Central Office dietitians were sent up there. Our Central Office Housekeeping Consultants were sent up there and our Director of Support Services. Dr. Samuel Lloyd, our Departmental Medical Consultant, spent days up there and he did confirm that there was good medical and nursing care there.

All of these things were done. It ended up with our getting a picture of what had been taken care of immediately. Now, the things like the dirty mops were taken care of immediately. All those things that Mr. White ---

ASSEMBLYMAN OTLOWSKI: Couldn't they buy a new mop and throw the pail out?

MS. RUBIN: All the things that could be done on an immediate basis were done immediately. There were areas that we could not address immediately. One of them was that there was a basic problem with the housekeeping in one building. Mr. White came to us and suggested, if it was possible, that we go to an outside contractor to bring a team in and get this one particular building cleaned up. Again, we had cooperation. We went to Treasury. We got them to agree to a waiver so that we didn't have to go through the bid process. And the contractors are up there working now. On all this, there was immediate action. I don't want either you or any of the veterans' groups that are here to feel that there has been neglect or lack of concern about the fact that admissions have been closed to them.

ASSEMBLYMAN OTLOWSKI: Commissioner, when was all this that you are talking about done?

MS. RUBIN: It started the day that I was informed by Mr. Wagner that admissions had been curtailed.

Unfortunately, at one point, Mr. White felt that he could be reinspected without having to go through this procedure. I accepted and General Doyle accepted his statement; and we did call for another reinspection which, unfortunately, we failed.

At this point, I went back to Mr. White and said, I am not going to call in Health again and fail again. I want a firm date and a firm commitment from you. We will give you the consultant. We will give you the outside contractor. We will give you the extra positions. Tell me when. He told me September 1st. I picked up the phone and called Mr. Wagner and asked him to schedule a resurveillance anytime after September 1st.

I feel that there have been some things at Menlo Park that I have been unhappy about. There has been an ongoing morale problem. There has been to a certain degree a problem with the Director of Nursing because of the changeover as it went on. The Director of Nursing does do the staff assignments and the scheduling for these people. I am not making an excuse for anyone. The only thing I can tell you is that the problem has been recognized and within our capacity - I think even beyond our capacity - we have made specific areas of movement.

As far as Vineland is concerned, the main area seemed to be in pharmacy that was most critical. This problem had been brought to our attention. We do have a Departmental Pharmaceutical Consultant. He had brought it to our attention. We do have in Vineland what is called the unit dose system. Medicine is delivered for the patient by an outside vendor in individual doses for the patient. There is also a pharmaceutical consultant who is supposed to make sure that everything is done okay and who is paid a salary by us.

We had already warned, before the Health Department came in, the provider

and the vendor that we had problems, as a result of our own self-inspection by our own pharmaceutical consultant. Again we had addressed it. The firing happened the next day. There had already been a letter prior to their coming in. So this was another area that was a little bit different than the other.

The only other thing I do want to address and which I take exception to is the statement that nurses are hard to get because Menlo has such a poor reputation. I take extreme exception to that. I can tell you that we deal with 18 large institutions, and I supervise them all, and there is not one that doesn't have a problem recruiting nurses. It is not only in Central Jersey.

ASSEMBLYMAN OTLOWSKI. Commissioner, off the top of your head, of the nurses that have been there, what is their average employment there, 10 years, 15 years, 20 years, 25 years? What is the average employment?

MS. RUBIN: Are you speaking of Menlo or all of them?

ASSEMBLYMAN OTLOWSKI: Say Menlo.

MS. RUBIN: I really couldn't answer that. Could you, Jack?

ASSEMBLYMAN OTLOWSKI: What is the average employment of a nurse? Is it five years?

MR. WHITE: Two-thirds of them would be 5 to 10 years.

ASSEMBLYMAN OTLOWSKI: Five to ten years? And how about Vineland? Would you say the same?

MS. RUBIN: I would say there are long-time nursing employees at many of our institutions. There are people who are leaving the job market as far as nursing is concerned because it is not the most lucrative field in this day and age.

ASSEMBLYMAN OTLOWSKI: That is the general complaint that nurses have.

MS. RUBIN: There is a tremendous shortage of nurses - and I think the Department of Health would bear me out on this - throughout the State of New Jersey, not only in the State institutions, but right down the line.

ASSEMBLYMAN OTLOWSKI: On the other hand, just for the record, the salaries of nurses that work in public institutions, either for the State or for the county or for cities, in comparison to private institutions are not only comparable but better and the benefits far exceed anything that the general hospital or private institution affords. On the other hand, as you say, many of them are leaving the field generally because of the fact that the salary structure as time went on didn't climb with other professions. But that is peculiar to that profession.

MS. RUBIN: That is true.

I also want you to know that the Department did go to Civil Service and made a strong presentation for a raise in starting salary for Nurses and Civil Service did give it to us. This spring, we were able to get a 10 percent upgrade on our starting salary. But we can't offer them the differentials on night and evening shifts that general hospitals can offer them. Civil Service does not permit us to do that and that is a factor. We may be equal to them on the day shifts. We cannot compete in the evening and night shifts because of the differential.

I really didn't mean to speak this much.

ASSEMBLYMAN OTLOWSKI: Thank you. I think you have been very, very helpful. You have cleared up a number of things. I think that all of us were concerned about the coordination of the different departments. You have explained that. You have pointed out that you have worked with the Commissioner of the Health Department. You pointed out that you were in touch with General Doyle and that you responded to this immediately.

So, I think you cleared that up. But what disturbs us still, of course,

ASSEMBLYMAN MARKERT: There is no reason to go through them.

MS. RUBIN: Many of the things that he has said, if he had come to me first, he would know that a vast majority of them are in the process of being addressed.

ASSEMBLYMAN MARKERT: Maybe what he was doing in his report was congratulating you because you proved that you knew what you were doing ahead of time before he came up with his report.

Just in disciplinary action alone, communication - and I think you hit on it --- not only communication, but with your superintendents in the room - and I address both of them with this remark, that sometimes understanding the communication and knowing just how to handle that problem which has been communicated, addressing the situation before it gets out of hand, helping to solve the problems - this is an administration job. This falls upon the shoulders of the administrators first, then the General's and then the Superintendents'. It goes right down the line.

MS. RUBIN: I agree.

ASSEMBLYMAN MARKERT: Somewhere somebody has fouled up because this is going on too long. It should never have gotten to this point. As you, yourself, said and as the General said, you would have closed Menlo too. For God's sake, if you people who are responsible would have closed, what in the hell do you think the Health Department is going to do? And you are not even experienced in some of the areas that they are possibly.

I know you have a problem and I know you agree. But why can't we do things yesterday instead of waiting until they happen today so that we can work on them tomorrow?

MS. RUBIN: Some of them were done yesterday, Assemblyman Markert. I don't think we were totally standing still.

ASSEMBLYMAN MARKERT: I am speaking in general. I don't want you to think that I feel that you or your department right on down the line hasn't done things in certain areas to have these homes operate the way they should. I am sure there has been impetus, but evidently it hasn't been in enough areas.

MS. RUBIN: I agree.

ASSEMBLYMAN OTLOWSKI: Commissioner, we have a long way to go yet. I am sorry if I have to cut you off.

MS. RUBIN: That's all right.

ASSEMBLYMAN OTLOWSKI: I think that you have helped a lot. As a matter of fact, you have cleared up a lot of the areas that needed clearing up. We are very grateful.

I just want to say this before you leave: This Committee is going to sit until September 15th. We are going to conduct these hearings until September 15th. And, frankly, if that place isn't open by September 1st, I tell you we are going to be looking for a lot of answers.

MS. RUBIN: I will too.

ASSEMBLYMAN OTLOWSKI: Because it is criminal and it is unforgivable to have this kind of a delay. But, Commissioner, thank you very much.

I now want to call on some of the veterans' organizations. Is Paul Ptuliano, State Commander, Disabled American Veterans, here?

P A U L P T U L I A N O: Mr. Chairman, my name is Paul Ptuliano. I am the Commander, State of New Jersey Disabled American Veterans.

I want to take this opportunity to thank you, Mr. Chairman and Members of the Assembly Institutions, Health and Welfare Committee, for permitting not only myself but the members of the veterans' organizations to say a few words regarding this situation.

I have several points I want to bring out. I am not going to be redundant. Certain questions have been openly discussed prior to my appearing before the microphone.

I would like to say this very briefly. I do have two members of the Disabled American Veterans present who have personally experienced the trials and tribulations of the residents in Menlo Park. They are going to discuss some of their personal observations, not from one or two, but from many, many visits to Menlo Park.

ASSEMBLYMAN OTLOWSKI: Mr. Ptuliano, I don't want to tell you how to testify. That is your business. But I think we ought to stay within certain guidelines. Please, when you are testifying, if you are going to be helpful to us, tell us what you know from your own observations, what you saw, or if you have a formal report from somebody or a formal statement or an affidavit ---

MR. PTULIANO: Mr. Chairman ---

ASSEMBLYMAN OTLOWSKI: I just would like to caution you because you won't be helpful to us if you tell us, "I heard this from this fellow," or "the fellow that was walking down the street stopped me."

MR. PTULIANO: I didn't say that.

ASSEMBLYMAN OTLOWSKI: Just give us what would be helpful to us.

MR. PTULIANO: I stated that two members of the Disabled Veterans organization who are on the list of speakers will give personal experiences, not hearsay.

You raised the question earlier: Have the veterans' organizations done anything or established any committees regarding the problem at Menlo Park? Yes, the veterans' organizations have established committees. The speaker following me is the Secretary-Treasurer of the Allied Council, representing more than one million veterans in New Jersey, They have established committees and visited installations. He is on your list of speakers also.

What has been New Jersey's responsibility in this matter. From where I sit, Mr. Chairman, the Department of Human Services has two councils established: the Council on Veterans' Services and Veterans Facilities, specifically chartered by the Legislature, the Assembly and the Senate, to review and to monitor the activities of the New Jersey Disabled Soldiers, Sailors and Marine Home and the home of their wives, widows and dependents. They have periodic meetings and their membership consists of approximately 35 members. Veterans are appointed on a non-paid basis, appointed by the Governor with the advice and consent of the Senate. My question to the Committee is: If these two councils have been meeting on a regular basis - and there is no doubt in my mind that they have been meeting - then these problems have been presented to the councils. Have they taken the action that they were chartered to do, reported to the Governor, reported to the Legislature as to the problems? Or did it require the personal attention and persistent efforts of veterans directly affected? I commend the Committee, Mr. Chairman, for bringing this matter to your attention now before the occurrence of a disaster.

At this point, I respectfully commend to the Committee a recommendation -

I am sure the Committee is looking for some recommendations - that the Committee should consider taking away the veterans' services program from the Division of Human Services. I personally feel - and my organization is a very small organization in the State of New Jersey of 19,600 members, but we are exclusively disabled with war-time service - that perhaps a Department of Veterans' Services should be established to properly care for one million plus veterans in the State of New Jersey.

That, Mr. Chairman, is the extent of my remarks. I thank the Committee for giving me this opportunity to say these few words.

ASSEMBLYMAN OTLOWSKI: You feel that the Legislature should consider establishing a Veterans' Service and that this whole activity should be taken away from the Department of Human Services?

MR. PTULIANO: That's correct

ASSEMBLYMAN OTLOWSKI: You are making a strong recommendation that that be done.

MR. PTULIANO: I am making a strong recommendation, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: And that would be a separate department that would care for, supervise, monitor and take care of the veterans' institutions.

MR. PTULIANO: That is correct. Not only that, but perhaps throughout the State of New Jersey where there are Veteran Service Officers now directly employed by the counties, they could come under the umbrella of the Department of Veterans' Services.

ASSEMBLYMAN OTLOWSKI: Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: I thank Paul for coming out today and expressing his views on this. There may be one problem which we were discussing here while you were speaking and that is that the State of New Jersey is limited to 21 departments. We were just trying to figure out if we have 21 or we have 20 and one more left. But we are pretty close to it and that is a constitutional change that would have to be made. I think we may be to the limit at this point and, if there were to be additional ones, we would have to change the Constitution, which would mean it would have to go on the ballot.

ASSEMBLYMAN MARKERT: We could get rid of one.

ASSEMBLYMAN SNEDEKER: That's a possibility.

MR. PTULIANO: Perhaps maybe a dormant department.

ASSEMBLYMAN SNEDEKER: Possibly. That's something the Chairman could look into.

ASSEMBLYMAN OTLOWSKI: Assemblyman Markert.

ASSEMBLYMAN MARKERT: I just want to thank him for appearing.

ASSEMBLYMAN OTLOWSKI: Thank you very much, Paul.

May we have Mr. Stanley Wides, Secretary to the Allied Council of New Jersey Veterans' Organizations. Would you identify yourself, please.

S T A N L E Y J. W I D E S: My name is Stanley Wides. I am Secretary-Treasurer of the Allied Council of New Jersey Veterans Organizations.

I would like for the record to ask from here on in that veterans not be termed as institutionalized or as inmates. They are veterans. Okay? From now on, anyone referring to those in the Menlo Park or Vineland Soldiers' Home, do not use the term inmates or that they are institutionalized.

Mine will be a short statement. Then I would like to make a few remarks if I may.

Mr. Chairman, I am Stanley Wides, Secretary of the Allied Council of New Jersey Veterans Organizations.

ASSEMBLYMAN OTLOWSKI: Do you have copies of your statement?

MR. WIDES: Yes, I do.

ASSEMBLYMAN OTLOWSKI: Would you let us have the copies?

MR. WIDES: Yes.

ASSEMBLYMAN OTLOWSKI: Rather than reading it, now that we all have the statement, would you just give us an outline of your position here. We have the statement. There is no need to read it. Just give us an outline of your position.

MR. WIDES: You are putting me under a handicap, but I will try.

ASSEMBLYMAN OTLOWSKI: Please do.

MR. WIDES: I am also Vice Chairman of the Veterans' Service Council, appointed by the Governor with the sanction of the Senate. It is my contention that the Menlo facility should be opened immediately.

Mr. Chairman, since admissions to Menlo were halted on May 5, 1980, 12 beds - now I understand it is 11 beds - have been vacant. Simple arithmetic adds up to a startling figure of 1,212 bed days that the indigent, aged, and, in most cases, veterans could have been treated.

As we all know, the characteristics of long-term nursing care programs are the direct consequence of the level of patient need for care and the dollars allocated to meet those needs.

If the dollar allocation is not enough to meet the level of patient care, then the dollar need must be corrected, be it in housekeeping, be it for a better menu and more choice of food on the menu, or be it for a need for a larger work staff - no matter what that need is - it must be met. It is the responsibility of the State of New Jersey through the Department of Human Services.

There is a waiting list of 400 aged veterans waiting to enter our State Veterans Nursing Care facilities.

I am not familiar with the Vineland situation because we were not briefed fully enough. So, I cannot go into that situation.

ASSEMBLYMAN OTLOWSKI: You have no specific recommendation of what we could do quickly?

MR. WIDES: Yes, damn it, open it up.

In conclusion, Mr. Chairman, each time they go into that facility, they will find demerits. If they go into their own homes, they will find demerits. You and I know they can be found and you and I know they can be corrected even with those beds filled. Demerits could be found no matter what day they go in and no matter what night they go in.

I go to Menlo maybe once or twice a week. I know that I find demerits when I go there. I know they will find demerits after they go. And I think it is high time this vendetta - and that is what I call it - that has been going on stop. Thank you. (Written statement of Mr. Wides can be found beginning on page 32X.)

Any questions, gentlemen?

ASSEMBLYMAN OTLOWSKI: Mr. Wides, let me ask you this: You say that you are in Menlo Park twice a week?

MR. WIDES: Sometimes twice a week, sometimes once a week.

ASSEMBLYMAN OTLOWSKI: On the whole, from your visits there and what you see of that particular facility, you seem to be satisfied with what you see.

MR. WIDES: I don't like the food, but it is not that horrible.

ASSEMBLYMAN OTLOWSKI: As a matter of fact, I complain to my wife every now and then about the food.

MR. WIDES: Sometimes the smell of urine is strong in some of the areas. Sometimes I see a guy smoking and he is not supposed to be smoking. But I'm not going to tell him to stop. He is an 85-year-old man, who am I to tell this guy to stop smoking. What has he got left out of life?

ASSEMBLYMAN OTLOWSKI: As someone who is interested or whether you are the Director, you can't be walking around telling a guy to put his cigarette out, as you say, when he has been smoking for 85 years, and particularly a guy who is a veteran. You are not going to tell him to put his cigarette out because he may start going for his Kentucky rifle.

MR. WIDES: I don't have white gloves. I was only a buck sergeant.

ASSEMBLYMAN OTLOWSKI: But you don't see anything from where you sit, from your visits. Let me ask you something about the medical care. You heard the testimony about the medical care. You heard the doctor testify about the medical care. Now this is a nursing home; it is not a hospital. What do you think about the medical care?

MR. WIDES: I am not a doctor. I talk to some of the guys. I was going to say they bitch. But they complain.

ASSEMBLYMAN OTLOWSKI: Which indicates that they are in pretty good spirits if they are complaining because it is normal to complain.

MR. WIDES: I can't buy that. Some of them are sorry they are there. Some wish they were home. Some of them don't know where they live.

ASSEMBLYMAN OTLOWSKI: Let me ask you this question: You seem to have an abhorrence for the nomenclature of institution - and so do I.

MR. WIDES: I hate it.

ASSEMBLYMAN OTLOWSKI: So do I. What do you think about doing away with all of these places and instead have personal care?

MR. WIDES: No. We couldn't do that.

ASSEMBLYMAN OTLOWSKI: You would be opposed to that.

MR. WIDES: Paul brought up about having the Veterans' Service. We have advocated that in the Standing Committee on Veterans Affairs for years. We had that at one time. Governor Cahill cut that out. We did have a cabinet position at one time. They cut that out.

ASSEMBLYMAN OTLOWSKI: You are opposed to having a special Veterans Division?

MR. WIDES: Oh, I would love to have it.

ASSEMBLYMAN OTLOWSKI: You are in favor of it.

MR. WIDES: We should have a cabinet position to represent the 1,500,000 veterans in New Jersey.

ASSEMBLYMAN OTLOWSKI: You are in favor of a separate cabinet position.

MR. WIDES: Definitely. Why should we be second-class citizens in New Jersey?

ASSEMBLYMAN OTLOWSKI: But you heard some of the remarks here that we are at the constitutional limit. We would either have to eliminate one or amend the Constitution.

MR. WIDES: Through Senator Feldman, we were able to be on the tail end of the Governmental Affairs Committee and Veterans Affairs in both the Assembly and the Senate. We were able to get attached to that about three years ago.

ASSEMBLYMAN OTLOWSKI: You are there twice a week. How about the transfers from that institution to the general hospitals? That is almost a normal thing. If someone gets acutely ill, they are immediately transferred to either the Perth Amboy General or Kennedy?

MR. WIDES: I am under the impression that most of them go to the VA. I

didn't know that they went to Perth Amboy or to the other. Am I right on that?

ASSEMBLYMAN OTLOWSKI: I am told that when they are acutely ill they go to Kennedy.

MR. WIDES: I don't even know where Kennedy is.

ASSEMBLYMAN OTLOWSKI: It is around the corner. What I am trying to elicit here is the kind of care and ---

MR. WIDES: Mr. Chairman, all I can tell you is that every week I get three to four calls from veterans wanting to know how they can get their father into Menlo or Vineland. I tell them, the admittance has been closed down by the Board of Health since May, the 5th, but we do have 12 empty beds down there because they found some demerits in housekeeping and other items that could have been taken care of while those beds were filled.

ASSEMBLYMAN OTLOWSKI: That is one of the purposes of this hearing, to find out how we can correct that kind of a situation.

MR. WIDES: Damn it, it is time it was corrected. It has been since May 5th.

ASSEMBLYMAN OTLOWSKI: Assemblyman Snedeker.

ASSEMBLYMAN SNEDEKER: Mr. Wides, did you say you were on the Governor's Committee for Veterans Services?

MR. WIDES: The Veterans Service Council. It is a nine-man commission.

ASSEMBLYMAN SNEDEKER: That is not the same one that Paul was speaking about?

MR. WIDES: Well, there were two of those. The Veterans Facility Council has responsibility for Vineland and Menlo. The Veterans Service Council is the oversight committee that has the responsibility of veterans' affairs for the State of New Jersey.

ASSEMBLYMAN SNEDEKER: Do you know anyone on that Veterans Facility Council that might have been involved in the Menlo Park situation?

MR. WIDES: We had a joint meeting in executive session just last Thursday night on this situation. We went into detail on it and we came to the conclusion that the facility must be opened.

ASSEMBLYMAN SNEDEKER: I don't think there is any question that the facility will be opened. The problem is: when the Health Department will reinspect it and when the Department of Human Services says they are ready. As much as I as a member of this Committee would like to see it opened today, I don't have that authority, neither does the Chairman of the Committee nor the entire Committee. We have to wait until the Department of Human Services that runs it says they are ready for a reinspection and the Health Department does make a reinspection, which I think we have a commitment of September lst to do that.

MR. WIDES: Assemblyman Snedeker, I would like to say to you and Assemblyman Markert that the amount of money allocated for food, which was about $1.95 and has gone up now, I think, to $2.20, is not enough. By golly, you gentlemen sitting in this chamber and the chamber down the hall better ante up some more money for those men to buy some food.

ASSEMBLYMAN SNEDEKER: Well, there is $220,000 more in the budget this year than there was last year which can be used for that.

MR. WIDES: It can't be used for everything.

ASSEMBLYMAN SNEDEKER: Well, there is $400,000 additional in the budget over last year: $220,000 for Correction Officers which will no longer be there since the

inmates will be moved out and they will hire additional personnel to replace the prison inmates.

MR. WIDES: I hope it is not all used for salaries, but some is used for food.

ASSEMBLYMAN OTLOWSKI: Just to bring this into focus, you are recommending that more money be spent for food; isn't that what you are recommending? And you are saying that $2.20 is insufficient. Is that what you are saying?

MR. WIDES: I am saying that the statistics show that the last month or so that they were able to go over what they were allotted. Am I right, Jack, in saying it was $2.20?

MR. WHITE: The actual budget is $2.26.

MR. WIDES: You try living on $2.26 a day.

ASSEMBLYMAN OTLOWSKI: But you are advocating and recommending that something beyond the $2.26 be spent for food?

MR. WIDES: Yes, I am, Mr. Chairman.

ASSEMBLYMAN OTLOWSKI: I am sorry, Assemblyman.

ASSEMBLYMAN SNEDEKER: I have no other questions. I just want Mr. Wides to know that certainly this Committee will do all that it can to see that that home is opened as soon as possible. But we have no legal authority to require the department to open it tomorrow, as much as we would like to. We have allocated in the bond issue some additional money for an additional veterans' home, which may be of some help to some of the people who have been calling you, if we can build that third veterans' home in the State of New Jersey, which is much needed. Maybe we can find some more money. Perhaps we may have to use one of the bond issues to put into these facilities. I appreciate your coming.

ASSEMBLYMAN OTLOWSKI: Thank you, Assemblyman.

Assemblyman Markert?

ASSEMBLYMAN MARKERT: Stan, I agree with you that this facility should be opened. I don't know why it has taken as long as it has taken - from May when the inspection was made until now. They tell us now September 1st is when they hope to be ready and at least get a clean bill of health from the Health Department. It has been a long time. Things must have been pretty damn bad to take that long to get straightened out before you can reopen. As Assemblyman Snedeker said, we in the Legislature on this Committee cannot order that to be done. We just do not have that right or that prerogative to get that done. We have to wait for the Commissioner of the Department of Human Services and the Department of Health inspections and everything to fall into place before approval is given to be open. My question, my concern, like yours, is: Why has it taken so long to do it? I can't see that myself.

ASSEMBLYMAN OTLOWSKI: Assemblyman, in that connection, both you and Assemblyman Snedeker are pointing out how helpless we are. I just want to say that I don't feel that way about it. I can appreciate what Assemblyman Snedeker is saying. It is true that we don't have any direct authority. The only reason why we are sitting here is to determine if any legislation is needed to correct this whole situation. And I am beginning to believe that perhaps legislation is needed to correct this situation so it doesn't happen again. Now, do we change that whole criteria? Do we take away some of this authority from the Health Department? This is something that this Committee has to determine? Is this thing so out of hand now that since May until August this facility is hampered, is threatened? Obviously, something has to be done. Is there a need for legislation? This is something that the Committee is going to have to go into in depth and maybe come up with some answers by way of

changing the law. I think this is one of the things that the Committee is going to have to address itself to.

I agree with the two Assemblymen that administratively there is nothing we can do. The only thing that we can do, of course, and it may result from this hearing, is to determine how the law has to be changed to be made more workable, to be made more sensible, and as a matter of fact to be made more practical and to serve the needs of the veterans.

ASSEMBLYMAN MARKERT: And to see that it never happens in that third nursing home that we are going to build.

MR. WIDES: I know that Mrs. Rubin went through that facility one of the days I was there. After she went through it, she and I sat down and went over it. She is as concerned as I am to get the damn thing open. My concern is that every veteran in that facility be given top-notch care and top-notch meals, and those beds be filled, and that no vendetta exists so that they go in there looking for trouble because they can run their finger under a bed and pick up some dust.

ASSEMBLYMAN OTLOWSKI: Stan, thank you very, very much.

MR. WIDES: Mr. Chairman, you are a gentleman and a scholar.

ASSEMBLYMAN OTLOWSKI: Thank you.

How many people are here who still want to be heard? I will tell you that we are going to hear the four of you who raised your hands. I am told there are five of you. We would like to wrap this phase of it up because the Committee is going to do a number of things after this. One of the things, as Assemblyman Snedeker said, is that we are going to visit Menlo Park either individually or collectively in the next few days. We will probably have a report very shortly. The Committee will sit actively until September 15th. I am going to see how long we take here with the people that we have. I would like to wrap this up with the people who still want to be heard. You are here and I would like you to be heard so we don't have to bring you back. I am probably going to bring back other people at our next sitting. But we are going to hear the five of you who are here. But I may have to cut you if we feel that we have everything that we want from you.

John, who do we take first of the five people who raised their hands?

MR. KOHLER: I am not sure who everyone is who raised their hands. But Mr. Parano was on the list.

ASSEMBLYMAN OTLOWSKI: Come on, Mr. Parano, let's get going.

MR. PARANO: Do you mind if Frank and I come up together?

ASSEMBLYMAN OTLOWSKI: Come on. We can rid of the two of you.

MR. KOHLER: For the record, they are Mr. David Parano and Mr. Frank E. Soricelli.

ASSEMBLYMAN OTLOWSKI: They are representing what groups?

MR. SORICELLI: We are from the DAV, Chapter 32, Bergenfield.

ASSEMBLYMAN OTLOWSKI: Both of you represent that group?

MR. SORICELLI: Yes.

ASSEMBLYMAN OTLOWSKI: And the first speaker will be who?

D A V I D P A R A N O: I will. This goes back to better than a year in June. We started an investigation because several complaints came into the Chapter. So we went down and started to look into them. We formally made some of our own observations on the scene. From there, we started on another course. We went to Menlo, we looked, we saw, we took our own time and we examined every feature you are speaking about today.

We informed General Doyle about a year ago in August that this has been happening since '74 from our information polling throughout the veterans' organization. There are 1,800,000 of us. Through the information that we received - number one, I was with General Doyle when he pulled his white-glove inspections - if it was up to me, I would close the home until such time as there are enough funds to clean it up and put it right.

ASSEMBLYMAN OTLOWSKI: Excuse me. You are recommending closing both places?

MR. PARANO: I wasn't in Vineland. I am talking about Menlo Park.

ASSEMBLYMAN OTLOWSKI: You would close Minlo Park?

MR. PARANO: Until we can get it to meet the standards. There are standards to me met. I was with the General for one week. We went from room to room, every nook and cranny - all fine. They put clean linen on the bed when he says he is coming. Let's do it without them knowing that we are coming. Let's do it when they least expect it like the Board of Health did. This is what has to be done, not when they know and you get down and smell the bed and it is clean. You are talking about 12 beds - say it was 11 beds. They had a hole in the roof 8 months; they can't use the one bed. There are discrepancies in here.

The testimony was given - the Health Deparmtnet is right. Things have to be changed. You have to go in there with a whole team. If it is a team effort, why don't they have a team meeting, getting everybody together and getting everything done? It needs to be painted - maintenance - everything.

The General will clarify this. Both he and myself went through it. I can't see their saying to spend x amount of dollars. If it was done right the first time, we wouldn't have this meeting. We wouldn't have all this hullabaloo. But we are here to see that it is opened and, when it is opened, that it be kept open and right. People here have got to listen. It is here that we have come. It is here that we want you people to listen and help us with our problem. Like our Commander says, we need a separate division. We need to take it away from Human Services. If they can't do the job, put it in our own division. Let our people have a hand in this. This is where it belongs.

ASSEMBLYMAN OTLOWSKI: Thank you very much.

F R A N K E. S O R I C E L L I: I have both problems. I am a disabled vet, and I think about the time I eventually will be in a nursing home. I hope to God it's never one of those places that Doyle and Ann Klein are running.

As far as I am concerned, the system smells from the top. They were told about these conditions a year ago. General Doyle knew about it a year ago and he did nothing. Stanley Wides went down there to inspect it and came back and told me it looks okay. We went back down there and found there were no sheets, no pillowcases, no blankets. In the wintertime, the men were freezing. As for food, I used to walk in there and give the guys some stuff to eat - and that's the truth. Some of those guys haven't had a meal in that place in seven years. They send out for food. They are having problems with some of the aides in there that are intimidating them.

These are things that are going on in there that you people don't know a thing about. The only reason you don't know anything about it is because you have people who are supposed to be doing the job that are not doing the job. If they got off their backsides and went down there and asked the person who is sitting in a wheelchair for 16 hours what is going on and talk to the man, they

would find out about things, such as their bankbooks. They have savings accounts. There was a veteran who said he had some money in a savings account, but he didn't know how much he had. These are things that we are worrying about - the fact that a man goes in to have a meal and all he has is cottage cheese, mashed potatoes and peas. There was a toaster broken for four weeks down there. There was an ice machine that if a nurse needed some ice for something, it was not working for six weeks. When the temperatures were 101 and 102 degrees, the air conditioners weren't working in the old building, in Building One.

God in heaven, what have we got here in this country? We can give billions of dollars away to other countries, but we can't take care of our own. It is time you people in the Legislature wake up and see what is going on because we are getting fed up with it. Before you know it, we will come down here and march. If we come down here and march, the Iranians won't have anything on us. I'll tell you that now. I'm fed up with it. I have a father in there and when I go visit him at times, he is sitting in his own waste because they don't have help to clean him. He has been put back in bed on wet sheets because they didn't have the sheets to change. These are things that are going on. I have a mother that goes down there and she comes back all up tight because my father was abused by an aide. We don't know who the aide was because he was afraid to say anything. If I go down there and catch the person, I'll break him in half. I don't care what the cops would say.

These are the things that are going on in that place and nobody does anything about it. They sit back and they pass the buck from the General, from Ann Klein, right on down to Mr. White. And Mr. White is the last man on the totem pole. He is going to get it in the neck. That's the way it turns out. You people have had it made for years in that we have not said anything. We are getting fed up with it. You are going to find a lot of veterans down here one day marching on Trenton because of the lack of cooperation by the politicians. I hope I am not around to see it. That's all I have to say.

MR. PARANO: Now, in questioning Mr. White, General Doyle, Ann Klein, and the rest, here are the key topics: food; insufficient funds, they tell us; inadequate linen, insufficient funds; poor patient care, insuffient funds. What are we talking about? The man just said there's x amount of dollars. Why can't we get that money out? Do it now. Don't wait until next month. Let's not sit on it. Let's get it moving. These people have the money. They have everything. You have been promising to phase out the prisoners since July 1. It didn't happen. July 31st comes - it didn't happen. Now, we see September 1st - maybe - maybe next July 1st. There are not enough people interested. But, my God, all the veterans' groups are united. And, if needed, we will come here to Trenton. We will take our action.

MR. SORICELLI: I want to say just one more thing. The Catholic War Veterans have told me, if about 300 of us want to come down here when you people are in session, we'll handcuff ourselves to your podium and let's see what would happen then. There would be about 300 of us. It would happen because of you people not doing anything. That is the Catholic War Veterans. I believe there are other veterans here that would feel the same way. This is petty. We shouldn't have let this get this far. We should have turned around and straightened this out a year or two years ago because the people that are on the job don't care.

That is exactly how I feel about it. And I have been in that place enough times to know.

ASSEMBLYMAN OTLOWSKI: Thank you very, very much.

MR. PARANO: I just want to say one more thing. There are a lot of votes out there. I hope you guys look at it.

ASSEMBLYMAN OTLOWSKI: Thank you very much.

Mr. John Woodbury is next. May I see your statement please. Mr. Woodbury, will you please identify yourself and the organization that you are representing. I am going to suggest that since you submitted your statement, we have it and it is going to be part of the record, you epitomize it and we go from there.

J O H N B. W O O D B U R Y, I I I: That's fine.

Mr. Chairman, my name is John B. Woodbury, III. It is my privilege to serve the Veterans of Foreign Wars of the State of New Jersey as its State Service Officer. My duties as State Service Officer are varied. My primary duty is to service the veterans and their dependents to see that they get the benefits they are entitled to from the Veterans Administration and also, on the State level, on a daily basis.

My State Commander is enroute to our national convention in Chicago. Otherwise, he would have appeared before this distinguished Committee.

Mr. Chairman, the Veterans of Foreign Wars have been concerned for several years concerning the shortage of long-term nursing home care beds in this State for our veteran population and we are pleased that apparently it is going before the electorate in November on a bond issue approving a third nursing home care facility, which has been one of our prime priorities and legislative goals. However, we are deeply concerned with the ban on admissions to Vineland and Menlo Park. We agree that there are problems down there. As Stan Wides said, if you go in there with a white glove on, you will come up with dirt. It is typical of any institution that you go into. And I am sorry for that word, Stan.

We believe that there are sufficient deficiencies there to be investigated and looked into. We are confident that the administrators that are presently in place, Mr. Cagno and Mr. White, in their respective facilities, are doing a capable job under very difficult circumstances and sometimes impossible.

Mr. Chairman, today on two occasions you asked the question: Do you think it would be possible for the institutions to be closed and have the veteran patients put back in private homes and those homes be reimbursed for their care from the government? The federal government has a program for disabled veterans, either service-connected or nonservice-connected, for additional benefits, which is known as aide-attendants. There is an additional monthly amount to care for those who are so severely disabled by their disabilities that they cannot exist in a day-to-day environment without the help of some other person. Mr. Chairman, the money that the federal government pays is woefully inadequate to accomplish this need.

ASSEMBLYMAN OTLOWSKI: The money is woefully inadequate?

MR. WOODBURY: It is inadequate. It is not adequate at all for that kind of a program and I don't think you are ever going to see it in your lifetime or in mine, where you are going to be able to go to this.

ASSEMBLYMAN OTLOWSKI: Are you saying you are favorably disposed to that if the money were adequate?

MR. WOODBURY: I think the cost is going to be too prohibitive to do it on an individual basis.

ASSEMBLYMAN OTLOWSKI: Even if the family were to take care of their own family member and were helped with monies to do that?

MR. WOODBURY: It would take an awful lot of money because you are talking about taking probably one or more breadwinners out of the veteran's household out of the employment market and have them stay home on a full-time basis to take care of the veteran. I don't see where you are going to get the money to do it. The cost is too prohibitive.

ASSEMBLYMAN OTLOWSKI: All right.

MR. WOODBURY: We know that you made a surprise visit to the Menlo Park facility unannounced at nine o'clock on a Sunday, I believe it was. You inspected the facility. At that time, you said you found no reason why that facility should remain closed to new admissions. We agree with you. We don't think that facility should have been closed - or Vineland - and we request that they be opened immediately.

It is interesting to note in the case of Vineland, they are not scheduled for their annual inspection until September. Yet they were investigated and inspected last month.

We also maintain an extensive list of volunteers who go to East Orange VA, Lyons VA Hospital, Menlo Park and Vineland on almost a daily basis. We have heard no major complaints about either Vineland or Menlo Park. Sure, we have heard minor complaints from time to time. I don't know of a veteran who doesn't complain sometime for real or imagined slights, real or imagined inadequate care, etc. I deal with it on a daily basis in my job. I represent veterans before the Veterans Administration. Sometimes you have statutory provisions that say that a certain disability will only be allowed to be rated at 50 percent disability and that is all that man is going to get. Yet he feels that his disability is worth more than 50 percent, but the law says they will only pay 50 percent. You have the classic case of the budget problem. They will complain. They are right. I feel for them. But you are going to have to change the laws. You are going to have to increase the budgets.

Assemblyman Markert said earlier this morning the reason we are here today is because of the veteran population in this country. He is absolutely correct. He also stated later on in this afternoon's session that he would not say that veterans are better than senior citizens or other groups. Well, I am not a politician and I do not have to stand for election and seek support from various special interest groups. I will say the veteran is special. The veteran is special to this country for which he has put his life on the line. And the last time I checked, the State of New Jersey was part of the United States of America. Therefore, he is also special to this State. Any consideration and any help that the government of the United States or the State of New Jersey can provide these veterans who are no longer able to care for themselves, it should be provided and it should be quality care.

You have heard testimony from various medical personnel who have stated the medical care afforded to the veterans in these two facilities is of an optimum nature. We believe that to be true also.

Mr. Chairman, we request that your Committee do everything possible to reopen these facilities that should not have been closed in the first place.

That concludes my testimony. If you have any questions, I will try to answer them.

ASSEMBLYMAN OTLOWSKI: Mr. Woodbury, you have been very, very helpful. As a matter of fact, your testimony has been direct, frank and to the point; and

we want to express our appreciation. If we feel we are going to have need for you, we will call you back before September 15th when this Committee will probably conclude its work.

MR. WOODBURY: I will be joining our National Commander, if I catch his flight out of Newark today. I will be back around the 25th of August.

ASSEMBLYMAN OTLOWSKI: You will be back on August 25th?

MR. WOODBURY: That is correct.

ASSEMBLYMAN MARKERT: Mr. Chairman, if I might, I would like to say to Mr. Woodbury that I think he misunderstood the statement I made. What I did was compare humans. In other words, a veteran is just as human as a senior citizen who is just as human as a veteran, and the people within our nursing care facilities, and just as they should receive the best, so should the other indigents and so should senior citizens and people under nursing care, because we have that problem and I addressed it at that time. We have this problem in nursing homes and other places across the State. In no way would I feel that the needs of a human being are any less or more than the human being standing next to him. That is the way I feel. I don't know if you understood my position.

MR. WOODBURY: Thank you.

ASSEMBLYMAN OTLOWSKI: Sir, did you indicate you wanted to testify?

MR. STONE: No, I didn't, Mr. Chairman. My name is not on the list.

ASSEMBLYMAN OTLOWSKI: You are here now. May we have your name and what organization you represent?

R A L P H S T O N E: Yes, Mr. Chairman.

I am Ralph Stone and I am the Department of Rehabilitation General Services Committee Chairman of the American Legion. My Department Commander would be here also, but he is on his way to Boston to the National Convention of the American Legion.

ASSEMBLYMAN OTLOWSKI: So you are representing your Commander and you are representing that particular group?

MR. STONE: That is right.

ASSEMBLYMAN OTLOWSKI: Thank you.

MR. STONE: First I want to say this, hearing the splendid and exact and truthful testimony today of everyone, nobody would be here unless they were direly interested in what is going on.

For myself, not only being the Rehabilitation General Services Committee Chairman for the last ten years of the American Legion, but also the Burlington County full-time, salaried County Veterans Service Officer, in Mount Holly, in the county seat, for over 20 years, and being close to this situation and rehabilitation work in general and seeing the many veterans that go in and out of Menlo Park and Vineland over these last 20 years, I believe both institutions over the years have been run very, very well, considering the problems.

However, this has come on us now so much so this past year, as we know, with the various inspections and the problems. The problem that we are dealing with now is profound and we should deal with it quickly because, as has been indicated this morning and this afternoon, men want to get in there. They need the beds. This is now. The problem is now and we have to solve it quickly. In fact, maybe it should have been solved even quicker than it is now going to be.

But I am looking to the future. The average age of the World War II veteran is 59 1/2 years. It has been indicated in the record that there are

over 400 on the waiting list between the two homes. In not too long a time, that waiting list will be maybe five times that number and maybe more. Where are those veterans going to go? Many, many, many will be needing help in a Soldiers' Home in New Jersey. The veteran population of World War II - I believe over 15 million served the country, 4 1/2 in World War I. We have 1,100,000 veterans in New Jersey with the biggest number being World War II veterans.

It has been indicated in testimony this morning that, one, there perhaps is a need for stricter control; two, a Veterans Division be set up with cabinet rank. Both are probably needed for the future because of the growing need for bed occupancy in Soldiers' Homes. It is good news to hear that, hopefully, a third Soldiers' Home will be forthcoming. That will be direly needed.

So, I say to you that we had better not only solve this problem quickly today, as soon as possible, but also make plans maybe for a cabinet level rand and have stricter control over the two homes and the new one in the future.

That is all I have to say. But I will add this, in my caseload in Burlington County alone, there has been an increase in the World War II veterans coming in and even in the Korean War veterans with heart attacks and what have you, vying for pensions because they cannot work any longer. That is an indication. That is the handwriting on the wall. What will happen when they need nursing care? That is the question. I leave you with that.

ASSEMBLYMAN OTLOWSKI: Thank you very, very much. You have been most helpful. Thank you.

May we have Delores Reese, please. Will you kindly identify yourself?

D E L O R E S R E E S E: I am Delores Reese, President of Local 979 in Menlo Park. There are only two unions there, 979, and I don't know the other local. But there are not seven locals. There are only two.

ASSEMBLYMAN OTLOWSKI: There are two.

MS. REESE: Yes. I sat here today and most all the things that were brought up today were things that I was going to discuss. It was taken out of my mouth.

I did want to say that we do have 360 veterans there and there are only 99 attendants taking care of 360 veterans. I am not including the LPN's and I am not including the RN's because they don't do direct patient care. We do.

ASSEMBLYMAN OTLOWSKI: When you say "we," of whom are you speaking?

MS. REESE: The attendants, HST's and HSA's. We have to pat ourselves on the back because we do do a darn good job.

I am not here to criticize, which I could do a lot of today; but I don't think that it is necessary to rip anyone apart. I have to say that Mr. White - that labor and management is not getting along too well at Menlo Park because the morale is very low there. I don't want to say anything really harsh. But I have had labor-management meetings with Mr. White since January up until now concerning these very issues that we are at the table for now, such as, supplies which play a very important part in taking care of the veterans. If we don't have the supplies to take care of the veterans, we can't take care of them. We do have bed sores. In fact, we have five, even though our patients get very good care.

ASSEMBLYMAN OTLOWSKI: When did you first notice this, Delores?

MS. REESE: We have had bed sores for three months. One of our patients, Mr. Balocchio, who was in very bad condition, went out. Mr. Dardado is breaking

down, but he is healing slowly. Mr. LaBar has bed sores, so has Mr. Tepper, and on and on. I can give you more accurate information. But we do have bedsores, due to the fact that we don't have enough staffing to take care of the veterans, especially if you are working one attendant on a floor with 50 to a hundred patients and one nurse covering a whole building with a hundred patients. That happens all the time.

We do have problems with scheduling. God knows I have been fighting the scheduling for a long time and we are running into a problem of call-outs. I want to clarify the call-outs because I feel that you don't have the personnel there to cover the call-outs. If you have two people scheduled on the floor and one calls out, that means one person is on the unit to take care of the patients. I have been involved in problems myself because I work doing patient care. We are the second family, the family away from the family, to the veterans. We have a few new girls coming on board that don't understand the wants and the needs of the veterans. I cannot defend that.

I do want to make one point. On March 5th, 1980, I had a meeting with Mr. Lyons and Mr. White on the subject of supplies and adequate staffing that we have been screaming about since February. I asked Mr. Lyons if Mr. White did have a problem with the shortage of supplies to meet the needs of the veterans, would Human Services or whatever his department is give him what he needed? Mr. Lyons said there were no funds at all. I asked him what he would suggest we use. He said, a magazine - the Old Post Magazine. I hear all this concern that was shown today that is not concern. I feel the ones who are concerned the most are the employees that are doing the patient care. That is the HST's and HSA's.

The overtime is not done by the HST's and HSA's. It is done by the RN's. If you look at the records, you will find there is very little overtime done by the attendants, mainly because when there are call-outs or anything, we are not asked to work overtime. We usually just come in and work with what we have. Because there is not enough help on the floor, we have had a number of our patients fall. Mr. Fred Frank hasn't walked since about a month ago when he fell and he is tied to a chair. This is what happens. We had a Mr. Paternoster who fell a year ago. He went to the hospital from eating a bar of soap and it affected his throat in some way. Mr. Paternoster, instead of letting him go freely like he always did, he walked in and now he is not walking anymore - no therapy. Mr. Frank was the same way. He is now tied in a chair. I don't know what they are going to do about him.

Communication is the problem in Menlo Park and I don't think from where I sit right now that it is ever going to get any different. Down in the main building, there is no air conditioning. In June and July, it was really hot. I spoke to Mr. White concerning the air conditioning. They moved a few patients. They put two air conditioners in a couple of rooms. I guess the patients that could talk got the air conditioning. But what about the others that are down in all the heat? If they are concerned, they need the air conditioning.

Let's get on with the food. I have veterans come to me - I am the mother, especially in our building - concerning the food. It is the way the food is prepared that makes them not want to eat it. Most of the time, we call out for the veterans. Some of the time, we share our meals with them. These are some of the problems. I think Mr. Doyle and Mr. Lyons are aware of them because I have met with them many times.

My concern is staffing. WE need help very badly. The girls cannot continue to work one and two people on the floor. Mainly, on night shift, they have one person. I am on the 3:00 to 11:00 shift. When I go off, there is no one there. Sometimes, you will find one nurse. This is for the whole building. Sometimes there is one nurse on the whole premises. Yet I have been hearing here that the attendants have a great amount of call-outs. I think you had better ask why they are calling out. You can't work one person to death and expect them to come in the next day. You are lifting men. You are bathing men. These are not babies; these are men. You are picking them up. You are totally bathing them. You are cleaning them. You have standard care, patient care, especially in Building 4. All these are wheelchair patients, with the exception of maybe a few that can do for themselves. But you have patients here that need standard care, who need to be bathed and need to be cleaned around the clock. You have to constantly change them and diaper them like babies. We are not talking about patients in a nursing home; we are talking about semi-hospital, intensive-care patients, like Mr. Balocchio, tube feedings and things of that sort.

So I feel in behalf of the HST's and HSA's as President, we have to defend ourselves against the disciplinary action they take if you call out,and management has the right to say that you are sick. You have 15 sick days. If you are sick, you call out. In every institution, you have call-outs. But let's see who is calling out. Don't always say the HST's and HSA's or the attendants are calling out. I think you had better put it all together. You have supervisors who don't show up. Weekends, we have nobody there but one nurse or two. Everybody closes up shop and goes home, even in housekeeping. I think on January 12th, 1979, at a labor-management meeting with Mr. White, I discussed housekeeping with him. I told Mr. White before the committee even had come in - now this was in January of '79 - that the place was getting filthier and filthier and filthier. And Mr. White said, what could he do with housekeeping, that they claim that they can't do this, this or this. But you have people in housekeeping that don't dust and I have never seen a broom or a mop in the place.

ASSEMBLYMAN OTLOWSKI: Delores, you had some of the people from the prison that were responsible for cleaning. Are you talking about these people? Or who are you talking about?

MS. REESE: We have other people in housekeeping that are there folding linen and towels.

ASSEMBLYMAN OTLOWSKI: Delores, I think it has been said here today and it has been admitted that help is needed in that area; and, as a matter of fact, I think the money has been provided for that.

MS. REESE: Are we going to get the help that we need?

ASSEMBLYMAN OTLOWSKI: The recruiting has taken place now and it is a matter of training those people so that they can get them to you and put them on the floor.

MS. REESE: I am not only talking about in housekeeping; I am talking about in the Nursing Department. We have vacancies that need to be filled.

ASSEMBLYMAN OTLOWSKI: You are talking about the Nursing Department?

MS. REESE: Yes. We have 17 positions that need to be filled in Menlo Park.

ASSEMBLYMAN OTLOWSKI: Delores, I think it was said - and very forcibly said and clearly said - that it is very difficult to recruit nurses for many reasons

and it is not peculiar to Menlo Park or to Vineland. It is a difficult thing to recruit nurses. That is one of the problems, admittedly. I don't think anybody can give you a pat answer to that. However, there is no reason for us to ignore this. We have to address ourselves to it. There is no question about that.

MS. REESE: I was sitting back there and I heard Mr. White mention the absenteeism. And I also understood you to say, "fire them."

ASSEMBLYMAN OTLOWSKI: As a matter of fact, if it weren't for the restrictions on it, I would fire a person myself if I had the authority. I would fire a person for continued absenteeism. I think that is unforgivable. I think it is unforgivable to practice continual absenteeism. It is unforgivable.

MS. REESE: Then, Mr. Chairman, I think you should close down all the institutions because I guess you will find that in all the institutions and hospitals. If they thought like you do, they would close up everything. People do get sick and they take off.

ASSEMBLYMAN OTLOWSKI: But, Delores, when the absenteeism gets to the point where it is 22 percent and 24 percent --- First of all, let me just tell you something, you said something here today that is very, very significant - very, very significant - you didn't realize it when you said it - that the attendant is the closest to the patients, the attendant is the most intimate, the most personal person to that patient; other than someone in his immediate family, his wife or his son or his daughter, an attendant is that close. If an attendant doesn't have any feeling for the patient, it runs right through the whole hospital. I believe myself --- and I have been in hospital work all my life and I was able to fire a few people when I was there. Maybe that was one of the reasons I left when I no longer had the authority to fire them. In any event, what I want to point out is the fact that your job is an important job. And when a person is missing on a Friday and a Saturday or a Sunday, on a weekend, that patient is being tremendously hurt because what you are doing is taking someone away from him that is very, very close to him. So, when you are talking about trying to justify absenteeism, Delores, you can't. You can't justify absenteeism.

MS. REESE: What would you say about it if a person only has a weekend off every eight weeks? Don't you think they have families too?

ASSEMBLYMAN OTLOWSKI: That has to be addressed. That has to be corrected.

MS. REESE: What I am saying to you is that we know how important we are, but we also have families. We are dedicated to the veterans. If we weren't, we wouldn't be there.

ASSEMBLYMAN OTLOWSKI: Delores, you, yourself, said it. I know you walk a very thin line because, certainly, you have a family. You love your family. There is no question about that.

MS. REESE: I am not speaking about myself, but in general.

ASSEMBLYMAN OTLOWSKI: I am talking about the attendants. They love their families. And, obviously, they love the patients ---

MS. REESE: That's right.

ASSEMBLYMAN OTLOWSKI: --- because they wouldn't be in that job if they didn't have that feeling. They are certainly not in that job for the money. They are in there because they have some kind of feeling for that job. When they have a feeling for that job, they have a feeling for that patient. No one can take that away from them. No one can take that away from you and no one is taking it away from you. But you, yourself, as a union member have a tremendous responsibility. That responsibility doesn't belong to White or doesn't belong to somebody in

Human Services or to General Doyle. It is just as much a union responsibility as it is our responsibility about seeing that there is good workmanship and about seeing that there is no absenteeism.

If there are things that have to be corrected, they have to be addressed. If, as you say, a person is working eleven days straight, that shouldn't happen.

MS. REESE: You said we as a union are responsible, but Mr. White is more responsible because he is the administrator for 360 veterans.

ASSEMBLYMAN OTLOWSKI: The what?

MS. REESE: He is the administrator and he is responsible for 360 veterans. He is supposed to know that he has help covering the units.

ASSEMBLYMAN OTLOWSKI: Nobody can contradict that argument.

MS. REESE: That's right.

ASSEMBLYMAN OTLOWSKI: You are absolutely right.

MS. REESE: But you are saying that this will all be taken care of. I hope it is not too late when one day everybody wakes up and there is a fire at Menlo Park with one nurse on and one attendant. I hope that everybody thinks about it when a patient falls and breaks a hip and there is no attendant or nurse on the floor to deal with it.

ASSEMBLYMAN OTLOWSKI: Delores, let me just tell you something. I know something about people falling and breaking their hips. I can do that in my home tomorrow. A normal person can walk down the street and step off the curb incorrectly and misplace his hip. So these are normal things that happen. They happen in a hospital; they happen on the street; they happen when you are walking; they happen in your home when you are taking a bath; they can happen to any one of us. The point that we have to address ourselves to is: Are we giving good patient care? That is what we all have to worry about. If we can answer that in the affirmative, then we have to expect all of these other things to happen because they happen in the normal course of life.

MS. REESE: Mr. Chairman, you know I don't feel I am giving good nursing care because there are not enough of us to give good care to the patients. You can't say with one or two people, you are giving good nursing care.

ASSEMBLYMAN OTLOWSKI: I think it is admitted for the record and I don't think we should debate it because I think it has been admitted. It has been said that the care has to be beefed up there and that is being done now. I think that is being said.

I am being besieged here on all sides. Would you just summarize the points that you want to make in one, two, three or four salient points. Let's try to do that in three minutes.

MS. REESE: My main point is that I hope you will look into the matter of our having every other weekend off. I think that will resolve the big problem of call-outs. I think the last desk it was on was Mr. Donahue's. Now it has moved to Mr. Frank Mason's. I hope you can push it on to somebody else's desk so it can be pushed to Menlo Park and we can get on with having every other weekend off.

ASSEMBLYMAN OTLOWSKI: Delores, thank you very much.

Jill Huhass is gone and so is Kim Martincik. That concludes the people that are listed. Yes, ma'am.

MILDRED LEWIS: I am the Director of Nursing. You have asked all about nursing care but you haven't asked a nurse about nursing care.

ASSEMBLYMAN OTLOWSKI: How did that happen? Do you want to come over here and see if you can do this in three minutes. Will you give us your name and

your position.

M I L D R E D L E W I S: Mr. Chairman, my name is Mildred Lewis and I am the Director of Nursing at Menlo Park. I was appointed in this position as of April 7th, 1980. Unfortunately, on the 28th of April, I was in a car accident and was out of work for a month. However, I did come in when called. When the State made their surprise inspection in the middle of the night, my nurse on duty did not call me, but I was notified in the morning and I did come in to a piece of white paper with a few things stated on it and at the bottom: we can't admit patients.

I promptly met with Mr. White and he took the action as he was so directed.

I have been sitting here listening to people testify and wondering when somebody was going to speak to a nurse. When you talk about nursing care, you have to talk about the people that provide that care. And, as a registered professional nurse, I take pride in what I do. If I didn't think I was good and if I didn't think Menlo Park was good, I certainly would not be working there because my reputation wouldn't be able to stand the pressures of the position and all the problems it so entails. There is nothing different about Menlo Park that is not happening in other nursing homes and other hospitals. The thing that surprised me was, after working for a month with my Head Nurses who previously had not been allowed to function in a Head Nurse capacity nor in a professional capacity, we were reinspected by Mrs. Dix and a group of her nurses. As we went around, I got the strong feeling that for some reason we were not going to comply. Some of the points that were made were very evident to me. When we had the interview, I was really quite surprised that we had not passed the inspection because, having been a Director of Nursing and having been in nursing administration for 19 of my 23 years in nuring, I had never been in an institution that had beds closed for the reasons that were given. And I had been through a vast number of them in New Jersey and in New York State. However, it probably too was part of my own pride, being upset about things that were going on and things that I had wanted to change. I did mention to Mrs. Dix that I felt that not allowing veterans to be admitted to the beds was going to make it extremely difficult for me to hire the professional nurses that I needed to make the changes that were necessary to give that type of care to the veterans that they deserved. Mrs. Dix, at the interview, said that she did see some improvement, but overall she felt that her decision would stand and she would not change it.

So, I was hot for about two or three days, but afterwards, being the professional that I am, I realized that I had to make those changes that would conform to what the Health Department expected. When I started delving into some of the problems, I realized basically we had a morale problem. As far as the Nursing Department went, there was nobody that could give them guidance and direction. As has been mentioned previously by Mrs. Rubin, there had been a number of Directors in a short period of time, so that the staff did not have any continuity or any consistency.

I tend to be a disciplinarian and I intend to sometimes be intractable. But I am not without compassion and I am not without caring for people. While Mrs. Reese was speaking, I was getting hot again. But I tend to do that because I care about what happens, I care about our veterans and I care about the people sitting in this chamber.

As she was talking, I thought of two different things: one, the possibility,

as you mentioned, of legislation to take the certification process perhaps away from the Health Department. While I get angry at the Health Department at times for some of their reasons for doing things that they do and while I feel that the standards that we must function under in the nursing homes in New Jersey are rather stringent, plus the fact there is no interpretation from the State given to us - therefore, we can make one interpretation and the Health Department can make an entirely different one - I do feel that basically they may have some personality quirks because I have them myself, but I basically feel that they are honest and they try hard the same as I do.

As far as our labor-management problems, they are myriad. I came into a crisis management situation as far as the Nursing Department was concerned. And I will only direct myself to the Nursing Department because that is my area of expertise. We have a total of 252 bed patients. By that I mean, in-house nursing home patients. We only have 79 ambulatory-care patients. When you talk about care, you have to differentiate one from the other.

Somebody mentioned 2.75 as the hours of care needed. Well, that is only for the skilled care. That is level A. In our nursing home, we have 142 patients who are listed as level A and they are 2.50. On our level B, we have 98 and they are 1.25 hours of care. Our skilled care - there are 12 and that is 2.75. That means, according to the standards and according to the patients that we have, we are required to give 600.5 hours per day of nursing care. I have arranged in my schedule for August to give more than that and I have built in a factor by which, if we have two call-outs on each shift, we can cover. Some of the problems that we find in the summer months, obviously, are the vacations. We also have an inordinate amount of SLI's, which are injuries which occurred on the job. Therefore, these are unexpected things that have occurred.

I have done detailed reports on the absentee rate in our nursing home component. From June 14th to July 22nd, on the 7:00 to 3:00 shift, for our HSA-HST group, there was 9.5 percent absenteeism. For the LPN's, there was 7.3; and for the RN's, there was 5.1 percent. For a grand total of 22.2 percent. Our professional staff, if you break it up, was 5.4. Our non-professional staff was 16.5.

Gentlemen, the standards for last year, for the absentee rate throughout the State was 10 percent. We are already 6 above that.

If we go to the evening shift, our total is 21.7 percent. Our RN's out of that were 3.9; LPN's, 6.2; attendants, 11.6. If we separate the professionals, we have 3.9 again; our HSA-HST-LPN group was 17.8. But the killer comes on our night shift when our patients are the most vulnerable. We have a call-out rate of 37.6 percent - 37.6 percent.

ASSEMBLYMAN OTLOWSKI: A call-out rate of that magnitude?

MS. LEWIS: Absolutely. We had an RN call-out rate of 7.5; LPN's, 18.5; HST-HSA, 11.8; professionals, 7.5; HST, HSA and LPN would be a total of 30.3.

The point I am making is that obviously a lot of people are dissatisfied and are very distraught. Some of the reasons I can figure out; others I cannot. I have taken corrective action, as the Director of Nursing, by starting to counsel those who are showing a pattern of absenteeism and suspending those who are excessively overworking their call-outs. The people that I have suspended have already used up their 15 days' sick time and have 5, 6, 7 or 8 absent days. Primarily, they do occur on the weekend and on the day before their days off and on holidays.

I bring these figures to your attention only because it dramatically

again proves the need for improving some of the problems that we have and some of the methods that I hope to be able to institute to correct them. This weekend, for example, our call-out rate was 11.25 on Saturday and it was 12.4 on Sunday. There was no RN call-out on Saturday, 3 LPN call-outs and 6 attendants. On Sunday, 1 RN, 3 LPN's and 6 attendants.

We are working in a chronic institution. It is not an acute-care institution. The Medical Director, Dr. Kowalczyk, stated to you there are no decubiti at the hospital. I think it is important to know what decubiti mean. A rend area on the foot does not mean a decubitus. An open-draining sinus is a decubitus. We have two patients who have come to our institution with open-draining decubiti. We had one patient that was transferred out who had a split of the knee - an amputation, the approximation site - and he was sent back to East Orange for further evaluation.

Supplies - yes, we were short of supplies when I first came. But since the allocation came through, our supplies are in much better demand.

We have asked our nurses to work overtime and many of them have. We have asked attendants to work overtime, but we do run into a problem.

ASSEMBLYMAN OTLOWSKI: Excuse me. I just want to interrupt here. Your testimony is very, very important and very enlightening. I am fighting a clock here because some of the Assemblymen and I have other appointments and we were scheduled, of course, to recess at 4:00 o'clock to set another day. As you understand, the Committee is going to continue to sit until September 15th. We are going to continue these hearings.

I was wondering if you would be good enough to come back because I am sure that we are going to have questions which we would like to develop with what you are bringing out. I just want to tell you, from your testimony here today, you impressed me and I am pretty sure you impressed the other Assemblymen here with your competence, your sincerity and your dedication to this job. If you could only stay out of automobile accidents, you would be a hell of a nurse. But, in any event, would you be willing to come back?

MS. LEWIS: Surely. I would like to say just one thing. I do want it known that I am not angry and I am not fighting at people. The point is that we must find out a better way to do what we are doing.

ASSEMBLYMAN OTLOWSKI: No question about it. That is what we are here for. Would you be willing to come back?

MS. LEWIS: Surely.

ASSEMBLYMAN OTLOWSKI: The Committee stands recessed at the call of the chair. The chair will notify John Kohler, our staff member, when we are going to meet again. He will get in touch with the Committee and with all those people that we want to hear.

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TESTIMONY OFFERED BY JOHN A. WHITE, LNHA, SUPERINTENDENT

N. J. HOME FOR DISABLED SOLDIERS

AUGUST 13, 1980

BEFORE THE

ASSEMBLY INSTITUTIONS HEALTH AND WELFARE COMMITTEE

The New Jersey Home for Disabled Soldiers has been subjected to repeated media controversy surrounding health, safety, cleanliness, and labor issues over the past several months. I welcome this opportunity to appear before this Assembly Committee today to present the facts, explain the issues, and urge the legislature to eliminate duplication of effort in State Agencies of government, work to formulate an equitable funding formula for State-run Human Services Facilities, reopen the Menlo Park Facility to new admissions, and to set objective criteria for State health inspections to avoid capricious action that can stalemate admissions.

As a Licensed Nursing Home Administrator and Superintendent of this Facility, you may believe that I have autonomous power over its operation. This is not so. I operate under divided mandates, uncertain funding schemes, and with inmate help. The State Department of Health licenses the Facility and provides regulations for operation. In 1978, upgraded rules and regulations went into effect, yet the State Department of Human Services provides our funding. Unfortunately, funding and appropriations have not kept pace with the standards mandated by the Department of Health. The Menlo Park Facility is the lowest funded per capita among all sixteen of the State-run institutions. In 1980, the New Jersey Home for Disabled Soldiers spends only $30.22 daily per capita compared with $36.00 per capita at the

comparable veterans' facility at Vineland and compared with highs of $68.00, $70.00, and $67.00 per capita expended at Greystone, Trenton Psychiatric and Marlboro. I am submitting a fiscal analysis of the sixteen State-run institutions for your review.

I am responsible for more than 800 employees and patients and a $20,000,000.00 plant on 50 acres of ground. The average nursing home in this State has 125 beds, not the 280 nursing beds and 120 domiciliary beds which we accommodate. In gross numbers, this Veterans' Facility represents about three and a half times the average nursing home capacity in New Jersey. Menlo Park has the lowest employee to patient ratio in the entire system of State institutions. When it comes to budgetary control, there is a multi-phased process that we must follow, expecting cuts and reductions along the way. I report to the Director of the Division of Veterans Programs and Special Services. First, our budget is submitted there, subject to revisions -- usually downward. Next the budget is submitted to Commissioner of Human Services, where it may face further paring back. The Commissioner then submits the budget to the Treasury Budget Bureau, where again, for the third time, it faces the possibility of additional cuts. I am held strictly accountable for line item budgeting. All requests to move money

from account to account must be justified and documented.

In addition to budgetary constraints, I have seven union contracts to deal with, and Civil Service rules and regulations with which I must abide.

I have repeatedly informed, sought help and assistance from the Department verbally and in writing, of various problems as they oocur at the Nursing Home. The attached four memos which I am submitting for your review outline problem areas. I did not receive any assistance or recommendations to improve or correct the concerns cited prior to the inspections and only subsequent to public disclosure.

Memo A ------

Addressed to critical licensed nursing shortage in Central Jersey area, action plan suggested.

Memo B -----

In-depth response to 1980 spending plan, advising Director of projected shortfall and asking for guidance.

Memo C -----

Addressed to employee frustrations due to continual lack of medical, household, and maintenance supplies.

Memo D -----

> Plea to eliminate inmate work details because prisoners are not skilled in modern housekeeping techniques, turnover rate, deliberate carelessness, fear of Veterans and other employees, assaults and minor robberies. A geriatric setting demands workers attuned to their special needs.

And finally, there is no system, no criteria, no standards for when a State facility should be closed due to life threatening citations. L

Let me cite our case. There is no question that we were cited for some twenty deficiencies. Most of the deficiencies centered around equipment and supply shortages, housekeeping, service techniques, and security. None of which in my opinion were life threatening or warranted the closing of admissions to our long waiting list. Most of all, patient care and medical care were judged satisfactory by the Veterans Administration and our own Medical Consultant, Dr. Samuel Lloyd. The Department of Health did not address this issue.

We are inspected by many agencies during the course of a year including the Veterans Administration Team from East Orange Veterans Hospital. Their inspection, which was conducted on September 26, 1979, recommended eight items in non compliance. They acknowledged evidence of correction under way in every item. Nevertheless, all of the deficiencies cited as a result of the unannounced midnight inspection on May 5, 1980 have been corrected with the exception of our housekeeping problems which are in a period of transition with the phasing out of inmate labor from Rahway Prison and the hiring and training of new Civil Service personnel. Upon reinspection on June 18, 1980, Menlo Park received twelve plus five new additional citations from the State Department of Health. None of the seventeen citations were addressed to the level of patient care. None were life threatening. They were citations indicating evidence of smoking on the premises and that the Facility was not free of debris. On this basis, on a Monday morning, this Facility continued to be labeled unfit for further admissions.

This is not to say that another inspection would not produce more deficiencies under the July 1, 1978 standards. We have a great deal of work to do to meet these standards and in

many cases we are lacking the resources to accomplish these tasks. For example, under the new regulations the following functional committees must be formed with appropriate minutes recorded on each: Utilization Review, Discharge Planning, Safety, Evaluation, Infection Control, Medical Staff, Patient Care, Pharmaceutical and Dietary. Professionals must be taken from patient care duties to attend these meetings and secretaries are required to record minutes and type and issue policy changes -- all of which requires time and people. Documentation and paperwork are choking us. We seem to be drifting further and further away from direct patient care. In most cases, inspectors want to see our paperwork and not the patients. And no two inspectors view the same situation in the same light. In my opinion, they should have more definitive guidelines in order to limit subjective decisions.

Over the years people have attained supervisory positions which under current standards require a higher degree of skill. For example, positions like Executive Housekeeper requiring a Bachelor's Degree or even a Master's Degree. We require funding for the retraining of these people. I welcome inspections, and I would welcome fair criteria for evaluations, but a soda cup on the floor, a cigarette butte in an ashtray, and coffee drips along a hallway are not cause to close down a facility.

Given all these problems, the New Jersey Home for Disabled Soldiers has grown significantly since the addition of 100 new nursing care beds in 1974. It is currently the largest facility for Veterans in the State and ranks among the top five nursing homes in New Jersey -- private or public. Despite fiscal handcuffs, despite lack of response from State agencies, despite resistance to calls for administrative and management tools, during my term as Acting Superintendent (1976-78) and as Superintendent (from May 1978 to present), we have a record of improvements. Working within fiscal restraints and reaching out to outside organizations, I have been able to accomplish the following positive changes:

1. Added three (3) full-time Physicians to give round-the-clock medical care to the Veterans.
2. Created the position of Director of Nurses (Facility was functioning with only one daytime Supervisor of Nurses.)
3. Created two positions of Supervisor of Nurses (one for 3-11 shift, one for 11-7 shift).
4. Established a full-time pharmacy operation and created two full-time Pharmacist positions to operate it.
5. Created the position of Supervising Dietitian to plan menus, supervise diets and provide patient nutritional care assessments.

6. Created a Social Services Department with a Supervisor of Social Work position (MSW) to service the personal needs of Veterans and their families.
7. Created a Recreation Department with a Supervisor of Recreation position to adequately conduct arts and crafts and recreational activities for the Veterans.
8. Created a Volunteer Department with a Director of Volunteer Services position to establish volunteer programs and solicit the community for volunteers to work at the Facility.
9. Established a Physical Therapy Department with a Supervisor of Physical Therapy and staff to conduct proper treatments.
10. Engaged a Speech Therapist Consultant to provide speech therapy as ordered by Physicians.
11. Created the position of Personnel Officer to establish a viable personnel and payroll department.
12. Established a launderette for boarding home residents to do their personal laundry. (Welfare Fund)
13. Established a Canteen where the Veterans and their families might meet over a hamburger and a

cup of coffee. (Accomplished by volunteer organization)

14. Through the cooperation of the State and Woodbridge Libraries, we constructed a Library for the Veterans' reading pleasure. (Under a $40,000.00 State Grant)
15. Acquired many gifts through community and organizational outreach. (Screened-in porch, ambulance, completely equipped Physical Therapy Room)
16. Acquired vans so that the Veterans can make trips to the Garden State Art Center, and to ballgames, to name a few.

Once again, I thank you for your time and consideration. In good conscience, I must tell you that I will not sacrifice patient care. I find it difficult to meter out supplies. I find it difficult to substitute cheaper products which I know are ineffective. Something has got to give. It cannot be essential supplies required to maintain patient care.

I believe there is a lack of understanding among the fiscal agencies which approve our budget on the real costs required to maintain a nursing home. I do not think we can go for-

ward with a "fend for yourself" attitude. I urge you to address the issues presented to you here today and reopen the Menlo Park Facility to further Veteran admissions.

MEMO A

DEPARTMENT OF HUMAN SERVICES

INTER-OFFICE COMMUNICATION

TO: General William C. Doyle, Director
Div. of Veterans Programs & Special Serv.

DATE: February 15, 1980

FROM: John A. White, LNHA, Superintendent
N. J. Home for Disabled Soldiers
Menlo Park, Edison, N. J.

SUBJECT: Nursing Shortages

This is to brief you on the critical shortages of licensed nurses in the Central New Jersey area. Because of this situation, many hospitals and nursing homes in this area are offering bonuses to attract nurses to their respective facilities.

Rahway Hospital, for example, will place $200.00 in a savings account for any nurse who will work for them. At a recent meeting of the Society for Licensed Nursing Home Administrators, several administrators stated they are offering bonuses from $300.00 to $500.00 in order to attract nurses to their facilities.

Our General Recruitment Office has been advertising for nurses on a continuous three day week basis in the Plainfield Courier News, New Brunswick Home News and the Woodbridge News Tribune. There has been little or no response to these advertisements except in the paraprofessional positions. Also there has been no response to the higher level position of Supervisor of Nursing Services.

May I suggest that an indepth study be undertaken to review and upgrade salary structure and the offering of other incentives in order to allow us to be competitive with the private sector of the nursing profession.

JAW/bcm

cc: Selma Rubin, Deputy Commissioner, Dept. of Human Services
J. M. Ryan, Chief Examiner and Secretary, Civil Service
Larry Condon, Director, Personnel Services, General Office
Donald E. Kelley, LNHA, Asst. Supt., N. J. Home for Disabled Soldiers
Dorothy Gerse, Personnel Officer, N. J. Home for Disabled Soldiers

INTER-OFFICE COMMUNICATION

TO: General William C. Doyle, Director
Division of Veterans Programs &
Special Services

DATE: August 28, 1979

FROM: John A. White, LNHA, Superintendent
N. J. Home for Disabled Soldiers
Menlo Park, N. J.

SUBJECT: 1980 Spending Plan

I agree with the substance of your memorandum of August 14, 1979 regarding this Facility. We will not make the end of the year in many of the major expense accounts. In good conscience, I cannot sacrifice patient care. Staff morale is already low, because we are metering-out supplies or using cheaper products which are ineffective. Patient breakdowns (decubiti) have tripled. The AFSCME Union has threatened to expose the poor care we are rendering, to the media.

If additional funds are not available, we must take corrective action. I suggest we stop all admissions and phase out one 50 bed unit, thereby increasing the amount of supplies for use in the remaining units and relieving the payroll of staff required to operate the unit. Therefore, in answer to your question of how I intend to meet the 1980 spending plan, the aforementioned is my reply.

Something has got to give, and it cannot be the essential supplies required to maintain a patient, including the ancillary services the patient requires. You state in your memorandum that you will not entertain any pleas in March that we are several hundred thousand dollars in deficit. I will tell you now, in August, that at the current rate of providing minimum patient care, there is no doubt in my mind that we will be short in March. So, I am advising you early in this fiscal year for immediate discussion to consider alternatives such as I have previously mentioned.

You were so right in pointing out that we have been grossly underfunded in our operating account in relation to our increased population; that inflationary price increases in all supplies, especially medical, household, fuel oil, food and gasoline, are choking us in every account. The price of a simple item such as disposable diapers (CHUX) has risen from $18.00 per case to $31.94 per case over a short period of time. We are using over $30,000 a year of this item alone. We have over 100 incontinent patients utilizing this one item, along with many others.

There appears to be a lack of understanding among the fiscal people of what is required to operate a nursing home. It costs $1,000 per month for room and board in local private nursing homes. This does not include medication, physician fees, dental and therapy treatments. And most nursing homes are very selective as to the type of patients they admit relative to their condition.

I will await your decision on my recommendation.

JAW/ced

cc: Daniel M. Walsky, LNHA

DEPARTMENT OF HUMAN SERVICES

INTER-OFFICE COMMUNICATION

TO: General William C. Doyle, Director
Division of Veterans Programs & Special Services

DATE: Aug. 24, 1979

FROM: John A. White, LNHA, Superintendent
N. J. Home for Disabled Soldiers

SUBJECT: Employee Frustrations

A significant employee frustration is the continual lack of a sufficient amount of medical, household, and maintenance supplies at this Facility. Specifically, budget restrictions limit the amount for use of catheters, disposable leg and bedside drainage bags, disposable diapers, towels, sheets, pillow cases, bedspreads, soap, paper towels, cleaning fluids, waxes, auto maintenance and other sundry repair parts and supplies.

JAW:ech

DEPARTMENT OF HUMAN SERVICES

INTER OFFICE COMMUNICATION

To: General William C. Doyle, Director
Division of Veterans Programs & Special Services

DATE: Aug 22, 1979

From: John A. White, LNHA, Superintendent
N. J. Home for Disabled Soldiers

Subject: Elimination of Inmate Work Details
Menlo Park Soldiers Home

In view of the recent news articles and the action taken by citizen groups in the Woodbridge Township area relative to the elimination of the trailer camp site for inmates outside the walls of Rahway Prison, I am concerned about several recent incidences involving inmate work details assigned to this Facility:

1. A correction officer was assaulted in the lobby of our Facility and the inmate escaped in a waiting car on our grounds.

2. A 14 year old CETA worker was found in a lobby men's room with an inmate.

3. $250.00 was stolen from a Veteran's locked locker in our Boarding Home Section during the time inmates were cleaning the area.

4. We are consistently receiving deficiencies for poor housekeeping from our own departmental sanitarian, the Department of Health, and the VA inspection agency because inmates and their correction officers are not skilled in modern housekeeping techniques. The turnover rate, attitude and deliberate carelessness among inmates to adequately apply proper cleaning techniques, are also contributory to these deficiencies.

5. The Veterans and employees are fearful to report many incidences because of threats by certain inmates of retaliation when they get out of prison.

In summary, a geriatric setting of aged male and female veterans is not conducive to inmate labor because of the reasons cited above. I recommend we eliminate inmate work details at Menlo Park Soldiers Home and replace them with Civil Service workers utilizing, in part,

-continued-

the $200,000.00 in annual salaries paid to the correction officers for their services at our Facility. This should be accomplished as soon as possible before another serious incident occurs which could be detrimental to-the Department but, most of all, for the peace of mind of our Veteran patients, and employees.

JAW:ecb

cc: Mr. Daniel M. Walsky, LNHA, Assistant Superintendent

JOHN J. FAY, JR.
OMBUDSMAN

STATE OF NEW JERSEY
OFFICE OF THE OMBUDSMAN
FOR THE INSTITUTIONALIZED ELDERLY
13 NORTH WARREN STREET
TRENTON, NEW JERSEY 08625
(609) 292-8016

August 11, 1980

The Honorable Brendan T. Byrne
Governor, State of New Jersey
State House
Trenton, New Jersey 08625

Re: New Jersey Home for Disabled Soldiers
Menlo Park, New Jersey

Dear Governor Byrne:

In April 1980, the office of the New Jersey State Ombudsman for the Institutionalized Elderly (OIE) was contacted by several individuals acting on behalf of veterans organizations complaining about quality of care being afforded veterans who are residents at the New Jersey Home for Disabled Soldiers (HDS), Menlo Park, New Jersey. Some of the complaints received alleged that then existing conditions at HDS were the result of a gradual but steady deterioration in the operation of the facility causing sub-standard services in the areas of food, housekeeping and sanitary conditions.

As a result of the above complaints, representatives of OIE visited HDS on April 28, 1980 and, in effect, confirmed that allegations received were valid. Representative of the New Jersey State Department of Health (DOH), acting independently, visited HDS on May 5, 1980 and cited numerous deficiencies, causing the DOH to impose, on that date, a "curtailment of admissions." This "curtailment" remains in effect as of the date of this report.

Set forth below is a summary of deficiencies and/or problem areas noted during the visits by OIE on May 28, 1980 and DOH on May 5, 1980.

1. Inadequate supply of patient care equipment, such as wash basins, urinals and linens.

2. Facility and its contents were not free from dust and dirt. There was a strong urine odor in several areas.

3. Patient utensils were found dirty and still used in patient care; some utensils were left on the floor of patient's rooms; proper care of utensils was not followed for disinfection; "community basins" were used for patient care.

4. There was evidence of smoking throughout the facility in non smoking areas such as hallways, bathrooms and bedrooms.

5. Poisons and medications for both internal and external use were improperly stored; medication refrigerators and medication carts were not locked.

6. Foley catheter drainage bags used for the collection of urine, were touching the floor; catheter drainage bags were emptied into a common waste can (an unacceptable procedure); catheter tubing and catheter leg bags were improperly cleaned and sanitized between use.

7. Call bells were not within reach of bed patients.

8. Thirty patients, who should have been out of bed, remained in bed at 2:45 p.m. from the previous evening, allegedly because of a shortage of staff to serve these patients.

9. Proper technique for patient care was not followed; nursing and ancillary personnel did not ensure that each patient received care toward the prevention of infection; fingernails of some patients were long and dirty.

10. Patients soiled laundry was stored in closet, where it was mixed with clean laundry.

11. Carts set up for patient care contained both clean and soiled linens.

12. The Physical Therapy Department was unable to meet patients' needs.

13. Food was not hot when served to some patients; there was no variety of snacks available; there was no food selection, except for sandwiches available at meal times; no variety of bread except white bread was available; little variety of fruits and vegetables served; insufficient supply of fresh fruits and vegetables.

14. All milk was not served from the original container in which it was packaged; juices in containers were not covered when stored in refrigerators to protect against contamination.

15. Low sodium diets were not being served to patients requiring diets of that nature.

16. All exit doors were not equipped, as required, with a sounding device to alert staff when door is in use.

17. Water temperature was not properly regulated in sections of building utilized by residents.

18. Full garbage bags were stored on floor in soiled utility rooms.

19. Staff not present to pass breakfast trays to patients when food was brought to unit.

20. Glass in bottom part of exit door was shattered and sharp edges were noted.

21. Mops were soiled with encrusted material and stored in buckets containing black-colored water.

Because of the above described conditions, representatives of OIE initiated an investigation at HDS designed to identify the root problems and to make recommendations which will, hopefully, insure corrections of a permanent nature.

During this investigation records of HDS were reviewed and interviews conducted with various facility staff members, facility administration and officials from the New Jersey State Department of Human Services (DHS). Results of this investigations are summarized below, categorized according to identified problem areas.

A. Sanitary Inspections

Currently, sanitary inspections at HDS are conducted by the Institutional Environment Services which is part of DHS, the agency responsible for operation of HDS. Sanitary inspections at the facility have largely proven to be ineffective as: inspections of necessary areas are not conducted every two months as targeted; inspectors have no Housekeeping Manual to follow relative to inspection of residential areas; some deficiencies are continually cited on several reports; final inspections designed to affix responsibility for continued deficiencies are promised but not held; one inspector said

he has given up making inspections at HDS because he cites the same deficiencies and all to often nothing is done, and there is little evidence that guidance and/or enforcement is given a high priority by higher level of management. It is the recommendation of OIE that sanitary inspectors assigned to Institutional Environment Services of HSD be reassigned to DOH, which agency has the responsibility for the licensing of HDS, and which agency conducts sanitary inspections for similar private facilities throughout the State, the only government agency still under this form of inspection. All others are under DOH.

B. Housekeeping

Inmate details from Rahway State Prison, under the supervision of prison guards, are responsible for the bulk of the housekeeping chores at the facility. This project has proven ineffective as: prisoners and guards are inexperienced in housekeeping techniques and materials; for security reasons movement of inmates at facility is restricted preventing freedom to respond quickly to areas where needed; inability of prison to fill complement of work detail (from March 1980 through May 1980 details operated at approximately 64% of recommended manpower); work day of inmates at facility approximated 4 - 5 hours per day; large turnover in inmate personnel prevented continuity in operation; lack of coordination of effort between those responsible for facility operations and those in charge of inmate detail; and inmates presence at facility was resented by some facility veterans and staff members.

C. Staffing

For some time, HDS has experienced problems in attracting and maintaining professional licensed staffing. In recent years, there has been a revolving door policy with regard to the position of Director of Nurses, one of the most important administrative positions in the facility. With regard to the nursing staff itself, the facility as of May 30, 1980 had 16 unfilled licensed nursing positions or approximately a 33% shortage of allotted nursing compliment. As of July 14, 1980, 14 licensed nursing positions still remained unfilled. Needless to day, licensed staffing is the core of proper and adequate patient care.

It is the recommendation of OIE that DHS embark on a vigorous recruiting program designated to attract qualified licensed nursing personnel. If necessary, incentives should be considered, including the offering of scholarships and/or differential pay for night shifts. Also part-time staffing should be considered on an interim basis.

D. Labor/Management Relations

One problem area which dominates the entire scene of operation at HDS, and which was mentioned by just about all individuals interviewed is the lack of cooperation and understanding existing between management and labor, resulting in serious disciplinary problems. Shortage of licensed professional staffing, mentioned above, has contributed to this problem. Facility management claims it cannot exercise control over the labor force as it receives no support from within the higher eschelons of HSD when attempting to enforce disciplinary measures. Numerous incidents have been documented where Health Service Technicians (HSTs) and Health Service Attendants (HSAS) have refused to perform recognized assignments given to them by the nursing staff and have been verbally abusive to the licensed personnel. Members of the licensed staff have been reluctant to press the issue because they feel they receive little support from management when making changes, and they fear possible retaliation or harassment from the HSTs and HSAs. In March, 1980 there was one reported incident of a life-threat against a licensed nurse made by three members of the non-licensed staff. There is no indication any disciplinary action was imposed as a result of this threat. The facility administrator, in writing, as of March 10, 1980 states that he is not a labor-management expert and has requested assistance from a professional labor consultant. All of the above-mentioned conflicts/problems have a deleterious effect upon morale of facility personnel, with one particular segment of the facility population - the patients - being the unquestionable loser.

It is the recommendation of OIE that a labor relations expert be assigned to HDS, at least on a part time basis, to attempt to resolve problems existing between labor and management.

HDS currently has one licensed dietician assigned to the Food Service Department. This dietician is responsible for the menu preparation, including both regular and therapeutic diets, the preparation of individual dietary care plans which must be reassessed every thirty days, assessing the nutritional needs of each patient and providing dietary counseling to patients and their families, as well as supervising and evaluating all dietary personnel for the total population at the facility. This responsibility cannot be effectively carried out by one dietician, and it is the recommendation of the OIE that an additional position of senior dietician be approved.

The main kitchen in Building 2 was built originally to serve 200 patients. With the present patient population of 400 patients, kitchen facilities are outmoded. The present system of transportation of meals from the centralized kitchen to buildings three and four is a problem of major concern. Food carts used for the transportation of food are defective and not able to maintain safe food temperatures. Repairs made to these trucks have not resulted in satisfactory levels of operations, and a potential hazard does exist. It is noted that an order has been placed for new food carts, but it is not expected that the carts will arrive until much later this year.

It was also determined that some patients requiring therapeutic diets, are not receiving proper meals, which would adversely affect the medical status of these patients. Reason given for this deficiency is that the State warehouse does not stock foods needed for certain therapeutic diets and therefore the necessary foods cannot be obtained by the facility.

It is recommended by OIE that the entire food operation and delivery program at HDS be evaluated immediately to determine: whether facility kitchen space is responsive to current needs, how food can reach patients in buildings three and four in a hot and more palatable form and how the State warehouse can be more responsive to the needs of the facility especially in the area of therapeutic foods.

F. Physical Therapy

At the present time, there is one licensed physical therapist with a staff of four to serve a potential patient population of 400. This task is compounded by the fact that there are three separate physical therapy rooms (one room in each residential building). Currently 60 - 65 patients receive therapy. It is estimated by medical staff at the facility that at least 30 or more patients would benefit from physical therapy, but are not receiving treatments. Additionally, a number of patients need physical therapy provided at the bedside and this type treatment cannot be provided by current staff.

It is recommended by the OIE that an additional licensed physical therapist and an additional aide be added to the physical therapy staff at the facility to insure a "therapist to patient" ratio conducive to proper patient care.

G. Administration

As a result of above inquiries conducted by representatives of this office, it has become clear that problems at HDS in the months prior to May, 1980 have increased and their significance magnified. Little positive direction was given by responsible leaders, either at the facility or at higher levels of HDS. From interviews with personnel responsible for inspecting the facility, it was determined that facility administration did not wish to recognize deficiencies cited. An attitude prevailed to make excuses for existence of the deficiencies rather than making a concerted effort to see how the situation can be improved. There is validity to the oft rendered reason that deficiencies existed because of budgetary restrictions, but, in general, the impression received is that the facility administration was either unwilling or unable to cope with the situation.

It is the recommendation of OIE that current facility administration be given a deadline within which positive and permanent corrective changes should be effected. Failing this, consideration should be given to replacing responsible administrative positions at the facility.

Above represents the findings of this office into cited deficiencies of an institution caring for an unfortunate segment of our population, and which, more unfortunately, is operated by the State. The State of New Jersey has been in the vanguard of attempts to provide a safe and comfortable existence for members of its population residing in various institutions. To maintain this position, it is essential that the State as it is doing at Glen Gardner operate a facility in an exemplary manner to lead the way for facilities operated by private industry.

We believe it is necessary to put these recommendations into effect as soon as possible. This office as always is available to offer any and all assistance to all parties concerned.

Respectfully yours,

John J. Fay, Jr.
Ombudsman

cc: The Honorable Anthony Scardino, Jr.
The Honorable Albert Burstein
The Honorable George J. Otlowski ✓
The Honorable Joseph A. LeFante
The Honorable Ann Klein
Deputy Commissioner James A. Sinclair
Deputy Commissioner Selma Rubin
Fred F. Hebeler

Address to The Committee on Institutions
Health & Welfare

August 13, 1980 Public Hearing

Joseph M. Cagno, Superintendent
New Jersey Memorial Home, Vineland

Mr. Chairman and Members of the Committee, it is a privilege to address you. It is my hope that much of the misinformation surrounding the inspection at the Memorial Home in Vineland can be clarified as a result of this hearing.

The reasons cited by the Department of Health for curtailment of admissions at the New Jersey Memorial Home were Dietary, Pharmacy, and Housekeeping problems. Direct patient care and medical services were satisfactory. I think it is important to note that this was a full licensure inspection. The size of the team was expanded from 4 to 7 members for this year's inspection, and the inspection was conducted approximately 2 months ahead of the normal schedule. Despite this detailed scrutiny and review, significant improvement in all areas of operations were noted. While I fully respect the surveyors' job and function, the conclusion drawn by them concerning the three nursing units presents an overall assumptive assessment that I believe was not warranted at this time.

The Main Building which is approximately 114 years old has had structural problems for many years. As a result of this, the whole fourth floor and most of the rooms on the third floor have been closed for several years. Only 40 members resided in a building which has 170 rooms. The occupied rooms are generally clean and comfortable. This does not negate the severe deterioration of the building which prompted the decision by the Comissioner of the Department of Human Services to close admission and seek alternate housing for these 40 members 2 weeks prior to the Department of Health inspection.

The Vineland Memorial Home must work within the framework of 3 regulating agencies, the Departments of Health, Civil Service, and the U.S. Veterans Administration. The Department of Health sets standards for patient care and administrative policies. In addition, it cites the number and qualification of persons that should be employed in these areas. The Department of Civil Service establishes the criteria for all categories of personnel in addition to salary classification and compensation, and general rules of operation by which State employees are governed. Please note that the Departments of Health and Civil Service deal with qualification, classification, and number of personnel permitted. This is most evident in the professional area, particularly Dietary, Social Work, Nursing, and the skilled professional titles such as Physical, Speech, and Occupational Therapy.

Despite the fact that both are State dpeartments, there is no correlation between their requirements. Example: Our new Food Service Supervisor meets all qualifications established by the Department of Civil Service. However, the new employee will not meet Department of Health standards for a Food Service Supervisor, and therefore we will be out of compliance until the Supervisor takes additional courses which he may refuse to do under Civil Service regulations. Another is our Social Worker position. We are authorized one position with a Bachelor's Degree. The Department of Health standard first of all requires one full-time position, plus 20 additional hours or a ½ time position in relation to our patient census. Either the full-time or part-time person must have a MSW. In this case, we not only are short 20 hours, but the full-time position we do have, even if filled, would not meet standards, since we could not attract someone with a Masters in Social Work at the salary authorized.

One other interesting fact in the Social Worker area is that Veteran Administration requirements dictate one social worker per 100 patients or three full-time, so even if we meet State standards, we would be out of compliance with Federal Regulations. The Veterans Administration also inspects our Facility since they provided 65% matching funds to construct the Nursing Units and provide $10.50 per day for nursing and $5.50 per day for domiciliary care.

The situation with the Department of Civil Service and the Department of Health regulations is compounded when the Department of the Treasury enters the picture with budget allotments which again do not correlate with our regulatory requirements. Using the Social Worker example again, despite Health requirements which mandate 20 more hours of social service, we cannot even consider recruiting until funds are provided. Of course, an alternate solution is to take money from some other needed source in our budget. This usually means maintenance, administration, or new equipment accounts suffer. This method provides short-run solutions, but the Facility pays the price in the future with more severe problems.

For the Memorial Home, the future is upon us. Much of our equipment needs to be replaced and as our building grows older, more maintenance is required. Buildings and equipment, personnel and salary structure that were new and/or adequate, are now 12 and 15 years old, and in the case of the Main Building, 114 years old. Personnel requirements and salaries are increased due to the various regulations. The most significant increases occur in the administrative area. Files, documentation, and committees which are required by regulations, necessitate personnel to organize and maintain the heavy volume of paperwork, but all too often, funds are taken to fill an emergency void elsewhere, and thus a problem develops. This is also particularly true in nursing,

where time spent on paperwork by a nurse must be deducted from direct patient care hours. A typical patient chart includes a separate section for Doctors, Nurses, Pharmacy, Dietary, Social Services, Activities, Laboratory, and Rehabilitation clinical notes. In addition, patient care, discharge planning, dental care, and patient rights must be documented by all the disciplines on the chart. Administratively, the Facility must maintain the following committees and appropriate documentation on each: Utilization Review, Discharge Planning, Safety, Evaluation, Infection Control, Medical Staff, Patient Care, Pharmaceutical, and Dietary. Interestingly enough, virtually the same professionals are required to be on all of these committees. All of these regulations require staff, time, equipment, and the funds, year in and year out, to support them, and ensure compliance with the all too numerous regulations of the various agencies.

The Memorial Home in Vineland is meeting its commitment in direct patient care despite a general critical shortage of Registered Nurses in the South Jersey area, increased regulations, and budget shortfalls. Conflicting regulations, negotiated salary increases, and inflation in general are situations which require additional funds if we are to continue to maintain satisfactory levels of care and be in compliance with the many agency regulations pronounced upon us.

An example of current shortages include:

Budget Positions/Consultant Services	$190,000
Operation	25,000
Repair/Replacement	90,000
	$305,000

The Memorial Home in Vineland will continue maximizing its resources to the best of its abilities in an effort to provide quality care within the existing structure to the individual patient, who is our first concern, while trying its best to address the required compliance and its corresponding documentation.

Thank you.

STATEMENT OF GENERAL WILLIAM C. DOYLE REGARDING HEALTH DEPARTMENT INSPECTIONS OF VETERANS FACILITIES BEFORE THE COMMITTEE ON INSTITUTIONS, HEALTH AND WELFARE

Mr. Chairman and Members of the Committee:

Thank you for the privilege of presenting to this distinguished Committee my views concerning the N. J. Veterans Facilities at Menlo Park and Vineland, which have been closed to new admissions.

I am William C. Doyle. It is my privilege to serve in the Department of Human Services as Division Director of Veterans Programs and Special Services, and I am responsible to the Commissioner, Ann Klein, for the supervising authority of these two Veterans Facilities as well as all State and Federal programs affecting our more than 1,105,000 veterans in the State. I have a vast knowledge of inspection procedures through my 35 years experience in the U.S. military, business and 17 years experience as a health care administrator. At the outset now that the two Superintendents made their presentations, I would like to present an overview of the problems connected with the inspection procedures. I have no problems with the deficiencies as listed at Menlo Park on date of 5 May 1980 as to the unsanitary procedures called to our attention at that time. Although there are some conflicts with the equipment required by the USVA and State Health Department and I refer to the Health Department's requirement that these facilities must have a bedpan, urinal and washbasin available for each patient in the facilities,whereas the VA requires 24 of each of these items per hundred patients on the premises for the use of those patients who require the items. I do have a problem with the items referred to in the Health Department's inspection procedures that do not directly affect the health and welfare of the patients such as not enough light over the nurses desk at a particular nursing station. The facility should keep the past week or weeks food menu at the nursing station whereas it is kept in a central file. Conflict of classification of employees certified by Civil Service but do not meet Health Department requirements such as a certified Food Service Supervisor off the Civil Service list not acceptable to the standards of the Department of Health. The absence of a Food Service Supervisor who had resigned. The position could not be filled as the employee was still on the payroll and had not cleared through Civil Service. There was a Dietitian and Assistant Food Service Supervisor on the premises. This unsatisfactory item had no effect whatsoever on the quality, quantity of food prepared.

The tremendous amount of paper work required to meet Health Department standards such as documentation of every patient, activities, social counseling, physical therapy and other aspects of health care.

It appears to the undersigned that although the health care of the patient is excellent as to cleanliness, clean shaven, bath and free of any odors it still requires documentation. If a patient does not participate in an activity it must be documented. If a patient does participate in an activity it must be documented. If a person takes a bath it must be put on the bath schedule. If a patient does not take a bath it must be put on the bath schedule.

I could go on and on regarding administrative procedures but my greatest concern is the type inspection that is performed on a comparison basis with the inspection of the proprietary nursing homes in the State which I regard as the one-building concept. Generally, the proprietary nursing homes in the State consist of one building. If deficiencies are found in this one building, new admissions are curtailed. This concept should not be used in the inspection of our Veterans Care Facilities which consist of multiple nursing care buildings. As presently inspected, if deficiencies are found in one building, they are charged against the whole complex and therefore the complex is closed to new admissions. Example, a nurse does not make scheduled rounds in B wing of Building #3 and several other minor deficiencies are found, instead of restricting new admissions to that particular building, the whole complex is charged with the deficiency and new admissions are restricted, which I think is totally unfair.

This procedure reminds me of the unfair Company Commander in the military who restricts his whole company to the company area if one soldier violates his pass procedures. If one soldier is drunk and disorderly while on pass, all must be punished instead of the one culprit. In other words if one apple in the barrel is rotten or spoiled, the whole barrel is defective.

It is sincerely felt by all our people if they are found to have serious deficiencies, it would and could endanger the health and welfare of our patients. They want to know where and when so they can immediately take corrective action but in many of the deficiencies noted regarding these inspections, they do not directly affect the health and well-being of our patients.

The grading system used by the Health Department states a violation of 15 or more standards in the area of nursing, pharmacy and dietary shall result in action to revoke the license of the facility, again this should not be applied to a complex of buildings. I could not disagree with the standards but when they are minor deficiencies such as I enumerated above, I cannot see a good sound reason for the closing of these facilities. There has been adverse publicity in all the newspapers throughout the State concerning the two facilities. It has gotten to the point that the integrity and professionalism of medical staff and nursing personnel are questioned.

I understand, unofficially, that there have been numerous proprietary nursing care facilities that did not pass inspection and admissions restricted and yet I have seen nothing in the newspapers or any information publicized by the Department of Health as to their restriction of admissions. With the type patient we have in our facilities, a good gauge to determine good or bad nursing care is to determine a skin breakdown of the patients in the facility which is commonly called decubiti. If there is a large percentage of patients suffering from decubiti, you could trace it to poor patient care. In our two facilities with 700 patients there are three cases at Menlo Park which they were admitted with this condition and not caused by the facility. There are three cases at Vineland,

who had the problem prior to admission and are now being treated by the physician. I think in view of this, outstanding medical and nursing care are being given to our veterans at these two facilities.

Documentation is one thing - actual condition of the patient is another.

In conclusion, Mr. Chairman, I cannot fault requirements and standards of the Health Department, I think we should oversee nursing care facilities with a firm and rigid hand in order to prevent poor nursing and medical care, but I also think reasoning should be more flexible on the part of the inspectors.

We will do all we possibly can to correct any major as well as minor deficiencies at our two veterans facilities.

Allied Council Of New Jersey Veterans Organizations

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REPRESENTING MORE THAN 1,000,000 VOTING VETERANS OF NEW JERSEY AND THEIR FAMILIES

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Polish Legion of American Veterans
369th Veterans Association
Veterans of Foreign Wars
Veterans of World War I

August 13, 1980

Mr. Chairman, I am Stanley J. Wides, Secretary-Treasurer of the Allied Council of New Jersey Veterans Organizations made up of the State Commanders of the Air Force Reserve Assn.; Allied Service Men, Inc.; American Legion; AMVETS; Army Navy Union; Blinded Veterans of N.J.; Catholic War Veterans, Disabled American Veterans; Jewish War Veterans; Legion of Valor; Marine Corps League; National Assn. of Concerned Veterans; N.J. Assn. of Veterans Program Administrators Pearl Harbor Survivors Assn.; Polish Legion of American Veterans; 369th Veterans Assn.; Veterans of Foreign Wars & Veterans of World War I, representing more than 1,000,000 veterans of New Jersey, and I thank you for allowing me to appear and speak before your Committee.

You have heard Commanders and or their Delegates to our Council address themselves to the problems we face at the Menlo Soldiers Nursing Care Facility. I, too, will speak about the Menlo Soldiers Facility. I cannot address myself to the Vineland Memorial Home problem as the specifics have not been outlined to our Council as of this date.

Mr. Chairman, the State of New Jersey is charged to insure that the Menlo Soldiers Home and the Vineland Memorial Home have an optimum number and category of personnel and other resources needed to insure the highest quality of care for the veterans in both the two N.J. State sponsored facilities. The State has delegated this authority to the Department of Human Services

On May 5, 1980, the State Board of Health found Housekeeping deficiencies at the Menlo facility. This caused a halt in further admissions to the facility to be abruptly halted until a future inspection could be schedulded.

Many of the housekeeping deficiencies could and should have been taken care of before they were noted by the Inspectors from the Board of Health; ~~many of the~~ These housekeeping deficiencies could have been taken care of without curtailing the admittance of patients.

MORE

Mr. Chairman, since admittions to Menlo were halted on May 5, 1980, 12 beds have been vacant.--Simple arithmatic adds up to a startling figure--1,212 bed days that indigent, aged, in most cases, veterans could have been treated!

Characteristics of long term nursing care programs are a consequence of the level of patient need for care and the $ allocated to meet these needs.

If the $ needed for care is not enough to meet the level of patient care, this $ need must be corrected--be it in housekeeping--be it for a better menu and a more choice of food on the menu --be it for a need for a larger work staff--<u>no matter what the basic need, it must be met!</u>

We should all be aware by now that there is a waiting list of more than 400 aged veterans waiting to enter our State Veterans Nursing Care facilities.

We should all be aware that all data indicates that the number of aging veterans who require long-term care is increasing. Moreover, the statistics show that those veterans who require long-term care will also require acute care service.

In conclusion, are we, than, to close admittance each time housekeeping "demerits" are found, and Mr. Chairman, you and I know they can be found but you and I know they can be corrected without closing admissions.

Mr. Chairman, I thank you.

Stanley J. Wides,
Secretary-Treasurer,
Allied Council of New Jersey
Veterans Organizations.