

TRENDS IN LONG-TERM CARE

HEARINGS
BEFORE THE
SUBCOMMITTEE ON LONG-TERM CARE
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-SECOND CONGRESS
FIRST SESSION

PART 19B—APPENDIX
MINNEAPOLIS-ST. PAUL, MINN.

NOVEMBER 29, 1971



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- Part 1. Trends in Long-Term Care, Washington, D.C., July 30, 1969
 - Part 2. Trends in Long-Term Care, St. Petersburg, Fla., January 9, 1970
 - Part 3. Trends in Long-Term Care, Hartford, Conn., January 15, 1970
 - Part 4. Trends in Long-Term Care, Washington, D.C., February 9, 1970 (Marietta Fire)
 - Part 5. Trends in Long-Term Care, Washington, D.C., February 10, 1970 (Marietta Fire)
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 - Part 19A. Trends in Long-Term Care, Minneapolis-St. Paul, Minn., November 29, 1971
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¹ Senator Winston Prouty, Vermont, served as ranking minority member of the committee from September 1969, until his death, September 10, 1971. Senator Robert T. Stafford, Vermont, was appointed to fill the vacancy on September 17, 1971.

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TRENDS IN LONG-TERM CARE

MONDAY, NOVEMBER 29, 1971

U.S. SENATE,
SUBCOMMITTEE ON LONG-TERM CARE
OF THE SPECIAL COMMITTEE ON AGING,
Minneapolis-St. Paul, Minn.

APPENDIXES

Appendix 1

The following affidavits were collected by Mrs. Daphne H. Krause, executive director, Minneapolis Age and Opportunity Center, Inc., and submitted to the Special Committee on Aging to substantiate charges of abuse and substandard conditions in certain nursing homes.*

AFFIDAVIT OF MR. MILTON P. ABRAMSON

STATE OF MINNESOTA, COUNTY OF STEARNS

Mr. Milton P. Abramson, being first duly sworn, deposes and says the following:

My name is Milton P. Abramson, and I live in St. Cloud, Minnesota. My mother, Esther Abramson, spent some time at the Texa-Tonka Nursing Home at 3201 Virginia Avenue South in St. Louis Park, Minnesota. She first entered this home on December 8, 1967. During the time that my mother was in this home, I had occasion to visit her many times. I noticed many conditions that were bad, and had some very uncooperative experiences with the staff.

The first time we came to see my mother, we found her sitting in a geriatric chair on the second floor in the large day room. She was already incontinent at that time. Many of the other people in the day room were also incontinent. There were puddles of urine in many places around the chairs. There were many aides running around, but they would do nothing about changing anyone's clothing unless you specifically made a big point of getting them to do it. Patients would sit in their own excrement for hours. They were unable to move as they were secured in geriatric chairs. The personnel on the staff just walked by these people and did nothing to help them. The furniture and the floor was not clean and the smell in this area was very bad.

Many people who needed help in eating were not given any help. When the trays were brought for supper hour, many of the patients could not do the simplest tasks, such as pouring coffee in a cup, or taking a slice of bread out of the package and buttering it. Some people could not even open their milk cartons. We helped many people to eat. I saw one woman brought into the dining room in a geriatric chair, propped into an upright position with pillows. Her tray was set in front of her and left that way. She was unable to hold her head up and sat through the entire time with her head on her tray. No one paid any atten-

*See statement of Mrs. Krause, Part 19A, p. 2091.

tion to her until the trays were taken away. Then one of the aides finally tried to force a few spoonful of food into her mouth without success. She was then taken from the room.

I also witnessed at mealtime instances where medications were just left on the meal trays and never taken. No nursing staff made any attempt to be sure it was taken. We saw "Reuben sandwiches" served to patients with no teeth. The staff claimed this was what the dietitian had put on the menu. We had to take the meat and the cheese out of the sandwich for my mother. There was no way she could chew the hard bread.

A woman named Mrs. Martin was left her tray of food, but she could not eat without assistance. The tray was left there a while and then someone came to pick it up. I asked them if they were not going to help her eat. An aide named Kay Bolla, said, "We don't have time to feed them". So I told her to leave the tray, and I fed Mrs. Martin.

Many times in the winter the heat went out. We went there one time in the daytime and they had not had heat for I don't know how long. All the aides and nurses had sweaters on. But the patients had no extra clothing. This heat problem happened at least a dozen times. This was reported to the State Board of Health.

The third floor at Texa-Tonka was the worst. And this floor had the people who really needed the help. There was excrement and food all over the floor. The day room on this floor was carpeted with outdoor carpeting, but it should have been cleaned every day.

In August of 1968, my mother developed a temperature of 105°. We tried to get the home to call a doctor, and they just kept refusing. That evening at 9:00 p.m. they told us that we had to leave. I said, "I'm not leaving. My mother is ill". They still refused to call a doctor. The nurse kept saying, "But this is the patient's last stop". The doctor never did show up, but we finally got in touch with a doctor and he prescribed penicillin over the phone. We also overheard this same excuse given to other people. A Mr. Turand had a stroke while at this home. No doctor was called and the family was not even notified. The family was not aware of his condition until they came to pick him up for Thanksgiving and they noticed that he could not walk. We heard Mrs. Johnson, the Registered Nurse on duty, tell Mrs. Turand as an explanation, "This is the way nursing homes are". She also told Mrs. Turand that this home was the patients last stop.

Mrs. Lorraine Bean, R.N., was the administrator at the time my mother was in Texa-Tonka. She said that I had threatened to hit the nurses. She told the staff to watch out for me; that I was a "violent man", "a violent mental case". She also told the staff to ignore all my requests for the care of my mother. She repeatedly told these things to the personnel of the home, including students working there part-time who were under my supervision in the public schools where I was teaching at the time. Mrs. Bean typed up notes telling the staff to call the police if I tried to take her out of the nursing home (see appendix A). I would have taken her out right away except that my brother had managed to get a special guardianship over my mother without my ever being notified. So my hands were tied.

There was a woman there whose name was Angie Anderson. She passed herself off as a Registered Nurse. She even wore a R.N. pin. I called the State Board of Nursing about her. They said I would have to send a letter, so I did and signed my name. They referred me to a Mr. Julian Hook. His office said they would take care of it. He said he checked it out and could find nothing wrong. I had become suspicious about this woman when someone at the home had told me she was not a nurse. It finally turned out that she was not a nurse. The State Board of Nursing finally admitted to me that she was not a nurse. She was in charge of teaching the aids at the home.

Angie Anderson was left in charge of the Nursing Home many times, posing as an R.N. One time when we visited my mother, she was very sick. She was lying down, and this Angie Anderson came in to give her some water. My mother was a diabetic and was very dehydrated at the time. Without trying to get my mother to sit up, she started to pour this water down her throat. Well, of course, my mother started to choke. A registered nurse should certainly know about administering fluids to a diabetic.

Once we had a run-in with one of the aids who was stealing cigars and candy from the patients. He was also picking on some of the patients. He would stand in front of an old woman who could barely move so that the woman would have to walk around him. I said, "Are you picking on the patients?" He said, "No".

So I went to the desk to find out what his name was. They said they could not give me his name. I later found out his name was Bill Patterson. When I asked why not, they said they were not allowed to give out that information. So when we started to leave, we saw the police coming in. I followed them in to see why they were there. The police had been called because of me. They claimed I had caused a disturbance. Police did not accuse me of anything and were very vague as to why they were called.

There was an aid by the name of Patricia Flavin. They eventually had to fire her because she kept coming to work drunk.

Many times we witnessed single aids in charge of a whole floor, and many times these aids were under 18 years of age.

The night meal was always the poor one. There were fewer visitors around then to see it. Sometimes more healthy patients would come along and eat food off the trays of the weak patients. That food would never be replaced by the home. It took the home a long time to realize that unless they opened the milk cartons, many of the patients would never get their milk. The bread, butter, and jam came separate which made eating even more difficult for those who needed help. I do not know how many times I saw trays where the patients had not touched the food, just picked up and taken away. The equipment to serve the food was fine; it was the administration that was bad. This so-called R.N., Angie Anderson, said, "Oh, when they get hungry enough, they'll eat."

There was a patient named George Gritsmacher. He did not like to take a bath. He would get threatened. One aid said to him, "I'm going to make your bath good and hot and scalding." I heard the aid and told him to try me with the water first.

One time we came to visit my mother and she was wet. We asked the aids to change her if they would. Eight hours later she had not been changed. She still had the same clothes on.

One time we saw this Patricia Flavin helping take patients from the day room back to their own rooms. Apparently, there was some sort of bath schedule. Flavin put her hand on one of the old women patients and yelled out, "Don't bother giving this one a bath. She's having a stroke." They just put her to bed.

One other thing—they had a cart of food that they used to go around to the rooms. It had big cans of juices and plates of cookies on it. But it was often left unwatched. Patients would use the dippers to drink from the cans, and diabetics could get all the cookies they wanted. This was just another example of a good idea turned bad because of the poor staff.

MILTON P. ABRAMSON.

Subscribed and sworn to before me this 25th day of January, 1971.

JOHN J. HENRY,
Notary Public.

My Commission Expires January 7, 1976.

AFFIDAVIT OF MR. MILTON P. ABRAMSON

STATE OF MINNESOTA, COUNTY OF STEARNS

I had communicated with the State Board of Health by letter and by phone with a Mrs. Higgins and Mr. Anthony Kist. The St. Louis Park Board of Health informed me that an informal hearing had been held with Mr. Segal and Mr. Waiss of Texa-Tonka and at this time, the State Board of Health informed Segal and Waiss that Texa-Tonka would have to conform to standards or be closed.

The welfare department refused to send recipients to Texa-Tonka due to the deplorable conditions.

The State Board of Health never did acknowledge my correspondence with them until I asked them to and then only a copy of my letter with a date of receipt on it was sent to me and nothing more.

Texa-Tonka then hired Mr. Cornelius Kist, brother of Anthony Kist, as Administrator of Texa-Tonka. Conditions became much worse as more patients were admitted by welfare with Cornelius Kist (brother of Anthony Kist of the State Board of Health) as the new administrator.

I was also informed by a druggist who had built a nursing home and then sold it on the advice of Anthony Kist who told him that "things were getting

hot for the nursing homes." The same druggist does drug business with nursing homes. This druggist also told me that Anthony Kist obtained his drugs wholesale or at a special price from him.

Mr. Anthony Kist harassed me and asked me where I was working. Before I had a chance to reply, he stated, "Why are you on the defensive?" He also dared me to sue him and stated that several people in his department said I had told them that I was going to. This is not true. I did, however, tell Mrs. Higgins that "housecleaning" should start with Anthony Kist as it might solve a lot of problems.

People such as Anthony Kist with the State Board of Health and his brother, Cornelius, victimizing the elderly for a living has compounded the nursing home situation. Cornelius, the administrator, has very little academic training for work of this type and it is obvious that he possibly obtained the position as administrator of Texa-Tonka through other means.

It is my understanding that Anthony Kist is on the investigating committee to explore the plight of the nursing homes. This seems about as reasonable as having Adolph Hitler on the jury for Adolph Eichmann.

In addition to "Anthony Kist and associates," the State Board of Nursing has contributed in no small way to the inhumane treatment of patients, e.g., Angie Anderson, the so-called R.N.

The nurses on duty in these nursing homes are more aware of the conditions than anyone else. An example is a Mrs. Kuehne, R.N. at Texa-Tonka. I heard her deliberately falsify an accident report and also another report on a woman who died. She (Kuehne) and several aides fabricated reasons for an accident report on a Mrs. Shakespeare, a patient. The aide claimed she passed out and fell down. Mrs. Kuehne told her to change it to "she fell down and then passed out."

Ann Smith, another patient at Texa-Tonka, was left slumping over in her chair throughout the day. She turned blue in the evening after being propped up all day and Mrs. Kuehne then had her taken to a room and filled out a death certificate with the help of several aides. No doctor was summoned and nothing was mentioned in Mrs. Kuehne's report about Ann Smith being sick the entire day. Mrs. Kuehne then fabricated her own reasons for the cause of death.

My mother was forced to stay in a room over my protests with a terminal cancer patient and the stench in the room was unbearable, partially due to the fact that the patient was not kept clean. (The patient's name was Mrs. Martin). Mrs. Martin was forced to sit in a wheelchair all day and she moaned constantly with pain. My wife asked if they could give Mrs. Martin something for her pain and they replied, "We asked her if she had pain and she said no". Mrs. Martin was so sick she could barely talk. Food was also set before Mrs. Martin and no attempt was made to feed her by the staff. The food would then be taken away untouched.

My mother was also forced to room with violent patients who had struck several people. One of them was a Mrs. Banik and another had the first name of Pauline.

Cornelius Kist, the administrator, seldom, if ever, went to the third floor. For that matter, Kist seldom visited any floor or patient. Kist was well aware of the deplorable conditions at the home.

In addition to Cornelius Kist and Mrs. Bean, there were several R.N.'s equally guilty, among them were a Mrs. Stranzer, Mrs. Kuehne and Angie Anderson, the so called R.N. All of these people lied and falsified accident reports and one death certificate that I know of.

MILTON P. ABRAMSON.

Subscribed and sworn to before me this 25th day of January, 1971.

JOHN J. HENRY,

Notary Public, Stearns County, Minn.

My commission expires January 7, 1975.

AFFIDAVIT OF GEORGIA M. BILLER

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Georgia M. Biller, being duly sworn, deposes and says the following:

My name is Georgia M. Biller and I live at 2923 West 43rd Street, Minneapolis, Minnesota.

In 1968 my mother became ill and was taken to the Deaconess Hospital, and after a few weeks was transferred to the Asbury Hospital Nursing Home Section. I cannot refrain from adding my voice to the many complaints regarding the indignities and inhumane treatment given to older people in these homes. After what I have seen, I am sure these are all legitimate complaints and no doubt there are many, many more people with similar complaints who have not and will not voice them.

My mother's stay in this home was the most heartbreaking experience of my life, and I cannot seem to forget it or justify it in any way.

Many cruelties and indignities were experienced by my mother—her hands were tied, food was shoved down her partially paralyzed throat so fast she almost choked to death many times. The food was very poor and cold. Her calls for the bedpan were mostly always ignored until she could not contain herself and she was left for hours in a wet bed. She had one very large bed sore about four to five inches in size which caused her extreme pain, and which they did nothing about. They left a window open by her bed in the winter, she was always very cold—she finally developed pneumonia—the doctor refused to come stating that there was nothing he could do—and she was left to die without the help that might have been given her and saved her life. It's shocking to me that this could happen to one of our Senior Citizens in this United States.

My mother was an intelligent person—she enjoyed music, was interested in civic affairs and often did charitable work—she loved the fine and cultural things—she was a refined and gentle person. I took care of her for almost 19 years, after she suffered her first stroke, and gave her the kind of care she was entitled to—she was made to feel loved and secure, and not made to feel that she was a burden—and it is pretty heartbreaking and heartsickening to think that her last three months on earth she was treated with such indignity, cruelty, and neglect.

I spoke to a minister about this, and told him how the patients were often sworn at by some of the aides when they called for help. He made a trip to the nursing home but since my mother passed away shortly thereafter, I do not know if he accomplished anything by his visit. I also talked to one of the men at the welfare department about this. He was a fine gentleman and was shocked and very sympathetic. He stated that he was going to report this as these places were paid sufficiently to give these people better treatment. Whether this was done or not, I do not know.

I do know that I was made to feel an interfering nuisance by the staff of the nursing home. Whenever I tried to intercede on my mother's behalf, no matter what reasonable request I made to try to help alleviate some of her suffering, it was totally ignored. If anything, it only seemed to make the staff treat her with more coldness and neglect.

I will never forget my mother a gentle loving woman, kissing the hands of the staff who mistreated her as though she were begging for some kindness and compassion from them.

I have been haunted by this experience ever since—I cannot seem to forget or overcome it—I hope I shall some day, as it is terribly hard to live with such memories.

GEORGIA M. BILLER.

Subscribed and sworn to before me this 17th day of October, 1971.

LOIS A. LOOMER.

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MARY JANE T. BOZYCH

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mary Jane T. Bozych, being first duly sworn, deposes and says the following: My name is Mary Jane T. Bozych and I live at 1684 Hudson Road in St. Paul, Minnesota. I have worked as a nurses aide at the Lexington Nursing Home, at 375 Lexington Avenue in St. Paul since February 1, 1971. I have had experience working on all three floors. From February first until the end of July, I worked the day shift, and from August first until the present I have worked the 3 pm to 11 pm shift.

Ever since the investigation team from the United States Senate came to the home on October 20, 1971, many of the staff have quit. We are more short-handed now than we were before. I would say that at least eight or nine nursing staff people have left or have been fired from their jobs since the twentieth of October.

At the same time Mrs. Schaeffer and Mrs. O'Connell have been giving us extra orders for things to do and have constantly been on our backs. Mrs. O'Connell is the head nurse and Mrs. Schaeffer is supposed to be a nurse but she is not registered. She is from Germany and they call her a graduate nurse. She is giving in-service training but I am sure that she is not licensed to be a nurse in Minnesota. To any one coming into the home, a stranger that is, Mrs. Schaeffer would appear to be a nurse since she wears a white cap like a nurse.

The last four or five weeks, dating from today, November 12, 1971, there has been one death on the first floor, two deaths on the second floor, and at least eleven deaths on the third floor. This is far out of proportion for the normal death rate. Usually two or three people may die around the same time, but then it may be a month before someone else will die.

There was a patient by the name of Mabel Deyo who died shortly after being sent to the hospital because of a fall. This woman fell and was simply picked up and an ice pack was put on her face. A week later they decided that maybe she should go to the hospital. When she was taken to the hospital it was found that she had a broken hip.

A patient by the name of Andy Miller was bleeding very badly from the penis. They sent him to the hospital and he returned shortly thereafter with a new catheter. Last night, November 11, 1971, he was bleeding very badly. Mrs. Clay took the catheter out. Blood went all over the place and he bled for a long time. They called the doctor, and he said that if the man has pain throughout the night to send him into the hospital in the morning. Before they had done anything with his catheter he had had blood draining out of the catheter into the urine bag. It was just blood and not urine.

Mrs. Schaeffer very recently told us that we were not supposed to do any more irrigations of catheters. She also said that we were not supposed to do any more treatments, especially of bed sores. She said that there was a treatment aide to do this. However the treatment aide told us that she was only going to do irrigations for those patients that she had to treat. Therefore there are some patients who are not getting irrigated.

The unusual number of deaths occurring on the third floor could be directly related to the poor isolation of Ed Gabrielson who recently died at the home. Ed Gabrielson had staph infection. I would like to explain some of the lax ways in which the isolation room was handled. Any one of the aides or orderlies could walk into the room to help the nurses with the treatments and then walk out again without taking any precautions. There was an occasion when we were treating Ed Gabrielson and we needed more hydrogen peroxide. So one of the orderlies, without a gown, or without washing, would leave the room, go out to the supply cabinet, get some more hydrogen peroxide, and then return to the isolation room. In effect there was very little attempt made to keep the articles for treatment on the cart in his room just for him. They were also not very careful about the food for him. When the food came up from the kitchen it was never covered. They used regular glasses and dishes when they were supposed to use paper dishes and paper cups which could be destroyed. We were told to wash these dishes with lysol and then to send them back down.

There was talk that Ed Gabrielson had staph long before it was confirmed. For approximately three weeks people suspected this. This was, of course, before he was put into an isolation room. During this time his food and laundry were sent up and down the same way that it was for all the other patients. There was no disinfectant outside of the room to clean our hands with and there were no masks to use, except some paper masks which didn't work at all. We did usually wash our hands with consul once he was in the isolation room. Once he was confirmed as having staph there was a surface attempt to provide an isolation room. In reality it was not very well done.

About twelve feet from Ed Gabrielson's door there is a small snack kitchen where trays are set up when the food comes up. On occasion they would air out Ed Gabrielson's room by opening the windows and the door. The air would then blow through Ed Gabrielson's room, out the door, and into the kitchen where the food was being set up.

I personally saw two or three of the patients on that floor inadvertently go into Ed Gabrielson's room. The door to Gabrielson's room was simply not kept closed at all times. After a certain point they set up a folding screen in front of the door to keep the patients out. This was not always effective. I should also mention that along the same hallway to this room there are rooms where patients are given baths during the day. Shortly after Archie Siekert went into Gabrielson's room he got sick and later died.

I suspect that two particular patients could have died of staph infection. One of them was Einer Eklund and the other was Oscar Peterson who died last night, November 11, 1971. Staph infection was never confirmed for either of them. Einer Eklund has a sore on his hip that was about an inch wide and six or seven inches long. It was full of necrotic tissue. He also had little sores all over him. His lower left leg was pure blue and he ran a temperature of 102-103 degrees. He was always congested.

Oscar Peterson had a similar problem. He had a sore on his right hip also. It was about half an inch wide and three or four inches long. It also had black necrotic tissue like Eklund's. Oscar also had open sores on his coccyx and lower extremities. He had a very very red diaper burn in that area. They used germicin on Einer Eklund's sores under the order of his doctor. They used Einer Eklund's germicin on Oscar Peterson for his sores, without any doctor's orders. Oscar Peterson was running a temperature of 102 degrees before he died.

When we notice that someone is reaching a terminal state we notify the nurse. She looks at the patient but a week later nothing has been done and the patient is getting worse. For example last night when Oscar Peterson was obviously dying, we asked the nurse if we should put any oxygen on him. She said, "No, what for? He's dying anyway." The nurse makes the determination that death is impending. She also determines if the patient is actually dead. They don't bother to call a doctor, only the mortician is called.

There is no normal organized procedure to prevent patients from developing bedsores. There is no systematic procedure to see that patients are positioned in bed. There is some attempt to keep patients on a good side if the other side has begun to break down. But there is no procedure handed down from the nursing supervisory people. This problem is also true for patients who must sit in geriatric chairs. Normally they must get up around seven in the morning and they will not be changed until lunch time if they are wet. There is no attempt to get them up, shift them around, or position them. Therefore it is not uncommon for a person who has to be tied in a geriatric chair to sit there in one position all morning. Except for a possible nap in the afternoon, the patients will sit in the chairs the rest of the day. They would sit there until it was time to go to bed, which is normally about seven-thirty pm.

One patient by the name of Mrs. Carp had an ulceration on her foot when she first came into the nursing home. Now it is charted as gangrene. This patient is blind and when she first came to the home I admitted her in and she was put onto the second floor. The ulcer did not look very bad at this time. Shortly after she first arrived there her whole body began to fill up with water. It got to the point that you couldn't even put a dent in her skin if you touched her arm. It was very hard. She stayed this way for quite awhile until she began to get little water blisters all over her body. Then the water began to sift through the skin little by little. Just before I was shifted up to the third floor, Mrs. Carp began to get a bedsore on the bottom of her spine. Her husband had gotten her a pillow which was shaped like a life saver so that she could be placed on it in such a way that the bottom of her spine would not be in contact with the bed. The linen was always wet because of the water seepage and constantly had to be changed. That was the last time I saw her until she was shifted to the third floor. When she came up to the third floor one of her arms was almost black in color. The arm with the big black sore is still very swollen. Her other arm looks very weird. It has little sores all over it. The arm is very very skinny and the hand looks very big in proportion to her arm. I haven't seen her foot yet, but another aide by the name of Joanne Blyland, went into clean her one night and said that the skin fell off into her hand. She also said that the foot was all black. The sore, the ulcer on her foot, was on the ball of the foot when she came in and now the heel is also all black. Her legs also have small indented yellow sores on them. A number of the staff are afraid to treat this woman. One aide doesn't want to treat her because she has diabetes and is afraid of whatever Mrs. Carp had. Most of the staff are somewhat afraid of treating her because they know that Ed Gabrielson had

staph and they aren't sure how much of it is around the home. Mrs. DeMars, the LPN on third floor asked Mrs. Reynolds, the RN if she could give Mrs. Carp more pills for pain. Mrs. Reynolds said O.K. without consulting the doctor. Her pain medication was for four times daily. To our knowledge the doctor was never called about the change in her medication. Mrs. O'Connell also told Mrs. DeMars not to get involved with Mrs. Carp—to go in and give her the treatment and then to leave immediately and not try to do any more for her.

Lois Clem, an aide told us that Mrs. Christianson told Mrs. O'Connell that they couldn't use med aides anymore. It was against the law and one of the nurses said "We'll use them anyway if they are needed." Evelyn Reiter is still a med aide on the first floor, but the other floors now have nurses pass meds.

Mrs. DeMars, one of the nurses on the third floor, was very concerned about Ed Gabrielson. She kept trying to get him into the hospital. Finally Mrs. O'Connell told her not to get so involved with her patients because there was nothing that could be done for them. Mrs. DeMars came up to the floor after being told this and was very upset. Mrs. DeMars' comment was "How can you work with people and not get involved?" The work of Mrs. DeMars is much better than that of many other nurses. She felt that it was important for the care of the patients to know something about their personalities. She knew the patients well. Other nurses I have worked for would not even bother to see the patients or to write into the charts. They would simply ask us how the patients were and would then write that information down on the charts. I have also seen nurses go to the door of the room and ask a patient how he or she was. The patient would say "fine" and the nurse would write down in the chart that the patient was fine.

I worked on the first floor when I first started. I had had no previous experience. Mrs. Dahl, the LPN and Judy Dahl, the med aide, were on that floor. I was told that when I washed a bed it was supposed to be done in a certain way. I was supposed to see that all of the patients were nicely dressed, that any extra dishes were cleared from the room, that the room was straightened, that the dressers and tables were washed off and so forth. I was told these things because at this home, the first floor was supposed to be the show floor. This was the floor which everybody saw when they came to the home. I also had to scrub the bathtubs out with disinfectant after every bath. I even had to turn the mattresses and clean underneath them. I know that they did not wash the tubs out on either the second or the third floors. The cleanest, whitest, and the least stained linen always went to the first floor. The patients are allowed to live on the first floor so long as they do not get incontinent or messy. As soon as they begin to get this way they are sent to either the second or third floors. One day about three o'clock in the afternoon one of the nurses walked around and checked the rooms. She came back and told me that I had to remake all of the beds because the lines in the bedspreads weren't straight.

As I mentioned before, there have been an abnormal number of aides and orderlies quitting in the last three or four weeks. I would say that the main reason for this is the bad working conditions that exist at the Lexington. This is mainly attributed to the fact that Mr. Trana and Mrs. O'Connell are continually putting greater and greater pressures on all of the aides and orderlies to do more and more work that was never done before. They have been all over our backs. They say things like "Don't you know any better?" or "You're too dumb to know anything." Ever since the investigation team came into the home there has been a constant increase in the administrative pressures to do many things which were never required before. This has caused many staff to just say that "that's it." Mr. Trana has even gone into our personal lives. He has accused us of being immoral and not being raised right.

As far as supplies are concerned, they won't give us anymore chucks for the patients. We used something like 2144 chucks in a three week period so they won't give us any more. The administration says that they have seen employees walking off with bags of chucks.

Before the investigation by the Senate team, Mrs. Schaeffer had said that Bob Shypulski was one of the best orderlies in the home and she could not understand why he was suspended. She said that his suspension did not mean that he was fired but that he had to come ask for his job back—like if you were suspended from school. Immediately after the raid she walked up and down the halls cutting apart Bob's work and saying what a bad orderly he was. Before the investigation team had arrived she even went so far as to say that she could not understand why they got rid of such a good orderly.

Ed Gabrielson's bedsores were not normally bandaged. They did try to bandage the one on his back, but it kept coming off. They used scotch tape, adhesive tape, and some other kind of tape that you had to paste with tincture of benzoid to make it stick.

At one point they put an air mattress on Ed Gabrielson's bed. It took them three weeks to get a motor for it so he had to lay on the hot plastic in the meantime.

MARY JANE T. BOZYCH.

Subscribed and sworn to before me this 26th day of November, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. LORETTA BROWN

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Loretta Brown, being duly sworn, deposes and says the following :

My name is Loretta Brown. I am a resident of Crystal, Minnesota. I live at 5313 Hamshire Avenue. Two of my cousins, Nancy and Linda, had been patients at the Trevilla of Robbinsdale Nursing Home at 3131 France Avenue North, Robbinsdale, Minnesota, from July 1970 to July 1971. I would like to tell about some of the things that I saw while visiting my cousins.

During one of my visits to the Trevilla of Robbinsdale Nursing Home I saw one of the male orderlies, Mr. Reed, roughing up a patient. The patient's name was Barbara, I do not remember her last name. Barbara and Mr. Reed were out in the hall. Barbara refused to take her medications, she was a diabetic. Mr. Reed told her that she would have to go to her room. She refused and this orderly took her arm and bent it behind her back so that she would do what he had told her. After the orderly left her room, Barbara came into Nancy and Linda's room crying. She began talking about what had happened when Mr. Reed noticed that she was speaking to us and came down to the room. Barbara apologized for not doing as he had told her and Mr. Reed hugger her in front of us.

On another occasion I had been visiting my cousins when a person who worked at the nursing home came into the room and told Nancy to take her medicine. Nancy knew that she did not take medicine at that hour and told the woman so. Nancy was alert and knew what medicines she was supposed to get. I couldn't help wondering how many times this happens at this home and what happens to the patient who is too confused to know what is going on.

Another problem at this home was with the laundry. My cousins lost some of their clothes there. They would be sent to the laundry and some would never turn up again. The nurse at the home told me that this was because they were in the process of switching over to a private laundry and many clothes got lost in the process. Some of the clothes were ruined, so after that I did their laundry.

To show the calibre of some staff, I heard the police radio tell about a young boy running down the street in the nude, who was apparently on drugs. The next day Sharon Larson who also works at the Trevilla of Robbinsdale told me that the boy was an orderly at this particular nursing home. Later I found out that he had been put in the Crisis Intervention Ward at North Memorial Hospital located in Robbinsdale, Minnesota, because of his drug problem.

MRS. LORETTA BROWN.

Subscribed and sworn to before me this 14th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. ELIZABETH R. CARTER

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Elizabeth R. Carter, being first duly sworn, deposes and says the following :

My name is Elizabeth R. Carter, and I reside at 3511 Colfax Avenue North in Minneapolis, Minnesota. I would like to make a statement concerning my foster mother, a Mrs. Alice Graham, and the treatment she received at the David Herman Nursing Home at 2401 Chicago Avenue in Minneapolis, Minnesota.

Around July 10, 1970, about three weeks before my mother went to the David Herman Home, she had a cataract removed from her left eye at General Hospital in Minneapolis, Minnesota. There were no complications from the operation at the time. From the hospital she went under the care of a Registered Nurse, Buelah Fallsaner, in the private home of that nurse at 3218 Bryant Avenue North. At that time her eye was extremely clear. There was no redness of any kind at all. The nurse had her house up for sale, and the sale went through while my mother was recuperating there. The nurse moved to Michigan, and my mother entered the David Herman Nursing Home.

I had no idea that anything was wrong with my mother until the night of September 2, 1970, when I went over to the home to visit her. When I got there, my mother was not there. I was told that she was at General Hospital. I assumed that she had been taken in to the hospital that day, so I did not say anything. But, my mother was taken to General Hospital on August 26, 1970, a week before I went to see her. No one had even informed me that my mother was in the hospital and she had been there for a week, and I found out only because I happened to turn up at the home to see her. When I asked the hospital why they had not called me, they said the nursing home had told them that they would take care of it. But the nursing home did not call me.

As soon as I learned that my mother was in the hospital, that night of the 2nd of September, I went right down to see my mother. She was very incoherent and upset. I could not get very much information from her. I did ask her if the nursing home had put drops in her eyes as had been prescribed. She told me they had not. As things turn out, my mother will lose the sight in her eye and may have the eye removed.

The doctor could not tell for sure medically whether the drops had been put in her eyes or not. All he could say was that an infection like my mother had, almost always occurs in the first seven days after the operation, if at all. For an infection like this to occur *after* the first seven days was rare enough to be in medical journals.

At any rate the infection did not crop up over night. The nursing home did not bring it to the attention of anyone until it was too late. When she was admitted to the hospital on August 26, 1970, her eye was in a very advanced state of infection. Some doctors wanted to remove her eye that night. Dr. Sondreal decided to wait. The sight is permanently lost. If the infection had been reported at an early stage, my mother would still have the sight in her eye.

ELIZABETH R. CARTER.

Subscribed and sworn to before me this 22d day of Oct., 1970.

WILLIAM J. SMITH,
Notary Public, Amoka County, Minn.

My Commission Expires Sept. 26, 1977.

AFFIDAVIT OF MRS. LOUISE CRAFT

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Louise Craft, being first duly sworn, deposes and says the following: My name is Mrs. Louise Craft, and I live at 700 Bryant Avenue North, Apt. #601, in Minneapolis, Minnesota. My husband, Mr. Monwell N. Craft, was in the Queen Nursing Home at 300 Queen Avenue North in Minneapolis, Minnesota, from September 17, 1970, to October 16, 1970. During the time that he was in that home I visited him every day from 2 o'clock in the afternoon to about 7:30 in the evening. The following problems occurred during that month.

On September 17, 1970, I brought into the nursing home a number of items of new clothes for my husband. They included long underwear, dress shirts, a pair of slacks, pajamas, socks, and handkerchiefs. I also brought a suitcase with some older clothes of my husband. I brought all of these to the office of the Head Nurse, Anna Hegland. The aide in the office at that time was supposed to mark all these clothes with my husband's name. She said she could not do it because the marker

was not working, so my husband's clothes never were marked. They put my husband into a room on the 1st floor of the home. When I went back the next day I found they had put him up on the 3rd floor. So I went up to the 3rd floor to see my husband, and when I got there, I looked in the drawers to see if his clothes were all right. Of all the clothes that I brought in the day before all that was left were some rib long underwear and another pair of long underwear. My husband was sitting there barefoot. He was wearing somebody else's shorts. He also had on a short-sleeved shirt. My husband doesn't have any short-sleeved shirts, so I asked them, "Where are all his clothes?" They told me they were down the chute being cleaned. My husband did not dirty all his clothes in one day. I have the bills from Penneys for all the clothes that I bought new for my husband. After I took my husband out of the home in October, I wrote a letter to Mr. Goldman, the owner. That letter was dated October 26, 1970. In that letter I made a list of the following items and their cost:

4 long underwear-----	\$6.36
4 dress shirts-----	22.00
1 flannel shirt-----	3.98
1 pair of slacks-----	7.98
2 pair of pajamas-----	7.96
6 pair of socks-----	9.00
5 handkerchiefs-----	2.50
 Total-----	 59.78

I asked Mr. Goldman to see that these clothes were replaced. On the second day that my husband was in the home after I had brought these clothes in, all the long underwear was gone except for two pair; all the dress shirts were gone; all the slacks were gone; all the pajamas were gone; all the socks were gone; and all the handkerchiefs were gone. This nursing home is right next to Bryn Mawr Nursing Home and apparently is jointly owned. The laundry from the Queen Nursing Home is sent over to the Bryn Mawr to be cleaned. I bought the flannel shirt on October 12th, and on October 13th it was gone.

When he would eat, they would rush him. They also would serve him coffee and not give him any sugar. When I asked them where the sugar was, they told me it was out on the cart. I took food to him out there all the time. The food that they gave him was not bad but they never gave him enough. Every day I would bring him a milk shake and sometimes doughnuts and other things. I saw the aides eat food off of the patients' trays. If a tray came up for a patient that needed a special diet, the aides would eat the food that they thought that patient could not eat and then just give the patient the food that he could eat.

The whole time my husband was there he did not have a bath. He did not have a haircut, and he was only shaved once, and that was the second day he was there. On the 3rd floor where my husband was, there was only one bathroom for the people there, both men and women. There was only one tub in the bathroom. One of the rooms near the end of the hall did have a private bathroom for a private patient. This bathroom had no tub though. All the other patients had to use this other bathroom.

One time I saw them giving the patients sandwiches. They gave each patient one sandwich which consisted of one slice of bread that had been cut in half and folded over with a slice of cheese to go between. There was no butter or mayonnaise used on the bread at all. They eventually did find two of the shirts that were missing.

I complained to the City Health Department and they told me that this nursing home had a shower in every room. There is not a shower in every room.

When I took my husband to the home he could walk by himself. Every day that I went out there I would walk with him out and around the yard. Then one day he couldn't walk because they kept him in bed all the time except when I was out there.

Mrs. LOUISE CRAFT.

Subscribed and sworn to before me this 6th day of November, 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minn.

My commission expires Sept. 28, 1977.

AFFIDAVIT OF MRS. GLADYS E. DANIELSON

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Gladys E. Danielson, being first duly sworn, deposes and says the following:

I am a resident of Minneapolis, Minnesota, living at 2002 Russell Avenue North. My mother lives at Bryn Mawr Nursing Home at 275 Penn Avenue North, and I worked there as an aid for about a year starting in July 1969.

I would first like to mention my experience with Mrs. Anna Adams, the mother of Mrs. Gloria Johnson. Mrs. Adams came to Bryn Mawr near the end of May, 1970. I irrigated the tube she had coming from her stomach. She had had some kind of a bladder or kidney operation. She had to be irrigated every morning. There were stitches from the operation around the tube. The staff told me that the stitches would come out after two weeks. After two weeks from the time she came to the home, I said to the nurse that the stitches should come out. She said the doctor was supposed to do that. I talked to the nurse administrator, Mrs. Coleman, and she said it would be taken care of on Monday. Then on Monday I asked her if the stitches were to come out and she said, "No, let the doctor do it." So I let it go at that, and continued to take care of her every morning. Then I was gone from work there until after she died.

Bryn Mawr has a regular doctor but I have never seen him. I don't know his name. Doctors get disgusted with the complaining of old people and say give her an aspirin.

One time there was a crippled male patient who used to pass out the trays and the medications.

My mother has a bandaged incision, and it is not changed unless my sister or I do it. One time the scab was stuck to the bandage.

There is a terrible shortage of aids, LPN's, and RN's at Bryn Mawr, especially for help on the weekends. They have a constant ad in the newspaper for help. One young girl started to work at \$1.25 per hour, and worked for four months before she finally got a 20 cent raise. I started at \$1.50 per hour. But they are quite often understaffed and there is no incentive to perform well. The more work you do the less they care. There is no consideration for the help.

There is a constant problem with the giving out of medicines. There is an aid who has no nursing training who occasionally gives insulin injections. On one occasion she gave one diabetic patient an injection of insulin in the morning and did not mark it up in the day book. Later that morning, an LPN, gave her another injection, and I had to feed her sweets all day long.

Medications are often set up by aids, only occasionally by RN's. They make mistakes often. They mix up the pills or leave some out, and the aids do not check to be sure the pills are taken. Many times my sister has found pills of my mother's on the floor at night.

Another problem is that no bed checks are made at night. One woman was found dead and she still had her slacks on from the day before. Many patients lie in pools of urine during the night.

As far as food is concerned, the old people get wieners and what are supposed to be hamburgers. They are very thin. They are supposed to be deep-fried, but they never deep-fry them. I don't know how they cook them, but one time when they were in a hurry they stuck one of them in some boiling water. They also feed them cabbage and cauliflower which seems like pretty harsh food for people who suffer from diarrhea as it is. There are vegetables that can be fed to them that will not aggravate such a situation. They do not get adequate amounts of food, especially the men. They feed them slopped up salad that is made in the morning and left in the refrigerator all day. Sometimes the food looks to me like someone threw up. My mother is not eating. They feed them chicken but it seems that everyone gets the wings. Sometimes they pour bar-b-Q on the food. That's too spicy for old people. And yet, they have a dietitian that comes in and makes up the menu.

We were also told not to get involved with our patients by the administration at Bryn Mawr. They have gotten upset with me when I have been upset about patients.

Mrs. GLADYS E. DANIELSON.

Subscribed and sworn to before me this 22nd day of Oct, 1970.

WILLIAM SMITH,
Notary Public, Anoka County, Minn.

My commission expires Sept. 28, 1977.

AFFIDAVIT OF MRS. SANDRA DHAR

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Sandra Dhar, being duly sworn, deposes and says the following:

My name is Mrs. Sandra Dhar and I live at 1917 East Fourth Street in St. Paul, Minnesota. I would like to give testimony about the White Bear Lake Nursing Home at 1510 Webber in White Bear Lake, Minnesota. I am a certified occupational therapist's assistant. I graduated from St. Mary's Junior College, which has a two year program. I also have an associate degree in applied science. I graduated in June 1970. The nursing home had contacted Lois Moroney, the registered occupational therapist, consultant for the State of Minnesota, and Miss Moroney contacted me about the job. I was hired by James Swanson, who is the administrator and the owner of the home. I started work in the home on December 7, 1970. My last day there was August 29, 1971. I was there approximately nine months.

My duties were to provide the patients with activities and crafts and to keep them operating at their highest level. By helping the patients to maintain a high level of mental activity and physical activity, the home would benefit greatly. Because the patients were stimulated physically and emotionally during the day they would sleep better at night, thus giving the nurses more time to do their regular duties. Also, by having the patients involved in activities during the day, they weren't calling on nurses and other help to do specific tasks. My work is only supportive. I cannot do direct therapy unless I am under the direction of a registered occupational therapist. I worked in the home five days a week, Monday through Friday from eight in the morning until five in the afternoon. Occasionally I had to be there for evening or weekend programs that I had set up.

I would like to describe the mistreatment of a patient by the name of Florence Schaeffer. This woman takes quite a bit of medication. She is on a narcotic, and I believe the name is Paracodeine, but I am not sure. She has been receiving this narcotic for a number of years. She has become addicted to it. On more than one occasion I have walked into her room and found her complaining that she was not getting her medication. She has to have this medication every four hours. One particular afternoon some time during the last two weeks of August, 1971, I walked into her room and found her in great distress. She was clutching her stomach, and I asked her what the matter was. We were having an activity, and I had come to get her. She told me that they had missed her twelve o'clock pill. She is supposed to get the pill every four hours. By now it was two-thirty in the afternoon and she said, "I don't know why I have to beg for that medication. They know I need it." She told me that they were getting the pill for her now, and I waited with her until an aide finally came in with the pill. This was not the only time this happened. There have been many times when she has had to wait for the pill and to consistently, over and over again, ask for the pill to be given to her. On several occasions I have seen her forced to beg for that pill. The staff feel that this woman is a hypochondriac. They have told me that in so many words. The head nurse told me this herself. Her name is Marion Senkler. The nursing staff just feel that all the pills she is getting are not necessary. They should know that this pill is a narcotic. The head nurse, especially, should know this. Mrs. Schaeffer has bad arthritis; she has had two-thirds of her stomach removed, and several operations in her life time. I have never spoken to her doctor personally, but I do know that the doctor has prescribed this narcotic to be given to her. I also know that the head nurse has, on occasion, called the doctor and asked that Mrs. Schaeffer be taken off the narcotic and the doctor has refused. The doctor said that she needs it.

The nurses' aides in this building have had no training outside of the building and no in-service training dealing with medicines. I have talked personally to Joan Vesel who has been there for two years, about this question. Other aides in the home who have been there longer than Joan Vesel have also told me that they have never had any kind of in-service training. They know nothing about medicines, nothing about diseases, and I offered to give a beginning training course on this from my knowledge that I had received at school. I proposed both to the administrator and owner, James Swanson, and to the head nurse the kind of instruction I wanted to give them. For example I wanted to explain arteriosclerosis to the aides. If they did understand it, it would be much easier for them to deal with the patients, and it would even help me in my work. At first everybody was all excited about it, but then it fell by the wayside. They never told me why they didn't pursue it. I very rarely saw any nurses in the

men's wing. They were always in the east or west wing. Medications in the men's wing were always given out by aides while I was there. During the latter part of August I took a number of colored and black-and-white photographs of some of the conditions of this home.* There are nine of them altogether. I have written briefly on the back what they are about and I have attached to this affidavit a description of the pictures. I have seen aides training aides to set up medications for passing. In particular I saw Joan Vesel train Gladys Peterson to pass medications. In the men's wing during the nine months I was there I never saw a nurse working with the medications or supervising the handling of the medications by the nurses aides. I do know that on the east and west wings the nurses handle all the medications, and the aides are not allowed to. The east and west wings are for more complicated patients.

I also believe that they do not have enough oxygen supply in that home. They have one large tank, and one portable. It is kept on the east wing where the heavy care is. If someone on the men's wing needs it desperately they have to run for it. It is really quite a distance.

The administrator of the home, James Swanson, is rarely there. The first two weeks after I started work, he was there every day. After that I was lucky if he spent fifteen entire days in the home. He would come in sometimes around five o'clock and stay for ten minutes and then disappear. I didn't know where he was nor how to get hold of him if I needed him. You could call his home, but I called once, and his wife said that she didn't know where he was.

In the winter time this home is very cold. In the room where we did the recreational therapy, it was so cold and uncomfortable that many of the residents did not want to come down there for the activities. I had to put coats over the door and blankets around the cracks in the windows. There was a constant down draft from the fireplace in that room. They keep the thermostat locked up, and I had a key for it. I would go in and turn it up. However, the next time I came back it would be turned down again. At times I would find it turned down to sixty-nine degrees and occasionally as low as sixty-five. Not only was this hard on the patients, but it was cold for me. I was always very careful to wear a suit or a long-sleeved dress. The patients always had to wear sweaters. The patients also complained of it being cold in their rooms.

Between the time that I stopped working there at the end of August 1971 until the end of September 1971, I went back to the home approximately once a week. In other words, three or four times during that month. I found the general condition of the patients there to be one of depression. They were very depressed and unhappy about the fact that I had left. I noticed an air of hostility among the residents that was not there when I was there. On my return trips residents told me about fights that had gone on since I had left. There were never any fights while I was there.

Recently the food has started to go downhill. Instead of balanced meals, they are getting a lot of sandwiches. They have also started serving powdered eggs which many of the patients won't eat.

Mrs. SANDRA DHAR.

Subscribed and sworn to before me this 16th day of October, 1971.

LOIS A. LOOMER.

My Commission expires on Dec. 29, 1971.

AFFIDAVIT OF MRS. BERDENE EYFORD

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Berdene Eyford, being duly sworn, deposes and says the following:

My name is Mrs. Berdene Eyford. I live at 3300 42nd Avenue South, Minneapolis, Minnesota. My sister, Lillian Moon, was mentally retarded and a patient in the Pillsbury Nursing Home, 2101 Pillsbury Avenue South, Minneapolis, Minnesota, for three years up until 1967.

When my sister became sick in 1967, I suggested to Miss Cuda, who was owner, administrator, and the only nurse at the Pillsbury Nursing Home, that Lillian might have pneumonia because of her high temperature. Miss Cuda replied that Lillian didn't need a doctor because she just had the flu. She said that she was a nurse and she would know when to call the doctor. I had called for three days

*Retained in committee files.

trying to get my sister to see a doctor or a doctor to see her. I was going to call a doctor myself but Miss Cuda said the doctor would not come. In spite of a high fever, Lillian was put in a chair to watch Lawrence Welk on television. The following morning, which was a Sunday, the aide called and said that my sister did not respond and that she had called an ambulance. At Mount Sinai Hospital, the doctors told me that Lillian had developed spinal meningitis from the fever. Her temperature was 106 degrees. She died on Monday.

When Lillian was taken to Mount Sinai Hospital they took her teeth out and they were just filthy. They had not been taken out for sometime and were glued to her mouth. On that Saturday night before she was taken to the hospital they had time to put curlers in her hair but they didn't take care of her teeth.

Foot care was also neglected at the Pillsbury. When my sister was there I had to arrange for a foot doctor in order to have her feet cared for.

When Lillian was there, Miss Cuda was the only nurse on duty and she was only there for about four hours, after which she went to the Second Avenue Nursing Home, 2116 Second Avenue South, Minneapolis, Minnesota. From Miss Cuda's attitude it seemed as if she did not care if the patients lived or died.

The nursing home was very dirty. I once went to open the drapes and by just touching them I got dirty hands. I opened a drawer and there was fuzz and dirt in it. The same was true of the corners in the room. The whole place smelled of urine and many times I saw other patients left lying in their own urine.

My sister's room was not very well lighted so I brought a lamp for her. I put either 75 or 100 watt bulbs in it, but each time I came to visit her, they had taken the bulb out and put in a 25 watt bulb. I never found the light bulbs that I had put in.

Not only did I bring light bulbs, but I also provided soft towels for my sister because the ones the home supplied were as stiff as a board. All of the patients were given one small face towel for the week. I also had to supply my sister with soap because the home did not.

Sometimes the janitor was drunk.

One of the aides was rough to the patients and would often tell the patients that they could stop wetting the bed if they wanted to.

The food was sometimes served cold. One time my sister cut into a piece of chicken and there was blood running out of it. The nursing home had no dietician. That night the regular cook was not there and the substitute cook was responsible for the bloody chicken. I would describe this cook as being inexperienced.

My sister never liked the food and lost considerable weight after going to the Pillsbury Nursing Home.

An aide passed out the medications. My sister was given tranquilizers in spite of the fact that she did not need them. The patients were definitely kept sedated. They wanted them in a stupor. All the medications were kept in a desk drawer where anybody, visitor or patient, could get them. The desk was in the corner of the hallway.

Lillian seemed to be afraid of some of the staff so I never said anything to cause her trouble. One of the patients said to me "I wish I could die."

Subscribed and sworn to before me this 14th day of October, 1971.

MRS. BERDENE EYFORD,
LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF LOLA M. FINNEY*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Lola M. Finney, being first duly sworn, deposes and says the following:
My name is Lola M. Finney, and I live at 813 West Central, St. Paul, Minnesota. I went to work as a medical nurses aide at the Lexington Avenue Nursing Home at 375 No. Lexington Parkway, St. Paul, Minnesota, on October 21, 1968. I was fired from my position there on March 23, 1970. I took two or three classes, each an hour in length as training while I was beginning work at this nursing home. I would like to give testimony as to some of the conditions I found at this home.

*See statement of Lola Finney, Part 19A, p. 2124.

Most of the time that I worked at this nursing home I worked on the 3rd floor of the home as a nurses aide. This floor was different from the rest of the nursing home because most of the patients were senile and some of them appeared to need psychiatric care. If there were a senile patient or patient that needed psychiatric care, that patient would be placed on the 3rd floor of this nursing home. I have no medical training other than the few classes that I got while I was training at the nursing home. These classes were inadequate. These classes that I took just told about the various medications and what they were. They also told us about some of the different effects of the various medications. The most important thing about passing medications is learning what reactions the various pills might have on the patient. We didn't get much information about this at all. Supposedly, we were trained to pass out medications only in the case of emergency. As soon as the classes were over, the "emergency" started at once. After those classes we did the medications all the time, and the nurses were supposed to be in there supervising us. But the work was reversed; the nurses did our work and we did the nurses' work. The nurses sat down.

I worked the night shift with Lorraine S. Kippels. That shift started at 3:00 o'clock in the afternoon and ended at 11:30 P.M. Many of the things that I testified to were seen apparently by Mrs. Kippels as well as by me.

We mopped and cleaned and washed walls. Then when the trays would come in from the kitchen with the food on, we had to put the butter and the bread on the trays right after doing this dirty cleaning work, instead of it being done in the kitchen. We mopped the floor with the same dirty, filthy mop all the time. The mop had urine and vomit all over it. We reported this mop to the Administration. The Administrator, Mr. Louis Thayer, doled out liquid soap an ounce at a time. You can go through those halls, through those patients' rooms and feel your shoes sticking to the floor like syrup. Those rooms are filthy. When the Inspector came, he would always call on the phone beforehand so that the home knew that he was coming. We did not go to the Welfare Department to complain about this to Mrs. Christianson because Mr. Thayer told us that he was good friends with her and that they had gone to school together. When Mrs. Christianson did come to the home, she must have gone through with her eyes closed. We felt it was a complete waste of time to go talk to her.

There was a patient on the 3rd floor by the name of Violet Carlson. This patient was a stroke victim, and when she came in, she was very belligerent. About a month and a half before she died I noticed that she was having a hard time swallowing. We passed the medications on this floor and we noticed she had trouble swallowing the pills we gave her. We had this daybook where we were supposed to report any conditions that we thought were important. The nurses were supposed to write down on the medical charts anything that they thought was important from the daybook. We continually wrote in the daybook that this woman could not swallow, that there was something wrong with her throat.

We also told the nurses personally that there was something wrong with her throat, and that she could not swallow. As the situation got worse, Mrs. Carlson got so that she could not eat any more. She would put her tray on the floor and she would gag and she would spit it out. It must have been at least six weeks that she did not eat a thing on the shift that I was on. When she died, her stomach was very distended. The day before she died when we came on work, we were told that she was dehydrated. They were trying to force liquids down her at that time. The aides were the ones trying to get the liquids down her, not the nurses. She was never seen by a doctor all this time. We looked at her chart and the doctor had not been in to see her. Shortly after this woman's death, there was a general meeting held by Mrs. O'Connell, who was the director of nurses. She had these meetings about once a month. Mrs. O'Connell is a registered nurse. At this meeting the subject of Violet Carlson not eating was brought up. Even the day people on day shifts mentioned that she was not eating. We asked Mrs. O'Connell why the doctor had not been called, and her face turned red. She said, "Well, the doctor did see her but that was in the hallway so it wasn't written on her chart". We were really mad that they hadn't done anything about her throat trouble. We were always looking at her chart to see if the doctor had come. At this nursing home nurses sign the death certificates, and doctors often do not even come in when patients die. You don't have any proof of what your mother or relative died of. Dr. Johnson, who is the house doctor, did call the home when he heard that Mrs. Carlson had died.

There was another patient on the 3rd floor by the name of Rosalice Bunn. This patient was younger about 50 or 55-years-old. She was very intelligent, quite religious, and a very talkative person. She also was a stroke patient. She had one leg that was paralyzed. This patient's teeth were just caked green. I had asked many, many times for toothbrushes and toothpaste for the patients. I reported that her mouth was getting very green and that her breath smelled. The doctor finally came in and said that she had pyorrhea and ordered Hydrogen Peroxide to wash out her mouth. We washed out her mouth with this Peroxide for a few days, and a few days later the same house doctor came in and asked which patients he should see. We told him why didn't he see Mrs. Bunn because her mouth was not getting any better. He said, "Well, she is a difficult patient, and there isn't anything we can do with her anyway". This patient was very talkative and complained all the time about a lot of things. One day we came to work and found out they had upped her dosage of Thorazine. Thorazine is a tranquilizer. They really upped it a large amount. We thought that they were trying to get her to shut-up because she talked and complained too much. This home was run by Seventh Day Adventists, and Mrs. Bunn had a roommate by the name of Mrs. Nylund, who was a Seventh Day Adventist, that always stood up for the home and repeated all the complaints Mrs. Bunn made to the Administration. One night I came on duty and went in to see this patient, and she was very dizzy. She was practically falling off her chair. So I put her in the bed and went down to report it to the nurse. The nurse more or less left the whole situation up to us. We checked her blood pressure and found that it had dropped way down. We wrote this into the daybook. I, on my own, refused to give her any more tranquilizers, or, at least, I cut the dosage of tranquilizers given to her. The day shift, however, would give her the enlarged dosage of Thorazine. Finally, they took her back off tranquilizers. Yet this woman was young enough and active enough and had a very good mind that with therapy treatments she should have been able to walk again. They did give her a few therapy treatments, but later gave up.

One day we found out from Mrs. Bunn that another patient by the name of Mr. Dixie Alvord had gone to the hospital and had died. But we found out from Mrs. Bunn that he had died of tuberculosis. He died at Midway Hospital. We asked Mrs. Bunn where she heard about this. She told us that she had overheard Mrs. O'Connell and the doctor talking about it in the hall. The Administration never told any of us about this patient dying of tuberculosis. We didn't find out until two weeks later and that was by accident. We double checked with one of the nurses who was on duty, and she confirmed it that Mr. Alvord had died of tuberculosis. They never told us anything about it, and we had worked very closely with this patient, brushing his teeth for him and everything. There were also other patients that were in the same room with him before he went to the hospital. I went immediately downtown and got a Mantoux Test. We also talked to Mr. Cloud, who was guardian and administrator for Mr. Alvord, and he said, "Well, I thought they told you he had died of tuberculosis". They put another patient into the same room that Mr. Alvord had left, and they never cleaned the room up. To the best of my knowledge they did not do any checks for TB on any of the patients after the death of Mr. Alvord.

In the same room with Mrs. Bunn was another patient by the name of Mrs. Irene Spearbeck. She would pace up and down the halls. She was quite active. One day when we came to work we found that they were giving her Chlorophyl pills. Immediately thereafter she began to have loose bowels. She would leave green stools up and down the hallways. It would also be all over her underwear. She had not been incontinent before that. We mentioned this on the daybook, but they continued to give her these pills. They told us that this pill was an experiment and was supposed to work as a deodorant pill. It was to keep them from smelling, and they picked out 3 or 4 patients on the 3rd floor to use as an experiment. In talking to the sister of Mrs. Spearbeck, we found that the Home had not gotten permission from the family to use this pill as an experiment. They also gave Chlorophyl pills to a Mr. Chester Gray. We practically had to clean up behind this woman as she walked along, it got so bad. Mrs. Spearbeck also was losing weight, and she lost at least 40 pounds. She went way down in weight. Her sister finally took her out of this place.

Next I would like to talk about a Mr. Chester Gray. This patient at one point went to the hospital. He had a lot of congestion in his chest and was coughing up stuff all of the time. When he came back to the home, they had a new antibiotic. This antibiotic cost something like \$100 or \$150 for seven days. It was

given by injection. We knew what the prices were because when we got the drug in, we could see it on the prescription. Mr. Gray was a Welfare patient. We looked at the drug book that was there, and we found out that it was a new drug that they were experimenting with. Very shortly thereafter we found out that another drug, a different one that had been ordered for seven days, had also cost over \$100. One of these special drugs was called Keflin. The nurse told us that Penicillin would have done just as good. And yet here was the Welfare Department paying for these drugs when according to the nurse, the other antibiotic would have done as well.

A lot of the pills and drugs that were left over by old patients were kept by Mrs. O'Connell. They were kept locked in a drawer in Mrs. O'Connell's office. I had seen them in that drawer. We used pills to give to patients that had the names of other people on them. We were also told that any time we ran out of medications that we should borrow from other places—borrow from one of the other floors, but that we should only borrow from medicine that belonged to welfare patients. That's what the nurses told us: "Be sure you borrow from the welfare medicines".

There was also an incident about the cost of a humidifier. The home called Desnick's Drugstore and ordered a humidifier for a woman patient. This woman was a Welfare patient. Desnick's sent over a humidifier that had marked on the box a sale price of \$9.95. On the order that we got from the drugstore the cost was written up at \$14.95, or \$5.00 more. An order for this humidifier was made by prescription and called in by phone. I talked to Mrs. Martha Corry, Registered Nurse at the home, about this humidifier. We were really mad about this, so we got Mrs. Corry to call Desnick's and ask about this. Desnick's said, "All Welfare patients, we charge more for their things because we get more money for them". Yet anyone could have walked into Desnick's and bought it off the shelf for \$9.95.

Now I want to tell you about the cat-man. This man's name was Mr. McCleod. He lived in room 325. The room is filthy. This patient sits in the room and hisses and spits like a cat. He also scratches and meows. The young high school kids that they hire on the job at this home go up and see Mr. McCleod, and they tease him so that they can watch him hiss and spit like a cat. They think it's very funny. Mr. McCleod sits in that room all by himself, and they keep him in there day and night. The last time I went in there he was sitting there with urine all over the floor, and bare feet. The door was closed; the windows were closed; he just sits there like that all the time. When he goes to the toilet, he puts his head down in the toilet. He plays around in the toilet with his hands. The room is filthy. There's urine all over the floor. When you walk in there, your shoes stick to the floor as if syrup were on the bottom of your shoes.

There is a Mr. Kenneth Kail, who had been a roommate of Dixie Alvord before he died. Mr. Kail was very portly and was a diabetic. He was also ambulatory. He came to this nursing home from the Commonwealth Nursing Home. He was a very nice man. He helped out another patient by the name of Mary Whalen. He carried her around when she needed to get places and helped her whenever he could. Shortly thereafter, they were both moved to the 3rd floor. After Kenneth Kail and Mary Whalen moved to the 3rd floor, they still kept going downstairs for their meals. However when Mary got so incontinent that she just sort of left a trail behind her, she had to remain on the 3rd floor and not go down for meals anymore. Mr. Kail always complained about there not being enough food to eat. He said that at Commonwealth where he had come from he always got enough to eat. After awhile with not enough to eat, Mr. Kail became very mean. They moved Mr. Kail into Room 316 along with Dixie Alvord. They moved Charlie Ficken who was a very confused man, out of Room 316 and into Room 317. Because Charlie Ficken was confused, he continually ended up in Kenneth Kail's bed because he did not understand the move. Kenneth Kail was a diabetic and always hungry, and there was great confusion between Mr. Ficken and Mr. Kail. Mr. Kail often got very mad at Mr. Ficken. Mr. Kail was always hungry.

I'd like to talk next about Charlie Ficken. Mr. Ficken had originally been a professional boxer. He was a great big enormous fellow, and he was very nice and gentle with all the people. He was confused, but he always had very good manners. None of the nurses or patients could get rough with any of the patients when Charlie was around because Charlie would interfere. He would admonish the nurses and tell them that you don't treat ladies like that.

While Mr. Ficken was still on the 2nd floor, he was kind of a nuisance at times as he would sleep at strange hours of the day and then often be up all night long. On account of this, they set up sort of a playpen for him. They put him in a corner of a lounge and put chairs around so that he was penned in there and couldn't

get in people's way. This was at night. Eventually they had to stop this because in case of a fire he would not be able to get out. Mr. Ficken's wife came to visit him quite a lot, and one time Mr. Ficken had to go to the hospital. I think it was Bethesda Hospital. His wife told me that she didn't know why he was sent to the hospital. One of the aides had told Mrs. Ficken that the reason he was going to the hospital was that he was frostbitten. The story we heard was that Charlie Ficken had been put into a bathtub and scalded. Billy Price who was an orderly there told us about the scalding. The home, however, had written down "frost-bite" on the charts. Later when Mr. Ficken was moved to the 3rd floor, we discovered that there were orders that Charlie Ficken was supposed to get Thorazine. The orders said to give it to him for 24 hours and then call a doctor to check up on it. A week or so later he was still getting the Thorazine. On some people this Thorazine reacts differently. From what I could observe, this drug made Charlie much more violent and much more upset. It had turned a nice person into a violent one. One evening about this time I was in the Medications Room. This was about 9 o'clock at night. I turned around while I was in the Medications Room and there was Charlie with his fist aimed at me. I turned my shoulder towards him and he yelled, "going with my wife". He could have killed me in the Medications Room. My arm was very blue and hurt, and he was going for my head. I was screaming and called for the other aide on the floor. This aide was from the 2nd floor and she was not used to Charlie. The more I screamed the more she screamed, and the more Charlie hit me. Luckily Billy Price, the Orderly, came on the floor. He knew Charlie. When Billy heard us screaming, he came over and said, "Come on, Charlie", and Charlie turned and walked away with him.

I immediately went to the phone and called the nurse. I told her, "Either Mr. Ficken has to go, or I am leaving here now". I told her that something was wrong with Charlie and I had been noticing it getting worse. He had even been trying to track down women and get them into bed. Charlie was just the opposite of what he had been when he first came to our floor. They called the Police in on this. The Police came, and the nurse gave him some more intramuscular Thorazine. The Police put him on a stretcher and bound him in, but he was so strong he was able to wiggle out from under it. The Police took him out of there and took him to a hospital. On the prescription label and on Charlie Ficken's chart it clearly said that this Thorazine was to be started to be administered and after a day or two, it was supposed to be checked with the doctor. It had been at least a week since they started to administer this Thorazine when he started to hit me. It seemed very obvious to me that this drug had made him worse. I certainly didn't look like any man and he was accusing me of going with his wife.

When a patient named Jessie Lyght came to the third floor, she had a distended stomach and was draining from the bowels all the time. Lorraine and I got permission from the nurse, and the two of us for three days gave her enemas until we finally got her cleaned out. After that her stomach went down to normal size. If this woman had not been sent up to the 3rd floor, they just would have left her. They never would finish anything that they had trouble doing. The nurses just never did finish up anything unless one of the aides took the initiative and finished it up for them.

We had a terrible problem with the toe nails of the patients at this home. It is charted for the aides and orderlies in the morning when they give the baths to the patients that they are supposed to trim all of the toe nails after the bath. The chart says, "Cut their toe nails and comb their hair after their bath". One day I noticed a woman by the name of Gertrude Johnson walking down the hall and she seemed to be in pain because her feet hurt. This Gertrude Johnson had toe nails that were so long they were curved around and coming back underneath her toes and digging into the bottoms of her toes. So we decided that we should check some of the other patients, and we found that at least a dozen patients had the same problem with their toe nails. So I would soak their feet, and Lorraine would trim their toes, and we finally got this cleaned up. The patients were so thankful and grateful for this service that we did to them. The morning shift was supposed to do this job. That shift has more help and has more people on the job than we do in the evening shift. Our shift was made up mostly of undisciplined kids. We told Mrs. O'Connell, the Nurses Director, about these toe nails. She told us that we were supposed to be doing this on our shift. Here we had been soaking toes and cutting nails for two days, and Mrs. O'Connell got kind of angry at us. We had never been told that we were supposed to cut the toe nails on our shift, and it had never entered our minds because it was clearly written on the charts that it was supposed to be done after the baths on the A.M. shift.

The whole time that I worked on the 3rd floor I cannot think of any time when those patients had any kind of mouth care. I would take their teeth out for them and they would be so cruddy. There would be food stuck up in their mouth, and there was no deodorant. Lorraine and I talked about it, and then Lorraine went down to ask Mr. Thayer for toothbrushes for these people. Weeks later they came with a box of toothbrushes. No toothpaste, but a box of toothbrushes. I told them, "We need toothpaste for these people. None of them have had their teeth brushed in all the months that I've worked on that floor". The answer I got was that they always lose their toothbrushes and run around with somebody else's. They just didn't care. We never did get any toothpaste for them. Many of the men for whom we asked for underclothing were incontinent. They walked around with their pants on and no underclothes underneath. We never did get underwear for the men and women, and they would get very red and raw underneath because of their incontinence. Many people walked around with no socks on, and even some with foot problems walked around with shoes on but no socks on, just shoes.

Mr. Eklund was put in a room with Chester Gray and a Mr. Ed Johnson. I thought to myself, "My goodness, a week from now you won't know this man, he'll look like a tramp." Mr. Eklund came in on a Sunday, and on Monday when I came in, Mr. Eklund had walked out of there all dressed up looking very stately. They caught up with him near Montgomery Wards. Apparently he was on his way in the right direction back towards his sister's house. They brought him back to the home. I was wrong about him looking like a tramp after a week, he looked like a tramp by Wednesday. He did not even know who he was. He had changed just that much.

There was another patient named Susie Johnson. Susie Johnson would always lie in her bed with her legs open. She had no pants on and she was hot after men anyway. Most of these older adults that I worked with were really like old children in some ways. If you showed an interest in them, they would often give you a warning about something that they might do in the future. One day Mr. Eklund was sitting by the desk looking into Susie Johnson's room where she was lying with her legs open. He said to me, "You know something, if someone doesn't tell that young woman something, someone may go into that room and rape her". Susie Johnson was 75 years old. I said, "Would you do something like that, Mr. Eklund?" He said, "Not in public". Well that seemed to me to be a warning and it was not too long after that that Mr. Eklund was found in bed with Mr. Gray performing a homosexual act. Mrs. O'Connell was called in on this, and she separated them during this homosexual act. She said, "My father is an old man and he doesn't do things like this". She had Mr. Eklund taken out of that room and put into a geriatric chair, and they tied the geriatric chair to the wall. They punished him. I did not understand why they just didn't move him out of that room and give him something to do to keep him occupied. I saw no purpose for them to punish an old senile man who really shouldn't have been treated differently from children. When I had time, I would give him things to do—paper and pencil to write with—and he would even correct his misspelled words. But the rest of the time no one in this home had any time to trouble with Mr. Eklund. Mrs. O'Connell just did not understand about men doing these things.

The next patient I would like to talk about is Louie Larson. Mr. Larson would lie in bed and masturbate. All the aides and orderlies of course would laugh about it and make clever remarks about it. Mrs. O'Connell made remarks about how this was a terrible thing to do. One of the nurses told us that we should hit his penis with a spoon. The Day Shift would punish him and would refuse to clean up after him. They thought he was a dirty man.

Another patient I would like to mention is Clyde Crosley. We at times found Mr. Crosley walking on the roof. He was another patient who had sat in urine in a geriatric chair for so long that his bottom was raw. They would leave them in the geriatric chairs all day and nothing would be done to them until we would come on. Then we would get them out of the geriatric chairs. If they were wet, we would see that they were washed up and changed. Nobody else ever did this. Later, he came back from the hospital and was more confused after the stroke. A little bit later he got very sick. One night we noticed that he had a temperature of 106 to 107 degrees. He was conscious, however, because we could tell that he knew what we were trying to say to him because tears were streaming down his face. They did nothing for his fever, they just let him die. They didn't call his family or anything. We did the best we could for him and tried to care for him. We gave him alcohol baths and whatever we could. For two days

he lingered on, and each day we'd go down there and try to help him, and each day there would be tears in his eyes because he was conscious of what was going on and that he was dying. He finally died, though. But he died a nasty death. The sad part about this whole death was that he was conscious all the way up until the end. When we went to help him, he would look at us with his eyes as if to say, "Can't you do something to help me?" The nursing home did absolutely nothing for him. They gave him no medications and no help whatsoever. They just let him die.

I would also like to talk about the case of Anna McCoy. Anna was on the 2nd floor, and I was on the 2nd floor at this time because the 3rd floor had not as yet opened up. This woman was a cancer patient, and she was going on 100-years-old. She was dying. There were three women in the room with Mrs. McCoy. One day I was in there feeding one of the women. In the next bed was another old woman who was dying. Her family was there at that time staying with her during her last days. Then in the third bed over from where I was, was where Mrs. McCoy was. There was a terrible odor coming from Mrs. McCoy. You could hardly stand the smell. The daughter-in-law, I believe, of the woman in the middle bed complained about it. This daughter-in-law went down to complain to Mr. Tranna. She told him that she could not stand the smell there and asked Mr. Tranna to get Mrs. McCoy out of there. So Mr. Tranna came up while I was still in the room and moved Mrs. McCoy out of that room and took her upstairs. Mr. Tranna and an orderly took Mrs. McCoy upstairs to the 3rd floor. They had only opened about two of the rooms up there. They put Mrs. McCoy in a room that had not been opened yet. There was absolutely no heat in this room. When my shift was over, after 11:30 P.M., another aide and I went upstairs to this room where Mrs. McCoy was. We cleaned her up, put a new diaper on her and did what we could for her. There were tears in her eyes as if to say "thank you". She sort of said "thank you" with her eyes. She apparently knew she was dying. It took awhile to clean her up because she had stool all over her and the room was very cold. Dolores Spence was the aide who went up to help me. When I came on work the next day Mrs. McCoy had already died. She was a Welfare patient.

There was another 3rd floor patient named Susie Johnson. At this nursing home they do not serve any kind of pork because it is sponsored by the Seventh Day Adventist Church. From what I understand, they do not tell the patients this before they come into the home. Anyway, they would not serve real bacon. They serve what they call beef bacon. I think it was a corned beef bacon. Anyway, it was stringy and you couldn't chew it. It was like rubber. One night when this was served for supper, Susie Johnson came out into the hall blue in the face from choking on this bacon. We helped dig this piece of bacon out of her throat. Every time they served this bacon there were a few people that would gag on it. It got so no one ate it anymore. Most of them didn't have any teeth anyway. We reported this many times and finally they stopped serving it.

The next incident I want to talk about I was not an actual eyewitness to. This event was related to us by the nurse and the aide who were present at the time. The aide's name was Sally Hays. On the 2nd floor there was a patient who was to be fed with assistance. She was only supposed to have puried food. One day Sally Hayes was feeding her, and this patient started to choke. Sally ran out and called for a nurse. Two nurses eventually arrived and held this patient over the bed and pounded on her back and eventually dug a piece of lunch meat out of her throat. The woman was dead. This aide came downstairs at that time, and we happened to be on our break and were sitting there when she came down. She told us all about what had happened. This aide thought that she had killed this patient by not being able to get the meat out of her throat.

Now I'd like to talk about the food in general at this nursing home. One night the cook had made pancakes. We were on 2nd floor at the time, and many of the patients wanted some more. The cook said, "No, I'm not going to make any more. I'm just going to make it for the 1st floor". He said he was tired. So in order to keep people from not having any food, the kitchen help cooked up some more pancakes, and we brought them up to 2nd floor, and so everybody got pancakes. Even the diabetics got pancakes with regular syrup on them, not any diabetic syrup. The cook did not get fired for refusing to make any more food. Mr. Thayer had given instructions to the cooks to weigh the meat before they gave it to each patient so that each patient would only get a certain amount of meat. He gave them a scale that you use to weigh mail before you put stamps

on it, to weigh the meat on. One Sunday Noon they served chicken and mushroom gravy. On Monday they took the chicken and mushroom gravy out to serve and left it sitting out. Then they decided they were not going to serve it on Monday. They served it on that Wednesday, and the patients ate it, and we ate it, and we all got sick. They would also serve potato chips and pickles to patients who didn't have any teeth. There was an orderly there by the name of Warren Clem who was a known alcoholic. This Mr. Clem told me that he saved scraps for his dog and would save scraps for my cat. He told me, "I take the breakfast eggs home in the morning. If they think I'm going to open these eggs for those S.O.B.'s, they've got another think coming". I asked him what he did with the eggs. He said, "I take them home and boil them over. I take the sugar, the jam, the butter, and the eggs off of their trays. We got lots of stuff. You ask my wife, she works here too.

There are some welfare patients who are allowed to have a little bit of whisky or wine or beer. The Welfare buys it, and we would pass it out to them at the appointed time. Mr. Clem told us that he and other people drank these liquors. Mr. Clem also said that they would go down to get extra food for the patients, but then they would eat it. One of the patients, Mr. James Cherum, was supposed to get a shot of whisky every night. This whisky was bought for him by the Welfare. Once when he was sent to the hospital for awhile, he had a half bottle of whisky left. While he was at the hospital an order came for a new full bottle for him. Before Mr. Cherum came back to the home, that half bottle and the whole bottle were empty. This whisky was kept in the Medications Room. I reported this whisky missing to Mrs. O'Connell because I didn't want to have anything to do with that Medications Room because not only was the whisky missing but a lot of the medications were missing too.

When the food came up from the kitchen, the trays did not have the bread or the butter or the milk on them. We had to do that from the kitchen. This was unsanitary. The patients were supposed to have snacks off and on during the day but Mr. Thayer said they couldn't do this because the aides and the orderlies were eating the food. The cook would slip me graham crackers for the patients but he told me not to let Mr. Thayer know it.

There was a real problem in this home about inserting catheters. We had a letter from the Health Department that was placed on the bulletin board, informing us that only competent medical help were supposed to insert them, and then only under very sanitary conditions. There was an orderly named Bob Morris who had no medical training. It was he who inserted the catheters into the men. Mr. Morris works on the 2nd floor. Mr. Clem inserted the catheters on the 3rd floor. He told me in referring to Mr. Gray, "That S.O.B., I just rammed it up in him". He thinks this is really smart. Mr. Clem, by the way, is an orderly for the 2nd and the 3rd floor. Mr. Clem had inserted a catheter into Louie Larson, and one night we had to get a nurse to cut that catheter off. Mr. Larson was hemorrhaging. Mr. Clem had also inserted a catheter into a Mr. Joe Sleet. Mr. Sleet also hemorrhaged. Mr. Tranna and Mr. Thayer and Mrs. O'Connell all know that Mr. Clem was taken away from that nursing home for three weeks to go to Hastings because of his alcoholic problems. When Mr. Clem came out of Hastings three weeks later, he had a job waiting for him again at the nursing home. We had also reported to the Administration about how Mr. Clem bragged about slamming catheters into people and how he stole food. He would also go to the corner store on the job and buy beers and drink. He also told us that he had stolen seven electric razors from the patients. There was another orderly by the name of Marvin Ellis who had a very bad temper. Also, Mr. Clem would tell the young new orderlies who came on, "If these S.O.B.'s don't act right, take their thumbs and bend them back as far as you can and they'll do anything". One night I overheard Archie Siekert, one of the patients, say, "Why are you hurting me?" I went to see what the trouble was, and Joe Leos, one of the orderlies, was bending Mr. Siekert's thumbs back. Joe Leos told me that Mr. Clem had told him to do it. All these mean things that Mr. Clem would do, he would pass on to the new young orderlies and they would do it, too.

There was another patient by the name of Mr. Ed Johnson who had a Staph. infection. Staph. infections are very contagious. Mr. Johnson was very senile, and he was also a diabetic. This man was not treated in any way. He was very mean and temperamental. We tried our best to keep him clean and get him cleaned up and to warn others to wash their hands after working with him. It was very hard to do this however because we had no way to sterilize anything on the 3rd floor. This infection that Mr. Johnson had, was all over his legs, and yet he

walked around barefoot. Most of the patients walked around barefoot. The Staph. infection would be seeping down his leg and onto the floor. He would scratch himself and then go around touching things. This had gone on for a year or so, and he was in and out of the hospital, and it just kept continuing. Mr. Johnson would go around eating off of people's trays while they were eating and before they were eating. Mr. Johnson was a diabetic, and he would eat anything off of these trays, and sometimes he would walk around with a pocketful of sugar. Mr. Johnson was not naturally mean, but if he was not fed right and he got hungry, he got very mean. We never had any trouble with him because we tried to see that he was kept from being too hungry. We knew how to talk to him and keep things out of his way.

I started off with a salary of \$1.35 an hour. Everybody worked at different wages. The more work you did the less you got paid. I later found out that untrained aides were being hired at \$1.60 an hour. One of these aides who was hired at \$1.60 an hour was Sally Stewart. We had to show her what to do. She was a very messy person. Although she was very untidy about her own personal appearance, they had her down setting up medications for the patients. She would even have menstrual spots on the back of her dress. I was making \$2.00 an hour when I was fired. The high school kids that worked there made \$1.45 or \$1.50 an hour. They never got any raises. Mr. Thayer told them that before he'd pay them more than \$1.45 an hour, he'd fire them all and get new ones. I don't think he ever checked on any of the references of any of the people he hired.

We also know of many irregularities that occurred in the process of giving medications and giving shots. Sally Stewart, the aide who we mentioned before, often passed out medications. She also had a key to the Narcotics Room. She, as we said, has had no training. I have been there several times when there was no nurse in the building at all. One night when I was there, Mr. Thayer, the Administrator, was setting up the medications. Just before he left, he told this aide, Mary to give a shot to one of the patients. There was no nurse on duty at all at this time. Mary went downstairs and gave a shot to an epileptic. When she came back up, I told her that she shouldn't be giving shots. She told me that I was just jealous, but I told her, "You notice that Mr. Thayer didn't ask me to give it. He knows I won't give any medications." I have been in that building when Mr. Thayer's sister, a nurse from the Capitol View, would come in there with her mother to work there to help him. When the mother got tired, they went home, and they would turn the key over to this high school girl named Sally Hayes who had a past history of attempting to commit suicide. This Sally Hayes had been on 8th floor of Ramsey Hospital because she tried to commit suicide. Mrs. Corry, the Registered Nurse at this home, knew about it because she had worked at Ramsey Hospital at the same time. They gave the keys to the 2nd floor which is the medical floor, to this Sally Hayes. Those keys opened the door to the Medications Room on the 2nd floor. There is also a key on that same bunch of keys that opens the narcotics cabinet. This happened more than one time.

I have known of cases where Mr. Thayer would hire these so-called "LPN moonlighters". He would tell them, "All you have to do is sit. The aides do all the work." One night I talked to one of these nurses and she said, "He said all we had to do was sit. I figure that I'm doing him a favor. He said the aides do all the work." I asked her if she was getting paid and she said she was getting paid. I told her I was doing a favor also. They did set up a short series of classes to train some of us to pass out the medications. But before that class started and even after the class started, there were people giving out medications who had no training whatsoever. We have mentioned before that the training itself was not sufficient. We had virtually no training in the effects of the various drugs once they were given. There was a nurse named Mrs. Redding who would come to work drunk often. She would also take Darvon and sneak them into her pocket. Susie Johnson, one of the patients, had abscesses in her arm where she had been stabbed by this nurse while she was giving her the shots that should have been given in the rear-end. When Mrs. O'Connell found out about this she had us put hot packs on Susie Johnson's arm and she couldn't understand what crazy nurse had given this kind of shot in the arm. It was a liquid Thorazine shot. Mrs. Redding was that nurse. One night I walked in to watch this nurse, Mrs. Redding, give the shot to Susie Johnson. She started to give the shot to Susie Johnson in the arm. Any nurse should know that you don't give shots in an arm that already is abscessed. She said, "Well, it reacts faster if you put the shot in the arm". This nurse then proceeded to give the shot. Beforehand she did not put any alcohol on the arm at all. Then she just shoved the shot right

into her. She couldn't get it in at first so then she shoved it in. Then she pushed the plunger down and then she pulled out the needle. As she pulled the needle out of the arm the Thorazine came shooting out of the hole the needle had made. This was the kind of shot that this nurse gave.

They knew this nurse was taking all kinds of pills, and they also knew that she was drunk on the job a lot of the time. The only nurse that we have seen who gave sterilized shots and sterilized catheters was a Mrs. Labora Smith who was an LPN. This nurse was very good and very thorough and whenever she was on, anything that was supposed to be done by nurses, she did, and we didn't have to do it, but she was the only one that was like this. All the other nurses were supposed to come upstairs and set up the narcotics and barbiturates, youngsters passing medications over there having had no classes or any training. Some of them haven't even been there long enough to know one patient from another. Billy Price, the orderly we mentioned before, has given Insulin shots. What was supposed to happen as far as narcotics were concerned, was that the nurses were supposed to come upstairs and set up the narcotics and barbiturates. Then we were supposed to pass them out. Of course no one could really check any of the aides in case they wanted to pocket some of the narcotics. We didn't get that kind of supervision. We also had the key to the narcotics cabinet all the time. It would have been very easy to steal narcotics. If you wanted to steal narcotics you wouldn't go to the narcotics cabinet. It was much easier to slip them into your pocket instead of giving them to the patient, and then tell the nurse that the patient took them. Mrs. O'Connell at times would ask me to open up the narcotics cabinet and set them up when the nurse wasn't available. Anybody who had a key to the Medications Room had access to the narcotics cabinet and a lot of people had keys to that room. There were a number of times when narcotics were missing. One day we were informed that a whole bottle of Seconal tablets was missing on the 2nd floor.

It was our responsibility as aides every day to put down on the daybook, which was just sort of a little pad, any changes that we noticed in any of the patients. We would mark down any conditions that we thought were supposed to be mentioned to the nurse. The nurse would then check our notes and enter anything of importance on to the charts of the various patients. For example, one time we put down for a patient that he was sick and had a temperature. The next day when we would check the chart the nurse had charted it to say, "doing all right". They only put on their charts things that they want people to know. If they don't want them to know it, they leave it off. We often would see lists of patients that the doctor was supposed to see when he came. The doctor would come and sit behind the desk and see one or two of the patients, skip seeing the rest of them, and then write out prescriptions for all of them. This is Dr. Johnson, the House Doctor.

There was also an incident of medications being stolen from the Medications Room. This involved some sedatives, some Chloral Hydrates, for a patient by the name of Clarence Beglinger. One night we noticed that a new bottle of Chloral Hydrates was in the Medications Room for Mr. Beglinger. Lorraine and I set a trap. Mrs. Corry had knowledge of it. We counted the number of pills in the bottle, and there were 30. This was enough pills for one month. After we counted the number of pills, we put the bottle back in the slot for Mr. Beglinger. The next day when we arrived, we counted those pills again and there were only 13 left. There should have been 29 left. We got very upset about these sleeping pills and sedatives being stolen, because these were the pills that were given at night, and we would get the blame. We told Mr. Tranna and Mrs. O'Connell and Mrs. Corry, another nurse, and Mr. Thayer constantly about these medications being missing. It must have been the Day Shift people who were stealing them because they had access to them. We were eventually terminated from our jobs in this home while less reliable and more easily manipulated aides and orderlies kept their jobs. They like to keep the stupid ones there, or the ones that they had something on.

The day that I was fired, Clara Kubicheski died after going out of the 3rd story window. This was on March 23, 1970. For one reason or another Clara Kubicheski was moved from the 2nd floor up to the 3rd floor. She had been transferred up there during the daytime before we came on our shift. In the room that Clara Kubicheski was moved to there was another patient by the name of Lorraine LaMont. This patient, Mrs. LaMont, was very confused. She would scare the hell out of a lot of the patients; she drank out of the toilet bowl and often would walk around with her dress up over her head. Sometimes she would walk over to other patients and think they were babies and spank them. Clara Kubi-

cheski was scared to death of this patient. LaMont, and was sitting in the room crying. Clara Kubicheski had been on that floor for a number of days when one day when we came on work we overheard a nurse, Mrs. Corry, say that Clara Kubicheski was a diabetic. We were very surprised because no one had ever told us that she was diabetic. We had no cards, no orders, and no medications for her as a diabetic. As it turned out, she was one of the worst diabetics that they had in the whole building, but they never told us about it. Yet we were the ones who were supposed to be taking care of her. We looked at her medication charts and there were no medication cards ordered for her.

The week before I was fired I refused to pass any medications whatsoever. The day that I was fired I was shifted from the 3rd floor to the 1st floor because I had refused to pass any medications. Later that night after we had been fired, we met at Cy's Cafe, and there were a number of aides there and a couple of the nurses, a Mrs. Jesse and Mrs. Corry. They told us that after we had been fired at 5 o'clock in the afternoon, the 3rd floor was short of help. There was one aide on the floor, Hannah Jackson. She had gone down and fallen asleep in a chair as she usually does.

Whoever was passing the medications on that floor at that time had never done it before. This was the first time they had been up there to pass meds. So when this aide went to pass the medications at 8 o'clock that night she did not notice that Clara was missing because she didn't know whether she was supposed to be there or not. Two aides by the name of Laurie Meyers and Peggy Noel were the two people who found her. These girls were high school students. Apparently everyone had been so shocked and amazed that they had fired us that they were running around talking about it. This had left only two people on the 3rd floor, the aide who had never worked there before and the other aide who was asleep. Earlier about 9 o'clock these girls had noticed that the window on the 3rd floor was open. But at that time they did not take much note of it. But around 10:45, 15 minutes before the next shift was to come on, they still could not find Clara. They became suspicious and went out to look for her, partly because of the open window. That was when they found her. Clara later died in the hospital. The Registered Nurse on duty at that time did not even go out to look at her. An LPN did go out to see her. The night supervisor, a Mrs. Nordgren, did not even go out there but sent an orderly. The other Registered Nurse just stood in the window and looked out. While Mrs. Nordgren was standing in the window, she would yell out, "Is she dead?" Bob Morris, the orderly, went to get a blanket for her and instead of going around, when he came back, he came through the basement, and when he pushed open the door, he pushed Clara Kubicheski rather hard and pushed her over. You could hear her groan at that point. If Clara's family was told that we gave her drugs, that is absolutely a falsehood. We never gave her any Chloral Hydrates at all. We did not give her a thing. There was nothing on her charts to give her anything. If they forged our names on those charts as having given her Chloral Hydrates, I want to see them.

Before this accident, we had noticed patients trying to open the windows in the past. At times when they would do this, the screens would just fall off. Sometimes we could catch Mr. Foster, a patient, trying to climb out a window. One night an aide by the name of Kathy Wiegler went over to close one of the windows, and the whole window fell out on her and broke her toe. We talked with all these people at Cy's until 2 o'clock in the morning. The aides all seemed to feel that it was pure negligence that had caused this accident. If they had not fired us, there would have been enough help on that floor so the accident might not have happened. They knew that we checked the patients all the time. Laurie and Peggy are very nice kids, the two girls who found Mrs. Kubicheski. They told us that Mr. Tranna and Mr. Thayer called them aside. This was the next day. They told the girls that they did not want them to talk to anybody about this incident, unless they were with them or with their Attorney. They also told them not to sign anything.

I would also like to talk about Ed Foster. It was because of a problem with Mr. Foster that I stopped passing medications. I came to work on a Sunday morning, I believe it was the 15th day of March. There was a P.N. by the name of Jan Riester who regularly would hand over the situations of any of the patients to me when I came on duty. She told me that Mr. Foster was overtranquilized, and we had to send him to the hospital, "We could not wake him up this morning". I said, "Well, that's it, I'm not passing any more medications". I told Mrs. Corry then that I was not going to pass any more medications, and I didn't pass any more medications.

In the Court testimony that was had about our being fired before the National Labor Relations Board, they asked Mr. Thayer about Mr. Foster. Mr. Thayer said that Mr. Foster had a bruised arm, and that was why they sent him to the hospital. First he said broken arm, and then he changed it to bruised arm. They also asked Mrs. O'Connell at this hearing about Mr. Foster. She said, "Oh, no that couldn't be true, I've been a nurse for over 30 years, and I can tell if a patient has been over-tranquilized or not. Sometimes the patients sleep a little heavy, but he was definitely not over-tranquilized. He had a bruised arm, that's why we sent him to Ramsey." The Attorney showed Mrs. O'Connell Mr. Foster's chart, and asked her to read what it said under March 15, 1970. It said, "Patient cannot be aroused, sent to Ramsey Hospital". After that Mrs. O'Connell said, "Well, we couldn't wake him up".

Sometimes in the winter it was really, really cold. Sometimes we'd have to wrap the patients up in coats. We walked around sometimes in our boots with our mittens and scarfs on. It was that cold. One time last winter there was an LPN on duty by the name of Mrs. Motzko. Around 8 o'clock that night the heat went off, so we called Mr. Thayer. We put on our coats and our scarfs and our gloves and walked around trying to take care of those patients. We never had enough blankets for them normally, and this made it worse. It was very cold outside. We had nothing to put on the patients so we had to wrap them up in rags, and wrap rags around their feet. All this time of course they were sitting there freezing and wetting the bed. I don't know how many times the heat went on and off during that winter. If anything major went wrong with that building on a Saturday, they would always wait until Monday to get it fixed because otherwise they'd have to pay double. That floor is also a fire-trap. The doors on each end are locked, and the last place you'd want to go down in case of a fire would be an elevator. Very frequently the elevators would malfunction too. They were often stuck. I don't know how we would have ever gotten out of that building if there had been a fire. There was no outside fire escape.

They also have rats out at this home. They have a chute that goes up to the 3rd floor. In this chute you would put all of the trash that you had. Many times, especially on week-ends, the trash would fill all the way up that shaft to the 3rd floor so that you couldn't stuff any more things into it. All it would take would be one lighted cigarette to start that on fire. This was especially bad on week-ends. The trashmen did not come on weekends.

The conditions for employees in this home are horrible. We had a very small room that we were supposed to use for smoking and eating. It was so dirty, that the walls were yellow from the smoke, it had not been cleaned. There was also no ventilation in this room. There was always discrepancy on how much you were getting paid compared to other people. After I had worked there for 5 months, I got a nickel raise. Before we got fired, we realized that we were up against the wall, and that the only way we were going to get anything done was to get a Union in there. So we contacted the Retail Clerks Union #789. This Union told us they could get us better working conditions and, by so doing, probably get better conditions for the patients. I really believe that the reason they fired us was because of this Union activity we started. They told us they fired us because we refused to pass medications. We had started getting in touch with the Union about 2 or 3 weeks before we were fired. The employees at the home voted whether or not to become unionized, and the vote went against becoming unionized. It lost by a few votes. We complained to the National Labor Relations Board in Minneapolis about being fired. We also talked to the Attorney for the Retail Clerks Union, a Mr. George Lattimer. The NLRB held a hearing on our petitions about being fired on October 6, 1970, at the Court House in St. Paul. It lasted for three days.

Finally there are a few other little things I would like to mention. The home has no regular janitor and no full-time laundress. One laundress that they had there for a little while would clean the halls and do the laundry intermittently. We got sheets back to put on the beds that were ironed but still had stool on them. They rationed the toilet paper. We had nothing to clean the bathtubs out with. The tubs never got cleaned in between baths. Mr. Thayer told us that Dutch Cleanser was against the regulations. The medications cart that had all the bandages and various other things on it was filthy dirty. There was nothing sterile. In our opinion, all the nurses were reject nurses. Mrs. Corry was fired from Ramsey Hospital. Mrs. Corry was the only full-time Registered Nurse that they had on Relief Shift.

After I was fired from this nursing home, I went to work at the Willows Nursing Home which is a beautiful home. Everything was taken care of just right there, just like a nursing home should be. Because of my experience at the Lexington Nursing Home, I thought I was not needed at the Willows because they got such good care. Here I was at a place where I was not needed, and I was terminated from a place where I was needed. I felt just terrible—like I was wasting my time where I wasn't needed. At Willows you did not even give a patient an Aspirin without a nurse. They said they never heard of anybody giving medications unless they were nurses. When I come on the job, I leave my worries at home, and when I leave a job, I leave the worries of the job at the job. But it had come to the point where I was thinking about Lexington Avenue Nursing Home patients all night long. What can you do? What really can you do with these poor people? You tell them what needs to be done, and it gets worse instead of better.

LOLA M. FINNEY.

Subscribed and sworn to before me this 16th day of November, 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minn.

My Commission expires Sept. 28, 1977.

AFFIDAVIT OF MRS. NANCY L. FOX

STATE OF MINNESOTA, COUNTY OF RICE

Mrs. Nancy L. Fox, being first duly sworn, deposes and says the following:

My name is Mrs. Nancy L. Fox, and I live at 403 Nevada Street in Northfield, Minnesota. I am a Licensed Practical Nurse, and I have worked in two nursing homes during the last three years that I would like to testify about. I have been interested in the care of older people now for quite awhile. When my husband retires in 1971, we intend to build and administer a community-type home for Senior Citizens in Arizona.

After working for about 7 months at the Dille Wing of the Northfield Hospital in Northfield, Minnesota, I quit because they had such a shortage of help that it was impossible to accomplish anything. I worked there from late 1967 up through June, 1968. In the summer of 1968 I went to work as an LPN in the Woods Nursing Home on 7th Street in Faribault, Minnesota. Immediately I began to get comments from my friends like, "How can you stand to work in such a place?" With this kind of question being levied at me, I decided that this was the place I really ought to be working. They really seemed to need the help. The Woods Nursing Home is run by an elderly LPN who is completely incompetent to run a nursing home. Her name is Mrs. Margaret Shaske. I went to work in this home in the summer of 1968 and stayed there until December, 1968. Among other things Mrs. Shaske left one time to make a trip to Wisconsin, and left the home to be run by a group of teenagers. She was gone for several days.

There were a number of things wrong with this nursing home. People were left in the semi-dark. The food looks like dog food; it is greasy and intolerable. It was served on what looked like moth-eaten trays. There was absolutely no rapport with the patients; they were just left to sit. I tried to get the people at this home to sing and get active in various activities. I made individual song books for each of the patients, with their names on it and the words in large print so they could read it. There developed much excitement about this program the more we got into it. The home actually began to come to life. For this work that I did the Supervisor at the home told me, "Nancy, why do you waste your time with these old people; they aren't worth it". The Supervisor is Mrs. Shaske. People were left in bed in this home that should not have been left there. I am sure it was easier for the home to leave them in bed, and they probably got \$3.00 a day more for having bed patients.

Twice I had Mrs. Shaske look at the ankle of one of the female patients. I was convinced that she either had a broken ankle or a very badly sprained ankle. Mrs. Shaske refused to call a doctor. They tried to make this woman walk. She was screaming in agony, and yet they kept walking her right on down the hall. I had two days off, and when I came back, this lady's foot was elevated, and she was in bed. The doctor had been there and diagnosed the foot as having a very severe sprain. The walls of this home were greasy with food; it was dismal and dark.

I would like to quote to you from a letter I sent to the Director of the Brooklyn YWCA School of Practical Nursing in November, 1968, concerning conditions at the Woods Nursing Home. In part the letter went as follows:

"There is no such thing as rapport between Staff and patients. Utterly greasy is the food and manner of service much of the time. Let me cite a typical day in this establishment, starting with when I enter at 7 A.M. after two or three days off.

"Seated in the dayroom is a group of people. They are all silent, and in almost total darkness. It is only natural to greet each one cheerily, yet nobody else ever seems to do this. Passing through to the bathroom to don my cap, I find this room to be odoriferous, uncleaned since my last time here, wastebaskets filled to overflowing. Soon the aide of the day arrives, a High School girl who is given no training when she starts working here. (The turnover is something!) Then, in comes the cook and the laundry-woman, then the loud banter begins, each recounting the events of the last 24 hours, unaware of the patients in the next room who are lonely and longing for conversation. The Director arrives about now, and starts serving coffee, and the rest of us fill trays and put them on the table. When they see them there, the patients start meandering towards the table, at which time their food is thoroughly cooled off. The trays are moth-eaten-looking. The dishes are stained plastic, the cloth is a wrinkled old plastic one. No such thing as a centerpiece. No napkins ever. The patients appear with last week's soup or stew decorating the fronts of their clothing. Medications have already been meted out onto trays by the night aide. (Here, aides pour and administer medications, in spite of the fact . . . that they have no idea what they are giving or why. Digitalis is shoved down throats, pulses are never taken.)

"Breakfast being over . . . all in complete silence again, no one having so much as inquired as to their welfare, the patients retired to the so-called living room which consists of dilapidated, overstuffed, lopsided chairs, drab drapes, grease-marked walls, and chipped woodwork. As its sole decoration, it has an oversized ominous-looking flower arrangement, the latest arrival from the mortuary. This is their whole world. At night they retire to bed right after supper, as there is 'nothing for them to do'. Some go to bed in the same clothes they wore that day and often for two or three days.

"From the Director on to the Staff, there is no awareness, no sensitivity to the fact that when the mind is permitted to remain idle and vacant, there is a far more rapid onset of senility. No time is set aside to stimulate their minds, embark them on creative activities, give them a feeling of usefulness or a purposeful existence. Why? For several reasons. 1. Because some are partly deaf, and it is 'a bother to shout and to see about hearing aids'. 2. Because for some, the vision has grown dim, so 'They couldn't do much anyway'. 3. Because some have difficulty walking, and it would be 'a nuisance to try to exercise them'. So is the attitude on these matters.

"You might imagine my horror when I first came here and observed the situation. What can one do when the Director herself is apathetic, slow-moving, unfeeling? She is unconcerned when something of a serious nature is brought to her attention. For instance, one week, after my repeated pleas that a doctor be called because of an obviously injured foot caused by a fall due to neglect, the Director, nevertheless refused to look at it, and allowed the aide to continue to try to walk the patient whose name was Pearl Flomm. Mrs. Hansen, an aide, then spanked the lady for not cooperating, while she wailed pitifully. Days later, upon my return, I found they had finally called the doctor, and his verdict was 'severe sprain'. Similarly my warnings went unheeded when I pointed out that another patient was running a constant blood pressure of over 200/120. That lady had two strokes and died soon after. (The Director kept telling me that we shouldn't worry because 'It was normal for her to run a high B/P'.)

"At times I feel a moral obligation to override this Director and just go ahead and call the doctor. However, my usefulness would then be over, and I would be handed my walking papers. It is frustrating. I am not in charge, and I know my place, yet it is shocking to realize that nobody even tries to help these people, nobody even cares, nobody lifts a finger to bring them greater security, better health, congenial surroundings in a real home where they may find a little happiness in their few remaining months or years.

"I have taken certain steps within my limits, and have found that there is much that *could* be done. One person, however, is not enough to do it all. (If I had my way, I would show the door to some of the staff members, because

they do not belong there.) The first step was to investigate the cliché that 'They are too old to sing'. Each Sunday the Minister had imported people to sing 'at' the patients, or else they had no music at all because they couldn't read the fine print of the hymnal. This was easy. I just copied out hymns of their choosing, and had my husband xerox them, (all in extra-large heavy print), and had individual, illustrated folders made for them. Now, you should hear them when Sunday rolls around! Each tries to out-sing the next one . . . Their mouths are going full speed! They are often off-key, but who cares . . . Their eyes are aglow with the sheer excitement of participation. Now, they can't wait to see how the newest hymn edition will look in their folders. They hold and cherish these books as though they were treasures from heaven. (One of the aides, a Mrs. Hansen, passed these off as 'junk'.)

"There are other ways I discovered which helped to bounce them back from the dead. We took colored movies of them all. What squeals of delight when we show them! What ecstasy, to be a movie star! They got the idea, once, of posing individually, wearing an old World War I helmet, which caused almost a stampede of laughter and merriment, especially among the ladies. And so, one thing led to another, a shy old lady now joins us in the living room for some of the crazy games we play. An old, lame man of 80 created a rash of laughter when he spontaneously arose from his seat and danced me around the room! A 97-year-old deaf and blind lady is making knitted pot holders for everyone. A deaf mute is making her own Christmas cards with crayons. They all get ribbons or flowers in their hair, and are beginning to flirt with the gentlemen! Now they get twice the number of washings-up; there are flowers on the dining table to help appetites and stimulate conversation. They sweep, or otherwise help around the place, march to music, clap, hike down the halls for exercise, one helping another. They circulate more, and seem to have come to life. They have learned to laugh and to cry once more. If a little bit of hugging, or a little bit of weeping is the need of the moment, they get it and give it. There is a sort of family spirit developed, which is truly touching to behold.

"These things are just a starter. But I seem unable to motivate the aides, who feel these people are not long for this world, that I am expending an awful lot of energy for nothing. The Director said to me, 'Nancy, why do you break your neck over these people. They aren't worth it'. Perhaps my reason for writing you this is to vent my frustration and to ask what advice you might give to an LPN working within such limits. Probably you already know that such places are in existence in our country, and may have seen far more of them than I. What to do, what to do?

"One must grieve for all those who are living out their last years forgotten, unloved, unwanted, considered a nuisance, scolded for things they cannot help, told to 'shut up' when they are in pain.

"In the 1930's we Americans were horror-struck over the Nazi treatment of the Jews. In the 1960's, it is high time we became likewise horror-struck over the treatment we mete out to the elderly whose final years are permitted to resemble a living death in this human 'junk yards'."

Next I would like to quote a letter that I sent to Mr. Anthony Kist of the State Board of Health, dated December 17, 1968. This letter concerned my experiences at the Woods Nursing Home #2:

"Dear Mr. Kist: "After speaking with you on the phone yesterday and to Mr. Peterson personally, I have decided that it is my civic duty to put the facts about the Woods Home #2 (in Faribault) on paper, for you to do with what you will. This, I feel, is in the interest of the community in improving nursing care facilities. I realize that I am 'sticking my neck out', because with any such exposure, there is always that insidious underground current stemming from those who operate these types of homes, who would prefer that the status quo prevail. Nevertheless, I will hold back nothing, and give the facts, as I see them.

"Upon my return home to Northfield yesterday after speaking to you, I received a telephone call from Mrs. Shaske. She told me that I was no longer needed at the home, and that I was not to go to work there today, as scheduled. This meant that I was 'fired', upon ONE day's notice. It is more accurate to say I was fired 'on the spot', with no notice. Precipitating her call, I presume, was the following message which she received . . . (a copy of the message I wrote to her domineering aide, Mrs. Hansen).

"DEAR MRS. HANSEN: In the spirit of Christmas, I wish you joy; the kind of joy which comes from: 1. Learning genuine love and concern for the elderly. 2. Developing awareness for their needs, their fears, anxieties, loneliness and

near helplessness. 3. An inner-sensitivity to their need for understanding, companionship, mental stimulation and group activity by showing your interest in *their* interests. You see, Mrs. Hansen, when old people are deprived of these things, they lose their motivation and give up. They wither and die far sooner. You do very well as a housekeeper, but there is more, *far more* to good nursing care than *just that*. You have a responsibility which can no longer be ducked. And also, there is nothing to be gained by talking behind the backs of your co-workers (with unconstructive criticism) who are trying faithfully to meet the challenge.

Sincerely,

N. Fox, LPN'.

"I wrote that letter, in as kind a manner as I knew how, because it indicates what is so desperately needed at that home, as far as attitudes are concerned. My feeling is that Mrs. Shaske, in calling (immediately upon receiving her copy of it) to fire me, very likely took my words personally, knowing that *she too* is grossly lacking in the milk of human kindness, failing to provide any sort of program or even meaningful verbal contact, with her patients.

"In addition to what I said in the letter to the School Director, I wish to fill out now as many additional details as might be necessary for you to know.

"*Lucy Plante*: Bed patient in her 90's, convalescing from hip injury. Requires much nursing care. Suffers from severe foot-drop. Nothing is done to support it, hold it upright, although I have attempted to instruct aides how this can be done, when I am on duty.

"*Lila Helgersen*: Mentally retarded lady. Sleeps at night in a folding cot (which is against the law).

"*Mary Katra*: 90+ years old. Stays in bed the whole day, except to eat from the side of her bed . . . (she has no chair), and to walk to the bathroom. Wears a sweaty, hot sweater at all times, and sleeps in some clothes that she wears during the day, often with stained and soiled underwear which has not been changed in several days. She is left entirely to herself, and ignored.

"*Pearl Flom*: Deaf mute with great difficulty walking and using hands. Left alone all day in her single room with TV going, except for trips to bathroom in wheelchair. (A Faribault expert offered to come to the home to teach sign language to the staff so that we could better communicate with Pearl. I was the only one who signed up for this privilege. So, the lady never came.) She sprained her ankle and was ignored by the Director.

"*Two recent new patients are ambulatory*. However, to my utter astonishment they were not introduced to the other patients, not conversed with, nor oriented, not anything. Mrs. Shaske was there on those days when these two arrived, and she did not take over these amenities, which would have eased up greatly their tension and strangeness. When I saw that she was not even aware of the necessity of this courtesy, I went ahead and did all possible to make them at home.

"*Florence Perkins*: Age 97, deaf and totally blind. Begs time and time again for some wool with which to knit, and pitifully asks *when* Mrs. Shaske will get it for her, so that I, seeing that Mrs. Shaske almost totally ignores her and goes for days without even seeing her, (upstairs she remains) went ahead on several occasions and brought her some wool, whereupon she proceeded to knit numerous pot holders and a long scarf, and showed me the most lavish appreciation for such a small favor. This is all she can do, yet she is consistently denied the opportunity to keep busy. Worse still, she begs constantly for a satchel to be kept by her bed, in which is contained a bible belonging to her father. Mrs. Hansen always puts that away on a top shelf, and I always brought it back to Florence, feeling that this was a very small favor for her to request. She stated many times her extreme dislike for Mrs. Hansen, and always says 'Goody', when she learns Mrs. Hansen is not on duty, because she is 'mean to me'.

"*Florence Ray*: Another bed patient, who suffered a CVA (a stroke). She often becomes wildly noisy and waves her arms around and moans loudly. She is always kept on her back, which is becoming reddened. Whenever I position these patients and take great care for good body alignment, somebody puts them back on their backs, as the aides have no knowledge of the importance of this, and Mrs. Hansen criticizes if a patient is on her side, when I go to a great deal of pains to make them comfortable in a new position. Mrs. Hansen will take no instruction from anyone, and appears to have had little training.

"*Esther Sasse*: Bed patient . . . Obese and epileptic. Is never positioned until I do it . . . Is put on a commode for several hours a day, from which she gets to eat her lunch. On frequent occasions she bellows so loudly that she can be

heard, especially in the summer, down to the next block, according to neighbor reports. I feel this is because of extreme discomfort sitting on that commode, due to her excessive weight. There is no way to get her downstairs in case of fire. She will not attend the Christmas party for that reason.

"Eunice Clear: Mumbles to herself. She is frightfully ignored and forgotten.

"Jim Tepley: Overweight, lies in bed in his clothes all day long except to sit up on his bed for meals. He has no chair. He is able to talk, as I have encouraged this, but nobody converses with him. He looks forward excitedly to our now regular trips, when I start him off, down the hall to get Pearl, the deaf mute, so that they can both sit in the dayroom for awhile amongst others. He takes Pearl a little gift each time, and both are very excited when he comes to take her, as it is the only event in their whole lives of any special interest or diversion.

"These are samples of the kind of lives these people are leading.

"As to some other situations, I will relate a few :

"Phenobarbital is not kept under double lock. Old medications from patients who had died remain for months in the medicine closet. Phenobarbital is put, by an untrained aide before I get there on my workdays, on the tray of Mrs. Benjamin, and she takes it herself without supervision. It has been found to return to the kitchen on her tray, and on the floor, because she has an uncontrollable arm, shaking most of the time. The medicine closet is located in the kitchen, right next to the mop and broom closet. The medicine tray is always dirty and covered with dust when I get to it, as it is kept on top of the ice box. There are often spilled medicines stuck to it.

"When there is pressing work to be done for the patients, Mrs. Shaske sits each day with her staff from about 7 :45 until after 8 A.M. and then again from 10 :30 until at least 11, talking in the kitchen, over coffee. Patients are forgotten during that time, unless there is a bell which rings.

"Upon my arrival at work, I have found the hopper always to be dirty and so sluggish that nothing goes down it readily, and particles remain on the water surface. Toilets unclean, ring around the one tub upstairs. There is one shower downstairs. The wastebaskets are caked with dirt on the bottoms, and one in the downstairs bathroom has a most unsanitary burned hole in the side, upon which germs and grime collect. This has been true ever since I have worked there. The greasy walls in the dining room are revolting. Mrs. Shaske says she's been after a man for a year to do them, but nothing materializes (She has just recently had the kitchen and a few rooms painted, to my joy). The woodwork upstairs is infested with tick marks and chipped all over. Mrs. Sasse's room upstairs has a large hole in the wall. The freezing compartment of the ice box is never cleaned out.

"The stands on which the patients eat upstairs are messed with last week's food each time I come in. Bed screens, or curtains are never employed for the privacy or dignity of the patients. Men and women use the same downstairs bathroom, and one lady in particular is always highly embarrassed because she never knows when a man is in there and has frequently walked in while one was sitting on the toilet. The other day she soiled her undergarment because she was afraid to walk into the bathroom because the door was shut. (She has always been in good control of her bladder, to my knowledge.) This was extremely humiliating to her.

"A blank to be filled out was sent to Mrs. Shaske from an agency inquiring what activities were planned and carried out for the patients. She showed it to me and couldn't think for a moment, just what to write. Then, she gleefully said : 'Oh, yes, you play the piano and have the patients sing, don't you? We can write that down. Oh, yes, and you take movies and show them . . . That is also an activity.' So I reminded her that she could mention that I have them play games of all sorts, teach them many things, etc. So, relieved and contented, she filled out her questionnaire, her skin saved. The fact was, however, that she couldn't think of one thing that anybody else, including herself, did for them. They will be having a Christmas party, and they did have a summer garden party, but aside from that, there has never been any activity stemming from her initiative. After this questionnaire arrived, a box of Bingo appeared in plain view of the dayroom (she bought it for appearance sake).

"It is sad that there is no leadership, no instruction, no praise, no criticism coming forth from the Director. There has never yet been a Staff Meeting, with policies explained or goals of the individual patients defined, or collective goals discussed for the benefit of the home. The place actually just 'fumbles' along, day by day, and no assignments are given . . . Just go take care of someone

when you find that nobody else is doing so at the time. You are not apprised as to the condition of patients while you have been off, nor other developments. Mrs. Shaske takes care of the charting, but it is no real guide to the over-all, total picture of the patient. I discontinued charting when I saw this seemed to be her own function, and resorted to telephoning her whenever anything of importance arose, or I had to get permission of some kind.

"Then, lastly, I will mention the light situation. No sooner do I insert a strong bulb, good enough for reading, than somebody always has it removed the next time I come. It is impossible for the patients to read . . . The lights are so dim all over. A 25 watt bulb on a ceiling is hardly enough to encourage even looking at a magazine picture. Nearly all the bulbs which I found stored in the basement are of low wattage.

Sincerely,

NANCY FOX".

In January, 1969, I went to work at the Kenwood Nursing Home at 2124 Dupont Avenue South, Minneapolis, Minnesota. Except for three months that I took off with my husband to go to Puerto Rico, I worked at the Kenwood Nursing Home until November 2, 1970. First I would like to give some descriptive comments about the Kenwood Nursing Home, and then I would like to give examples of some of the letters and reports I made about this home.

I liked the people at this nursing home very much, and I thought that the owner was very motivated. They had bought this nursing home, which was considered one of the worst ones in Minneapolis, and they were doing a lot to improve it. They were redecorating, and it looked like they were really trying to fix it up. But there were some problems at this home. Although I considered nursing care to be rehabilitative, I was once corrected by the Supervisor of this home and told that the home's emphasis was custodial rather than rehabilitative.

The owner was a Mr. Shapiro. I sent him a written report concerning how this home was run, which I will quote from later. This owner apparently didn't want to hear from me, never asked me any questions, never had any comments, never consulted me, nor did he contact me ever professionally. Not wanting to overstep my bounds or my line of authority, I kept quiet as long as I could. I was an LPN, and there was an R.N. in charge. I constantly was kept from the job of working with the patients and rehabilitating them, because so much of my time had to be spent orienting new girls that were hired on all the time. In the year and one-half that I was there I would estimate that around 100 new people came on the job in all departments. I heard Mr. Shapiro, the Administrator, say directly to the Supervisor, "When you're hiring people, we need people so badly, *just hire anybody*".

I had made a very strong plea early in my employment there, that this was not the best policy to use in hiring people. I told them that if you put an ad in the newspaper saying, "Aides wanted for hire", you're going to get just anybody. If you made the advertisement look a little special, like, "Special people needed to handle special problems of old people", then if you screen them very very carefully, and train them properly before they even set foot in the place, then you'll have much less turnover, and it will cost the administration much less money in training time and constantly having to re-orient new employees. Also, if this were done carefully, the home could afford to pay better wages to the people that they did hire. I could get along much better with two carefully well-trained aides, than with 5 or 6 giggly, teenagers who come in and sit with a coke in one hand and a cigarette in another, with their legs flopping over a table and have no idea what they're supposed to do. Some of the people we got were rough with the patients, and others were just totally incompetent. Many of the aides that were hired did not even begin to respect the privacy of many of the patients. The medications and the narcotics cabinets were always open to these aides. The aides were also permitted to give Insulin shots. There was one aide there who was admittedly on drugs. She had open access to the medications and narcotics cabinet. There were times when the count in this cabinet was not accurate.

There was one patient there by the name of Russell Keller. He was upsetting people constantly, and I recommended that he should be removed from the home. I finally let it be known that if he wasn't moved elsewhere, then I would leave. This man lived on the floor where I was doing a lot of music therapy and dancing with the patients. I had all kinds of activities going there trying to bring them back to life. This man could not tolerate any kind of noise or music. Therefore, he complained whenever we did anything. He would throw temper tantrums all

the time. His room was right next to the Activity Room, but the Supervisor was too timid to move him. This whole confrontation began to grow to a crisis situation, and at the time that this was approaching, the Supervisor came down sick with colitis. On more than one occasion the Supervisor would get sick with colitis whenever a crisis situation developed. On one occasion she just walked home in the middle of the day. It was only when there was a crisis that the Supervisor became ill. I really had my doubts as to whether or not she was sick. When there was trouble with one of the aides, the Supervisor would leave instructions with me to fire the aide. According to the Personnel Policy Code, it was not up to the LPN to hire or fire anybody. There was simply no over-all, strong direction in this home whatsoever.

Mrs. Sharon Bertsch was the very young, 24-year-old Administrator of the home. She never had any professional instructions or contact with me whatsoever.

There was also a very large turnover of janitors at this home. The situation really got out of hand sometimes; there would be spit on the walls, there were messes that were not cleaned up for days. My feet would sometimes stick to the floor as I would go behind a bed in one of the rooms. The bathrooms were very dirty. Oftentimes the windows at this home were so dirty that you couldn't even see through them.

I made notes of a typical week-end day that I spent at the Kenwood Nursing Home. The date was October 25, 1970. I arrived at 6:45 A.M., only to discover with great dismay that the halls were all tracked up, the wastebaskets were overflowing, as well as the ash trays. I went to a bathroom to open a door for a patient and was greeted by an incredible stench. This bathroom had two toilets and no windows and no vent. The floor was littered, the seats were smeared with feces. There were no towels in the room, and one of the blind patients was groping for one. I asked him to wait and left the room to get one for him.

Around 8 o'clock in the morning the cook arrived, highly upset, to tell me that we were out of many necessary foods scheduled for dinner. She wanted to know what to do. We had to make do by only giving ice cream to half of the patients, and instead of using buns, we had to use ordinary plain bread for their sloppy Joes. There was nothing special for the diabetic desserts. So we ended up by doing just the best we could. There just seemed to be a very large lack of planning concerning the meals.

Around 10 o'clock we got a phone call saying "So sorry, my friend, Mary, is sick. She can't come today." I checked into this by dialing several other numbers and discovered that Mary was happily visiting neighbors and was not sick. That left no aide to get the supper out for 35 patients. This kind of irresponsibility is not unexpected at Kenwood due to the fact that it has long been tolerated and excused with no questions asked. Around 11 o'clock I had still not received any call from an aide who was supposed to be due in to work at 7 A.M. in the morning. I never did receive a call from the aide, and she never did come in that day. Shortly thereafter I went to the Janitor's closet and got a bucket and a mop and a broom so I could clean Mr. Gorman's room. The floor was filthy and needed scrubbing, there was tobacco on the floor, and there were several dirty bedspreads with food and tobacco and spit on them. I had become a pretty good janitor and sloop-lady since I had been forced to do this kind of work every week-end that I worked there because no one else was doing it. This took me away from my patients and their problems, but that didn't seem to be the main concern at this home. I had to cancel plans for a group sing and organized games at Noon because I was so far behind in my schedule because I had to do other things. Around 3 o'clock in the afternoon it was time for me to go home when I discovered that there still was nobody in the kitchen to get supper. Therefore, I stayed over and did the work myself.

Next I would like to quote parts of a letter I wrote to Sharon Bertsch, the Administrator, and Mr. Jesse Shapiro, the owner. The letter was written September 30, 1970.

"On paper I can, perhaps, express myself more clearly, so I am now writing on a matter of great concern to me. If you care to later, we could talk and get reactions. This letter was ignored until I protested and handed in my resignation.

"I have been silent on the subject (of hiring practices at Kenwood), being aware of lines of authority. However, now I must speak out.

"Having visited with my husband at least 40 nursing homes over the past 6 months, I know that many homes have a very low rate of turnover, but what we

are contending with is entirely unnecessary (for instance, St. Lukes in Blue Earth, a place with almost no turnover where employees remain year in and year out, barring ill health). The unbelievable high rate here at Kenwood seriously hampers my work, since I do a large part of the orienting of these girls, at which time the *patients* have to be neglected. After explaining to them our procedures, and philosophy of dealing with the aged, and acquainting them with all there is to know, these girls soon quit or are fired, and my time has been futilely wasted.

"In order to bring into focus the acuteness of this problem, take for instance, the last two weeks at Kenwood, according to the Time Sheet, I have a list of exactly 8 employees who have quit or been fired for one reason or another. If you were to check your records over the past year, I am sure you would find at least 50 or 60 aides no longer employed at Kenwood. And this week, again, your ad in the paper has meant swarms of applicants phoning in and coming in, which means more of the same waste of time, since they will soon quit or be fired for irresponsibility and whatnot.

"Let's take a look at what all this means in terms of turnover results. 1. Expense to you when you think of the ads in the paper multiplied by at least 50 girls over a year. 2. Administrative time in your office. 3. Countless hours of our time lost in orienting uselessly. 4. Untold frustration for all concerned, especially for us who never reap the rewards of our large investment of time on them.

"And then, next, let's look at the type of girls who have marched in and out of Kenwood in all these months: 1. Dumb-Dora's, with no idea of how to converse with patients, or even follow instructions. Giggly, boy-crazy, loud teenagers with only giddy thoughts and no concern for the elderly, let alone even interest in them. 3. Late-comers to work, non-callers when absent. 4. Prima donna's, know-it-alls, uncultured ignoramuses, with no sensitivity for protecting the dignity or even the privacy of patients, who therefore cannot even be trained or trusted behind the backs of us nurses to carry on their work with integrity. 5. Girls who have been dishonest, walking off with Kenwood linens, etc.

"Types like these do nothing but give a poor image to our home. To preserve its image I have often had to cover up for them in what they have said or done, when visitors have been around. A girl who lacks sensitivity and is not a lady is hardly the person to take such responsibility, as is required in a home like this. This whole situation is exhausting. Surely one cannot assume that this is a normal situation in a nursing home.

"Now as to possible and logical answers and solutions, I suggest the following. First, I will say that we ask in other homes just how they accounted for their steady employees. The answer: We scrutinize them with a fine screen. We know what we are getting before her first day at work. We check four or five references. We know her attitude towards the elderly. We know her motive, her reason for applying, her experience. If the slightest doubt prevails as to her character, she is not even considered. Then we are told that on her first day she was given a complete explanation verbally, paragraph by paragraph, of the home policies, written in the book. She was prepared for an hour or more in the front office as to what would be expected of her, what the patients were like, and what to expect. She was told what the employer expected. That was plenty. They were given a one month's trial. If exceptional work and attitudes prevailed, they were given a large increase in salary, or fired as the case might be (the theory being that one aide of the finest sort equals 4 or 5 of the common garden variety). The high salary accomplishes several objectives. It encourages her to perform to our standards, assures us that she will remain a long time, and also lends dignity to a position which has, sadly enough, become one of the most disrespected jobs a woman can get, simply because so often only girls apply who can get jobs no where else. She will see that working with the aged is worthy of her highest efforts in a profession worthy of upgrading.

"With competent aides who are mature, experienced people, so many of the annoyances would be eliminated, so many costs cut back. You can calculate the comparative costs, but I should think that the cost for fewer, but top-quality aides would be far less than that for many mediocre ones."

I would also like to quote from the letter I wrote to Dr. Davidner on November 5, 1970.

"Dear Dr. Davidner: This is a letter of strong protest.

"Since you are the House Doctor of the Kenwood Nursing Home, I have, for quite some time now, observed your approach to those elderly patients.

"Your last visit occurred a couple of weeks ago. On that day, you arrived early and I had not yet put on my nurses cap. (The Supervisor was off all day.) You assumed, obviously, that I was an aide.

"All 13 patients had been psychologically prepared for your visit. I had told them you were coming, to be sure to explain all those things which had been bothering them, both physically and otherwise, that you would listen, and do all you could to relieve their anxiety and pain. They were all awaiting your visit with high hopes (except one or two who are too confused to function well enough).

"Unknown to you, Doctor, I timed your visit with them. You started rounds at 9:50 A.M. You finished at 10:10 A.M. That meant that you spent exactly 1½ minutes, on an average with each patient. Not one of them did you examine. Your satchel remained on a chair in the hall, unopened. You handed out new orders as glibly as one scatters seed to the birds.

"One patient, in particular, you insulted in exactly the same manner as you did Ed Holmstad, a terminal cancer patient, on your last visit. (Ed was furious with you, and told you so.) You said to Carl Bloom, when he complained legitimately of his chronic severe back and other pains: 'All you need to do, Carl, is to go out and find yourself a nice blonde'. (Carl can hardly walk and shakes violently nearly all the time.)

"Obviously, you have only contempt for the elderly. You have no understanding, sympathy, time for nor interest in them. You have no sense of their dignity and worth, as human beings, nor of their right to as good care as you probably give to your younger and richer patients.

"Presumably, you are paid a tidy sum of money to care for these people. You are supposed to come once a month. Look at the record. This is a matter of the utmost seriousness, to have a man with your set of attitudes in charge of our patients.

"These are deserving persons, any one of them could be a parent of yours or mine. I have, therefore, departed from my usual manner of individual charting on their records. This time, in many cases, I wrote: 'Dr. Davidner visited. Did not examine patient. Patient very upset and angry about this.' After your departure, I heard nothing but complaints, expressions of disappointment, not only from your patients themselves, but from their roommates, who witnessed your behavior. For several days after, these complaints continued. The Supervisor can testify to this.

"The contempt you exhibit for elderly people leaves me with only one reaction. **UTTER CONTEMPT FOR A DOCTOR SUCH AS YOU.**

Sincerely,

NANCY FOX".

I finally quit working at this home because I just simply could not stand the conditions and the manner in which it was run. The owner, Mr. Shapiro, was clearly not experienced in running such a home. He knew very few of the patients, and it seemed to be purely a money-making proposition to him. I know he also owns a liquor store and another nursing home and several apartment buildings. He is also a Consultant on the side. It is also my understanding that Mr. Shapiro and his family are going to Israel for some time, and therefore the running of the home will be solely in the hands of Mrs. Bertsch. The lack of experience in the running of a nursing home overpowered their original good motivations.

Mrs. NANCY L. FOX.

Subscribed and sworn to before me this 27th day of February, 1971.

LESLIE DRENTLAW,

Notary Public, Rice County, Minn.

My Commission Expires Dec. 12, 1975.

AFFIDAVIT OF MRS. GRACE A. GORCZYCA

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Grace A. Gorczyca, being first duly sworn, deposes and says the following: My name is Mrs. Grace A. Gorczyca and I live at 1700 East 22nd Street, Apt. 406, in Minneapolis, Minnesota. I would like to give some information about the Lexington Avenue Nursing Home at 375 North Lexington Parkway in St. Paul, Minnesota. My sister, Genevieve Delehanty, is currently living in that home and has been there for a year and one-half. I visit her once a month.

First, I would like to talk about the food. My sister does not like it there one bit. For example, they serve sauerkraut and a wiener that tastes like it just

came out of the can because it was barely warm. I usually go there on a Sunday, and once they served chicken that was half-cold.

Some of the rooms seem very crowded. They have three beds in a room and you can reach out if you were sitting in the bed and shake hands with the person in the next bed. It was that close. They also seem to mix up patients. For awhile my sister who is normal had a roommate who was incontinent. She was constantly messing herself up and getting it on the floor, and leaving a horrible smell in the room. Finally they got that patient out of there and put her up on another floor. Another time they had a roommate in with my sister who was a little confused and always upset. For example, one day my sister went over to move the window up a little bit, and her roommate got very upset and even went over and bit my sister on the arm. They finally got her out of my sister's room. I don't think they should mix up people who have a normal state of mind with those who don't. Her daughter actually goes over there to see her much more often than I do. It also seems to me that they don't have enough staff over there, and too much work for the staff that is on when I'm over there.

MRS. GRACE A. GORCZYCA.

Subscribed and sworn to before me this 15th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. ROBERT GREW

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Robert Grew, being duly sworn, deposes and says the following:

My name is Mrs. Robert Grew and I live at 1707 Hewitt Avenue, St. Paul, Minnesota. My grandmother—Mrs. Bessie Roses—was a patient at Lexington Nursing Home, 375 North Lexington Parkway, St. Paul, Minnesota. I saw my former mother-in-law as a patient at the Richview Nursing Home, 7727 Portland Avenue, Richfield, Minnesota.

When food trays came to the floor, the aides fought and played around while the food got cold. The home served no extras if the patient wanted more to eat. With a confused patient, the aides didn't waste time feeding him. The aides made a hurried attempt to feed him and then the tray was taken away. This and the following statements concern the Lexington Nursing Home.

The staff would fight among themselves; it was a bedlam. Only three of the aides really tried to do their job. I would describe most of the aides as young and incompetent. They would do as little as possible for the patients. Miss Turk, daughter of my grandmother's roommate, told me one of the aides had threatened to slap her mother. The aides yelled; they were sharp and rough. I definitely feared reprisal on my grandmother if I said anything. The aides did not answer when my grandmother called out.

My mother told me when she came to visit my grandmother, grandmother was tied in a chair all day and she was slumped over in the chair. Grandmother was crying for help. So mother asked them to put grandmother to bed. The aide argued that she was too busy and didn't have enough help. So mother put grandmother to bed. The next day when I came in the head nurse stopped me and said that if there was a scene like that again, we would have to take grandmother out of the home. I don't treat a snake like that. I have come in at 2 o'clock in the afternoon and there were gobs of her noon meal all over her. I don't know if the patients ever got clean but the rug sure did. It was window dressing—nice clean rug and flowers in the hall.

If a patient is confused or slow of mind, the home can do anything they want and we have to allow it. People don't know what is going on behind those walls. It would be better killing them outright than to torture them like this.

My grandmother had a bedsore on her buttocks bigger than a man's hand and reached to the bone. There were quite a few on her heels and legs. I brought fleece skins but they were lost in the laundry. So I asked the nurse on the floor for the fleece skins but she said the doctor would have to order them. Nothing was done. I brought pillows from my home to put under my grandmother but all of these disappeared with the laundry. I attempted to rub her legs with creme and put bandages on the sores, but they had the scissors

locked up and I couldn't get them. The sheets on which she had to lay were rough like canvas. Grandmother looked so uncomfortable. I would swear she was in pain. I really wonder if she was getting her pain medication. Capsules and pills were mixed into the food and so she did not always get them as she didn't always get all of her meal.

Catheter care was poor. The catheters often came out. They were clamped off. But the worst was that sometimes the catheter bag was full and the tubing was full too. Yet the patients were not getting that much to eat or drink. The bags were overflowing and smelly from urine. There was black gravel in the bag.

When my grandmother left the Lexington Nursing Home, she was unconscious. At St. Luke's Hospital, she was found to have staph infection.

I take better care of my livestock than these homes do for people. They show no concern, no communication between the home and the family. What do they do to people who have no relatives?

When I visited my former mother-in-law at the Richview Nursing Home, I found some of the same appearances of poor care. I found that her teeth and glasses were missing. Much of the clothes my daughter-in-law had gotten for her were missing. I would gag on the smell of the urine in the building. The patients looked dirty and grimy. I felt so cold when I was there. So unlike her was the dirty and uncut fingernails. They were unreasonably long and the dirt was thick underneath them.

Mrs. ROBERT GREW.

Subscribed and sworn to before me this 18th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF KATHRYN A. GARDAS

STATE OF MINNESOTA—COUNTY OF HENNEPIN

Kathryn A. Gardas, being first duly sworn, deposes and says the following:

My name is Kathryn A. Gardas and I live at 2050 14th Street N.W. in New Brighton, Minnesota. I worked for one year at the Lexington Avenue Nursing Home at 375 Lexington Avenue, St. Paul, Minnesota. I worked at this home from June 1969 to June 1970. Normally I worked in the afternoon. It was after school. My hours were not regular, but they were usually in the afternoons. I was an on-the-job training student. I did have experience working on all three floors. I worked on first floor more than the other two floors.

When I first started working at the home they told me that we had to keep the beds spotless on the first floor. We had to lift the mattresses up and clean underneath them. We had to keep the beds made all of the time. We were told that we had to keep the tables clean, the railing clean, and the patients looking nice all the time. Mr. Trana told us that the reason for this was that the first floor was the show floor. I didn't do any of these other things on the second and third floors when I worked up there.

Oscar Nelson was a patient on the first floor and one day they sent him to the third floor. They tied him into a geriatric chair up there and he really deteriorated. He ripped up little pieces of paper. Shortly thereafter he got pneumonia and was sent to the hospital. Before he went to the hospital he looked just awful. He looked really skinny and his teeth looked rotted and his hair turned pure white. When they brought him back from the hospital he looked ten times better and he was put on the first floor where he remained in fairly good health. Nurses would take coffee breaks and would tell all the aides not to disturb them. One time the third floor lounge was flooded and the aides had to mop it up.

The whirlpool was broken on and off all of the time.

There was only one thermometer for each floor and you had no way of knowing whether it was a rectal or an oral thermometer.

There was a patient by the name of Dan Lojovich who died up on third floor. I was just an aide and I had never really ever seen a dead person before. This patient had choked to death on a piece of meat and had died on my shift. Mrs. O'Connell, the head nurse told me to clean him up. I was supposed to wash him up. I had never had any experience doing something like that. I was only 17 years old at the time and I didn't know anything about this. It should have been the orderly's job in the first place. The nurse did not show me how to do it or

tell me how to do it. I was just told to get in there and wash him up. The home also asked me to pass medications and gave me no training. I refused to pass medications.

The food at the Lexington was terrible. One of the cooks was a man named Elmer and he used to stick his bare hands in the food and toss it. He would stir things around with his bare hands. He was not a clean man. He never had a clean apron on, his appearance was always bad. His hands were seldom clean, nor did he keep his person clean. One night I got sick on the chicken that we served at the home. A lot of people complained about the chicken and a lot of people got sick from it.

Sometimes they would shove me down to do work in the laundry. They would never wash any of the laundry twice that was very bad, they would just fold it up and put it on the shelf. When dirty laundry came from upstairs with seepage from wounds or feces, it was always mixed up with other laundry. I remember ironing sheets that had brown stains in them. They were folded and reused again.

Linda Labare and I were always pushed around there because we were school girls. They made us get all the bedpans from the second and the third floor to clean them. We had to put them into a sterilizer that didn't work. You could only put two in at a time and it took twenty minutes to complete. After you got them out, there was rusty water left in the bedpans. You had to dump the rusty water out and they were not sterile then. It took all day long to sterilize all the bedpans. Even then you didn't get done. The bedpans were never sterilized after each usage. They only got around to sterilizing them, at best, once a week. As a result many times when we eventually got them to sterilize, they would come to us with dried urine and feces on them.

For nourishment at night they would send up a cart and we would prepare either graham crackers or peanut butter sandwiches. To drink they could have milk or coffee or sometimes once a week they would send up juice. Although peanut butter sandwiches were sometimes difficult to eat for patients that had difficulty swallowing, they would often be waiting for us at the doors to come by because they were so starved by the time it came.

Their teeth were never cleaned. They would take them out and put them into individual pans, but the pans were never clean for each use. Water inside some of the pans was filthy. The teeth were never brushed. There was often a lot of confusion and often many of the patients did not have their own teeth. Many times many of the patients would go without teeth altogether. It was especially bad on third floor where very few people ever had their own teeth. There was just a big box of teeth sitting up there.

Mrs. O'Connell, the head nurse, had a box of pills in her room. These pills were from patients that either died or had left the nursing home.

KATHYRN A. GARDAS.

Subscribed and sworn to before me this 27th day of November, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVITS OF MRS. HAZEL M. GRUSS

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Hazel M. Gruss, being first duly sworn, deposes and says the following: My name is Mrs. Hazel M. Gruss, and I live at 2011 Third Avenue South, Apartment #108, Minneapolis, Minnesota. I would like to testify concerning the Richview Nursing Home at 7727 Portland Avenue South in Minneapolis, Minnesota.

On May 5, 1968, I broke my hip. I was then in the Swedish Hospital in Minneapolis until June 29, 1968, and then I went to the Richview Nursing Home. June 29th was a Saturday, and I left the home three days later on Monday. I was only there three days. I was supposed to have a private room while I was at this nursing home, but I did not get a private room. Instead I was put in with two other women. My mattress was lumpy, and the pillow was hard. The nightgowns of the two other ladies in the room were very filthy. One of my roommates was very sick, and the other one could not see very well.

They had a lot of very young help at this home. I talked to one of the aides there who knew my grandson, Brad Gruss, when they were in class together at Bloomington High School. This girl told me that she was 16 years old, that this was her first job, and that she had had no training at all.

One of the nights that I was there, I asked for a bedpan because I couldn't get out of bed on account of my broken hip. They said they didn't have one for me. I asked them what they meant by that. They told me I would just have to wait until the Supervisor came. They also told me they would have to get somebody else's bedpan because they didn't have one for me. There was also no table next to my bed so that I could keep a glass of water and my eye-glasses there. The home just did not have enough equipment. That same night I wanted to wash my face and hands, so I asked for a pan and some towels. They told me I couldn't wash my hands because they didn't have any towels. So I didn't get a chance to wash my hands and face until Sunday noon when my son and his wife came. She went out and finally came back with some paper toweling.

The food at this home was just terrible. It was so bad I didn't want to eat it at all and was going to try to survive just on coffee because I knew my son would get me out of there on Monday. When I drank my first cup of coffee, I got half-way down through the cup and I noticed that there was a ring around the cup from the last person who had used it. So I stopped drinking coffee. For Sunday dinner we had beef that had been cut on a meat cutter and cut very thin. It was also very dry. The mashed potatoes were very runny. The rest of the meal was a few green beans, some pudding and coffee. The supper on Sunday consisted of one slice of bread cut in half with a piece of cheese on one half and a piece of the same meat that we had for Sunday dinner on the other half, also some luke-warm potato soup. We also got a glass of milk, but it was only the size of a fruit juice glass. Relatives were always bringing food into this home, and the patients would divide up what they got with everybody so people could try to get enough to eat.

A very sad thing happened to one of my roommates. They gave her sleeping pills. On Sunday morning she did not wake up. She did not awaken until noon when they came in with the Sunday dinner. She asked if she could have breakfast, and they said, "No, you've already had breakfast". She had not had her breakfast.

On Sunday afternoon I called for a bedpan. A young aide of around 18 or 19-years-old came in, and he immediately grabbed me without saying anything, and started to turn me over. He was very rough with me. It was very important that I be turned very carefully because I had four pins in my hip. I said, "What are you doing?" He had just ripped the clothes off of me and rolled me over and put the bedpan underneath me. He said, "Don't you want a bedpan"? I said, "Not from you". I don't think the aide even knew that I had a broken hip. On Monday the Superintendent, a woman, came in to see me and said, "I hear that you aren't comfortable here". I told her, "Yes, that was true". She said, "Oh, well, you'll get used to it". I told her, "No, I wouldn't because I was leaving". I did leave and went to the Villa Maria home.

Dr. Y. T. Johnson is my regular doctor, and I had been taking heart medicine and arthritis medicine and thyroid medicine for a long time, even prior to the time that I broke my hip. I also took these three medicines while I was in the hospital. Dr. Johnson had discussed with me how he had made careful arrangements with the home for these medicines to be given to me. During the time I was in this nursing home, I never got any of the three medicines that I had been taking for such a long time.

Mrs. HAZEL M. GRUSS.

Subscribed and sworn to before me this 14th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

AFFIDAVIT OF MRS. SOFIA E. HARMS

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Sofia E. Harms, being first duly sworn, deposes and says the following: My name is Mrs. Sofia E. Harms, and I live at 4011 Wooddale Avenue in St. Louis Park, Minnesota. I would like to give testimony concerning some conditions I am familiar with at the Willows Nursing Home at 6130 Lyndale Avenue

South, Minneapolis, Minnesota. My father passed away, my mother is still in this nursing home, and I go to see her regularly.

My father was incontinent, and many times I would find him with his bed just soaked. At times when I would ask the staff to help clean him up, they would claim that they were too busy to help because they had to serve the meal. My father could not use the geriatric chair because it was much too big for him, and his feet wouldn't even reach the foot-rest. They also had carpeting in the halls, which made it very difficult for anyone in a geriatric chair to move about. Therefore, my father could only sit in a straight-backed chair.

At one point in time my mother had a very bad cough. They called the doctor, and the doctor said she had heavy congestion and a cold. The doctor prescribed drugs for my mother without ever seeing her. The doctor would not come out to see her.

At one point after my father died, my mother was full of fluid and was suffering from edema. Because the nursing home would not do anything about her condition, I took her myself to see Dr. Fred Rice. As a result of my initiative, the Welfare Worker for my mother objected to this. The Welfare Worker said that she could get the care she needed at the nursing home and did not have to make special trips to the doctor. But Dr. Rice did give her a shot, and her edema problem cleared up at once. At the nursing home I would have waited forever. You just can't depend on the home or on the nurses at the home. I must keep a very close watch on my mother's condition.

On November 28, 1969, my mother had a slight stroke. Her eyesight was affected, and she lost the use of her right hand. I kept asking the nursing home what was wrong with her. I asked them if she had had a stroke. They said that her only problem was that she was just getting very tired. Five days after she had had her stroke, they did think something was wrong with her, and called Dr. Rice.

Sometime in late 1969, I believe, the administration changed. Mrs. Swanson, the Nursing Director, became Assistant Administrator. Mrs. Yushita became Director of Nursing and really began to crack the whip. In late January of 1970 my mother developed a firey red toe which was very sore. The nursing home only noticed it three weeks after it occurred. I had to call their attention to it. They finally called Dr. Rice and got some medication for it. I kept asking the nurses at the home what was making my mother's toe so sore. They either did not know or would not tell me. About this time I was also sick, and I had trouble keeping track of the situation. Dr. Rice finally told me that this had been going on long enough and that I should bring her in to see him. He said that he could not tell what was wrong with her foot over the phone. I made an appointment and called the nurse on the floor where my mother was to tell her about the appointment. The nurse said she would make arrangements for the appointment and that I should just come pick her up. In the meantime, they changed all the rules about making appointments and did not tell us about it. The appointment was set for April 9, 1970. Before I went to pick up my mother, I thought it was a good idea to call the home and to see if everything was ready to go. I spoke to Mrs. Wilson who was on the floor, and she said there were no papers there. She told me I would have to clear it with Mrs. Yushita. I called Mrs. Yushita, and she said among other things that I had no business in calling Dr. Rice. I finally did get my mother to the doctor's appointment, but some very nasty notations were made in a note from the nursing home to the doctor about the appointment. The doctor told me to just let them stew about it. He said that they were not diagnosticians and I should ignore them.

One time they called me on a Sunday to tell me my mother had fallen down. What I got there I found out that she was sick to her stomach with the stomach flu and was vomiting. Their diagnosis, of course, had been that she had fallen down. The people at the home did not even know what her problem was. My husband and I both caught the same flu from my mother. If we had been forewarned about her condition, we could have been more careful.

On April 24, 1970 I called Dr. Ernest Larson, who is an eye doctor. I wanted to find out why mother couldn't see better, why she didn't wear her glasses, and why she had these dark spells. The doctor told me that it might have something to do with the blood supply to her brain, but that he could not tell for sure unless I brought her in so that he could examine her. He had fitted her for glasses in January, 1970. I told him that I could not go over the head of the nurses at the nursing home, and he told me to talk to them about it, and then maybe they would think it was their idea. The nurses told me that on my mother's chart it said that the doctor did not want to see her for another year. I called the doctor back, and his nurse told me that the doctor would call the nursing home himself. The doc-

tor's office called me back and told me that the doctor would be calling the nursing home on January 29, 1970. Shortly after 8 o'clock in the morning on January 30, 1970, a Thursday, the phone rang and Mrs. Yushta was on the phone, and she said to me, "You called Dr. Larson and made an appointment for your mother on Friday". I told her that I had no knowledge of any such appointment. Mrs. Yushta said, "Well, someone made it". At one point Mrs. Yushta told me, "If you take your mother to that appointment, you don't need to bring her back".

Another example of the lack of communication I get at this nursing home concerns my mother's problem of communication. She speaks mostly German, and is somewhat deaf. The best way to communicate with her is either by writing a note to her or letting her read your lips. I have told the home many times about this, but they insist on yelling into her ear, which does no good at all.

I was quite upset by the way Mrs. Yushta had treated me. I did not think I deserved that. As a result of her manner, I try to avoid her at all costs, which is not a very sound relationship to have with the head of nursing at the nursing home where your mother lives. I called back Dr. Larson's office to find out just exactly what had been done. The doctor's office told me that they had made an appointment on their own for my mother at 9:30 A.M. on Friday morning, January 30, 1970. I never take my mother out this early in the morning, and I don't take her out on Friday, so it was obvious I had not made the appointment. Dr. Larson told me that he would talk to the Willows and then call me back. Dr. Larson called back and told me that he had no control over the nurses at the Willows and that the House Doctor could see her. The House Doctor never sees her. The end result was that they would not let her go see Dr. Larson at this time, even though Dr. Larson wanted her to come in. The home kept saying that the chart said that he didn't want to see her for a year, even though the same doctor called up and said he wanted to see her now. The home also told me that I should not be calling Dr. Rice. I call Dr. Rice anyway when I'm concerned about something, but I had to be very careful that the nursing home doesn't find out about this. They kept telling me the House Doctor would look after my mother, but as far as I know, he has never been near her. Dr. Larson gets a lot of patients from the Willows, so naturally he would not want to jeopardize his relationship there. My mother is on Old Age Assistance, and I think her caseworker, Miss Melby, is always complaining about the money that is spent on my mother. It is a common saying around the Willows that if a relative complains, they are soon told to take their relative out. The nursing home eventually told me that I could take my mother in to see Dr. Larson in 6 months.

In the Spring of 1970 my mother's roommate, Barbara McNeely, fell out of her geriatric chair and hurt herself very badly. She cut her leg. Her daughter was told by the home that Barbara had tipped the chair over. Barbara is a very slight, small woman, and she should not be able to tip over a geriatric chair. Two aides told me that a wheel had come off the geriatric chair, and that was why she fell over. That particular chair had been sitting in the corner to be taken downstairs for repairs. Barbara eventually had to go into the hospital because of this accident.

On the 29th of July, 1970, I went into the nursing home and saw Barbara sitting in an arm-chair with no support whatsoever. My mother was crying. She said, "They put Barbara next to me and she's throwing food around. I tried to stop her and she spits in my face." Barbara really needed a geriatric chair. I asked the home why there were not enough chairs, and I was told that they were repairing them slowly one by one.

My mother is put up on the 3rd floor with most of the senile patients. I told Mrs. Yushta that my mother was not senile, and Mrs. Yushta said, "Yes, she is." My mother is not senile, she just has trouble hearing, and sometimes she's forgetful. I asked Mrs. Yushta what she meant by senile, and Mrs. Yushta told me, "Deterioration and old age".

On August 2, 1970, I went back to the home on a Sunday, and Barbara still did not have a geriatric chair. On August 5, 1970 she finally had a geriatric chair, but it was broken. It had no foot-rest, and it had no tray to eat off of. There are never enough wheelchairs in that home either. They have to put people to bed in order to get their wheelchairs to use. One couple who had been there for a few years was thrown out because they complained too much.

The corners of most of the rooms are rarely cleaned. They have been dirty for months. You can see dust along the bottom of the walls. It accumulates there all of the time. The wall-boards along the bottom always look messy and dirty as if they had been wiped with sloppy, dirty mops.

For many weeks my mother has been forced to eat face-to-face with her roommate, Barbara McNeely. Poor Barbara is uncooperative a lot of the time and throws her food around and disturbs my mother very much. They are stuck together, facing each other with one little board between them when they eat. This upsets my mother very much, and I have requested that she be allowed to eat in some other fashion. Although I have made these requests for over 8 weeks, nothing has been done to change this situation.

In December, 1970, my mother was in the hall when a young fellow started washing the linoleum. Unsupervised, my mother slipped on the slippery linoleum and fell. She hit her head very hard and had a large bump from the fall. She also hurt her leg and hip.

On January 6, 1971, around 10 P.M., my sister and I brought my mother to her room. While we were helping her we heard a loud thud and other noises. We heard some loud groaning from the end of the hall. When no one seemed to come to investigate, we walked down to the room where we heard the noise coming from. We found a man lying on the floor next to a turned-over chair. He seemed to be in great distress. This was on the third floor where my mother stays. No help came until we called for it.

On January 13, 1971, my sister and I again went to get our mother, and found that she was very upset because some woman kept coming into her room to take her clothes out of the closet. My mother said they had a pushing match. She also mentioned that some large man kept coming into her room at night. We brought our mother back about 9:20 P.M. that night. The man who had been coming into my mother's room at night was standing at the end of the dark hallway completely nude. When we entered my mother's room her night clothes had been pulled out of their regular place. Her dresser was completely covered with spilled milk. It was very distressing to my mother to see her treasures soaked in milk. My point is that at the end of the hall on this third floor there is little attention given to what is going on.

They charge extra for cleaning up if the patient is especially messy, they charge extra for feeding the patient.

Mrs. SOPHIA E. HARMS.

Subscribed and sworn to before me this 3rd day of March, 1971.

HELEN C. GATICH,
Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. EDWARD HARMS

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Edward harms, being duly sworn, deposes and says the following:

My name is Mrs. Edward Harms and I live at 4011 Wooddale, Minneapolis, Minnesota. My father was a patient at the Angelus Nursing Home.

Mrs. Wiseman, the administrator, was not often available for me when I wanted to talk to her. I was also afraid to complain to her for fear they would be rougher on my father.

When I brought some clothes in, the aide took them to mark them. A month later I asked about the clothes and the aide did not know where they were and had to look for them. They found the clothes but they were not in my father's room. The aides were to have him ready for Christmas eve but he was not dressed in the good clothes that he had. I asked for some clothes for my father and they went to a box in a store room and pulled out some underwear for him. At the time of my father's transfer from the Angelus Nursing Home, all of the underwear were missing.

If my father was handled with kindness and told what was being done, he cooperated very well. When he was moved to another room, he had a roommate who disturbed him at night. One night he threw a urinal at him. Shortly after that incident, he was taken to General Hospital for his monthly check-up as he had had a broken hip. I called the Home about my father and the nurse said he was in for the monthly appointment which usually took the better part of a day. So I called back the next day and the nurse said my father was still at General Hospital, but refused to tell me why. Sometime later I was told that he had

been in for psychiatric examination. They had given me no indication of this beforehand nor had they asked my agreement.

My father never slept in the afternoons but I often came in and had trouble rousing him. He was out like a light and his face was flushed. So I constantly asked if he had been sedated but they denied it. However they did admit once that he had been given a sedative. I no longer had difficulty rousing my father after he was transferred from the Angelus.

Mrs. EDWARD HARMS.

Subscribed and sworn to before me this 24 day of November 1971.

LOIS A. LOOMER,
Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. MARTIN HAWKINS

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Martin Hawkins, being duly sworn, deposes and says the following:

My name is Mrs. Martin Hawkins. I live at 3121 Cedar Ave. in Minneapolis, Minnesota. My brother Vernon was a patient in three different nursing homes from the summer of 1967 to early 1969. I had many terrible experiences at these homes and I would now like to tell about them.

The first nursing home Vernon was in was the Central Nursing Home at 1828 Central Ave. N.E. in Minneapolis. He was a patient there for only eight hours and that was eight hours enough.

Vernon was brought to the Central Nursing Home from the Lutheran Deaconess Hospital by what appeared to be a converted hearse. His leg was in a cast and due to other physical problems his doctor recommended that he be placed in the Central Nursing Home. The food at this home looked horrible and the silverware appeared as if it had not been washed. I had to go and buy some candy bars so that my brother would have something to eat. When I came into Vernon's room, two patients who shared the same room as he did were sitting on his bed. I didn't want them doing that because of Vernon's broken leg. One of the men came up from behind me, put his hands around my neck, and tried to choke me. They also hit my brother. I was very frightened to leave my brother alone with these men. If I had left that room the only way Vernon could have called for help was by ringing one of those small table bells the home had on the table by his bed. He was at the end of the hall and the staff never would have been able to hear that bell. I thank God my husband dropped by. I told him all that had happened. He immediately ordered an ambulance to take Vernon back to the hospital.

The next nursing home Vernon went to was the 2200 Park Nursing Home on Park Avenue in Minneapolis. At this home Vernon lost so much weight that it was hard to recognize him. My husband would stop by the 2200 Park Nursing Home after work to make sure my brother would get something to eat. Vernon needed help for eating because he was blind and had problems with his nerves. This nursing home would just put the tray in front of him and make him try to feed himself. Needless to say more food would end up on him than in his mouth. My sister-in-law finally took him out of this home and tried to care for him at her own home. After a few months she was forced to put him back into another nursing home because it became impossible for her to give him the care he needed at home. In January of 1969 Vernon went to the David Herman Nursing Home on 24th Street and Chicago Avenue in Minneapolis.

At the David Herman Vernon never got his teeth brushed, never got a glass of milk, and how he loved milk so, never got a shave by them, my husband finally ended up doing that, and they like the 2200 Park Nursing Home would just put the tray in front of him to feed himself, we ended up feeding him too. Another thing that disturbed me about this home was that anybody would pass out the medications.

I never did like the care my brother got at the David Herman Nursing Home, but I knew that none of the family were able to care for him. I was always afraid to say anything or complain about the home for fear of what might happen to my brother. I found myself lying about the home in front of their staff. I would tell

them what a wonderful home they had and what wonderful care they gave their patients though that was a lie, but I felt I had to lie for my brother's sake.

One day when I came to visit Vernon he was very sick and was running a high temperature. I was upset that the nursing home had not notified any of our family. LeRoy who worked at the nursing home and who was studying to be a Registered Nurse told me that Vernon was very sick and should be in a hospital. When I went to ask Mrs. Morgen the aid that was in charge of the floor why my brother was not in a hospital she told me that he would be all right at the nursing home and that they would stay in touch with the doctor and notify him if Vernon would get any worse. When his wife stopped by to visit him the next day he was worse and she had him brought to the Barnabas Hospital in downtown Minneapolis. Shortly thereafter Vernon's social worker called my husband and informed him that Mrs. Freezon would not accept Vernon back unless I agreed to stay away from the nursing home entirely. Mr. Johnson also told my husband that if David Herman did not take my brother back it would be up to us to find another nursing home for him. I was very upset. Vernon had been in two other terrible nursing homes. I didn't know what I could do or where to find a good nursing home. I was afraid that after these three homes Vernon could end up in a place worse than these homes. So I agreed to Mrs. Freezon stipulation, but I begged her to just let me see my brother once on Sundays. She told me that that would be acceptable if I would agree to stay for a few minutes only per visit.

MRS. MARTIN HAWKINS.

Subscribed and sworn to before me this 15 day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF JEAN T. HEININGER

STATE OF MINNESOTA COUNTY OF HENNEPIN

Jean T. Heininger, being first duly sworn, deposes and says the following:

My name is Jean T. Heininger. I live at 639 Thomas Ave., St. Paul, Minnesota. I worked at the Lexington Avenue Nursing Home at 375 Lexington Avenue, St. Paul, Minnesota for 6 months. I worked from April to November 1971. I always worked the 3 to 11 shift and I always worked on the third floor.

I was working in the nursing home on the twentieth of October 1971 when an investigating team came through the home. At least 6 to 7 aids have left the home and quit since the investigation. I have also quit during that period mainly because of the bad working conditions. After that investigation Mr. Trana blamed all of the help for the bad conditions. They were up on the floor constantly after that point riding us about everything that we did. Generally speaking the home was short handed. Secondly after the investigation we were put under more pressure to do more things that we were already short handed to do before. And on top of that we were blamed for the conditions that already existed at the nursing home. This was the major reason for those people leaving the nursing home. The day after the investigation team was there they came up and told us that the problem was all the young kids who didn't give a damn about all the patients. They said it was all our fault because we just came to take our coffee breaks and fool around. We get as much work as we can get done considering the shortage of staff and the multiple problems that are at that nursing home. We were also hampered by the fact that we were constantly short of supplies and good equipment. During the last three or four weeks up until November 12, 1971, thirteen patients have died in this nursing home. This is an abnormally large number to die in that short a time.

One day I came to work and Mamie Grave was lying in her bed shivering. It was a very cold day and they had been washing windows. They had taken the windows out and had left them out and she was lying in her bed pretty cold. The door was open and there was a very strong draft. Myrtle Claridy was sitting in that room right next to the window and she has since died. Mamie had had chills a number of days prior to this. All I could do to help her at this point was to put a couple more blankets on her. A few days before she had

been walking around on the third floor with an overcoat on and a fur hat. She had the chills and it was very clear that she was sick before this window washing incident. She also had had a high temperature.

Ed Gabrielson and Floyd Anger are two other examples of patients who developed sores on their legs or their feet and eventually had their legs amputated. For treating these sores we are often told to use tincture of benzoid. Sometimes we are told to put the tincture of benzoid around the sores, but for other patients, right inside of the sores.

I was working at the home when Ed Gabrielson, one of the patients, was there. During that time recently it was confirmed that he had staph infection. The home did not come right out and tell us that he had staph infection. In fact the nurses gave us the impression that they were trying to hide the fact from us. Instead of telling us about the staph directly, one of the nurses told us that night, that it was confirmed. She said that when we did the treatments on Ed Gabrielson we should not take the carts into the room. I asked the nurse directly if he did have staph infection. She did not answer me. I had to go to read it on the chart after asking her a second time and receiving no answer. At this time he was not in isolation. There were two other patients in the room with him. It was two days before they bothered to put him into an isolation room. When I finally did confront the nurse with the fact that he did have staph infection she said "Well, don't worry about it, you've been handling him this long." She also said, "What are you worrying about Gabrielson for, there have been other cases of staph before in this building." There was a treatment cart in Ed Gabrielson's room after he had been put into isolation. Several things in this cart were borrowed, for example tape was borrowed. Nothing on the cart was sterilized and tape was constantly brought back and forth.

Nurses would approach and handle Gabrielson without masks and special gloves on. Before Ed Gabrielson had confirmed staph infection many people were suspicious that he had it. During that time I helped feed him and give him treatments, without gloves and without special gowns on. Staff in the home were talking about the fact and suspicious of the fact that Ed Gabrielson could have staph infection at least three weeks before it was confirmed. I was told that necrotic tissue was cut out of Gabrielson's sores by Mrs. O'Connell with a rusty sissors. The only attempt made to sterilize them was to put them in a bottle of alcohol. To my knowledge this man got no medication for pain except just before he died.

When we cleaned him up we usually had to tie him up and restrain him. Whenever we moved him he would moan and grown and get violent. When we told him that he was being mean he would say "no, no, it is only because it hurts so much." The nurses knew about the pain but there was no attempt to give him any relief. Gabrielson had a number of sores one of which was between his legs. It was about an inch and a half long and it was very deep. Whenever these sores were cleaned it was incredibly painful for him. This particular sore had necrotic tissue in it and it was not kept clean. He would have a BM and often he was left sitting in it and it would get into this open sore which was not covered. His bowel movement would go up into the wound. His wounds would then have to be cleaned out with hydrogen peroxide. They had to probe into his sores to clean them out. This had to be done at least every night. Sometimes the bowel movement was dried on some parts of his body. When Gabrielson first started to break down he was given sugar and peroxide packs to clear up the necrotic tissue. Then one night there was a doctor's order to use Elase to dissolve the necrotic tissue. Mrs. O'Connell came to the floor the next day and told Mrs. DeMar that there will be no use of Elase in the home. She did not like Elase and she said that only sugar and peroxide would be used. This was in spite of the doctor's orders. So we continued with sugar and peroxide packs until a doctor came and ordered Gerimicine IM and gerimicine applied to the open sores.

Ed Gabrielson also had a very bad sore on his foot which got bigger every day. You could see the bone and you could see dead tissue inside it. One night a nurse would use gerimicine on the sores and the next night another nurse would be on and she would use sugar and peroxide treatment. There was no written down treatment specification for Gabrielson. Everybody just did what they felt was supposed to be done. Sometimes we would report sores to the nurses about Gabrielson. They would say "Well do what you think is best," or "wash it out." Many times they would ask us to describe the sores to them and then they would just tell us what to do. The nurses did do the treatments

on Ed Gabrielson because we refused to do the treatments. We would help and hold him, but we refused to do the treatments. Willie Stone's bed sores were also so bad that we refused to do them too. But normally we would be told to do these treatments.

Willie Stone another patient was worse than Gabrielson. She had a sore on her tail bone that we had pretty well healed, it didn't have any necrotic skin in it. She also had a sore on each hip the size of an orange. This sore was also quite deep. She also had sores on her heels, on her knees, and on her elbows. She had sores on almost every pressure point of her body that would come in contact with the bed. She also had sores on her face after they had switched her to her stomach to relieve her backside. This woman was sent to the hospital where they operated a couple of times on her in early October. There were also sores on her shoulders. On one of the sores on her hip you could see her hipbone. Everyday when we came to work Willie Stone's bed was wet. The staff leaving when we came on would say we just changed Willie but we would go in there and find that it wasn't just fresh wet but that she was wet from head to toe. She did not have a draw sheet, she had an air mattress with no motor so it didn't work. They were always short of motors for these air mattresses so that Willie would only get one once in a while. Many many times the day shift told us that they had not had time to give treatments to Ed Gabrielson. Many many times they had told us that they had not been able to get any food down Ed Gabrielson or Willie Stone. On our shift they would drink a lot of water and Ed Gabrielson would eat like a horse.

I have seen cockroaches in the building one under the third floor desk and one in the examination room. I have also seen them in the whirlpool room. I have also seen them in the basement and the first floor. They were always in the whirlpool room. I have seen as many as ten at one time. Then one time they sprayed and they told everybody to stay out of the whirlpool room, but when they got done we went back in there and they were still in there. I wouldn't send my worst enemy there because of the incredible pressures that have built up. We were afraid to do anything for fear of being jumped on. On top of all that they blamed us for all the bad conditions and then I had them turn around and throw it back in my face that it was all my fault.

We would complain about many times to Mr. Trana again and again and nothing would be done. We would often do this because relatives would complain. Finally we would tell them to complain to Mr. Trana so they did. Usually if this involved a private patient something would be done about it. Mrs. O'Connell would show up on the third floor about once a week and that was only when Mrs. DeMar would go and get her. Recently at a capping ceremony for the medical aides, Mrs. O'Connell said that anyone who worked on third floor deserved a crown with diamonds in it. She said that she couldn't stand more than an hour up there at a time. At this same ceremony Mr. Trana said, "Now that we have such good staff at this home and because we have a good reputation we can" afford to be choosy about what patient we take.

Because I had had one year in registered nursing school, they thought that I knew it all and therefore I could pass medications. The first day that they gave me the keys and set me loose to set up medications I was pretty nervous. Mrs. O'Connell came and asked me if I was nervous. I said that I was. She asked me if I had ever passed pills before. I said that I had passed pills in school, but then I only had to take care of one or two patients. That's a lot different from turning me loose in this med room with the responsibility for sixty patients. I didn't know what any of the patients were supposed to get and I could only go by the med cards. She told me to take my time and then I would do all right. She didn't even stay there to see that I was supervised. About a week after that Mrs. DeMar and I noticed that all of the liquid chloral hydrate was missing. So she and I sat with the narcotics book and figured out how much everybody was supposed to have and what was supposed to be left. We came to the conclusion that there was at least 400 cc's of chloral hydrate missing.

Because we didn't want to get into trouble for it we prepared this list and took it to Mrs. O'Connell the next day. Her comment was that they had never had a pill missing or a narcotic missing in the whole time that the home was open. She took the list, set it down, and went on to something else. Shortly after that she told me that I was not supposed to set up the pills. Just before this she had told me that she needed me to do this. I said that I would not do it anymore.

There is only one thermometer for each floor and you never knew if it was a rectal or an oral thermometer because it was used for both. We were told how to clean them and there was no regular procedure for doing that.

Archie Siekert had asthma. Often he would have attacks and we would give him oxygen. But because he used up a whole tank of oxygen and it was hard for them to get a new supply of it, they told us not to give him any more oxygen. If he had an asthma attack, we were told to open his window, and sit him in front of it.

There was no linen, no blankets, no clothes half of the time. We could never get what we needed for the patients. We came on work and the patients were always sitting in their beds, wet. Mrs. O'Connell told us once that the third floor would be getting all of the old stained and ripped up draw sheets. The pants on Oscar Peterson were often so tight that when we took them off he would just have a ring around him. They were torn and often never mended. The patients often walked around with no socks. If the pants were too small to fit around a patient they would just link them together with safety pins.

There was a patient named Mrs. Rankin. One day she came back from the hospital, they inserted a catheter. There was no kit to irrigate her catheter and a week later it still hadn't come. They kept telling us that it was ordered. A week after she had this catheter on we were trying to get a urine specimen for a clinitest, but we just couldn't get any urine. It just was not coming through. This woman was in much pain and so we called Mrs. Caley, the nurse and she moved the catheter so that it unblocked the opening to the bladder and all of the urine came gushing out. Her stomach was very very distended before this and afterwards there was about two inches of urine in the bed. She had been in severe pain.

JEAN T. HEININGER.

Subscribed and sworn to before me this 27th day of November, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Oct. 29, 1977.

AFFIDAVIT OF DAN HENRY*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Dan Henry, being duly sworn, deposes and says the following:

My name is Dan Henry and I live at 3132 Chicago Avenue, Minneapolis, Minnesota. From April through July 1971 I worked as an orderly at the 2200 Park Nursing Home at 2200 Park Avenue, Minneapolis, Minnesota. I worked the shift from eleven o'clock at night until seven o'clock in the morning. I worked on the second floor which is where most of the patients live who cannot take care of themselves. On the first floor the self-care patients live. Before I went to work at this home, I had training as a psychiatric technician at Faribault State Hospital.

We never had enough clothes for the patients at this home. Every morning it was part of my duty to get the patients up at six o'clock. We never had enough underclothing to put on them so we just put on their pants and their shirts. There were rarely enough socks for the patients either. Therefore, many patients would walk around with shoes but no socks. Occasionally patients walked around with no shoes or socks on. Many of the patients who had no underwear were incontinent patients. In the morning the patients' dentures were always put back in their mouths without being cleaned. I don't believe that the dentures were ever cleaned for these patients during the whole time I was there. They were corroded. Toenails and fingernails were never cut during my shift. They were supposed to be cut right after their bath, but the baths were not given on our shift. Many times the toenails got so long that they grew around and grew into the toes underneath. The toenails of the majority of the patients on the second floor were in that condition. I would say that approximately twenty-five patients had this condition.

Although there were a number of patients on my floor that were incontinent, there was no regular scheduled procedure to check these patients in order to have

*See statement of Mr. Henry, Part 19A, p. 2102.

their bed changed in case they had a mistake. We came to work at eleven and walked around to have a bed check of all the patients to see that they were still alive. We did not specifically check for wet beds and therefore it was easy for a patient to remain in a wet bed for a long time. Many times patients spent the whole night in a wet bed. At least thirty patients on my floor had problems with bedsores. There are from seventy-five to eighty patients in the home.

There were examples of physical abuse and harassment at the nursing home. One night when I came to work there was a patient with a laceration on his right forehead. I looked at the accident report and it said, "fell off toilet." It also said, "fell to the right of the toilet." This seemed very strange to me because there is a wall to the right of the toilet and there is barely enough room for someone to sit down between the toilet and the wall. I talked to this patient's roommate who told me that one of the orderlies had become angered at this patient and had hit him. Every day that I came to work there were reports of accidents on the accident report. I would check these patients first. Although I had no way of proving it, my feeling is that many of these accidents were caused by patient abuse.

The people on my shift were pretty good workers, and there were no examples of physical abuse that I know of during my shift. However there was a lot of screaming and yelling at the patients.

There were a very high number of accidents at this home. Every day when I went to work there was a minimum of two accidents reported on the accident report covering the previous twenty-four hours. Sometimes there were as many as five or six accidents reported on this chart.

Drinking water was not available to the patients in any way. There is no water near their bed. There are drinking fountains in the hallways but the patients on the second floor cannot get to them. Patients would ask for water often.

There were many medical problems at this home. Many of the patients were *heavily* sedated. The charge nurse on my shift was Jamie LaChapelle. She told me that they heavily sedated the patients. She also felt that this was not a good thing to do. At least thirty of the patients on the second floor were heavily sedated.

One time I checked in on a patient who was supposed to have had an accident, and although I am not a doctor, it looked to me like she had a broken hip. Other people agreed with me, but no doctor was called. The charge nurse was aware of this situation, but it was approximately a week before a doctor was finally called. She was taken to a hospital where the doctor said that she had broken her hip. She was brought back the next day, because the doctor said he could not set it.

I was given absolutely no training whatsoever in the passing of medications, however I did this on a regular basis. Nurses' aides would also pass medications, and they did not have training in the effects of medications. All the nurses, nurses' aides, and orderlies had access to the narcotics cabinet. It was very common when there were drugs left over from a patient who had left or had died to reuse these drugs. The system we had for charting the conditions of the patients was the following: we would put notes in a daybook, and then enlarge on these with more comments into the chart. The charting was done by the nurses, by the orderlies, and by the nurses' aides. This policy I assume came down from Mrs. Berkland who was responsible for what went on in the nursing home.

There were many examples of patients having circulatory problems from sitting too long in one place. Patients' feet would become swollen from dangling because they could not reach the floor. Some patients would have arms hanging down where their fingers, their hands, and sometimes part of their arms had turned blue.

On Mondays, Tuesdays, and Fridays when I worked at this home there was no licensed personnel in the home whatsoever. Either I or another nurses' aide, none of us with any training, would be in charge of the entire home. We were instructed if there was an emergency to call General Hospital. Sometimes doctors who were called in didn't come right away. There was one patient, a woman, who had a very bad *dicubitus*. The sore had become so deep, approximately half an inch to an inch deep, that I thought the doctor should be called. In fact I called him myself. The doctor did not come until the next morning.

My impression was that they would hire anyone off the streets who would come and could stand the conditions and would accept the wages they offered. I made a dollar sixty-five an hour. I know that there were aides working in the morning and afternoon shifts who weren't even sixteen years old. Most of the people on my shift were over twenty years old. I am twenty-three years old.

There was absolutely no attempt to set any professional standards at this home. In fact, I was never even oriented to this home. They never tried to improve me in any of the areas where I worked and I never got any supervision. I came in, I was hired, they said do this, do that. It was pretty much up to me what I wanted to do and what I didn't want to do. I saw the woman in charge, Mrs. Berkland, when she hired me, and the only time I ever saw her again was when I turned in my resignation.

Because no meals were served while I was on duty, I cannot comment on the quality or quantity of the food provided. However I can make some comments about the kitchen. It was my job to bring the laundry down to the laundry room, and to do so I had to go right by the door to the kitchen. Several times I saw the cooks preparing the breakfast. Many of them didn't wear any socks. None of them wore hairnets and many of them had dirty hands. It was so bad that I would not have eaten anything that came out of that kitchen. There were no uniforms provided for the people who did the cooking. They simply wore in the kitchen what they wore to work. One time when I walked into the kitchen I noticed one of the grills covered with grease. It made me feel nauseous. One morning when I worked a little late I saw the breakfast come up and I waited and I waited and I waited and it was not served. It just stood there getting cold and it didn't even have any cover over it.

The smells and odors in this building are absolutely unbelievable. Every night when I went to work, I tried to get there between ten-thirty and quarter to eleven. As soon as I would open the door and walk into the building, it would smell so bad that I would say to myself, "I'm going to go back home and call in sick." The smell of feces and urine and filth just hit you immediately. This was the instant impression you got when you walked in the main door. The second floor was even worse. As I walked up the stairs to the second floor, with each step the smell became more and more overpowering. The closer you got to the second floor the more you decided that you really wanted to go home. But then you realized that there were patients up there. You realized that *somebody* had to look after them. As you open the door to the second floor, the first thing that you see is dried urine all over the hall. As you walk down the hallway your shoes squeak on the dried urine, and they slowly pull off. It is just atrocious. Your feet literally stick to the floor. Everybody knows you are coming because they can hear your shoes squeaking down the hall. If I hadn't been wearing tie shoes, my shoes would have been pulled right off my feet! This was the condition all up and down the whole hallway. This was true every single night I came to the nursing home. There was one exception however. One night it was very, very clean. That was the day they had prepared for the health inspectors to come.

This was the only health inspection that took place during the four months that I was at the home. It did not happen on my shift. That night when I came in the place was so beautiful, I stepped outside of the building to make sure I was at the right place. I walked back in and asked the nurses' aide what was going on. She said that they just had a health inspection that day. I couldn't believe the condition of the home: even the bottles were standing evenly in rows. The place was very clean and there was no odor. I asked how they knew that the health inspectors were coming and was informed that they find out three weeks to a month in advance.

There was urine and feces all over the rooms too. It was so bad that you had to put towels in there to walk in. In other words in the four months that I worked there, every hour that I was in the nursing home, wherever I walked, my feet stuck to the floor. The only exceptions on the second floor were the rooms where there were not incontinent patients. But in those rooms there was a trail of sticky floors where the patient walked when he went to and from the bathroom.

One patient there, named James Crockett, who was bedridden, didn't like women in his room, and often times he didn't like men in his room either. He seemed rather confused and tried to slug people when they came near him. This man was constantly incontinent. He also had a very large bedsore on his rear end. I tried to stress to the people at this home that the bed should be changed more than twice each shift. They told me, "Well, then *you* do it."

The whole spirit at this home was lackadaisical. In several of the rooms there was feces spread around. Some of the patients after they had a bowel movement, would spread it first all over themselves. Then they would spread it on the walls. I proposed that we clean up the patients, and they agreed with that. But as to the feces on the floor and on the walls they said, "we aren't going to do that. We aren't janitors." I said, "What if the health inspectors come?" They said the inspectors never came at that time of the night.

It was very depressing when I would do my job and nothing would come of it. For example, I noticed that one patient had a leaking catheter. Although I knew how to change a catheter, since I was not a trained personnel and did not have any supervision, I did not want to change it myself. Therefore I made a note that it needed changing. When I came back the next night, and the next night *and* the next night this situation was just the same and nothing had been done about it. Examples like this made you feel helpless in the work that you did there. How were you supposed to function when nobody went by what you said?

There was no single rooms on the second floor. There was also no room for dying patients and no isolation room for a patient who came down with a contagious disease. Four of the rooms on the second floor had five patients in them.

There were no supplies nor any provisions to provide privacy for patients if they were to have their clothes changed or were to be cleaned up. If anything was ever done, it was always done right in the open.

Often there were cockroaches in the building. I saw them personally around nurses' station and in many of the rooms. There were cockroaches especially in two of the rooms.

We had a lot of problems with the laundry. Articles would come back from the laundry with buttons missing. They would often be ripped and often stained.

During the four months that I was working at this nursing home I was never oriented as to what to do in case of a fire. They never explained to me what the procedures were or where a fire escape was if there was one. The only instruction I was given was to close the patients' doors.

There was insufficient lighting in the nursing home. There were times when I couldn't see where I was going, and I would trip over rugs. We were often short of light bulbs so if one burned out or broke, we could not replace it. On the second floor, to the best of my knowledge, all of the call lights worked sufficiently. But they really weren't of much use since all of the patients couldn't use them if they had to.

There was a constant lack of all kinds of supplies. We were always short of linens for the beds. This was especially true on the weekends when the laundry wasn't in service. Many times we didn't have soap for the patients, so we had to borrow it from another patient. There usually was an adequate supply of towels and wash cloths because they didn't clean up the patients too often anyway. We had one mop to clean up the constant mess of urine that was present in the nursing home. There weren't enough wheelchairs for the patients, so we had to leave a lot of them in bed.

While I worked in this home I was constantly afraid of complaining about the conditions in the home. I was afraid that if I did this too much I would be fired.

One night at ten-thirty I walked into a room of one of the patients. There was a nurses' aide there who did not work on my shift but worked on the shift that ended at eleven o'clock. The patient was really cussing out this aide. The nurses' aid threw a glass of water in her face and then slapped her five times across the face. I told her that I was going to report her and she started to cry and said, "Please don't." She gave me the excuse that she was mentally retarded. I said, "Then why are you working in a place like this?" She said, "Because I need the money."

James Crockett was neglected very badly. Nobody wanted to go into his room because he was loud, noisy, uncouth, and would swing at you if you got too close. One night when I was in his room everything was going along all right. Then a nurses' aide came in and wanted to change his bed. He got very hostile and tried to hit her. She held his hands down, and then slapped him on the face.

DAN HENRY.

Subscribed and sworn to before me this 17 day of, October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. ANN HURTWITZ

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Ann Hurwitz, being first duly sworn, deposes and says the following: My name is Ann Hurwitz, and I live at 5929 Oliver Avenue South in Minneapolis, Minnesota. Formerly I was a Registered Nurse having graduated from

St. Joseph's Hospital. I have not worked as a nurse since my marriage thirty years ago. Over the last three years, my mother, Mrs. Mary Drugacs, has been a patient in four different nursing homes. She has received bad care in all four homes.

In the fall of 1967, my mother entered the Crystal Lake Nursing Home at 3815 West Broadway in Minneapolis, Minnesota. The biggest problem we had at this home was that my mother was being tied up in a chair from early in the morning (probably around 7:00 a.m.) until 7:00 p.m. She was just left to sit there. She was not taken to the bathroom. My mother was ambulatory at the time, but the continued lack of exercise was making her condition worse so that it was becoming harder for her to walk. My mother had heart problems; she was confused; but she was in good health. They simply did not have time to watch her, and it was easier for them to tie her up. They said they tied her up because she was getting into things, and they were afraid she would fall. But that did not excuse their not taking her to the bathroom or giving her exercise. My niece, Virginia Wojciak, would go down to see her at noon every day and untie her, and take her to the bathroom. I would go down every night (40 miles round trip), and I would untie her and take her to the bathroom. I would walk her around a little bit and put her to bed.

There was a blind lady who was a roommate of my mother at Crystal Lake. Her daughter was a cook with the Robbinsdale school system. Her dinner tray would be brought to her; her coffee would be poured; and then the aid would walk out. This woman would take her bread and eat it. She could not find the rest of her food. After a while, someone would come to get the tray, and this blind woman would go without food. She just did not get any help to eat. I called the Welfare about this and they told me to tell this woman's daughter to call. I did not know her daughter's name.

At this nursing home the patients that can walk around, walk around. But if you can't walk around, you stay in bed all day. You never get up, not even for an hour or two. They tie you up and cripple you until you can't walk, and then they make a bed patient out of you.

My mother was only in this home for a few months. One of the aids told me to take her out, because my mother would only deteriorate there.

Sometime in December of 1967 I moved my mother to The Heritage Nursing Home in Edina, at 3456 Heritage Drive. She lived there for about two and a half years, all of 1968, all of 1969, and part of 1970. At first we had problems about feeding my mother at Heritage. She was not getting any help. The trays were brought in and taken out; that was all. She needed help to eat and was supposed to get it. Her roommate told me that no one helped her with her breakfast tray, and I saw for myself that no one helped her with her evening tray. The Head Nurse, whose first name was May, apparently was helping her with her noon meal. I complained to the Head Nurse about the other meals. Because I complained, the Head Nurse stopped helping my mother with the noon meals. So no one was feeding my mother. That's the way they handle things in nursing homes; if you complain about one thing, they just make it worse for you.

I went out to see Mr. Field who was in charge of all Heritage Nursing Homes. He wrote everything down, and things were a little better after that. They started to feed her, and the day nurse began to see to it that she got her food, or at least she would encourage her to eat. The food itself was not very good, and it got worse after Mr. Lead, the administrator left, and was replaced by a new administrator, Mrs. Niebold. She cut the food proportions down to starvation portions. For example, one menu was a half cup of thin soup, a half piece of bread, and one apricot. This was an evening supper.

They also lost her false teeth for her there. This of course made it even harder for my mother to eat, and they would not give her the foods that she could eat like purees. She had to struggle with whatever they gave her. They also lost all her clothes. The day she left Heritage they told us to come get her clothes. We went back twice, and they had no clothes to give us. This was in 1970. We had seen other patients wearing her clothes, and they complained to us that she had no clothes. Her stockings were on the other patients. One day I came in and she had somebody else's teeth in her mouth.

One of her roommates, Alice, had a hard time breathing. She was a heart patient and had an asthmatic condition. She has since passed away. When she had trouble breathing, she would be in a lot of pain and scream that she could not get any air. No one would come to help her, even though there was oxygen at the foot of her bed to give to her. Other patients told me she would also scream out in the middle of the night. Once when this happened, I went out to the desk

and told the nurse about it. This was on the evening shift, of course, when there was only one nurse to care for about 130 patients. The nurse said, "that's her condition." She could not come to the room at all. No one helped her on the evening shift. This patient is dead now.

In the room adjoining my mother's, there was a woman who had a private nurse feed her at noon. At night her tray was brought in and carried out. She could not eat by herself, and no one helped her. She never ate anything at night, because no one helped her.

When my mother entered Heritage, her condition was good. She could still walk; she still had her teeth; she could still eat; and she weighed about 120 pounds. When we took her out of Heritage, she had no teeth; her weight was down to about 75 to 80 pounds; and she could not walk. Her condition was so serious that the doctor was afraid to touch her. What they do at that home is park them in a wheel chair all day. If they eat, that's all right; if they don't eat, that's all right. Then they let them sit there until they collapse. As far as I know, no doctor saw my mother in the more than two year period that she was there, except when I took her to St. Mary's Hospital when she broke her nose when she fell.

On May 4, 1970, the Heritage Nursing Home sent my mother to St. Mary's Hospital in Minneapolis, Minnesota, because she collapsed. They called it a heart spell. Her doctor was Dr. Leo A. Zaworski. She was in the hospital for two to three weeks. Her diagnosis was congestive heart failure and nephritis. She showed definite improvement while in the hospital. She got stronger; she could sit up in a chair twice a day; she got so that she could stand by the bed before we put her to bed. They gave her intravenous feeding at first, then got her back to regular eating. She gained back some weight while in the hospital. I am convinced, however, if you get her report from the hospital about her condition when admitted, the blood sample would show starvation. My mother had not been taken care of or fed.

In late May of 1970 I put my mother in the David Herman Nursing Home at 2401 Chicago Avenue South in Minneapolis, Minnesota. Here she was put in a wheel chair at 9:00 a.m. every morning with nothing but a little thin gown on, nothing on her feet, and she was parked for the day. I would come there in the evening and I would find her ice cold. She could not eat; she was just numb. So I asked that a bathrobe be put on her, and I had my brother come down there every day at noon to try to feed her. One of the patients, Mary Flavin, told me that they put the bathrobe on her just shortly before he would come at noon. She was not eating at all, and they would not call a doctor. I finally asked that she be given a nap in the afternoon. They did this and she began to eat better. My brother had to go down to her doctor to get the medicine that she had been getting at the hospital to stimulate her appetite, and her vitamins and digitalis which she had been taking for the past 16 years. The digitalis had not been given to her or even ordered for her. She was on a low-salt, low-fat diet. They were good about the food, and she was given enough to eat. But she would not eat for them. I think she was just too sick to eat. After we got the medicines from the doctor, we did get her to eat again.

The biggest problem at David Herman was with her catheter. It was not draining for four days. It took four days before anything was done about it. I complained to an aid named Gloria for four days about it, and it was finally taken out on a Sunday. Gloria always told me that that was the job of the night nurse to take it out. They just skipped it.

While the catheter was still in her and not draining, I saw urine shooting out like a spray whenever I turned my mother. My mother was so enflamed that they had to wait two days before they could put another catheter back in. One of the roommates, Mrs. Evans, told me how she screamed when they tried to change the catheter. She told me "if you had heard your mother scream when they were doing something to her, you would not have allowed it."

The third floor where my mother's room was, had inadequate help to get anything done. The help on that floor during the evening shift consisted of a housewife, a high school girl, and Gloria who was 19 or 20 with one year of experience in a nursing home, and one foreign student. There just seemed to be no medical supervision over there. When my mother first went in to the home, she was not getting her medicines. They would not call Dr. Zaworski. Finally my brother had to go over to the doctor to get them. I had to go and buy her Gevraon to stimulate her appetite to keep her alive. Not only that, I had to sneak the medicine to her. I had clearly told the home that my mother had been on digoxin, Gevraon, and multivitamins for 15 years and this was no time to

take her off them. They refused to call the doctor to verify this. They had no order from the doctor, and used this as an excuse. So after about one week I had to start taking care of my mother by myself. I had to do this until my brother could get the medicines ordered by the doctor.

In the last part of May of 1970 when it was quite cold and rainy, I would fix the window so that it was just open a little bit for my mother and her two roommates. Also, the drapes were drawn across in front of the window. As soon as I would leave, one of the staff would open the window real wide. I could see it from the parking lot. There were three windows wide open in the next room to my mother's. Louie, who was a strong Negro patient in this room next to my mother, caught pneumonia. He had to be taken to General Hospital. This window incident happened many times. It was like a big game. When I asked about it, they said, "we check windows at 10 o'clock." In other words, if it is cold we close them, and otherwise we do with the windows what we please. Many patients asked me to close the windows. The staff would deliberately open them.

After my mother did begin to get her medicines, she did start to eat real well. In June, 1970, however my mother began to have trouble with her bowel movements. For two weeks she did not have one. For one of the two weeks, she was eating very well. They finally did give her an enema but only after I reminded them to do so.

On the third floor where my mother was, the trays of food would come up and the staff would steal food from the patients trays. For example, if there were grilled cheese sandwiches, there would be two half sandwiches on a plate. They would take one off of many trays before they were delivered and have a nice bunch of sandwiches for themselves. The food was not skimpy at this home; everyone got enough to eat. Once they even offered me some of these sandwiches. When they had blueberry muffins, they would sometimes take the muffins off the trays before the trays went in to the patients. They would also take the coffee pots off of the trays of senile patients who were not aware enough to complain or ask for coffee or know that it was missing. Each patient got a little pot of coffee with about two cups in it. The staff would take them off the trays of the senile patients so that the staff would have plenty of coffee. When I started coming regularly to feed my mother, the coffee was always there. But before that, when I only came sporadically, there was often no coffee. The staff on this floor was supposed to bring their own lunches. The home did not feed them their lunch nor did they provide them with coffee.

The night before memorial Day, 1970. I put my mother to bed about 7 p.m. She was so weak that she could not move. I had not yet arranged to get her medicine for her. I put a little blanket between her knees so that she could be more comfortable and covered her up. I went over to feed her at 11:30 a.m. the next day—about 16 hours later. My mother was still in the same position. She had had no breakfast. She had not even been touched. The blanket was still there between her knees as I had left it. That morning there were two people working on that floor to take care of forty patients, fifteen of whom were very helpless and had to be fed. At least, I know there were fifteen puree trays.

The aid that morning was a woman named Rose, and she had a girl helper with her who had only been working in nursing homes for less than a week. All they could do was to pass out the trays to the people and collect them. I doubt very much if anyone was fed that morning. My mother did not get fed. That is for sure.

There was an old woman at this home named Mrs. Hoffman. She was over 90 years old. One day she was walking around on the third floor, and she fell and broke her hip. I mention this because there was no one there to watch her or to take care of her so that she would not fall. Mrs. Hoffman would wander around unattended into other people's rooms.

At one point in my mother's stay at the David Herman home, I complained to the Hennepin County Welfare about her problem with the catheter and other problems. I requested that my mother be transferred to another home. The welfare people told me that I should talk to the supervisor of the nursing home. I knew it would be impossible to tell the supervisor about the problems on that floor because that would only make things tougher on my mother and on me. So I told welfare that I would rather take her out. After I had talked to the welfare people, everyone turned cold to me at David Herman. They would not even put my mother to bed. They would not talk to me. They would put everyone else to bed on that floor, but when they came to my mother's room, they would just skip it. So then my son, Vincent, would have to help me lift my mother into bed. She had been going to bed around 7:00 p.m. We put her to

bed finally about 8:00. They would have just left her sitting in her wheelchair. Well, that did it. We could not take any more, so we transferred her to Trevilla Nursing Home at 825 1st Avenue Northeast in New Brighton, Minnesota. She entered Trevilla about July 1, 1970.

Trevilla was three months of hell. Things looked good when I went out there, but you can never tell by appearances. They had very new equipment, nice chairs. But they had this routine, and they tried to put everyone on the same routine. This was the routine. They got the patients up at 6 or 7 a.m., put them in a geriatric chair, then put them in the day room. All non-ambulatory patients were lined up in these geriatric chairs in the day room. This was more than half of the patients. They sat there until 1:30 p.m. Then they were put to bed for a nap for about two hours until about 3:30 p.m. Then they were again put in the chairs and lined up in the day room. They get their meals in the day room, and are put to bed about 7:00 p.m. There is no one out in the day room with these people. They do not take them to the bathroom or anything. Sometimes they take patients to the bathroom on the way to their naps. Some of the patients, of course, are incontinent. But they just sit there and are not changed until it is time for their naps. One time a man had to go to the bathroom, but the orderly would not take him, so he went all over the rug just like sprinkling the lawn. He did not want to sit in wet pants.

They put my mother, a heart patient, on this routine. I was out to Trevilla every day to see my mother. My mother entered this home on a Monday and by Wednesday, they had her in such bad condition that she was in bed, her eyes were all swollen, her feet were all swollen, and her urine had turned milky white. She was seriously ill, and this is where I stepped in. They had her diagnosis: congestive heart failure, gall bladder problems, and nephritis. They should have known how to take care of her if they are a nursing home. When you put a woman in her condition through too much it makes her heart weak, and when her heart gets weak, her circulation gets bad, and this effects the kidneys so that they do not work as they should. Their routine was fine for someone who was strong, but not for a 92-year-old lady with a heart condition. Some smart alics at the home would tell me, "Well, we think she is in good condition."

I was out at Trevilla every single day at noon. My brother, Joe, was there every evening. If he could not go out there, I did. We were the ones who kept my mother alive. My mother is on Old Age Assistance, and they take her Social Security check and her rent. All this money was going for her care, and we had to keep her alive.

I just had to step in at Trevilla. My mother had never been that way before. She was just not getting enough rest. Supposedly, all this time she was getting her medicine. It was only later on that we found out to the contrary. I told them that if they insisted at getting her up that early hour, she would have to have a nap after breakfast. Sometimes they would give her one and sometimes they would not. Sometimes they would put her in bed for half an hour and tell us that she had had a nap. Other times we would come out at 11:00 a.m. and have to haul her out of that day room.

She was there one week before they discovered that she had a bed sore that had started at David Herman. The sore got much worse at Trevilla and they did not want to take care of it. We had an argument about it, because she had gotten in at David Herman. They said, "people come here from other places with all sorts of things, and want us to cure it." For three months they griped about it. After they discovered it, they treated it themselves for about a week. But every Tom, Dick, and Harry was treating it in a different way. One person was putting merthiolate on it and calling it a bruise. Other nurses were treating it as a bed sore and putting some kind of salve on it. They also were taking medicines that had been ordered for other patients and putting that medicine on it. They told me this. After a week of this, they called in Dr. Zaworski who ordered garamycin for it. After that, sometimes they would treat it and sometimes they would not. It all depended on how much time they had and how they felt about it. Some people would take care of it every day, and others would say they only took care of those things every other day. It depended on who was working on the floor.

As for food out there, dogs eat better. My mother got a puree tray. She got two tablespoons of meat, four tablespoons of squash, and then one scoop of dry potatoes. And this was the meal *every day*. The same thing over and over again. I brought jello and tapioca and bread from home every day to supplement her food.

When she was first a patient at Trevilla, I went out at night a few times to see how things were. During the day she had a bag attached to her leg, and the catheter was connected to the bag. This way she would not have to drag a bottle along with her. But at night they are supposed to take this bag off and connect the catheter with a bottle on the floor so that everything will drain easier. Urine will not drain up. Many times they did not even take the bag off her leg. This was when she first got there, so I would connect it up. At one point in August 1970 she was in so much pain when they put the catheter in, that she went into shock. When I got to the home at 11:30 a.m., she was cold and shaking. Her blood pressure was very low. I stayed there all day because of my mother's condition. Toward evening her urine became streaked with blood. I called them in. This is the answer I got: "If it gets worse, it will get worse by morning." And, then they gave her an antibiotic.

There was one aide there whose name was Mary. She was a housewife with five or six children. They changed the aides around every week, and every time my mother got this Mary, my mother would have black and blue marks. I saw this woman change my mother's dressing on her bed sore. When my mother would put her arm around to try to prevent her from changing it, Mary would grab her real hard. I reported this to Mrs. Fitzsimmons, the administrator, who insisted that this was one of her best aides. My mother's whole arm was all black and blue, and this aide did not even get reprimanded. The next time we got Mary I asked her not to grab my mother so hard. So what happens? They come back on me. My mother had two blankets on her bed, and they had been there for about a month. Mary, after I had talked to her, took one of the blankets away. I got one of the other staff to get the blanket back, and I put it back on her bed. The next day it was gone again. This was the way that they were working it out with me.

Some of the days during the three months that my mother was in Trevilla, she looked good; she had good color. Other days, she would have a black color to her face and look real tired. Some days she would eat good and some days she would not. There was a reason for this. She was not getting her medicines.

Around the middle of September 1970, I noticed that my mother was failing. She was getting cyanotic; her feet were getting blue; her face was all dark, and her lips were blue. That comes from not getting her medicine or from being up too much. About this time, just after the fight over the black and blue marks with Mary, Mary went in to complain to Mrs. Fitzsimmons about me. Mrs. Fitzsimmons called me in to her office and told me this was one of her best aids. Along with me and Mrs. Fitzsimmons in the room at that time, were Mary and the Head Nurse. I was also complaining about the medicines at that time. My mother was spitting them up and I had asked the head nurse to let me give the digoxin at noon. I wanted to be sure that she got it. Mrs. Fitzsimmons did not say anything about that.

While this conference was going on in Mrs. Fitzsimmons' office, my son Vincent walked into the home to pick me up. He went in to see his grandmother expecting to find me there. This was on September 30, 1970. My son could not find me but he could hear us in the next room, because the office was right next to my mother's room. Vincent was sitting with my mother, waiting for me, when a blond LPN came in to give my mother her medicine, her gevrobon to stimulate her appetite. The LPN tried to give it to her three times. It is sour and strong and my mother does not like to take it. The LPN got mad and walked out of the room. If I give it, it sometimes takes some time, but I can coax her and sometimes I mix it with jelly or soda pop. My son saw that my mother did not take one drop of that medicine. After the meeting broke up, I talked to the blond LPN. I asked the blond, "Did she take her medicine?" The blond said, "Yes, she did."

I knew nothing about what Vincent had seen. So I went down to mother's room to get Vincent so that we could go. We put my mother to bed and were ready to leave. Vincent said, "Why don't you go get that medicine from that blond? Grandma wouldn't take the medicine." I told Vincent that the blond said the medicine had been given, and he told what had really happened. Ann, the head nurse, overheard this conversation I had with Vincent. Ann said, "she told us to tell you that." Meaning that Mrs. Fitzsimmons had told the staff to tell us that my mother's medicine had been given even if it had not been. Ann also said, "I have been giving you the medicine without her knowing about it. I have been slipping it to you. Now that she knows it we can't give it to you." The LPN on the floor explained it to me, "we have been slipping you the medicine. Mrs.

Fitzsimmons told us that if you ever asked about it, to tell you that she took it." Sometimes in the past the nurse had left the medicine in the room for me when she could see that my mother was getting low. But I asked about the medicine many times, and I don't know how many times mother actually took it or how many times they lied to me about it. One time near the end, I asked about the medicine, and they said she spit it all up. I asked for some more to mix up to give her and the answer I got was, she got most of it." This was the sort of treatment we were getting. There was nothing I could do. I can't fight the whole place.

I went out there about 8:00 p.m. one night. My mother was still sitting in her geriatric chair that she had been put in at 3:30 p.m. that afternoon. She was waiting for a bath. I asked why she was not in bed and they said this was her bath night. So they gave her her bath and got her to bed about 8:30 p.m. My mother has long hair. They rubbed a towel over it to get the drippings. They combed it out, and it was sopping wet. Then they braided it, and put her to bed with a wet head. The pillow was all wet and her sheet was all wet. The two dressings on her bed sores were wet from the bath. They had never been changed. I asked that the dressings be changed, and I waited until they did it. But if I had not been there, they would not have been changed. A little high school girl had given her her bath. In order that my mother not have to be put to bed with a wet head in the future, I had to arrange for a beauty operator to clean and dry her hair every two weeks. It cost about \$2.50 every time. We used mother's allowance from welfare to pay for this. I asked them if they thought it was a good idea to put her in a bath when she had those bed sores. I was worried about infection. They had an answer for that too: "we use disinfectant in the water."

During the summer, especially in July when it was so hot, no water was supplied to patients who could not get it themselves. This went on all summer long. The staff just ignored their requests. There were no cups so that I could help. Many patients would ask me to bring them water when I would be bringing some down the hall for my mother. I did see water passed out one day. There was no water by any of the bedsides.

They would also go out of their way to tease patients. Across the hall from my mother was a man with one leg that had been amputated. They would put him on the toilet and let him sit there. He would yell for a nurse or orderly sometimes for one or two hours. You could hear him out in the parking lot. It would disturb all the patients, but they would ignore him. One day I asked him what he wanted, and he said he wanted to get back in his wheel chair. I told them at the desk about it and they ignored me. The same man was in his wheel chair one day and he wanted to get through the hall. They had all their linen in the hall in bags. He asked them nicely if they would move them so that he could get through. They just put more bags in front of him so that he would just have to wait. He started to swear at them. They just laughed at him. It was also not uncommon to hear staff swearing at patients.

There was a patient named Mrs. Cummings who was a roommate of my mother. She complained about her pillow being too hard, and requested a soft one. I went out to the desk to ask for a softer pillow for her, and one of the aides said, "we will give Mrs. Cummings a pillow with rocks in it. Then she'll appreciate what she's got." On one occasion when they were treating my mother's bed sore with an infra-red lamp, Mrs. Cummings complained that the lamp was shining in her eyes. The aide told her, "maybe that lamp will do your head some good." So I pulled the curtain between the beds to block the rays. But this was an example of the ugly attitude they have toward their patients.

One day I came to see my mother at 11:30 a.m. and stopped to say hello to an aide who was making a bed. She said, "look at this, I don't think this is right. This is a dying patient, and they are putting her in the bath tub. She has been anointed, and her family has been here all night a few nights ago." This aide later quit because she could not stand it.

There was also a serious heart patient by the name of Anna Lundgren or Lundberg. She was very old but not senile. She had her help light on one night after supper. She said she was very tired and wanted to be put back to bed. I told an aide about it and she said, "well, she'll just have to wait. This is her bath night." A few weeks later I noticed that Anna was having trouble breathing. A week later she was put in their seriously ill room. She died there. Two hours before she died, they had her up on a commode. They did not even know that she was dying. That's how stupid they are. They told me, "oh, we thought she was pretty good. We got her up on the commode this morning."

I saw many hungry patients there. Right after dinner, I saw men steal left-over food from trays left on the cart when the help was down eating. I saw one patient hide food and bread in his shirt to sneak it back to his room. One lady who was ambulatory and alert told me that she went to the little grocery down the block and brings back bread, butter, and fruit. I saw her bringing in some peaches once.

In conclusion, I would just like to say that I wonder what happens to patients who have no one to look after them, no friends or relatives who check up on them.

Mrs. ANN HURWITZ.

Subscribed and sworn to before me this 4th day of November, 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minnesota.

My Commission Expires Sept. 28, 1977.

AFFIDAVIT OF MRS. GLORIA A. JOHNSON

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Gloria A. Johnson, being first duly sworn, deposes and says the following :

My name is Mrs. Gloria A. Johnson and I am a resident of Minneapolis, Minnesota. I reside at 1921 Drew Avenue South. During part of May and June of 1970 my mother, Mrs. Anna Adams, spent some time in the Bryn Mawr Nursing Home at 275 Penn Avenue North in Minneapolis.

Prior to the time that my mother went to Bryn Mawr, she had surgery done for a bladder condition at Methodist Hospital. She entered the Hospital on April 22, 1970. A week later on April 29, 1970, Dr. Roy Dickman performed the surgery. Dr. Solomon Zak worked along with him.

Following the surgery, I tried to get her back in to the Texa-Tonka Nursing Home but could not. She had been there before going to Methodist Hospital.

I put her in the Weldwood Nursing Home in Golden Valley on May 11, 1970, but only for one night because the room was so small.

On May 12, 1970, my mother entered the Bryn Mawr Nursing Home. At no time from the point she left Methodist Hospital to the day she died on June 12, 1970, did she see a doctor. There was no follow up by the doctors from Methodist nor did Bryn Mawr see to it that her post-surgical condition was checked or her stitches removed by a doctor.

I understand that there is a regular doctor that comes out to see patients at Bryn Mawr, but he never saw my mother. At first, I was told that a nurse would be taking out my mother's stitches. I thought that was a rather odd situation, and in the meantime I tried to get hold of Dr. Zak. They eventually told me at the home that they did have a date set up in June for my mother to see Dr. Dickman. Unfortunately in the meantime, my mother was gradually deteriorating. She was not eating; she was in a lot of pain; she was not swallowing; she could not seem to catch her breath. I continued to try to reach Dr. Zak without success. The home seemed to be aware of mother's condition, but they did not do anything about it. There was no effort by the home to get their regular doctor out to see my mother.

Apparently the appointment to see Dr. Dickman was set for June 11, 1970. My mother was in much pain for at least a week prior to the appointment. Although Dr. Zak never saw my mother while she was in the nursing home, he did prescribe an antibiotic for her swallowing problem by phone. To make matters worse for my mother at this time, it was very warm in her room. The window was stuck and would not open properly. It was never fixed. It may have been that at this time that her kidney was backing up to the point where her whole system was being poisoned. Her death report says blood poisoning on it. Now it may be that her system was not backing up, but certainly a doctor should have examined her.

In early June my mother began to have pains in her chest. I tried to call Dr. Zak and I asked the home to call him too. I was never able to reach him, and the home told me that they had been unable to contact him. They told me that all the time.

Then on June 10, 1970, my mother had a fall. When I arrived that day they were doing an x-ray of my mother's knee. I did not question this because my mother suffered arthritis. While I was out of the room while the pictures were

being taken, the patient in the room next door told me that she had found my mother on the bathroom floor. I confronted the nurse, Miss Danielson, with this information, and it was only then that she was interested in telling me what had really happened. My mother was so weak at this time that she could hardly lift herself up on bed.

On June 11, 1970, I arrived about 4:00 p.m. That was the day of my mother's appointment to have her stitches looked at by Dr. Zak, and I was anxious to see what his report was. I found my mother sitting in a chair in excruciating pain completely dressed to go to the doctor's office. She had not yet seen the doctor. I think she had been sitting there for a couple of hours. She said she had been sitting a long time and that the doctor had never come. I confronted the staff and asked them why my mother was up and dressed. They told me she was waiting for the Medi-bus. I told them she was in no condition to ride in a bus. She was in too much pain. They couldn't care less. They said the Medi-bus people would probably get a stretcher for her. I got very upset at this and went upstairs to see the head nurse, Mrs. Hanson, on the second floor. She came down looked at mother, and then she said, "What is this surgery for? Is this for cancer?" She did not even seem to know what my mother's situation was. She tried to find some orders for her and said not one word to me. They could not find any orders and Mrs. Hanson went back upstairs. So I went back and put my mother to bed. At this time my mother's eyes were sort of rolling, and the aide with me said, "This woman needs a doctor."

After putting my mother back to bed, I went back into the hall to find out just was going on. I wanted some action. I told them I would get my mother to General Hospital if they didn't do something. A nurse, Sandy Helms, said, "Take it easy, take it easy. Don't get yourself all excited." So the two of us went back to mother's room. The nurse told my mother to take deep breaths. We then stepped outside and she told me, "You know, your mother is deteriorating. She's been like this for a long time. Besides, she likes attention. We won't be doing anything about the situation tonight anyway." It was then about 7:00 p.m. I finally got a pain pill for my mother with the help of an aide. I thought there was nothing more I could do that night, so I went home. I checked in by phone once and they told me she was sleeping.

Early the morning of June 12, 1970, that very next morning, Dr. Zak called to tell me my mother was dead. I told Dr. Zak that supposedly the nursing home had tried to reach him the night before. He said that he had been at emergency all night at Methodist Hospital. The nurses had been trying also to get hold of Mrs. Coleman, the administrator, the night before. Mrs. Coleman said she had been at home the whole time.

Subscribed and sworn to before me this 22d day of October, 1970.

I have since contacted the Minnesota State Board of Health to complain of the negligent treatment my mother received. I was informed by Mrs. Ruth Larson of the State Board that at no time did the Bryn Mawr Nursing Home even have any medical record of my mother. They did not even know what she had been operated on for at Methodist Hospital. All they had were orders for some pain pills for her. When my mother was at the Texa-Tonka Nursing Home, she had been on a salt-free diet and had been receiving vitamin pills. Neither of these services were given her at Bryn Mawr.

GLORIA A. JOHNSON.

WILLIAM SMITH,

Notary Public, Anoka County, Minnesota.

My Commission Expires September 28, 1977.

AFFIDAVIT OF MRS. SIGNE W. JOHNSON

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Signe W. Johnson, being first duly sworn, deposes and says the following: My name is Signe W. Johnson and I live at 5912 Oliver Avenue South in Minneapolis, Minnesota. My husband, Tage Johnson, was in the Richview Nursing Home at 7727 Portland Avenue in Richfield, Minnesota. He was there for 7 weeks during the months of March and April, 1969. I would like to give some evidence about some of the problems that we had with this nursing home.

My husband had the same sheets on his bed for a month because they never changed them. He had a split in his top sheet from the top of the sheet almost all the way to the bottom and they just left it that way every day until we changed it ourselves. He also had no blanket on his bed. This was in March and April so we had to bring our own blankets so that he could keep warm. They did have a bedspread for him, but his bed was right next to the window. We asked them about the blankets several times and they told us to help ourselves. But we had no idea where the blankets were.

The food was cold, especially when you were on the 3rd floor where my husband was. It was always cold by the time the food got up there, and nobody cared about it.

My husband shared a bathroom with 5 other people. The bathroom was set up for 3 men and 3 women. Some of them would go in there and be in there for a long time. Some of them were in there for half the day so that none of the others could get in there. There was no sink in the bathroom, just in his room. But there was never any soap or towels there. You always had to ask for something like that before you could get it.

After my husband went to this nursing home, a big 6 foot man came in as a patient. They would sit him in the TV room all day long, although he had bad eyesight. He couldn't see to go to the bathroom so he always needed help. He would call for the nurses to come and help him to the bathroom, but they would never help him. Then if he had an accident they would bawl him out. I sat there and listened to him day in and day out. Before I finally took my husband out of there I saw this man get up one day and start walking. He walked hunched over. It wasn't surprising considering he never got any exercise to keep him walking. They advertised in the newspaper that they had a colored television room. You should see that room. The TV is way up in the corner where no one could see it anyway. The patients would sit out there in that television room and watch television and they would urinate all over the floor. It would be hours before anyone bothered to clean it up.

One day when I was there an old man who was about 90 years old went into one of the ladies' rooms by mistake. As a result of this mistake by this man he was ridiculed and laughed at by many of the staff of the home. This same old man never had any underwear on. The home was hard-up for underclothes I guess. He had a big pair of trousers on that he wrapped around his waistline. He had trouble getting to the bathroom, and once he had a bowel movement accident while he was trying to get to the bathroom. This bowel movement rolled out of his pants and onto the floor. He tried to push it over into a corner with his shoe. Of course it got all over his shoe and everybody else was stepping in it. Nobody bothered to come and clean it up. Everybody would wait for everybody else to clean it up.

My husband had a good \$16 pair of pants. One day when he did not want to take them off before he went to bed they just tore them to pieces. I have this pair of pants in my home. When I came the next day I saw him dressed in his bathrobe and I asked him what the matter was. He couldn't tell me. I went down to ask the nurses and they pretended like they knew nothing about it. I found the pants lying on his closet floor. Right then and there I took him home.

There was another woman at home that always walked around barefoot. She had palsy, and I asked her why she walked around barefoot since it was so cold. She told me she couldn't put shoes on because they hurt her feet too much because no one would cut her toenails. Many people there seemed to have trouble with their toenails. Twice while I was there I saw this woman with the bad toenails fall and hurt herself badly. At least once she had to be taken to the hospital because of these falls.

Mrs. SIGNE W. JOHNSON.

Subscribed and sworn to before me this 14th day of October, 1971.

LOIS A. LOOMER.

Notary Public, Hennepin County, Minn.

My Commission expires Dec. 21, 1972.

C. A. JONES,
ATTORNEY AT LAW,
New London, Minn., July 28, 1971.

Mrs. DAPHNE H. KRAUSE,
1715 Stevens Avenue, South,
Minneapolis, Minn.

DEAR MRS. KRAUSE: There are many nursing homes in the Willmar-St. Cloud District. They are given a number to avoid specifying names but names would be supplied on request to any person lawfully entitled thereto.

I. This home was originally a built-over residence for use as a care and custody home. Later a new nursing home was built on adjoining property. The care and custody home had as many as four beds in one room. This required the residents to adjust to three other persons. That is not good. The nursing home is modern in construction and had two-bed rooms, so the patient was required to adjust to her roommate. This is not good for a person of 80 years of age. Our patients first roommate was a convalescent case, apparently a result of an accident. Her legs were bandaged and one of them was suspended by pulleys. This was not a very pleasant sight to observe each morning. This is not good. Our patient was watching T.V. but was restrained by a cord around her and tied to a chair. The husband remonstrated about the restraint and directed the nurse to remove it which she did. But restraints are not necessary except in violent mental patients and those should not be in any nursing or care and custody home. In the lounge, a man left his chair and started for his room, but left a wet trail across the floor. This was not mopped up for twenty minutes. In other homes, such an accident would have been cleaned forthwith. One of the patients was helpless and was reclining on a bedlike wheelchair swatting flies, leaving the dead flies fall to the floor. The nurse saw this and reprimanded the patient for swatting the flies. What were flies doing in the nursing home in the first place? A medical doctor was a patient under critical conditions. He was diabetic and suffered from shingles. This prevented him from responding to any drugs. He complained, this institution was not fit for human inhabitants. He died while a patient.

II. Our patient suffered two different operations at age from 75 to 80 years. She was left confused, bordering on senility and was incontinent. The aides in this home made no attempt to take her to the bathroom and allowed the patient to walk around with wet pads and dresses. She had been placed in the senile ward where she did not belong. She was removed from this home in about 30 days.

III. This is a nice home of new construction and was very well appointed. The supervising nurse and aides were sympathetic and understanding. The trouble here was with reference to four or five welfare patients. It was intended not to classify welfare patients from those who paid cash. (It has been said that sixty per cent of the patients in nursing homes are on welfare, the others are cash customers. Some nursing homes are said to have eighty per cent on welfare.) With reference to the four or five welfare stations above referred to, the grapevine discovered who was what and they ganged up on the others and harrassed them in several ways. Our patient occupied a two-bed room for several months. It was decided to move her in another room. This required the nurses to move the first patient to the other bed. In a fit of anger, she threw to the floor a plastic dog. The husband of our patient wanted no part of such violence and our patient was taken back to the room she had just vacated.

IV. Our patient was then moved to a care and custody home but after a few months it was decided that she should be in a nursing home.

V. This is a new and modern nursing home where the rates are moderate and the administration is competent. The trouble here is the shortage of help or a desire to keep down expenses for aides. It seems that the whole idea of the administration is to make each patient a permanent inhabitant. When you see the corridors of any home cluttered with wheelchairs, you may rest assured that the object is to put each patient in a wheelchair. Then the aides would know that the patient is not into mischief. The principle attitude in this place is to make everybody a wheelchair patient or a bed patient. The shortage of aides tends in that direction.

* * * *

I am sending a copy of this letter to the health department together with my affidavit in connection with this letter.

I am certainly grateful to you for all the assistance you have given to me, and I hope that this letter may be of some assistance to you in your Senior Citizens program.

With kind regards to you and your staff on Stevens Avenue.

Yours very truly,

C. A. JONES.

AFFIDAVIT OF C. A. JONES

STATE OF MINNESOTA, COUNTY OF KANDIYOHI

C. A. Jones being first duly sworn deposes and says,

1. That he is the person who wrote a letter dated July 28, 1971, to Mrs. Daphne Krause, a copy of which letter is hereto attached and made a part hereof.

2. That said letter refers to four different nursing homes in the Willmar area, and one care and custody home; and said homes are referred to in paragraphs 1-5 of said letter.

3. That affiant's experience covers a period of 6½ years of personal contact with said homes.

4. That all of the contents of paragraphs 1-5 are true and correct and resulted from personal contact, observations and conferences with the supervising nurse in the respective homes.

5. That, in addition to the incidents mentioned in paragraphs 1-5, there are many other incidents of like nature, too numerous to mention.

6. That the opposed regulations of the Health Department places new construction of nursing homes in an unwarranted straight jacket; and they provide excessive costs which results in higher rates for the care of patients or residents.

7. That this affidavit is made in the public interest and to induce the Health Department to be reasonable in the proposed new regulations, or in lieu thereof to let stand, but enforce, the former regulations of 1963.

Further affiant sayeth not.

C. A. JONES.

Subscribed and sworn to before me this 29th day of July, 1971.

RONNIE BAETH,

Notary Public, Kandiyohi County, Minn.

My commission expires April 23, 1978.

AFFIDAVIT OF LORRAINE S. KIPPELS*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Lorraine S. Kippels, being first duly sworn, deposes and says the following: My name is Lorraine S. Kippels, and I live at 633 No. Lexington Parkway in St. Paul, Minnesota. I worked as medical aide at the Lexington Avenue Nursing Home at 375 No. Lexington Parkway in St. Paul, Minnesota, for a little bit over one year. I began work there on March 6, 1969, and was fired from my job there on March 23, 1970. I took 8 classes each of them an hour in length as training while I was at this nursing home. This training was given by Mrs. Beverly Moe, who was the Assistant Director.

I would like to give some testimony concerning some of the conditions that I found existing at this nursing home.

Most of the time that I worked at this nursing home I worked on the 3rd floor of the home as a nurses aide. This floor was different from the rest of the nursing home because most of the patients were senile and some of them appeared to need psychiatric care. If there was a senile patient or patient that needed psychiatric care, that patient would be placed on the 3rd floor of this nursing home. I have no medical training other than the few classes that I got while I was training at the nursing home. These classes were inadequate. These classes that I took just told about the various medications and what they were. They also told us about some of the different effects of the various medications. The most important thing about passing medications is learning what reactions the various pills might have on the patient. We didn't get much information about this at all. Supposedly, we were trained to pass out medications only in the case of emergency. As soon as the classes were over, the "emergency" started at once. After those classes we did the medications all the time, and the nurses were supposed to be in there

*See statements of Mrs. Kippels, Part 19A, pp. 2122 and 2218.

supervising us. But the work was reversed; the nurses did our work and we did the nurses' work. The nurses sat down.

I worked the night shift with Lola M. Finney. The shift started at 3:00 o'clock in the afternoon and ended at 11:30 P.M. Many of the things that I testified to were seen by Mrs. Finney as well as by me.

We mopped and cleaned and washed walls. Then when the trays would come in from the kitchen with food on them, we had to put the butter and the bread on the trays right after doing this dirty cleaning work, instead of it being done in the kitchen. We mopped the floor with the same dirty, filthy mop all the time. The mop had urine and vomit all over it. We reported this mop to the Administration. The Administrator, Mr. Louis Thayer, doled out liquid soap an ounce at a time. You can go through those halls, through those patients' rooms and feel your shoes sticking to the floor like syrup. Those rooms are filthy. When the Inspector came, he would always call on the phone beforehand so that the home knew that he was coming. We did not go to the Welfare Department to complain about this to Mrs. Christianson because Mr. Thayer told us that he was good friends with her and that they had gone to school together. When Mrs. Christianson did come to the home, she must have gone through with her eyes closed. We felt it was a complete waste of time to go talk to her.

There was a patient on the third floor by the name of Violet Carlson. This patient was a stroke victim, and when she came in, she was very belligerent. About a month and a half before she died I noticed that she was having a hard time swallowing. We passed the medications on this floor and we noticed she had trouble swallowing the pills we gave her. We had this daybook where we were supposed to report any conditions that we thought were important. Then the nurses were supposed to write down on the medical charts anything that they thought was important from the daybook. We continually wrote in the daybook that this woman could not swallow, that there was something wrong with her throat. We also told the nurses personally that there was something wrong with her throat that she could not swallow.

As the situation got worse, Mrs. Carlson got so that she could not eat anymore. She would put her tray on the floor and she would gag and she would spit it out. It must have been at least six weeks that she did not eat a thing on the shift that I was on. I went to the nurses and I hit my fist on the desk and I told them again there was something wrong with her. They just let it go. When she died, her stomach was very distended. The day before she died when we came on work, we were told that she was dehydrated. They were trying to force liquids down her at that time. The aides were the ones trying to get the liquids down her, not the nurses. She was never seen by a doctor all this time. We looked at her chart and the doctor had not been in to see her. Shortly after this woman's death, there was a general meeting held by Mrs. O'Connell, who was the director of nurses. She had these meetings about once a month. Mrs. O'Connell is a registered nurse. At this meeting the subject of Violet Carlson not eating was brought up. Even the day people on day shifts mentioned that she was not eating. We asked Mrs. O'Connell why the doctor had not been called, and her face turned red. She said, "Well, the doctor did see her but that was in the hallway so it wasn't written down on her chart". We were really mad that they hadn't done anything about her throat trouble. We were always looking at her chart to see if the doctor had come. At this nursing home nurses sign the death certificates, and doctors often do not even come in when patients die. You don't have any proof of what your mother or relative died of. Dr. Johnson, who is the house doctor, did call the home when he heard that Mrs. Carlson had died. I talked to the niece of Mrs. Carlson. The niece told me that the doctor had not been there when she died. The niece was with Mrs. Carlson when she died. The home simply refused to do anything about helping Mrs. Carlson.

There was another patient on the third floor by the name of Rosalice Bunn. This patient was younger, about 50 or 55-years-old. She was very intelligent, quite religious, and a very talkative person. She also was a stroke patient. She had one leg that was paralyzed. This patient's teeth were just caked green. I had asked many, many times for toothbrushes and toothpaste for the patients. I reported that her mouth was getting very green and that her breath smelled. The doctor finally came in and said that she had pyorrhea and ordered Hydrogen Peroxide to wash out her mouth. We washed out her mouth with this Peroxide for a few days, and a few days later the same house doctor came in and asked which patients he should see. We told him why didn't he see Mrs. Bunn because her mouth was not getting any better. He said "Well, she is a difficult patient, and there isn't anything we can do with her anyway." This patient was

very talkative and complained all the time about a lot of things. One day we came to work and found out they had upped her dosage of Thorazine. Thorazine is a tranquilizer. They really upped it a large amount. We thought that they were trying to get her to shut-up because she talked and complained too much. This home was run by Seventh Day Adventists, and Mrs. Bunn had a roommate by the name of Mrs. Nylund, who was a Seventh Day Adventist that always stood up for the home and repeated all the complaints Mrs. Bunn made to the administration. One night I came on duty and went in to see this patient, and she was very dizzy. She was practically falling off her chair. So I put her in the bed and went down to report it to the nurse. The nurse more or less left the whole situation up to us. We checked her blood pressure and found that it had dropped way down. We wrote this into the daybook. I, on my own, refused to give her any more tranquilizers. The day shift, however, would give her the enlarged dosage of Thorazine. Finally, they took her back off tranquilizers. Yet this woman was young enough and active enough and had a very good mind that with therapy treatments she should have been able to walk again. They did give her a few therapy treatments, but later gave up.

One day we found out from Mrs. Bunn that another patient by the name of Mr. Dixie Alvord had gone to the hospital and had died. But we found out from Mrs. Bunn that he had died of tuberculosis. He died at Midway Hospital. We asked Mrs. Bunn where she heard about this. She told us that she had overheard Mrs. O'Connell and the doctor talking about it in the hall. The Administration never told any of us about this patient dying of tuberculosis. We didn't find out until two weeks later and that was by accident. We double checked with one of the nurses on duty, and she confirmed it that Mr. Alvord had died of tuberculosis. They never told us anything about it, and we had worked very closely with this patient, brushing his teeth for him and everything. There were also other patients that were in the same room with him before he went to the hospital. I went immediately downtown and got a Mantoux Test. We also talked to Mr. Cloud, who was guardian and administrator for Mr. Alvord, and he said, "Well, I thought they told you he had died of tuberculosis". They put another patient into the same room that Mr. Alvord had left, and they never cleaned the room up. To the best of my knowledge they did not do any checks for TB on any of the other patients after the death of Mr. Alvord.

In the same room with Mrs. Bunn was another patient by the name of Mrs. Irene Spearbeck. She would pace up and down the halls. She was quite active. One day when we came to work we found that they were giving her Chlorophyl pills. Immediately thereafter she began to have loose bowels. She would leave green stools up and down the hallways. It would also be all over her underwear. She had not been incontinent before that. We mentioned this on the daybook, but they continued to give her these pills. They told us that this pill was an experiment and was supposed to work as a deodorant pill. It was to keep them from smelling, and they picked out 3 or 4 patients on the third floor to use as an experiment. In talking to the sister of Mrs. Spearbeck, we found that the home had not gotten permission from the family to use this pill as an experiment. They also gave the Chlorophyl pills to a Mr. Chester Gray. We practically had to clean up behind this woman as she walked along, it got so bad. Mrs. Spearbeck also was losing weight, and she lost at least 40 pounds. She went way down in weight. Her sister finally took her out of this place.

Next I would like to talk about a Mr. Chester Gray. This patient at one point went to the hospital. He had a lot of congestion in his chest and was coughing up stuff all of the time. When he came back to the home, they had a new antibiotic. This antibiotic cost something like \$100 or \$150 for seven days. It was given by injection. We knew what the prices were because when we got the drug in, we could see it on the prescription. Mr. Gray was a Welfare patient. We looked at the drug book that was there, and we found out that it was a new drug that they were experimenting with. Very shortly thereafter we found out that another drug, a different one that had been ordered for seven days, had also cost over \$100. One of these special drugs was called Wefin. The nurse told us that Penicillin would have done just as good. And yet here was the Welfare Department paying for these drugs when according to the nurse the other antibiotic would have done as well.

A lot of the pills and drugs that were left over by old patients were kept by Mrs. O'Connell. They were kept locked in a drawer in Mrs. O'Connell's office. I had seen them in that drawer. We used pills to give to patients that had the names of other people on them. We were also told that any time we ran out of medications that we should borrow from other places—borrow from one of the other

floors, but that we should only borrow from medicine that belonged to welfare patients. That's what the nurses told us: "Be sure you borrow from the welfare medicines".

There was also an incident about the cost of a humidifier. I floated from floor to floor and did not always work on the 3rd floor. There was a patient on the first floor who had a humidifier ordered for her. Apparently the patient had pneumonia. The home called Desnick's Drug Store and ordered a humidifier for this woman. This woman was a welfare patient. Desnick's sent over a humidifier that had marked on the box a sale price of \$9.95. On the order that we got from the drug store the cost was written up at \$14.95, or \$5.00 more. An order for this humidifier was made by prescription and called in by phone. I talked to Mrs. Martha Corry, Registered Nurse at the home, about this humidifier. We were really made about this, so we got Mrs. Corry to call Desnick's and ask about this. Desnick's said, "All welfare patients, we charge more for their things because we get more money for them". Yet anyone could have walked into Desnick's and bought it off the shelf for \$9.95.

Now I want to tell you about the cat-man. This man's name was Mr. McCleod. He lived in room 325. The room is filthy. This patient sits in the room and hisses and spits like a cat. He also scratches and meows. The young high school kids that they hire on the job at this home go up and see Mr. McCleod, and they tease him so that they can watch him hiss and spit like a cat. They think it's very funny. Mr. McCleod sits in that room all by himself, and they keep him in there day and night. The last time I went in there he was sitting there with urine all over the floor, and bare feet. The door was closed; the windows were closed; he just sits in there like that all the time. When he goes to the toilet, he puts his head down in the toilet. He plays around in the toilet with his hands. The room is filthy. There's urine all over the floor. When you walk in there, your shoes stick to the floor as if syrup were on the bottom of your shoes.

There is a Mr. Kenneth Kail, who had been a roommate of Dixie Alvord before he died. Mr. Kail was very portly and was a diabetic. He was also ambulatory. He came to this nursing home from the Commonwealth Nursing Home. He was a very nice man. He helped out another patient by the name of Mary Whalen. He carried her around when she need to get placed and helped her whenever he could. Shortly thereafter, they were both moved to the 3rd floor. After Kenneth Kail and Mary Whalen moved to the 3rd floor, they still kept going downstairs for their meals. However, when Mary got so incontinent that she just sort of left a trail behind her, she had to remain on the 3rd floor and not go down for meals anymore. Mr. Kail always complained about there not being enough food to eat. He said that at Commonwealth where he had come from he always got enough to eat. After a while with not enough to eat Mr. Kail became very mean. They moved Mr. Kail into Room 316 along with Dixie Alvord. They moved Charlie Ficken who was a very confused man out of Room 316 and into Room 317. Because Charlie Ficken was confused he continually ended up in Kenneth Kail's bed because he did not understand the move. Kenneth Kail was a diabetic and always hungry, and there was great confusion between Mr. Ficken and Mr. Kail. Mr. Kail often got very mad at Mr. Ficken. Mr. Kail was always hungry.

I'd like to talk next about Charlie Ficken. Mr. Ficken had originally been a professional boxer. He was a great big enormous fellow, and he was very nice and gentle with all the people. He was confused, but he always had very good manners. None of the nurses or patients could get rough with any of the patients when Charlie was around because Charlie would interfere. He would admonish the nurses and tell them that you don't treat ladies like that.

This next part is mostly hearsay but we can get witnesses to prove it. While Mr. Ficken was still on the 2nd floor, he was kind of a nuisance at times as he would sleep at strange hours of the day and then often be up all night long. On account of this, they set up sort of a playpen for him. They put him in a corner of a lounge and put chairs around so that he was penned in there and couldn't get in people's way. This was at night. Eventually they had to stop this because in case of a fire he would not be able to get out. Mr. Ficken's wife came to visit him quite a lot, and one time Mr. Ficken had to go the hospital. I think it was Bethesda Hospital. One of the aides had told Mrs. Ficken that the reason he was going to the hospital was that he was frostbitten. The story we heard was that Charlie Ficken had been put into a bathtub and scalded. Billy Price who was an orderly there told us about the scalding. The home, however, had written down "frostbite" on the charts. Later when Mr. Ficken was moved to the 3rd floor, we discovered that there were orders that he was supposed to get Thora-

zine. The orders said to give it to him for 24 hours and then a doctor to check up on it. A week or so later he was still getting the Thorazine. On some people this Thorazine reacts differently. From what I could observe, this drug made Charlie much more violent and much more upset. It had turned a nice person into a violent one. On the prescription label and on Charlie Ficken's chart it clearly said that this Thorazine was to be started to be administered and after a day or two it was supposed to be checked with the doctor. It seemed very obvious to me that this drug had made him worse.

I would also like to give some information about Mrs. Elizabeth Sperlich. Mrs. Sperlich was a very happy woman who liked to dance, and she was just as nice as she could be, but we noticed she began to seem much worse, and it later developed out that she had an impaction. In other words, she had not had a bowel movement for a long time. I reported it on the daybook. That is, I reported that something was wrong with this woman, that she seemed like she was in pain. I did not know it was an impaction when I reported it on the daybook. They did nothing about it. One day she fell. Later when she was in bed and I tried to move her she would scream and holler. So I went downstairs and kept telling the nurses that there really was something wrong with this woman. This nurse came back with this retort. She said, "Who does Mrs. Kippels think she is now, a Doctor". They did nothing about it that night, and the next day when I came back that woman was so sick it was pitiful. Finally they sent Mrs. Sperlich to the hospital and she was there about 2 weeks.

Next I would like to talk about Jessie Lyght. At first Mrs. Jessie Lyght was on the 1st floor where I was working at that time. For over a month she had had this trouble of drainage from her bowels. It came out in a liquid and it smelled very bad. I kept telling the nurses about how bad this smelled, and eventually they sent her over to Dr. Johnson's Clinic. They took x-rays and found out that she was impacted, and sent her back to us and told us to clean her out. A nurse went down to clean her out and while she was doing this Jessie Lyght was screaming and hollering and scratching at the wall. They had a hard time cleaning her out. And a few days later they sent her up to the 3rd floor. She had still not been completely cleaned out. Because her stomach was so terribly distended, I kept checking her chart. She was still draining from the bowels all the time. So finally Lola and I got permission from the nurse, and the two of us for three days gave her enemas until we finally got her cleaned out. After that her stomach went down to normal size. If this woman had not been sent up to the 3rd floor, they just would have left her. They never would finish anything that they had trouble doing. The nurses just never did finish up anything unless one of the aides took the initiative and finished it up for them.

We had a terrible problem with the toe nails of the patients at this home. It is charted for the aides and orderlies in the morning when they give the baths to the patients that they are supposed to trim all of the toe nails after the bath. The chart says, "Cut their toe nails and comb their hair after their bath". One day I noticed a woman by the name of Gertrude Johnson walking down the hall and she seemed to be in pain because her feet hurt. This Gertrude Johnson had toe nails that were so long they were curved around and coming back underneath her toes and digging into the bottoms of her toes. So we decided that we should check some of the other patients, and we found that at least a dozen patients had the same problem with their toe nails. So, Lola would soak their feet, and I would trim their toes, and we finally got this cleaned up. The patients were so thankful and grateful for this service that we did to them. The morning shift was supposed to do this job. That shift has more help and has more people on the job than we do in the evening shift. Our shift was made up mostly of undisciplined kids. We told Mrs. O'Connell, the Nurse Director, about these toe nails. She told us that we were supposed to be doing this on our shift. Here we had been soaking toes and cutting nails for two days, and Mrs. O'Connell got kind of angry at us. We had never been told that we were supposed to cut the toe nails on our shift, and it had never entered our minds because it was clearly written on the charts that it was supposed to be done after the baths on the A.M. shift.

The whole time that I worked on the 3rd floor I cannot think of any time when those patients had any kind of mouth care. I would take their teeth out for them and they would be so cruddy. There would be food stuck up in their mouth, and there was no deodorant. Lola and I talked about it, and then I went down to ask Mr. Thayer for toothbrushes for these people. He told me to make a list of what

I needed. I asked for toothbrushes, deodorant, underclothing for the patients and stockings for their feet because they were all running around barefoot. There were no underpants on any of the men or women. I also asked for something to fix their finger nails and toe nails with. I kept asking for this stuff for about two weeks. I had been using my own equipment to cut the nails of the patients. I kept going down and asking for the stuff, giving them lists, talking to the Administrator, talking to Mrs. O'Connell, asking for the stuff, and never got any of it. Finally, they came with a box of toothbrushes. No toothpaste, but a box of toothbrushes. I told them, "We need toothpaste for these people. None of them have had their teeth brushed in all the months that I've worked on that floor". The answer I got was that they always lose their toothbrushes and run around with somebody else's. They just didn't care. We never did get any toothpaste for them. Many of the men for whom we asked for underclothing were incontinent. They walked around with their pants on and no underclothes underneath. We never did get underwear for the men and women, and they would get very red and raw underneath because of their incontinence. Many people walked around with no socks on, and even some with foot problems walked around with shoes on but no socks on, just shoes. I went down to ask Mr. Thayer for these things many times. One time he told me, "Well, their family should bring these things for them". I suggested to him that he use the allowance that the welfare patients get which is either \$9 or \$11 a month. I suggested that he use this money to buy various things like underclothes and socks and then dole it out to the patients and charge them for it. He thought this was a good idea, but he never did it. Where their allowances from Welfare are going I really don't know. But I can say this, that on the 3rd floor, the whole time I was working up there, the nursing home never bought one thing for any of those patients.

Next I would like to talk about Mary Whalen. This was one of the nastiest cases. This patient was very incontinent and one of the saddest patients I've seen on that floor. She was dribbling constantly and was always wet. She also was bleeding from her vagina. One night when I went in to clean her up, she was red all through the area around her bottom and all the way down to her knees. So I got her cleaned up as best I could and then went down and talked to the nurses about it. One of the nurses came up to look at her. Evidently this redness came from the urine because this woman sat day and night in urine. The nurse told us to go ahead and do what we wanted to with her. Mrs. O'Connell suggested we put Tincture of Benzoin on her. So I cleaned her up as best I could and put vaseline on the redness. The nursing home kept letting it go. Every time that I came on, I would go down and put a new Kotex pad on her, and clean her up. But this sort of treatment needed to be done 24 hours a day if the condition was to clear up at all. Well, finally I'll tell you how bad it got. You would have cried if you could have seen it. She was standing one day, and I looked at the back of her leg, and I noticed that it was purple and raw all the way down to her ankle. So I pulled up her dress and looked at her, and all the way from her waist to her ankle she looked like raw beefsteak. I went down and raised such hell at the desk that it's a wonder they did not fire me right then. A nurse came up to look at her and she was very mad about it. They had us soak Mrs. Whalen in a bathtub with oatmeal in it. At this point there was nothing that that nursing home could do for her anymore, because they would not keep after it 24 hours a day like it needed. Finally they sent her out to Midway Hospital. This case of Mary Whalen is an example of pure neglect. She sat in urine day and night without anyone trying to help keep her clean or dry and no doctor ever came to see her.

Next I would like to comment on the case of Mr. Oscar Nelson. Mr. Nelson was a very nice person and he was an ambulatory patient who had originally been on the 1st floor. Mr. Nelson would even go out shopping for other patients. I don't know what happened that made them send him to the 3rd floor, but at a certain point he was moved up to the 3rd floor. It was a real shame to send anyone up to the 3rd floor that was at all competent. The state of things on the 3rd floor was very bad. The people up there just wandered around like animals, and anyone with any kind of sanity who was up there for a little while would become like the other people. Up until the time that Mr. Nelson came to the 3rd floor, he had always dressed very nicely. He had not been very long on the 3rd floor before he was walking around without any shoes on, his clothes looked shabby, and his pants would hang down. He had been a very proud man, and sometimes we would find him with somebody else's pants on and they would hang down. I came in one day, and normally what I would do is go up and down and check all the rooms. Well, I got down to Oscar Nelson's room and I walked in.

This was the sight that I saw. Here was this man, sitting in a geriatric chair pushed up by the windows, with a hospital type gown on, tearing toilet paper into pieces. He was also mumbling to himself. When I looked at him, he looked like he had completely snapped. He was just like a little baby sitting there. I called Lola and she came down there and we were very amazed because he had only been on that floor for a few days. Remember now, that this was an ambulatory patient. He was placed on the 3rd floor where both doors are locked at both ends of the floor and the only way you can go down on the elevator is if you have a key. This man was used to moving around. We started putting him to bed, and he was very irrational and had a low-grade temperature. I was so mad about this happening to this man in such a short amount of time that I went down to complain to both Mr. Thayer and Mr. Lawrence Tranna, the Assistant Administrator. I met Mr. Thayer and Mr. Tranna in the hallway, and I told Mr. Thayer and Mr. Tranna, "You come on up to the 3rd floor and see what's going on up there". I said, "How can they treat this man like that? How can they put him in a geriatric chair, there was nothing wrong with him? They've driven him to be like an animal." Neither one of them bothered to go upstairs to look at him. A nurse finally looked at him, and they called the hospital and sent him to the hospital because he had pneumonia. It was a blessing that he did get pneumonia so he could go into the hospital and get off that 3rd floor. When he came back from the hospital, he was all right again, and they moved him back down on the 1st floor. Had they kept him on 3rd floor, he would have gone completely out of his mind because anyone who stays up there does.

The next patient I would like to talk about is Louie Larson. Mr. Larson would lie in bed and masturbate. All the aides and orderlies of course would laugh about it and make clever remarks about it. Mrs. O'Connell made remarks about how this was a terrible thing to do. One of the nurses told us that we should hit his penis with a spoon. I had gone through this problem with my father and was very shocked at first until the doctor explained to me that it was a very natural thing, that older people often revert to that stage of puberty. The doctor had told me to give them something to do, to put something in their hands. The Day Shift would punish him and would refuse to clean up after him. They thought he was a dirty man.

Another patient I would like to mention is Clyde Crosley. We at times found Mr. Crosley walking on the roof. One day when I came to work, I started going through the hallways checking all the rooms. Clyde Crosley was sitting in a geriatric chair in his room with his head down. I thought he was asleep. His arm was hanging over the side. I went down to the desk, and Mrs. O'Connell was there, and I told her about Mr. Crosley and asked her if I should put him to bed. Mrs. O'Connell said, "No, leave him there, it's almost supper-time. You can leave him there until after supper." So I went to check some other rooms. A little bit later I went back to check on Mr. Crosley, and he was still in the same position with his head down and his arm over the side. I walked up and looked closer at him, and his eyes were part open, and he was in a semi-conscious state. I went down and reported this to Mrs. O'Connell: She called a Doctor, and they took him to a hospital. He had had a stroke. He was another patient who had sat in urine in a geriatric chair for so long that his bottom was raw. They would leave them in the geriatric chairs all day, and nothing would be done to them until we would come on. Then we would get them out of the geriatric chairs. If they were wet we would see that they were washed up and changed. Nobody else ever did this. Later, he came back from the hospital and was more confused after the stroke. A little bit later he got very sick. One night we noticed that he had a temperature of 106 to 107 degrees. He was conscious, however, because we could tell that he knew what we were trying to say to him because tears were streaming down his face. After taking his temperature I went down to tell the nurse the condition he was in and how high his temperature was. I asked if we should call the doctor and the nurse said, "No, there's nothing we can do for him anyway". I said, "Can't you do anything for him? Can't you give him a hypo or something to help him relax?" They did nothing for his fever, they just let him die. They didn't call his family or anything. We did the best we could for him and tried to care for him. We gave him alcohol baths and whatever we could. For two days he lingered on, and each day we'd go down there and try to help him, and each day there would be tears in his eyes because he was conscious of what was going on and that he was dying. He finally died, though. But he died a nasty death. The sad part about this whole death was that he

was conscious all the way up until the end. When we went to help him, he would look at us with his eyes as if to say, "Can't you do something to help me?" The nursing home did absolutely nothing for him. They gave him no medications and no help whatsoever. They just let him die.

There was another 3rd floor patient named Susie Johnson. At this nursing home they do not serve any kind of pork because it is sponsored by the Seventh Day Adventist Church. From what I understand they do not tell the patients this before they come into the home. Anyway, they would not serve real bacon. They serve what they call a beef bacon. I think it was a corned beef bacon. Anyway, it was stringy and you couldn't chew it. It was like rubber. One night when this was served for supper, Susie Johnson came out into the hall blue in the face from choking on this bacon. We helped dig this piece of bacon out of her throat. Every time they served this bacon there were a few people that would gag on it. It got so no one ate it anymore. We took it off the trays. Most of them didn't have any teeth anyway. We reported this many times and finally they stopped serving it.

The next incident I want to talk about I was not an actual eyewitness to. This event was related to us by the nurse and the aide who were present at the time. The aide's name was Sally Hayes. On the 2nd floor there was a patient who was to be fed with assistance. She was only supposed to have puried food. One day Sally Hayes was feeding her, and this patient started to choke. Sally ran out and called for a nurse. Two nurses eventually arrived and held this patient over the bed and pounded on her back and eventually dug a piece of lunch meat out of her throat. The woman was dead. This aide came downstairs at that time, and we happened to be on our break and were sitting there when she came down. She told us all about what had happened. This aide thought that she had killed this patient by not being able to get the meat out of her throat. The nurse did tell me that she did take a chunk of meat out of this patient's throat.

Now I'd like to talk about the food in general at this nursing home. One night the cook had made pancakes. We were on 2nd floor at the time, and many of the patients wanted some more. The cook said, "No, I'm not going to make any more. I'm just going to make it for the 1st floor." He said he was tired. So in order to keep people from not having any food, the kitchen help cooked up some more pancakes, and we brought them up to 2nd floor, and so everybody got pancakes. Even the diabetics got pancakes with regular syrup on them, not any diabetic syrup. The cook did not get fired for refusing to make any more food. Mr. Thayer had given instructions to the cooks to weigh the meat before they gave it to each patient so that each patient would only get a certain amount of meat. He gave them a scale that you use to weigh mail before you put stamps on it to weigh the meat on. One Sunday Noon they served chicken and mushroom gravy. On Monday they took the chicken and mushroom gravy out to serve and left it sitting out. Then they decided they were not going to serve it on Monday. They served it on that Wednesday, and the patients ate it, and we ate it, and we all got sick. They would also serve potato chips and pickles to patients who didn't have any teeth.

There was an orderly there by the name of Warren Clem who was a known alcoholic. There are some welfare patients who are allowed to have a little bit of whisky or wine or beer. The Welfare buys it, and we would pass it out to them at the appointed time. Mr. Clem told us that he and other people drank these liquors. Mr. Clem also said that they would go down to get extra food for the patients, but then they would eat it. One of the patients, Mr. James Cherum, was supposed to get a shot of whisky every night. This whisky was bought for him by the Welfare. Once when he was sent to the hospital for awhile, he had a half bottle of whisky left. While he was at the hospital an order came for a new full bottle for him. Before Mr. Cherum came back to the home, that half bottle and the whole bottle were empty. This whisky was kept in the Medications Room. I reported this whisky missing to Mrs. O'Connell because I didn't want to have anything to do with that Medications Room because not only was the whisky missing but a lot of the medications were missing too.

When the food came up from the kitchen, the trays did not have the bread or the butter or the milk on them. We had to do that from the kitchen. This was unsanitary. The patients were supposed to have snacks off and on during the day but Mr. Thayer said they couldn't do this because the aides and the orderlies were eating the food. The cook would slip me graham crackers for the patients but he told me not to let Mr. Thayer know it.

There was a real problem in this home about inserting catheters. We had a letter from the Health Department informing us that only competent medical help were supposed to insert them, and then only under very sanitary conditions. There was an orderly named Bob Morris who had no medical training. It was he who inserted the catheters into the men. Mr. Morris works on the 2nd floor. Mr. Clem inserted the catheters on the 3rd floor. He told me in referring to Mr. Gray, "That S.O.B., I just rammed it up in him". He thinks this is really smart. Bob Morris has a college degree, and one day he told me about an event with a catheter concerning a Mr. Westberg. He told me that Mr. Westberg bled to death because the balloon of the catheter had been blown up inside the urethra.

Mr. Morris said he did not know who had inserted the catheter, but whoever had done it had blown up the balloon inside the urethra. Mr. Clem, by the way, is an orderly for the 2nd and 3rd floor. Mr. Clem had inserted a catheter into Louie Larson, and one night he had to get a nurse to cut that catheter off. Mr. Larson was hemorrhaging. Mr. Clem had also inserted a catheter into a Mr. Joe Sleet. Mr. Sleet also hemorrhaged. Mr. Tranna and Mr. Thayer and Mrs. O'Connell all know that Mr. Clem was taken away from that nursing home for three weeks to go to Hastings because of his alcoholic problems. When Mr. Clem came out of Hastings three weeks later, he had a job waiting for him again at the nursing home. We had also reported to the Administration about how Mr. Clem bragged about slamming catheters into people and how he stole food. He would also go to the corner store on the job and buy beers and drink. He also told us that he had stolen seven electric razors from the patients. There was another orderly by the name of Marvin Ellis who had a very bad temper. Also, Mr. Clem would tell the young new orderlies who came on, "If these S.O.B.'s don't act right, take their thumbs and bend them back as far as you can and they'll do anything."

There was another patient by the name of Mr. Ed Johnson who had a Staph. infection. Staph. infections are very contagious. Mr. Johnson was very senile, and he was also a diabetic. This man was not treated in any way. We tried our best to keep him clean and get him cleaned up and to warn others to wash their hands after working with him. It was very hard to do this however because we had no way to sterilize anything on the 3rd floor. This infection that Mr. Johnson had, was all over his legs, and yet he walked around barefoot. Most of the patients walked around barefoot. The Staph. infection would be seeping down his leg and onto the floor. He would scratch himself and then go around touching things. This had gone on for a year or so, and he was in and out of the hospital, and it just kept continuing. Mr. Johnson would go around eating off of people's trays while they were eating and before they were eating. Mr. Johnson was a diabetic, and he would eat anything off of these trays, and sometimes he would walk around with a pocketful of sugar. Mr. Johnson was not naturally mean, but if he was not fed right and he got hungry, he got very mean. We never had any trouble with him because we tried to see that he was kept from being too hungry. We knew how to talk to him and keep things out of his way.

I started at \$1.60 an hour and was making \$1.85 when I quit. The high school kids that worked there made \$1.45 or \$1.50 an hour. They never got any raises. Mr. Thayer told them that before he'd pay them more than \$1.45 an hour, he'd fire them all and get new ones. I don't think he ever checked on any of the references of any of the people he hired.

Many irregularities occurred in the process of giving medications and shots. I have been in that building when Mr. Thayer's sister, a nurse from the Capitol View, would come in there with her mother to work there to help him. When the mother got tired, they went home, and they would turn the key over to this high school girl named Sally Hayes who had a past history of attempting to commit suicide. This Sally Hayes had been on the 8th floor of Ramsey Hospital because she tried to commit suicide. Mrs. Corry, the Registered Nurse at this home, knew about it because she had worked at Ramsey Hospital at the same time. They gave the keys to the 2nd floor which is the medical floor, to this Sally Hayes. Those keys opened the door to the Medications Room on the 2nd floor. There is also a key on that same bunch of keys that opens the narcotics cabinet.

This happened more than one time. They did set up a short series of classes to train some of us to pass out the medications. But before that class started and even after the class started, there were people giving out medications who had had no training whatsoever. We have mentioned before that the training itself was not sufficient. We had virtually no training in the effects of the various drugs once they were given. There was a nurse named Mrs. Redding who would

come to work drunk often. She would also take Darvon and sneak them into her pockets. Susie Johnson, one of the patients, had abscesses in her arm where she had been stabbed by this nurse while she was giving her the shots that should have been given in the rear end. When Mrs. O'Connell found out about this she had us put hot packs on Susie Johnson's arm and she couldn't understand what crazy nurse had given this kind of shot in the arm. It was a liquid Thorazine shot. Mrs. Redding was that nurse. One night I walked in to watch this nurse, Mrs. Redding, give the shot to Susie Johnson. She started to give the shot to Susie Johnson in the arm. Any nurse should know that you don't give shots in an arm that already is abscessed. I told her, "Mrs. Redding, you're not supposed to give a shot in the arm that's abscessed like that". She said, "Well, it reacts faster if you put the shot in the arm". This nurse then proceeded to give the shot. Beforehand she did not put any alcohol on the arm at all. Then she just shoved the shot right into her. She couldn't get it in at first, so then she shoved it in. Then she pushed the plunger down and then she pulled out the needle. As she pulled the needle out of the arm the Thorazine came shooting out of the hole the needle had made. This was the kind of shot that this nurse gave. They knew this nurse was taking all kinds of pills, and they also knew that she was drunk on the job a lot of the time.

The only nurse that we have seen who gave sterilized shots and sterilized catheters was a Mrs. Labora Smith who was an LPN. This nurse was very good and very thorough and whenever she was on, anything that was supposed to be done by nurses, she did, and we didn't have to do it, but she was the only one that was like this. All the other nurses had the aides do all those things for them. There are still 16-year-old youngsters passing medications over there having no classes or any training. Some of them haven't even been there long enough to know one patient from another. Billy Price, the orderly we mentioned before, has given Insulin shots. What was supposed to happen as far as narcotics were concerned, was that the nurses were supposed to come upstairs and set up the narcotics and barbiturates. Then we were supposed to pass them out. Of course no one could really check any of the aides in case they wanted to pocket some of the narcotics. We didn't get that kind of supervision. We also had the key to the narcotics cabinet all the time. It would have been very easy to steal narcotics. If you wanted to steal narcotics you wouldn't go to the narcotics cabinet. It was much easier to slip them into your pocket instead of giving them to the patient, and then tell the nurse that the patient took them. Mrs. O'Connell at times would ask me to open up the narcotics cabinet and set them up when the nurse wasn't available. Anybody who had a key to the Medications Room had access to the narcotics cabinet and a lot of people had keys to that room. There were a number of times when narcotics were missing. One day we were informed that a whole bottle of Seconal tablets was missing on the 2nd floor. I was curious so I went down to check to see how they were going to mark up the missing Seconal on the Record Book. There was never anything reported missing on the Record Book that was supposed to be kept for the Federal Narcotics people. I'm not sure how they did, but my guess is that they would steal one here and one there from the patients and slowly refill that bottle of narcotics. The 3rd floor patients don't know what they're getting or not getting, so it wouldn't be that hard to do.

It was our responsibility as aides every day to put down on the daybook, which was just sort of a little pad, any changes that we noticed in any of the patients. We would mark down any conditions that we thought were supposed to be mentioned to the nurse. The nurse would then check our notes and enter anything of importance on to the charts of the various patients. For example, one time we put down for a patient that he was sick and had a temperature. The next day when we would check the chart the nurse had charted it to say, "doing all right". They only put on their charts things that they want people to know. If they don't want them to know it, they leave it off. We often would see lists of patients that the doctor was supposed to see when he came. The doctor would come and sit behind the desk and see one or two of the patients, skip seeing the rest of them, and then write out prescriptions for all of them. This is Dr. Johnson, the House Doctor. One day when I was there Dr. Johnson came in to see some patients. They had a list for him. I watched carefully, and he came in and walked down the hall and saw a couple of patients, and then he came back and wrote down on the charts of the other ones and left. He could not have spent more than 5 minutes on the floor.

There was also an incident of medications being stolen from the Medications Room. This involved some sedatives, some Chloral Hydrates, for a patient by the

name of Clarence Beglinger. One night we noticed that a new bottle of Chloral Hydrates was in the Medications Room for Mr. Beglinger. Lola and I set a trap. Mrs. Corry, R.N., had knowledge of it. We counted the number of pills in the bottle and there were 30. This was enough pills for one month. After we counted the number of pills we put the bottle back in the slot for Mr. Beglinger. The next day when we arrived, we counted those pills again and there were only 13 left. There should have been 29 left. We got very upset about these sleeping pills and sedatives being stolen, because these were the pills that were given at night, and we would get the blame. We told Mr. Tranna and Mrs. O'Connell and Mrs. Corry, another nurse, and Mr. Thayer constantly about these medications being missing. It must have been the Day Shift people who were stealing them because they had access to them. We were eventually terminated from our jobs in this home while less reliable and more easily manipulated aides and orderlies kept their jobs. They like to keep the stupid ones there, or the ones that they had something on.

The day that I was fired, Clara Kubicheski died after going out of the 3rd story window. This was on March 23, 1970. For one reason or another Clara Kubicheski was moved from the 2nd floor up to the 3rd floor. She had been transferred up there during the daytime before we came on our shift. The aide that moved her from the 2nd floor to the 3rd floor told me that she was very scared about the situation. In the room that Clara Kubicheski was moved to there was another patient by the name of Lorraine LaMont. This patient, Mrs. LaMont, was very confused. She would scare the hell out of a lot of the patients; she drank out of the toilet bowl and often would walk around with her dress up over her head. Sometimes she would walk over to other patients and think they were babies and spank them. Clara Kubicheski was scared to death of this patient, LaMont, and was sitting in the room crying. So the aide took Clara Kubicheski down to the sun room. The aide told her to sit there while she finished putting her clothes away. The aide asked one of the nurses if Kubicheski couldn't be moved into another room because she was scared of Lorraine LaMont. The nurse said, "No, that was the room that she was supposed to be in and that she wasn't supposed to be down in the sun room, she was supposed to be in that room". Clara Kubicheski had been on that floor for a number of days when one day when we came on work, we overheard a nurse, Mrs. Corry, say that Clara Kubicheski was a diabetic. We were very surprised because no one had ever told us that she was diabetic. We had no cards, no orders, and no medications for her as a diabetic. As it turned out, she was one of the worst diabetics that they had in the whole building, but they never told us about it. Yet we were the ones who were supposed to be taking care of her. We looked at her medication charts and there were no medications ordered for her.

The day I was fired, I came on and was still scheduled to work on the 3rd floor. When I came on, I was standing out in the hall, and Mrs. Kubicheski came out and was fussing about something. Another one of the aides, Linda LaBarr, told me that Clara had gotten her dress dirty and that she wanted to change it for her, but that Clara wouldn't let her. I told her to take her down to her room and put her into something clean. Linda could not find any clean clothes for her, so she put her in her nightgown. This upset Clara very much because she didn't want to walk around in her nightgown, and she didn't want to go to bed—this was only about 4 o'clock in the afternoon. I told her I would go down to the laundry and see if I could find her a dress so that I could change her into it. In the meantime Mrs. O'Connell came up to the 3rd floor and told me that I was supposed to go to the 1st floor to pass the medications. I told Mrs. O'Connell that Mrs. Finney and another LPN were down there, and that they could pass the meds. She told me, "Mrs. Finney refused to pass the medications and I terminated her, and if you don't go down and pass the medications, you are terminated too". I went downstairs where the nurse was setting up medications on the 1st floor. I told her that I was not going to pass the medications. I told her too much stealing of medications was going on, and too many patients were getting the wrong medications. I went down to Mr. Thayer's office, and he terminated my employment. This was about 5 o'clock in the afternoon. I did not get home to my house until about midnight that night and when I arrived, there was a message for me to call the nursing home right away to talk to Billy Price. I called Billy Price, and he told me that Clara Kubicheski had gone out the 3rd floor window. She had actually fallen four floors. Underneath this window there was a stairwell that went down to the basement. They had found her lying in the stairwell.

Billy Price told me to meet the other aides over at Cy's Cafe, and that they would tell us all about it. We met at Cy's and there were a number of aides there and a couple of the nurses, a Mrs. Jesse and Mrs. Corry. They told us that after we had been fired at 5 o'clock in the afternoon, the 3rd floor was short of help. There was one aide on the floor, Hannah Jackson. She had gone down and fallen asleep in a chair as she usually does. Whoever was passing the medications on that floor at that time had never done it before. This was the first time they had been up there to pass meds. So when this aide went to pass the medications at 8 o'clock that night she did not notice that Clara was missing because she didn't know whether she was supposed to be there or not. Two aides by the name of Laurie Meyers and Peggy Noel were the two people who found her. These girls were high school students. Apparently everyone had been so shocked and amazed that they had fired us that they were running around talking about it. This had left two people on the 3rd floor, the aide who had never worked there before and the other aide who was asleep. Earlier about 9 o'clock these girls had noticed that the window on the 3rd floor was open. But at that time they did not take much note of it. But around 10:45, 15 minutes before the next shift was to come on, they still could not find Clara. They became suspicious and went out to look for her, partly because of the open window. That was when they found her. Clara later died in the hospital. The Registered Nurse on duty at that time did not even go out to look at her. An LPN did go out to see her. The night supervisor, a Mrs. Nordgren, did not even go out there but sent an orderly. The other Registered Nurse just stood in the window and looked out. While Mrs. Nordgren was standing in the window, she would yell out, "Is she dead?" Bob Morris, the orderly, went to get a blanket for her and instead of going around, when he came back, he came through the basement, and when he pushed open the door, he pushed Clara Kubicheski rather hard and pushed her over. They said you could hear her groan at that point.

I have a friend at St. Paul Ramsey Hospital, Supervisor of Nursing in Emergency. Her name is Kelly Hogan. I talked to her about this case, and she told me that the family had come to the hospital and was very upset. She said the family had been told that Clara was given Chloral Hydrates to help her sleep. That is absolutely a falsehood. We never gave her any Chloral Hydrates at all. We did not given her a thing. There was nothing on her charts to give her anything. If they forged our names on those charts as having given her Chloral Hydrates, I want to see them. Before this accident, we had noticed patients trying to open the windows in the past. At times when they would do this, the screens would just fall off. Sometimes we could catch Mr. Foster, a patient, trying to climb out a window. One night an aide by the name of Kathy Wiegler went over to close one of the windows, and the whole window fell out on her and broke her toe. We talked with all these people at Cy's until 2 o'clock in the morning. The aides all seemed to feel that it was pure negligence that had caused this accident. If they had not fired us, there would have been enough help on that floor so the accident might not have happened. They knew that we checked the patients all the time. Laurie and Peggy are very nice kids, the two girls who found Mrs. Kubicheski. They told us that Mr. Tranna and Mr. Thayer called them aside. This was the next day. They told the girls that they did not want them to talk to anybody about this incident, unless they were with them or with their Attorney. They also told them not to sign anything.

Next I would like to mention the case of Rose Kline who came to the nursing home from Ramsey Hospital. She was a very confused patient. She was always talking about people stealing things, and about the Police, and being hit over the head. One day during the summer when I came to work, it was a very hot day. It was about 95 degrees outside. The first thing I did when I came to work was, as usual, check all the patients. When I got to Rose Kline's room, the door was closed, and when I opened it up, she was sitting in a geriatric chair with the windows closed. There are electric heat vents in this room that go along the wall by the floor. Rose Kline's feet were on the heat vents, and the heat was on. She was crying very hard and saying, "They're electrocuting me, they're electrocuting me". The sweat was pouring down off of this woman, and she was beet red in color. I don't know how long she had been sitting there like that. When I pulled her away, her feet were just burning hot. I took her out of that room and took her down to the desk and tried to find out who put her in there, but no one knew anything about it. There was no way that she could have turned the heat on by herself. There is also no way to put yourself into a geriatric chair and strap yourself in. Every other room on that floor has a thermostat on the wall. There

had been a regulator on every one of those thermostats, but someone had gone through the building and broken them all off so you couldn't regulate it in the room. Speaking of the temperature in that building, sometimes in the winter it was really, really cold. Sometimes we'd have to wrap the patients up in coats. We walked around sometimes in our boots with our mittens and scarfs on. It was that cold. One time last winter there was an LPN on duty by the name of Mrs. Motzko. Around 8 o'clock that night the heat went off, so we called Mr. Thayer. We put on our coats and our scarfs and our gloves and walked around trying to take care of those patients. We never had enough blankets for them normally, and this made it worse. It was very cold outside. We had nothing to put on the patients so we had to wrap them up in rags, and wrap rags around their feet. All this time of course they were sitting there freezing and wetting the bed. I don't know how many times the heat went on and off during that winter.

If anything major went wrong with that building on a Saturday, they would always wait until Monday to get it fixed because otherwise they'd have to pay double. That floor is also a fire-trap. The doors on each end are locked, and the last place you'd want to go down in case of a fire would be an elevator. Very frequently the elevators would malfunction, too. They were often stuck. I don't know how we would have ever gotten out of that building if there had been a fire. There was no outside fire escape.

They also have rats out at this home. They have a chute that goes up to the 3rd floor. In this chute you would put all of the trash that you had. Many times, especially on week-ends, the trash would fill all the way up that shaft to the 3rd floor so that you couldn't stuff any more things into it. All it would take would be one lighted cigarette to start that on fire. This was especially bad on week-ends. The trashmen did not come on week-ends. One day the trashman came in and told the medical aide on the 1st floor that he was not going to pick up the trash there any more unless Mr. Thayer got rid of the rats.

Next I would like to mention the case of Marie Dimmitt. Marie was a private patient who, as far as we were concerned, really needed psychiatric care as much as anyone else, probably more. They did nothing to help her. They tried an experimental drug called Haldol. I had looked this drug up in the Medications Book, and it had said to watch out for dizziness, drowsiness, and loose stools. Another symptom was bulging eyes. The use of Haldol with Marie Dimmitt was sort of a last chance try at another drug that would calm her down. Nothing else had worked. Finally they put Marie Dimmitt in a room all by herself. For weeks we had been trying to get Mrs. Dimmitt into psychiatric care out of the nursing home. She would scream all the time she was there and was always scaring the other patients. After making all these complaints, we still did not get any help for her. One day when we knew Mrs. Christianson from the Health Department was there, we decided we would try to see if we could get some help for Mrs. Dimmitt. We purposely put Marie Dimmitt in her rocking chair and told her that she could not get out of it. We did this to agitate her enough so that when Mrs. Christianson arrived on the floor, Marie would be in a state. By the time Mrs. Christianson got up there, Marie was worked up into a terrible emotional state. Mrs. Christianson did get concerned about Mrs. Dimmitt, and the next day they finally transferred her to Hastings Hospital. But the important thing here is that this was the only way we could get any help for patients that needed it. We had to attract special attention to it.

There was another case dealing with a woman patient by the name of Lee Brandt. This happened after we were fired so we cannot be witness to it. The circumstances were told to us by Bob Shybulski. Bob is a 16 or 17-year old orderly at the home. Lee Brandt lived on the 3rd floor at the home, and one day she got sick. She was choking and vomiting, and they put her in a bath in the whirlpool. She kept vomiting while she was taking the bath, and she began to turn blue. So they took her out and brought her back to the room again. Someone finally called for the Registered Nurse, Mrs. Corry, who was downstairs having coffee and a cigarette. They called for her over the public address system. Before Mrs. Corry got there, the aides went to get oxygen and were administering oxygen to Mrs. Brandt. These aides of course had no instructions in giving oxygen. Mrs. Corry was very mad when she finally got up there because they had called her for an emergency over the public address system. They still couldn't get her to stop choking and vomiting. So Mrs. Corry got the suction machine. She had the aides suction that woman for 45 minutes while she went back downstairs to drink her coffee. Mrs. Corry also made the comment: "We should call a doctor, but we can really do as much for her here as they can at the

hospital". One of the aides told Mrs. Corry, "If she needs oxygen and needs suction, she's in too serious a condition. I'm not going to take care of her". So they finally called the doctor and got her into Ramsey Hospital where she died. It is my understanding that you never suction anyone who might have an obstruction in their throat because that might bring it back up and make it worse. You are also supposed to suction only on the inside of the mouth, as I understand it. These aides had unknowingly stuck the tube way down into her throat. They could have pulled her whole stomach up into her throat, but they didn't know what they were doing. They, of course, had no training. The nurse, who was supposed to be supervising this, was downstairs drinking coffee. Actually the aides can do anything they want to on the 3rd floor, because there's seldom, if ever, a nurse on that floor. When the supervising staff in the nursing home doesn't care, then most of the nurses aren't going to care, and you can't expect the high school kids who are basically untrained to have much more care when they don't quite know what they're doing.

The conditions for employees in this home are horrible. We had a very small room that we were supposed to use for smoking and eating. It was so dirty, that the walls were yellow from the smoke, it had not been cleaned. There was also no ventilation in this room. There was always discrepancy on how much you were getting paid compared to other people. After I had worked there for 5 months, I got a nickel raise. Before we got fired, we realized that we were up against the wall, and that the only way we were going to get anything done was to get a Union in there. So we contacted the Retail Clerks Union #789. This Union told us they could get us better working conditions and, by so doing, probably get better conditions for the patients. I really believe that the reason they fired us was because of this Union activity we started. They told us they fired us because we refused to pass medications. We had started getting in touch with the Unions about 2 or 3 weeks before we were fired. The employees at the home voted whether or not to become unionized, and the vote went against becoming unionized. It lost by a few votes. We complained to the National Labor Relations Board in Minneapolis about being fired. We also talked to the Attorney for the Retail Clerks Union, a Mr. George Lattimer. The NLRB held a hearing on our petitions about being fired on October 6, 1970, at the Court House in St. Paul. It lasted for 3 days.

Finally there are a few other little things I would like to mention. The home has no regular janitor and no full-time laundress. One laundress that they had there for a little while would clean the halls and do the laundry intermittently. We got sheets back to put on the beds that were ironed but still had stool on them. They rationed the toilet paper. We had nothing to clean the bathtubs out with. The tubs never got cleaned in between baths. Mr. Thayer told us that Dutch Cleanser was against the regulations. The medications cart that had all the bandages and various other things on it was filthy dirty. There was nothing sterile. In our opinion, all the nurses were reject nurses. Mrs. Corry was fired from Ramsey Hospital. Mr. Corry was the only full-time Registered Nurse that they had on Relief Shift.

I went to the Lakeridge Nursing Home after I was fired. Lakeridge Nursing Home was absolutely gorgeous. At Lakeridge you did not even give a patient an Aspirin without a nurse. They said they never heard of anybody giving medications unless they were nurses.

LORRAINE S. KIPPELS.

Subscribed and sworn to before me this 16th day of November, 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minn.

My Commission Expires Sept. 28, 1977.

AFFIDAVIT OF DEBRA KLEPPINGER

STATE OF MINNESOTA COUNTY OF HENNEPIN

Debra Kleppinger, being first duly sworn, deposes and says the following:

My name is Debra Kleppinger, and I live at 2736 13th Avenue, Minneapolis, Minnesota. I have been employed as a nurse's aide at the David Herman Convalescent and Nursing Home at 2400 Chicago Avenue, Minneapolis, Minnesota, since April 28th of this year. I work as an aide on the fourth floor.

There are about forty patients on this floor. Physically they are better off than those on the third floor. However, we have eight patients who almost require in-

tensive care and they are worse off being mixed in with the others because we can't give them adequate care. The rest of the patients are either ambulatory or walking. Those that can dress themselves you don't see all day. You see them when you go in to make their bed and that is it. Most of the people who are ambulatory are dressed in a hospital gown and then a robe or dress is put on them backwards. Some of them have slippers but many don't have enough clothes for their basic needs. We don't fully dress (underwear, etc.) the non-ambulatory patients.

The ambulatory patients sit around and watch TV all day or sit and stare. There is an occupational therapy program—a grade school arts and crafts thing. Only the women go, and most of them don't want to. This happens every day. What they have been doing lately is cutting up rags to stuff dolls or knitting and crocheting. Not too many of the men want to go down and do that.

Since I began working at the home I have received no real training. I have never worked in a nursing home before and the only training I received was on the job and that was given by another aide. No other aide I know who works there has got any formal training from David Herman. Within a few days after I started I was completely taking care of eight people. When I began I was not asked to have a medical check-up or a chest x-ray, and have not since been asked.

I work on the 7 am to 3 pm shift. Usually there are three or four aides and one RN on duty during the week. On the weekends there are two aides and an aide as a charge nurse. On some weekends there have been three aides and an aide as a charge nurse. On the three to eleven shift there are three aides and a charge nurse. On the eleven to seven shift our floor has one aide as charge aide and I think that there is a floater for all floors. I don't understand why there is less help on the third floor to care for patients who need more care than those on the fourth floor.

The nurse on my floor, Pat Cook, is less responsive than the one on third floor. I think she feels as powerless as I do to change things. However, the bad working conditions and too few staff leading to inadequate care is of concern to the nurses.

One example of inadequate staff leading to poor care is when patients are being woke up and rushed through this thing of getting their partials. We have maybe six partials on our side and we have to do those within half an hour. Partials are partial baths where you wash face, hands, underarms, and butts. Inevitably the patients are handled roughly or not cared for at all.

I have not seen direct physical abuse to patients, but those who have not been moved in their beds during the night sometimes have big bruises on their legs or arms from bumping into the side rails. One day when I came into Ethel Tedman's room, a woman who is still a patient, I noticed big bruises on the face. She has also had swollen hands and legs. The swelling of the hands is probably due to having her hands underneath her while sleeping.

When we use restraints it is usually to keep people upright in their chairs so that they don't fall out. We keep no records of when a restraint was first used or how long a restraint was used. A good majority of the patients are put in geriatric chairs or day room armchairs and are left there at least four and a half hours. A few, when there is time, like maybe three times a week on the average, are given a walk in the afternoon. Basically we just don't have the staff to look after the patients.

Patients are fed by either being wheeled to tables in the day room or to a table in their room. On a week day the patients are usually given enough help in eating except that we are under a constant pressure of time. There is a push to get the empty trays, the finished trays, back down to the kitchen. I don't understand why, because it seems to me that it is more important to feed these people than to rush through and get the trays downstairs. This type of pressure makes it a problem to get adequate food into these people. One lady on our floor, Sarah Kurtz, neither talks nor walks. She doesn't express anything. It takes a really long time to feed her and when you are under a pressure of time, it is hard to take half an hour to feed her. I know for a fact that some people haven't fed her. They go in there and are supposed to feed her but they will come out five or ten minutes later without even having tried.

Our equipment is often not adequate to give proper care to the patients. A lot of the wheel chairs have brakes that don't work. Sometimes the foot peddles are off the chairs and the people's feet drag along the floor. The bed rails are in pretty bad shape and sometimes have to be tied to hold them up.

We don't even have a lift in the bathroom to assist getting the patients, especially the heavier patients, into the bath. Right now we don't even have an

orderly. We have to call maintenance men to get help with the baths. Once I was trying to give a lady a bath and I finally got help to get her in after five minutes of waiting. When I was ready to get her out I waited for about forty-five minutes before any men came to help me. She had to sit there and she is a lady who can't hold herself up in the bathtub. Since I didn't have any other help, I got her in a position where I thought she would stay for a couple of minutes so I could go out and call for help. I called and then went back and waited. After waiting quite awhile I had to go back and call again. The third time I had to go call I just had her lie down in the bathtub because I was scared she was going to fall. Finally somebody came and he told me he was sorry but they had been testing the fire alarm system. I feel like that is no excuse for not having any help!

Many of the seniors get embarrassed when we have to call maintenance men. We put a gown over them when they get up, but they still get embarrassed. The other thing is that the maintenance men don't know how to handle the people well. They don't have any sensitivity towards the patients. They rush in and pull the patient out and scare them to death. This happens constantly. The personal modesty and privacy of the patient is not emphasized. Many rooms don't have screens. Even if there is a screen in the room, it isn't necessarily used.

There are no orderlies in the whole building. The one we had just quit because of conditions: such things as pay, lack of adequate staffing, and constant pressures. I make \$1.65 per hour and should be getting a raise about now, but I doubt that I will get one. There are no fringe benefits of any kind—not even medical. One aide on our floor, Sandy Turner, has worked at David Herman for four years and she still makes \$1.65/hour.

The medications are available to either an RN or an aide. On weekends and at night the aides have the keys to the medications room as well as to the narcotics cabinet.

If a patient wants to call a doctor, he/she is dependent on someone calling for him/her. I know of one instance where no doctor was called. The only phone the patients have access to is the one on first floor. They are not allowed to use a private line so usually it is only the ambulatory patients who can get downstairs to use the phone.

The home is not good about notifying relatives about impending death or even an actual death. I was working on another floor one day on the weekend and the aide knew this lady was going to die. I'm not sure if she tried to call the relatives but the lady died and ten minutes later nothing had been done about it. It was then that the lady's relative came in, went into the room, and I'm sure that he received a big surprise. There have been no deaths as of yet on my floor.

The families supply the clothes to the patients. Herman has its own laundry but clothes still do get lost. Patients are dressed in their own things. As far as theft goes the only thing I know about was this one woman who told me that she had two dollars stolen out of her purse. And there have been other patients who have complained about things being missing.

I think the weekends are the most frustrating; the times when an accident will happen and you won't have anybody to help you with it. For instance, there was one woman who fell out of her chair about twice one day. Her name is Mabel Just. She was on the commode and she is kind of stubborn and doesn't like it there. The aides try to leave her on the commode for a long period of time so that she will have a bowel movement. Well, she was able to get out of her restraint and she pulled her wheelchair up to her and she tried to get into it. This happened twice—she fell on the floor twice. The reason for this is a lack of adequate staff and neglect. If a patient gets hurt or anything, we call the RN. If it's the RN for the whole building, we call her.

This last week I was working on third floor and I had twenty patients. I had about fifteen partials to do and I didn't get done with the partials until quarter to three—the end of the shift. And then I didn't even see the patients to check to see if they had fallen on the floor, were alive, or dead, or what had happened to them.

Another thing that really bothers me is the way some of the aides treat some of the patients: they patronize them. The patients are four or five times our senior and yet they are treated like children. The patients aren't talked with very much. Maybe it is because people don't like them or because they don't have the time. It is also so institutionalized that there is no sense of hominess around the place at all. These people don't want to be so dependent.

They want their own things and they want some comfort. They are just placed here. The attitudes that the visitors sometimes have is disturbing also. One visitor gave a diabetic patient a candy bar. The next day she was sick and went into shock.

I have heard patients talk about their feelings about the home. I remember one day when I was talking to quite a few different patients. It was one of those rare times when I had time to talk to them. About three or four of them said that "I just hate this place." You know, well they didn't say it exactly like that but you know that they were just unhappy and disturbed. There is one woman there who I think that if she were doing something or was encouraged to do something more, such as physical therapy, would be a lot happier. Now she cries every day, doesn't like it there, and has a lack of self-confidence.

I think that a few of the patients could make it back to a regular life style if they were given supportive services.

On a weekend about three or four weeks ago, it was found that Virgie Cooper, a patient on four floor, had a staph infection, a strep infection and one or two other infections besides. It took the administration five days before they sent Virgie to the hospital where she could be taken care of in isolation. During the five days when she was at the nursing home, the aides and cleaning lady used gowns and gloves upon entering her room. The trays were covered with tinfoil and paper plates, cups, and silverware were used. Even with these precautions, the danger of spreading couldn't be prevented because Virgie roomed with Mary Colby, an ambulatory patient, and with Catherine McEvoy, a walking patient. All three used the same bathroom. There is no room in the nursing home designed for isolation of a patient with a communicable disease.

Right now, they will not give us any sterile pads for our patients who need them. They give us a reason; that sterile pads cost too much money. Yet they painted the whole backside of the building two weeks ago.

Another problem in giving adequate care for the patients is the lack of linen. It's best to use baby blankets under incontinent and involuntary patients. At times because of linen shortage, I've found these types of patients with towels under their buttocks, which irritate their skin immensely, or with nothing but a sheet under them plus, of course, a pool of urine.

I've only seen a doctor visiting his/her patients about two or three times since I've been working at the David Herman Nursing and Convalescent Home. When a doctor does come, there seems to be much tension about what he/she thinks of the care given the patient.

When a board of health inspector is expected, the aides are supposed to run around and clean up the linen closet, utility room, and whatever else he might criticize besides doing our normal care for the patients.

There's one lady on our floor, Emma Alm, who really needs physical therapy in order to get walking again—my nurse, Pat Cook, agrees with me on this, but nothing is being done to get a doctor's order for this.

I have seen a couple of patients tied to their beds instead of using posey jackets. Their arms turned purple from being tied up too tight.

Nurses usually leave catheters in for extended periods of time—months.

Senile and mentally disturbed patients are put in rooms with patients who are alert and stable. One alert patient, John Nelson, has complained to me about his roommate, Michael Schoenberg. Michael can't dress himself and can't carry on a conversation.

DEBRA KLEPPINGER.

Subscribed and sworn to before me this 23d day of August, 1971.

LOIS A. LOOMER,
Notary Public.

My Commission Expires May 7, 1977.

AFFIDAVIT OF BEVERLY KRUEGER

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Beverly Krueger, being duly sworn, deposes and says the following:

My name is Mrs. Beverly Krueger and I live at 715 York Avenue in St. Paul, Minnesota. Since August 19, 1968 I have been a nurses' aide at the Capital View

Nursing Home in St. Paul, Minnesota. During that time I have worked all of the different shifts, but currently I work the 6:30 to 3:00 shift.

Some of the treatment that the patients receive at this home is uncalled for. I have seen situations where patients scream and yell and staff people have stuffed wash rags into their mouths. I saw a patient named Abby Croomquist mistreated. I saw an aide spit in her face. I have seen an aide slap a wash cloth across the face of a patient. At the bottom this is the fact that these aides are not trained in how to handle patients. Because they are too abrupt and too rough sometimes with the patients, the patients become afraid. In their fear they grab out and these inexperienced aides strike back. They have patients sit in chairs all day long. Sometimes patients have to sit on commodes for two to three hours at a time. Very recently I have seen an aide walk patients up and down the halls with their night gowns open in the back so there was no privacy.

The doctor for the home up until recently was a Dr. Mateo. He would almost never come in. He made it clear that he did not want to be called after seven o'clock at night. The new doctor they have now is much better.

There are a lot of examples of theft in this home. Charlie Hall went into the hospital around the first of May and when he came back about three months later he wanted to know if I could get him some batteries for his radio. His radio had been taken from its case and has never been found. There have also been a number of examples of money missing.

Since the first of January there seems to have been a cut down in the quantities of food. That was also the time that they raised the daily rate for private patients a dollar a day. They have also cut down on the number of staff since I started to work there in 1968. There was an incident involving a patient by the name of Gladys Delaney. She had fallen out of her chair. When Miss Bustamante the head nurse came to see her, she walked over to her, sort of kicked her with her foot, and told her, "Gladys, you can get up by yourself since you fell down by yourself." She gave instructions that no one should help Gladys get up because it was her own fault and therefore she should help her own self up.

There is one orderly in the home named Orgene Bratan. He doesn't care when he puts the patients to bed, whether their heads hit the floor or the head stop. He is very rough with them. He is an epileptic and has bad seizures frequently. He is quite clumsy and I have seen him step on the toes of patients when he is trying to help them. Consequently, instead of helping the patients into bed, he just sort of drops them.

The new doctor that they have now does not believe that mineral oil should be used on the skin. He believes that this clogs up the pores. Nevertheless, we are under instructions from Mrs. Bustamante to continue to use mineral oil on patient's skin. The home seems to directly disobey doctor's orders. For example, Robert Devereaux has a scaly skin on his forehead. They put mineral oil on his forehead although it is against doctor's orders.

BEVERLY KRUEGER.

Subscribed and sworn to before me, this 15th day of October 1971.

LOIS A. LOOMER.

Notary Public, Hennepin County, Minn.

My Commission expires Dec. 29, 1977.

AFFIDAVIT OF BARBARA LACE

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Barbara Lace, being first sworn, deposes and says the following :

My name is Barbara Lace, and I live at 5348 Columbus Avenue, Minneapolis, Minnesota. I have been employed as a nurse's aide at the David Herman Convalescent and Nursing Home at 2400 Chicago Avenue, Minneapolis, Minnesota, since the second week in January of this year. I also worked at David Herman five to six years ago for three months. Conditions at the home have not improved in that time—if anything they have become worse.

During the time I have worked at David Herman I have received no training. What I learned about such things as transferring, I learned somewhere else. They have a sheet up in the utility room which tells you how to transfer but no one sees it because it is right above the linen shelf.

When I was in high school I was paid \$1.15 per hour with meals from the kitchen. I am presently being paid \$1.65 per hour with no meals included. There is supposed to be an automatic raise after you have worked there three months. I haven't seen it.

I work on the 7-3 shift, on the third floor which is designated for patients needing intensive care. The patients on this floor are incapable of doing very much for themselves. They are supposed to have baths and total care. However on some days it is lucky if they get even fifteen minutes of care. During my shift we have between four to five people on the floor; four of these are aides. There is one RN on the floor during the week but there are no RN's on the weekends. Only the day shift has an RN on the floor. At night one nurse is in charge of the whole building. There is one aide on the floor and a floater for all floors. During the week the RN gives out medications and on the weekends aides pass them out. The aides set up and give the medications, although an RN gives shots even on the weekends. There was a problem when I first started with some missing narcotics. They seem to be fairly lenient about who goes into the medications room. On the weekends the only things charted are the medications which are given. The day to day happenings are not charted or recorded with the exception of the bath which is given once a week.

Aides do insert catheters. Most of them have had the experience in hospitals, at least the ones that I have worked with. One of the orderlies inserted a catheter and it started to drain and blood came out. I have no way of knowing whether that could have been due to a medical deficiency or to his negligence.

The food there is generally all right and they are careful to adhere to the diets. There seems to be enough to eat but I really have doubts as to its quality. On our floor we have only two people who need complete feeding assistance. However on some days some of the rest of the patients have to be helped also. We just don't have adequate staff. I was watching one woman one day who kept missing her food. She hadn't been eating for a week and I asked her if she could see the food. She said, "No, not very well." I told the nurse in charge and suggested that the woman be given an eye check-up. She agreed and that's the last thing I heard. She probably did try. This nurse, Pat Vondenkamp, really tries to do things but she gets smashed down. For instance, they smash her down by saying that there is no way that we can get this woman's eyes checked. They just don't listen to her.

At the home there are people who have not seen a doctor in two years. In the time I have been there I think I have only seen a doctor three times. I don't see how a doctor can prescribe medications and treatment to a patient over the phone. This is done all the time.

There is a heavy use of tranquilizers on our floor. We had a discussion about that once and I got kind of angry and told the nurse. There have been times when they woke the patients in order to give them tranquilizers so that the patients would stay out of their hair. By keeping the patients drugged up, they are being turned into vegetables. Many of these patients are having psychological problems that are not being treated: they are medicated so that we don't have to deal with them. The nurse did cut back on a lot of people. She kind of knew herself that it was true, but she never really knew what to do. It is still pretty heavy however. At a nursing home the nurse has the authority, to a certain extent to increase or decrease the tranquilizers as she sees fit. She does not have to call a doctor to do this.

When I come on duty in the morning some patients look like they have been lying in excrement for a long time. Before the nurse started cutting down on the medications it was really hard getting the people up because they were so heavily drugged.

At nights we used to use belts to restrain people. They would tie people in bed who would crawl out of bed and fall down. They were tied spread eagle. This is not being done any more, but it was in practice when I started. When we had a meeting I mentioned this because there were people whose hands were red and who had indentations in the skin from these restraints. The nurse went down and bitched for a while and we finally did get those posey jackets which allow the patients to roll from side to side. We have two of these now and we are the only floor that has them.

All of the problems that we have had with falls have been due to neglect. Such things as not fastening the patients in properly is a good example. One man who had to be restrained in his chair, was paralyzed from the neck down. He was left unrestrained for just a few seconds and that was enough. He fell forward and got a gash on top of his head.

We have only two people who need to be constantly restrained in geriatric chairs all day. The amount of time they are under restraint is not logged. One of them has a catheter. He has cancer of the prostate and can't urinate by himself. We tried to take out the catheter once and it was all bloody when we pulled it out. It had grown to his bladder. We decided to try to keep it out of him. On our shift we were giving him liquids every half hour and he was urinating by himself. But I'm sure that none of the other shifts were giving him any liquids at all. He started retaining liquids and came pretty close to dying. A doctor was never called. The man is Jack Simmons.

There is some patient abuse at David Herman although it is neither officially nor unofficially condoned. Myself and the head nurse always say something when it happens. One of the patients, Rose Nadler, can not move at all except for her head. She sometimes tries to bite you but that is understandable since it is her only form of defense. One of the aides on the weekend shift was giving medications and she tried to force this pill down Rose's throat. Rose bit her, and then the aide slapped her. I was in the room but I don't think that the aide knew this. I told the nurse and she told the administrator and the Director of Nursing Service. The Director said that the next time anything like that happens she will be fired. Although this sort of thing is not accepted, I think that the administration overlooks a lot of things. This particular aide, the one that did the slapping, has been there for five years. Her name is Rose Gray.

On my floor there are double rooms and rooms with three people in them. There is a mixing of senile patients with the stable patients on the floor.

When a patient is approaching death, no special arrangements are made. They die in their room and the body is wrapped up and taken down into the basement. If the relative wants to see the body it is left in the bed. I really haven't noticed how it effects the patient in the same room, however no effort is made to screen the dead body from the others in the room. When someone dies on our floor, everybody automatically knows it for some reason.

There are no dividing curtains in the rooms: none. There is not even any privacy provided for bathing. If some one else is in the room they just stay there.

Of the welfare money allotted to the patients, they are allowed to keep two dollars with them on the floor—any more than that is kept in the office. If they go to the hair dress the transaction is then carried through the business office. However there was a woman who received five dollars for a Mother's Day present. They talked her into putting the money in the office. She agreed and was assured that she could get the money any time she wanted. When she wanted the money to send it to a grand son, someone went down to get it and they were told that the five dollars had been taken because the husband owed the nursing home twenty-five dollars. Now he only owed them twenty. This just happened a few days ago.

Linens are changed once a week on bath days. For incontinent patients they are changed as needed. Another thing is that there is a bad shortage of linens. Sometimes the draw sheet that goes over the rubber sheet is the only thing that is changed. The undersheet, which is soaked too, just stay there until there is enough linen.

In regard to safety features, the bed rails are in terrible shape. Some of them have to be tied up. Also most of the brakes on the wheel chairs do not work. Another problem is the elevator for the patients. The small one, which is reserved for the nurses and doctors, moves pretty fast. However the one for patients and others moves so slow that you could walk all the way up and have time to spare. The call lights are often entwined around the bed and back behind the head board where they can not be reached by the patients. Also, at night the water is often placed beyond their reach. I think that water is passed on the 3 to 11 shift, but I don't think that it is passed on the night shift. We pass juices once in the afternoon.

Some of the patients receive physical therapy, but they have a really dizzy physical therapy department. I don't know if it is the Mayo Clinic, but there is something in Rochester that we have to keep sending reports to. They like to see a change right away and the physical therapist is eager to take people off the program for that reason. Not all of the patients who should be receiving therapy are getting it. I have never seen a doctor evaluate a patient for therapy nor had a patient from our floor moved to another because of recovery.

What bothers me the most is the way some people are treated like things, like bodies. The aide's conception of themselves is as just body washers. Time is not taken to explain things to the patients and I am sure that they get really fright-

ened. I would get angry too when someone rushes into the room, washes you, and then slaps you into a chair. There is no effort made to relate to the people. Visitor and staff will speak derogatorily in front of them. These patients do have emotional and psychological needs and those are no where near being met. Would you believe that they show fifteen minute travelogues in the afternoon to these people! Other people I have worked with have complained about me to the nurses because they think I spend too much time with the people. If I spend "too much" time it is because I am talking to them or I just want to give them good physical care. I know that a few of the younger staff people feel the way that I do about the patients. The others do a lot of griping in the coffee room but it seems that they have just gotten into the habit of accepting things as they are. Apparently they aren't convinced of the need for change. Working as an aide in a nursing home is a pressure-type job and most aides have the feeling that the person who gets finished the fastest is the best. There seems to be no pressure for quality care, though.

There is a woman on my floor, Minnie Bayliss. She can't hear and she screams a lot, but I'm sure that she does not know what it sounds like since she can't hear. It is impossible to communicate with her because either her eyes are getting worse or her glasses are bad. She can't even read notes anymore. She is a welfare patient and I had suggested that she be given a hearing test. Nothing was done, nothing. Recently I walked into her room and when I came in she said, "We want to get out of here. Tell us when you're going home—we want to go with you." That really hurt.

By the way, we were told that if a patient comes in and says that he is a friend of Daphne Krause that they are to be shipped right out again because they don't want any hassles.

BARBARA LACE.

Subscribed and sworn to before me this 18th day of August, 1971.

HELEN C. CATTON,
Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MRS. BLANCHE LANG

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Blanche Lang, being first duly sworn, deposes and says the following: My name is Mrs. Blanche Lang and I live at the Lakeview Hills Apartments (Apartment 202A) in Chanhassen, Minnesota. My brother, Jeremiah V. Clifford, a war veteran, has lived in three different nursing homes: the David Herman Nursing Home at 2401 Chicago Avenue in Minneapolis, the Excelsior Nursing Home in Excelsior, and now in the Hopkins Nursing Home at 724 Washington Avenue South in Hopkins. I have no complaints about the Hopkins or the Excelsior homes, but I do have complaints about the David Herman home.

My brother was in the David Herman Nursing Home just short of 6 months in 1969. He has had trouble with his legs as a result of war injuries. One day while at this home, he fell twice. The floors were often wet and soapy when I visited him. We had to clean Jeremiah's shoes off so he would not slip. My husband and I had to clean our shoes at times when we visited. The floors were often slippery. His arm was swollen and purple from the falls, yet despite these two falls, the home never called a doctor.

One time we were told by the Head Nurse-Administrator that if we did not stop interfering, my brother could leave.

Later, we noticed that my brother's toes were black and that it was beginning to spread. The nursing home people had paid no attention to it. It was only at our insistence that we got my brother out of there to a hospital where his leg was removed. Also, he was delivered to the hospital with bowel movements in his pants which I discovered when my husband brought the pants home for me to clean.

I also witnessed another patient sitting in a chair with a pool of urine on the floor around him. He was being completely ignored.

One of the roommates of my brother was a stroke victim who could not feed himself. There was no effort made to feed him; the tray was simply taken away.

Some special work by a podiatrist was done on my brother's feet. The Veteran's Administration and the nursing home supposedly had an agreement wherein the Veteran's Administration would pay for medicine and the home would cover the doctor charges. Yet, the nursing home made my brother pay for this bill. A second time they tried to bill us, but we sent the bill right back to them.

The home also tried to get two guardians for my brother. They said he was senile. We refused to let them.

Mrs. BLANCHE LANG.

Subscribed and sworn to before me this 22nd day of Oct., 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minnesota.

My commission expires Sept. 29, 1977.

AFFIDAVIT OF: MRS. RITA LEHMAN

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Rita Lehman, being first duly sworn, deposes and says the following: My name is Mrs. Rita Lehman, and I live at 1724 West 86th Street in Bloomington, Minnesota. I would like to give some testimony about conditions at the Crystal Lake Nursing Home in Robbinsdale, Minnesota, at 3815 West Broadway. My mother-in-law, Haddie Lehman, was in this nursing home for about 4 years and she died there on May 5, 1970. There were some very wonderful aides and a few very wonderful nurses at this home that took very good care of my mother-in-law. But then there were some other people who weren't so good.

A few years before my mother-in-law died, Congress passed a law to help older people who had not paid Social Security long enough to receive any benefits. This law that was passed enabled people in such a position to get what they had paid into Social Security in one lump sum, in other words get a repayment. My mother-in-law got a check for \$330 as a result of this law. It was also specifically pointed out that this money could not be used to pay for nursing home care, that this would be private money that they could keep. A few days before this payment was to be made my mother-in-law had a small stroke. Mrs. Bartley came in and asked Haddie to sign this check for \$330, but Haddie told her, "I don't sign my checks, Bud signs them". Bud is her son. Mrs. Bartley said, "Well, we'd like for you to sign it". She said, "we have to have it signed". She was very emphatic about this. Haddie refused to do it. The second time they came in and tried to get Haddie to sign it she again refused, saying that she wanted Bud to see it first. About a week or so later Haddie said to Bud, "What was all that check about that Mrs. Bartley wanted me to sign awhile back?" Bud said, "I don't know anything about a check". Haddie said, "Yes, she was going to talk to you and you were going to sign it". Haddie said it had something to do with Social Security. Bud thought maybe she was a little confused. A couple of times after that Haddie said, "I wonder whatever happened to that check. I wonder if it's been taken care of. I know I'm not out of my mind and I know that woman came in here for me to sign it but I never did sign it. If Bud didn't see it, I'd like to know where it is". So we asked Mrs. Bartley what the whole thing was about. She said, "Oh, that's all been taken care of". She said Haddie did sign it. I talked to Haddie about this and she said "No, I never did sign that check. You and Bud may think I'm confused but I know I didn't sign that check, I'm just positive." Haddie said "I saw the check when she brought it in to me, and then she took it out and I never saw it again.

"I did not see any reason why I should hurry up and sign that check before Bud saw it." About a week or ten days after this whole incident there was an article in the newspaper explaining in detail the law and all about these checks that were being sent out to various people including my mother-in-law. So I called the Social Security Office to ask them all about it. I asked them if Haddie Lehman had received a check. They said yes she had; they told me the amount, and they told me that it was not to be applied to nursing home care. It was a grant direct to the individual and was not supposed to be deducted from their Old Age Assistance. When my husband, Bud, came home I told him that I had talked to the Social Security Office and they said that Haddie had received a check. They also had told me that the check had been cashed and returned. But they knew nothing more about it. So Bud called Mrs. Bartley and asked her where the check was.

She said, "Oh, for heavens sakes, I think Mr. Goldberg has it". I told her to have Mr. Goldberg call me. I told her "I don't know why you sent it into Mr. Goldberg, that check doesn't belong to Mr. Goldberg, it belongs to Haddie Lehman. I see no reason why he should have that check." She said, "Well, all the checks are sent to Mr. Goldberg". So Bud tried to get hold of Mr. Goldberg, and he must have called him at least 6 or 7 times and left his name and number, and we just could not get hold of him. He never called back. Finally his secretary or bookkeeper called us and said that the check had been signed and cashed but that they would have a check for Bud at the home if he wanted to stop by and pick it up. I told Bud not to do it because they had done something they weren't supposed to do. They had signed that check themselves and they weren't supposed to do that. But Bud said we weren't going to cause any trouble, as long as we got our check back that was going to be it, so that's how it ended. But it took us a good 6 weeks to get this thing straightened out, with many many phone calls, before we got the money back. They had taken the check and signed it themselves which they weren't supposed to do. Bud was her guardian, her legal guardian, and he had the right to sign her checks and nobody else did. I have often thought, "Well, if they did that to Haddie who was pretty sharp, what have they done to all of these other people who got those checks. There is absolutely no doubt in our minds that the nursing home intended to keep that money for themselves."

One morning one of the staff came in with Haddie's breakfast and Haddie said, "Well, I'm not ready for breakfast yet, I have not washed". The girl said, "You know you're supposed to be washed before you eat". Haddie said, "Well, I don't get out of bed". Haddie had arthritis and could not get out of bed to wash herself. So the girl went into the bathroom and got a wash rag and wet it and came back in the room and said, "Here, catch". She threw it at Haddie. Haddie caught it. When she got through with the rag, she put a little water on it and waited until this girl came by the room again. Then she called for her to come in. When she came in, Haddie threw it back at her and hit her right behind the neck. That's the kind of person Haddie was. She wouldn't take any guff from anybody and she stuck up for her rights. She was pretty sharp.

One of the nurses there, Mrs. Wilson, who was a Registered Nurse, did not have any kindness at all towards my Aunt and Uncle, John and Minnie Houghtaling. My Aunt and Uncle were very religious people. They were very kind and wonderful people. They called them "the lovers", because he would take such good care of his wife and hug her and kiss her all the time and give her lots of love. She had become kind of childish and he couldn't see too well. Mrs. Wilson smarted off to them a lot. One day Mrs. Wilson took Haddie's wheelchair away from her. Later that day Haddie said "I'd like to get in my wheelchair for awhile, can I have my wheelchair?" Mrs. Wilson said, "That isn't your wheelchair, that belongs to the home". Haddie said "Oh, I beg your pardon, I thought that chair was for my disposal while I was in the home. I've always had it while I've been here." So then she said, "May I have the wheelchair". Mrs. Wilson finally got the wheelchair for her. But from then on Haddie would always ask for the wheelchair.

Money was stolen from Haddie while she was in this home. Haddie always had a little money in her billfold. Bud would see to it that she always had a little money to spend if she needed it. She got \$9.00 a month from the Welfare and he'd always give her a little bit more in case she wanted to get a permanent or something. At one point she had about \$50 in her billfold because she wanted to go downtown for lunch to get her glasses fixed. She also wanted to get her hair fixed and buy a few things. So Bud wanted to make sure she had enough money so that on the week-end she could do what she needed to do. But Haddie never did get a chance to go down to do that at that point, and a few days later she told Bud that she didn't want to keep that much money around and would he please take \$35 out of there and leave her \$15. Bud said O.K. and went over to get the money, and it was all gone; someone had taken it.

Haddie's niece at one point made her a gift of ceramic hands in a praying position. She gave them to Haddie, and Haddie had them set on the window-sill. Haddie didn't put it on her table because she had quite a few things on there already. When her roommate left the home, whose bed was right next to the window, the hands of course, were left sitting there. A day or so later Haddie noticed that they were gone. She asked one of the people about it and they told her that those hands were not hers. Haddie asked them to send in Mrs. Bartley to her. Mrs. Bartley came in and Haddie said, "Where are those praying hands that belong to me"? Mrs. Bartley said, "Those hands did not belong to you, they

belonged to Margaret and I'm going to mail them to her". Haddie said, "You're not going to mail them at all. My niece made them and brought them over to me". Mrs. Bartley would not give the hands back to Haddie. Haddie told her, "That's just like stealing. Those hands belong to me and if they didn't belong to me, I wouldn't want them. I would not say they belong to me if they didn't".

Haddie always had to go through them to see a doctor or to talk to a doctor. Even though she had her own phone they refused to let her call a doctor and talk to him unless they approved of it first. Haddie had her own doctor, too.

We also noticed a big discrepancy in the amount paid for drugs once we got into the home. When John and Minnie Houghtaling first went in there, Bud's Aunt and Uncle, they had a little money, so they paid their bills for awhile. We noticed when the home took over and started paying all the bills and the Welfare came in on it, that the bills for the drugs went up immediately. In fact, the bill just about doubled. There were things like vaseline that would sell for 49 cents that would come with a prescription label on it for \$1.50. They put prescription labels on everything they ordered for her. For example, she needed Vizine for her eyes that anyone could buy in a drugstore. They would put a prescription label over the regular label and charge more for it. Even their regular prescriptions were double. Once my mother-in-law had dermatitis in her head and needed a special shampoo. So they bought her some Sebulex. Again, this is something you can buy without a prescription. But they would order a prescription for it and put a prescription label right over the bottle. Minnie Houghtaling was supposed to get vitamins that we had been paying \$8.00 for. When they took over the payments it went from \$8.00 to \$18.00. It was very hard to check up on any of these things, because when they sent the bill it just said, Drugs, and the amount. The bill was never itemized. When we were buying drugs for Bud's Aunt and Uncle before they went into the nursing home we were getting them from the Merwin Drugstore. After they went into the nursing home we bought from the Merwin Drugstore for a little bit longer too. Then when Welfare took over and the home was in charge of ordering the drugs they got them from Kenesaw Drugstore. The drug bill tripled the first month. And it continued at that rate from there on.

One of my mother-in-law's roommates was named Helen. She didn't spend any of her allowance for a long time and saved up all the money she got from her relatives and from this allowance. She had unfortunately no place to lock this money up, however, and at one point someone stole over \$100 from her. She was so upset from this that she didn't sleep for a week.

MRS. RITA LEHMAN.

Subscribed and sworn to before me this 11th day of February, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MRS. MARGARET LARSEN

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Margaret Larsen, being duly sworn, deposes and says the following:

My name is Mrs. Margaret Larsen and I live at 3540 36th Avenue South, Minneapolis, Minnesota. My father, Charles Zollman, was a patient at LaSalle Nursing Home, 1920 LaSalle Avenue, Minneapolis, Minnesota from June 6, 1969 to July 16, 1969.

Charles Zollman was an ambulatory patient who took care of his own oral hygiene. But the toothbrushes which I supplied disappeared as fast as I brought them. The home did not provide towels and wash cloths for washing in the bathroom. I provided kleenex as the home did not provide them. There was no urinal or call lights. I occasionally got some paper towels to clean the floor because there was urine on it and had not been wiped up.

Several times I saw patients left in their urine or stool for an hour or more. People would call out but the aides did not respond. The patients did not have water or a water glass available in the room.

My father preferred sitting up but he was put to bed a great deal of the time. Once when I visited him, I went down to the car for something I had forgotten. When I returned, he had been put to bed. It was only 6 o'clock in the evening. I often came to find him in bed in the early afternoon. The bed linen was food-

stained and was not changed for at least another day. This was true of more beds than just my father's bed. Bed linen returned from the laundry and was not clean but gray and old as well. I know it was not changed very often. The home was short of help. There was one nurse on the floor and two or three aides. The aides seemed very inexperienced. There was one orderly who also did janitorial work and gardening.

My father was moved next to the window which was usually open. It was late summer or early fall. The breeze blew over his head and shoulders. My father was put to bed without any clothes on. He was covered with only a sheet and a spread. No blankets were provided for my father until late at night. It was so cold I would try to get a blanket for my father and for myself. It was like an ice box in the room.

My father ordinarily was fully dressed when he was home, so I and my mother bought clothes for him and brought what clothes he already had. I marked them with his name. When they were sent to the laundry, they did not return to my father's room. I, with the head nurse—Mrs. Olsen, found several pieces of my father's clothes in laundry bags. More of the clothes were found in a box of clothes in a closet. This closet was not a patient's closet but served the whole floor. When my father left LaSalle Nursing Home, he was missing his two pair of pajamas, all of his underwear, his socks, some brand new shirts, his tee shirts, and his new trousers. I called Mr. Desnick several times but he was very cross and obnoxious. He made me feel like a fool for keeping a list of missing clothes. Once I suggested to him that I would call the city attorney and he slammed the phone down. I contacted Mrs. Daphne Krause and she sent a letter to Mr. Desnick. Copies of these letters are attached. On the itemized list I had, I had listed the purchase price and where I had bought the clothes. However I never received any clothes or payment for the missing items.

The day my father left LaSalle Nursing Home he was sitting on the bed naked when I came in. There was a terrible odor in the room and my father complained of being ill. I put the clothes on him that I had brought from home. Shortly after getting home my father began having spells of dysentery. The doctor told us it was dysentery when I called that same evening. Dr. Benjamin Dvorak was very upset that the LaSalle Nursing Home discharged him with the symptoms he was having when he left.

Mrs. MARGARET LARSEN.

Subscribed and sworn to before me this 5th day of November, 1971.

LOIS A. LOAMER,

Notary Public, Hennepin County, Minn.

My commission expires December 29, 1977.

MINNEAPOLIS AGE AND OPPORTUNITY CENTER, INC.,
110 East 18th Street,
Minneapolis, Minn., May 13, 1970.

Mr. MILTON DESNICK,
Administrator, LaSalle Convalescent Home,
Minneapolis, Minn.

DEAR Mr. DESNICK: Once again, we have received a letter regarding Mr. Zollman's belongings.

Apparently, according to the last letter you sent to Mrs. Zollman, you were attempting to locate the whereabouts of the missing items.

We fully appreciate the difficulties involved in this situation, however, as quite some time has elapsed since this matter was brought to your attention we need to know:

1. How many of the items were found?
2. What efforts of reconciliation are being made about the remaining items between yourself and Mrs. Zollman?

Will you let us know as soon as possible, the disposition of this matter.

Sincerely,

DAPHNE H. KRAUSE,
Executive Director, M.A.O., Inc.

LA SALLE CONVALESCENT HOME,
1920 LA SALLE AVENUE,
Minneapolis, Minn., May 18, 1970.

Mrs. DAPHNE H. KRAUSE,
Executive Director,
M.A.O., Inc.

DEAR MRS. KRAUSE: In answer to your letter of May 13, 1970; when Mr. Zollman was admitted to the La Salle Convalescent Home, Inc. (6/8/69) he was admitted with the following possessions:

(2) Pajamas, (1) pr. Slippers, (2) T Shirts, (1) Sweater, (1) Trousers, (1) pr. Socks, (1) Comb.

These items were checked in by a highly experienced Charge, Practical Nurse, one who has been with us about five years. The Patient Clothes List shows only these items and was filled out and signed by the Charge Nurse and by Mrs. Margaret E. Larson.

These items were then properly marked for Mr. Zollman. We do keep accurate records and good systems on patient belongings in spite of the difficulties mentioned in our former letter.

If other items were brought in by Mrs. Larson or Mrs. Zollman, we have no knowledge and no attempt was made to have these items properly identified by them. When Mr. Zollman left on July 16, 1969, according to our records, he was discharged to the daughter and the wife to go home dressed—and he was so dressed.

Mr. Zollman was discharged by a licensed nurse, properly dressed and with his medications as approved by Dr. DeVorak to Mrs. Zollman. According to her letter of 2/19—she lists quite a few items (at full retail price, new)—that were not recorded with us if they were brought in.

As I am sure you understand, it is very difficult to properly keep recorded items; it is certainly impossible to properly protect and allocate unmarked items. Furthermore, Mr. Zollman was a patient with Chronic Brain Syndrome and Arteriosclerosis Encephalopathy. These conditions are not conducive to his properly caring for himself or his belongings. I believe, as a 22-year Administrator, that many accusations are made against Nursing Homes on a financial basis rather than a practical sound judgment basis.

In all fairness, to our patients and their families, I believe we go overboard in our efforts to treat properly and satisfy all patients and their families.

I believe, Mrs. Krause, that you can well understand from your dealings with the elderly, that many become fixed and unilateral in their thinking (as so many have erroneously understood Medicare and its provisions).

In our search for any of Mr. Zollman's belongings as listed by Mrs. Zollman, we have been unable to identify any. I may also mention that Mr. Zollman had a seige of diarrhea over which he had no control while he was a patient. I mention this to assure you that his clothing was washed and changed many times per day, often using our own supplies as his were definitely inadequate.

Your being a knowledgeable and able director and administrator and, I believe the mother of children, you may easily understand the devaluation of a \$5.98 pair of trousers to practically nill or even to the point of rags.

In general, not specifically referring to the above named persons, I fully agree that there is extreme difficulty placed on the elderly citizen these days with the limited and fixed incomes and the high rising cost of living. Many of these elderly, wishing to remain financially independent do place a drain on both your and our patience.

I have taken, I believe, much of your time and beg your indulgence in understanding this specific problem as well as many similarly related problems.

Again, thank you for your time.

Sincerely,

MILTON DESNICK,
President/Administrator.

AFFIDAVIT OF MR. WILLIAM LARSEN

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mr. William Larsen, being duly sworn, deposes and says the following:

My name is Mr. William Larsen and I live at 3540 36th Avenue South, Minneapolis, Minnesota. My father-in-law, Charles Zollman, was a patient at LaSalle

Nursing Home, 1920 LaSalle, Minneapolis, Minnesota, from June 6, 1969 to July 16, 1969.

Several times I saw patients left in their urine or stool for more than an hour. One particular case involved a patient who came into the lounge. Shortly thereafter I saw urine on the floor and the chair. She was still sitting in it about forty-five minutes to an hour later.

LaSalle Nursing Home was short of help and the aides told me this. They put my father-in-law in bed naked and covered only with a sheet and a spread. The window next to his bed was usually open and a breeze blew over his head and shoulders. When I walked into the room I got goosebumps. He had no blanket on the bed. After much of his clothes had disappeared I began asking staff members about the missing items. The orderly once told me, "There isn't a single day goes by but a piece or more of clothes is taken from the laundry by an employee. It's always the best clothes that are taken."

There was only one orderly and he did janitorial work and gardening work too. One day I saw him on his hands and knees in the flowerbed. A short while later he was on the floor working with the patients.

One nurse's aide spoke harshly to a patient and so I asked her if that was her way of handling people. She only got snotty with me as well.

Mr. WILLIAM LARSEN.

Subscribed and sworn to before me this 5th day of November, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF JOHN A. MAROTZ

STATE OF MINNESOTA, COUNTY OF HENNEPIN

John A. Marotz, being duly sworn, deposes and says the following:

My name is John A. Marotz and I live at 657 East Lawson in St. Paul, Minnesota. I have worked as an orderly at the Capitol View Nursing Home since September 3, 1968. Normally I work the 6:30 am to 3:00 pm shift.

One day I came walking up the back stairs of the nursing home and I saw a patient by the name of Gladys Delaney lying on the floor between the back stairs of the nursing home and the desk. I went upstairs to the charge nurse and asked her why we couldn't pick her up. She looked very uncomfortable and it was cold. The nurse told me that I could not pick her up. Miss Bustamante wanted her left there because she fell on her own and she could get up on her own. I have never seen anything like that in my life.

I have seen charge nurses and aides slap patients on the hands and on the face. If we complain to the charge nurse about young aides slapping patients, the charge nurse says not to worry about it because the patients probably deserved it. We are also under instructions to keep quiet about anything that goes on in the home. We are not supposed to speak to anybody outside of the home about what goes on inside. These instructions have been given to us by Marilyn Walls, the head nurse Bustamante, and one of the owners, Harry Peterson. They even told us that we are not supposed to discuss anything like a bad incident with any of our co-workers. We have been told that if we do talk outside of the home we will be fired.

The odors in this building are particularly strong when the sewer backs up. The sewer backs up approximately four times a year. There is a sink on the third floor that is constantly backed up. The maintenance man has been trying to fix it with sulphuric acid which creates a rotten egg smell throughout the building.

The smallest of the two elevators is constantly in need of repair. A lot of the time it will miss the floor by three, four, sometimes six inches. Sometimes it will even stop in between floors.

They also have problems with heating in some of the rooms. Often I have been asked to drain the heating units so that they can get heat in some of the rooms. Room number 419 on the fourth floor is particularly bad. It is more like an ice box.

I am hired as an orderly but I also end up being a maintenance man, a janitor and did general cleanup. I want to know why I am asked to carry down the garbage, to repair broken down articles, to scrub the dayroom and clean up the

urination in the hallways. It seems to me that they should have efficient maintenance men so that I can take care of the patients.

Sometime around the middle of September, the home served hot oatmeal for breakfast. There were worms in the oatmeal. This was not the first time that worms had been found in the food. It usually happens on and off during the summer. On this particular day in September I had passed out all of the trays to the people who could feed themselves. When I got the tray for one of the male patients that I fed, I put the sugar on his cereal and started to get a spoonful when I noticed something black in the oatmeal. I looked at it closer and found out that it was a black bug. I looked more carefully through the cereal and I found a lot of bugs in it. I found some smaller white bugs with black heads. I immediately went down and reported this to the kitchen. We tried to get as much of the oatmeal away from the patients as we could, but many of them had already eaten it. The cook told me that she had taken the meal from an open box that was kept in the kitchen area.

One time they made kool-aide with soap in it.

Another problem with the food is that there is a fan in the kitchen for the air conditioner and it blows dirt directly onto the food and the food is served that way.

The home is run by the Seven Day Adventists and therefore there is no bacon, no pork, and no ham served.

One thing that I forgot to mention about the bugs in the cereal was that when the head nurse, Miss Bustamante found out about it, she said to feed it to them anyway. The food is so bad at this home that I don't eat it anymore. I refuse to eat it. Every time I have eaten there I have got diarrhea.

Employees regularly take food and groceries from the home. One time a fifty pound roast disappeared.

They reuse catheters at this home. They are supposedly cleaned and sterilized when they have been given to me to insert. However I have found catheters that had sediment inside of them. Even though they reuse the catheters, they still charge the patients for the cost of a new one. Relatives have asked me why they are charged for a new catheter and I have to tell them that I have not used a new catheter but have put in a used one.

Anyone can pass medications at that home. They also do not chart everything that happens. An aide does some of the charting on the first floor and her chart is like reading a comic book.

Several times drugs and medicines paid for by the patients are used for other patients. It is a common practice to give employees pills from the patients' supply. If I want a Darvon all I have to do is ask one of the nurses and she will take one from one of the patient's bottles.

There is one patient who has scheduled suppositories. A number of times I have not given him his suppositories because he was able to have a bowel movement without one. I think he would be able to get off of suppositories altogether if somebody made a concentrated effort to help him. However when I do not give him a suppository I mark it down on the day sheet that I had given him one. That way he doesn't get in trouble and I don't get in trouble. Nevertheless, his suppositories get all used up. The home uses the ones he does not use for somebody else. He still has to pay for them however. In other words the system in this home is such that I am discouraged from encouraging a patient to have a bowel movement on his own. The home is not set up to rehabilitate the patients.

There are some examples of some very bad bedsores in the home. In particular there was one that was so bad that a part of the tailbone had been eaten away. This patient died about a year ago.

There was one occasion when lice was found in the hair of one of the patients.

Most of the patients who are diapered are often left all night in wet diapers.

There is no death room or isolation room for a patient who has a contagious disease or is dying. They just pull a curtain across or don't do anything. Dying patients are just left in the room with others who know they are dying.

I caught hepatitis at the home. One of the patients who died had it. They called it yellow jaundice. This happened about two years ago and I was in the hospital for a month. I was out of work for about three months.

Many times I have helped transfer a patient out of the room and helped the mortician transfer the body to the hearse. Many times the patients who die leave the home without even being cleaned up. They have urine and vomit and feces on them. Often they will leave the home without their teeth,

without their rings, watches, and without any personal effects which they had come in with. One patient brought a brand new suit because he knew he was going to die before too long. When he died he left the home without that suit. It was never found.

The use of restraints in this home is very bad. Often times the restraints are either tied too loosely or too tightly. I have seen patients where the restraints are tied so loosely that they have started to slip out of their chair and are hanging there by their chins.

There is no hydraulic lift in the home other than in the bathrooms. The orderlies are hired to do the lifting. Some of the patients weigh as much as two hundred and seventy to two hundred and eighty pounds.

The senile are indiscriminately mixed with the normal patients.

There is a lot of theft in the home. A radio has been stolen and once a hundred and sixty dollars was taken.

One of the orderlies, Orgene Braaten, is an especially bad orderly. He is also an epileptic and has had bad seizures in front of the patients and in front of the relatives. He works the night shift and will often get patients up at four-thirty in the morning so that he can relax and not have to work so hard during the rest of the shift.

My wife does volunteer work in the home occasionally. The laundry is so terrible that she takes clothes home for some of the patients and does it for them.

There are a number of times when there is no nurse at all in the home. This is especially true on the eleven to seven shift.

There is a constant feud going on between the nursing supervisor, Miss Bustamante and the help. She swears and screams at the help and at the patients. There have been times when I have been feeding patients when Miss Bustamante would go into one of her yelling scenes. This would so upset the patient that he would not eat anymore.

JOHN A. MAROTZ.

Subscribed and sworn to before me, this 15th day of October, 1971.

LOIS A. LOOMER,
Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MRS. ELLEN MARX

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Ellen Marx, being first duly sworn, states the following :

My name is Ellen Marx, and I live at 2150 Marshall Avenue in St. Paul, Minnesota. I am a Licensed Practical Nurse and in this capacity I have extensive experience with nursing homes in the City of St. Paul. I would like to give testimony concerning conditions at the Capitol View Nursing Home located at 445 Galtier Avenue, St. Paul, Minnesota.

I worked at Capitol View in 1966 and again from the 15th of December, 1970, to the 28th of February, 1971, as Night Supervisor. As I stated, I had worked there before but never at night.

First of all there was a serious problem with the nurses aids at night. As we all know, nursing home bed patients do not have a scheduled time to wet the bed or have a bowel movement. Neither do they have a scheduled time to wake up. The aids, when the patients would open their eyes or even make a little moan or something, wanted them heavily sedated. They were always requesting this, but this was something I absolutely refused to do. I found that all you had to do when patients were disturbed during the night was offer them a bed pan or give them a drink of water and that was all they wanted. Many times I would be called up to fourth floor where there were many incontinent patients, to give a patient sedation, and all in the world I would ever do for them is go in, turn them over, talk to them, give them a drink of water, and dry them. The aids would always holler "Can you give them something". They expected me to do this, they were used to it. They wanted the patients sedated so they didn't have to do anything. They wanted to sit all night long. So at 5 o'clock in the morning they would start doing their work, cleaning their patients and no complaints from the Director of Nurses, Mrs. Bustamante. When I reported the situation to Mrs. Bustamante, she refused to do anything and practically made me out a liar.

The aids receive no training that means anything. They are more or less on their own. But several of the aids on days give medications, and Mary Fredlund even gives shots. I did not allow any of this at night.

The Registered Nurses on days have aids that never had a day's training in their lives, going around irrigating sores, putting on dressing, giving treatments, and irrigating and inserting catheters. It is unthinkable to allow someone to insert a catheter without training. Yet Mrs. Lehman and now Pat Welsh, both aids who have never had any training, are doing this. The R.N.'s are supposed to do this. The catheters are continually leaking; there is a lot of bladder infection from this. You have to know what you're doing, and use sterile technique or you're going to have bladder infection every time. There are continuous cases of bladder infection throughout the home because of this. Yet no one does a thing about it.

The House Doctor at this nursing home is Dr. Mateo, and I wouldn't let him take care of my dog. I have a PDR, and I do look up my medications that I give, and I know what I'm giving. But I cannot see why "Lasix" and "Diurel" are constantly given to the patients every day. When Lasix and Diurel are given to a normal person to relieve water, it will give them muscular spasms in their legs because you're using the potassium in your body. These drugs are for water retention, they get rid of water. But the patients, particularly the bed patients, are not even getting enough water to drink; yet Dr. Mateo prescribes Diurel and Lasix for them. They're dried up, they're dehydrated, and it's inhumane.

The patients are not given much water by the aides because then they'll wet and the aides will have to change them. You can see the patients are dehydrated by their finger nails and their tongues. The finger nails get very ragged, the tongue gets real red, and their lips get real red. It doesn't take a Doctor to see this. And the bed patients simply are not getting enough water. When I complained about this, they just ignored me, especially Mrs. Bustamante.

Another thing about the House Doctor—He gets \$15.00 per patient when he comes to the nursing home. He goes to the patients' doors, and says "How are ya", and that's it. Sometimes I have seen him come in, go to the first floor, sit down and mark them down and never go near a patient. Many times he has spent less than 15-20 minutes in the place—yet \$15 per patient. When you look at the charts, most of them are prescription orders "Bustamante—Mateo". The nurses write out the prescription orders and then Mateo signs them. He very seldom writes them out. Also many of the patients who have independent doctors, other than Mateo, would phone in orders and never come in and sign them. So the patient would be on the same medication for long periods of time without any written authorization from a doctor.

In 1966 when I worked there an aide came to me one day and asked me to look at a patient's shoulder. It was all black and blue. I asked her "Honey, who did this to you?", and she said, "the big fat girl". I told Mrs. Bustamante and she finally had Dr. Mateo come in and look at her. He stood in the door and looked at her and put her on "Indocin"—that's for arthritis. He never touched her. After she laid there for about three weeks, her people demanded that she go to a hospital. They found three broken ribs on that woman.

Some of the staff who are still at Capitol View now told me about a Mrs. Bruney. The last part of March she fell in her doorway some way. About an hour or two after, she passed away. They never called a doctor. Bustamante called the aides to the desk on that floor and told them not to say anything about it—that she'd had a heart attack.

Recently a patient named Joanna Miller died. She was in a room with another patient. They both had catheters so there was no reason to go in there other than to see that they were alive and to turn the other patient every 2 hours. The aide, Irene, who was supposed to be in charge of them, recorded in the book that she went in there at midnight. The aide didn't call me until 5:15 A.M., and when Greg, the orderly, went in and turned her over, rigor mortis had set in. I had been trained that the first one you call is the relatives and the doctor so he can ascertain when she died for the Death Certificate. So I called Doctor Mateo. When I went back the next night I was told by the Registered Nurse that I was not to call Dr. Mateo when a patient dies in the night, that the nurse in the morning would take care of it. Dr. Mateo does not want to be called after 7:00 P.M. In other words, he does not want to be called—period.

One of the afternoon nurses recently sent a couple of patients to the hospital, and Mrs. Bustamante had a fit because she did not want Dr. Mateo disturbed. We were also told that when Dr. Mateo goes on vacation, no other doctors are to be contacted, even if one of his patients gets very ill or dies.

This woman Bustamante is incredible. One time she beat up an aide, Francisca, who's a Registered Nurse in her country. She beat her up, in front of everybody, so bad that she was home six days. The owners, the Petersons, saw it and had to come out of the office and break it up. When the Director of Nurses can go around beating up the help, what respect can they expect the aides to have for them, or for that matter, for the patients. Yet the Peterson's kept her on even after seeing this. I haven't seen it, but other Staff people have seen her slap around patients many times.

Another thing is the food. The patients never get enough food. Many times they get a bowl of soup, a sandwich, and a dessert, plus a beverage at 4:30 or 5:00 P.M. Yet they have to wait until 8:00 A.M. the next morning until they get another bite to eat. People on special diets, diabetics, may get bread and cheese, and a snack at night. They'll get cheese and bread, and cheese and bread and hardly ever any meat. One of the patients said to me one time: "Mrs. Marx, can't I ever get any meat around here, they give me cheese, cheese, cheese all the time, binds me up, and then they have to give me an enema or a physic".

One of the patients, Gracie, every once in awhile gets very disturbed, hollering and carrying on. But if you give a glass of milk and a piece of bread and butter, she is quiet. The patients go to bed hungry at night. The patients often get so hungry that they'll snatch off other patients trays. But when they do that, the nurses say "They're senile, they don't know what they're doing". So that when a patient complains that they're hungry, no one listens. When they serve hamburger for dinner, they have 15 pounds of hamburger for 144 patients plus the people that work there. As an example, there was a patient we called Tiny, his name was Arnold Grudersmyer. Before he died he always would say to me "Jesus Christ, Marx, I'm starving to death". I often took food from home for him, but he was always hungry.

Another problem is the mixing of mentally depressed or confused patients with aware stable patients. This is entirely up to the owners. The judgment as to what patients are put together is based on whatever room they've got available and they can get the most money out of. They don't consider the mental state of the patients.

Many times at Staff Meetings Mrs. Bustamante has told the Staff that it's nobody's business what happens in here, not even the relatives. Patients are injured often, and a lot of covering up is going on. One of the orderlies, Gene, is an epileptic, he should not be around sick people. This orderly told the Director of Nurses that he dropped one of the patients, Mr. Davidson, off the toilet, but his face was all busted up. I told Mrs. Bustamante "You don't take a patient and drop him off a toilet and bust their face and their nose, I've seen too many black eyes to not know how he got those". Another patient, Mrs. Chesky, had her foot stepped on by this orderly, and another orderly was accused and called on the carpet for telling the relatives. But what happened is this: After the orderly stepped on her foot, she was in her right mind and told her daughter about it, and daughter complained to the owners. The patient had two broken toes, but nothing was done about it. By the time she was taken to the hospital she had gangrene in the leg, and it had to be amputated. She died about three weeks later. About a year ago the same orderly dropped another patient, named Charley Canfield, in his bath and broke his leg. The Director of Nurses knows about this orderly but does nothing about it. They protect him because he comes in an hour to 1½ hours early each morning and donates the time.

This orderly also gave an enema to a patient named Martin Jandell, when he was sitting up on a commode. Enemas were supposed to be given when the patient was lying down in a bed. So when the enema was given this way, sitting up, at that angle you're pushing against the insides and the colon, and something has to give. This is what happened. It ripped his insides, and he died from hemorrhaging and shock.

Apparently none of the Staff other than Supervisors, ever sees the Death Certificate, so we don't know what is listed as the cause of death in cases like this.

Two women patients, Mrs. Grubbs and Mrs. Maud Bruney, both fell out of chairs where they were supposed to be restrained. In neither case was a doctor called, and each of them soon died. Mrs. Grubbs died a week later, and a doctor was never called to look at her injuries.

Another thing is the way they handle the medications. When I was on afternoons, when a patient expired or went to another nursing home, if no one asks for the medications, these medications are taken somewhere. I have seen large cardboard cereal boxes full of these drugs by the office. Every once

in awhile a medicine bottle will turn up with the prescription label ripped off and a piece of tape across it. The tape will have a patient's name and the name of the drug on it. I know where the narcotics go. They go in Mrs. Bustamante's office, and she writes "Out of Stock in Office". She keeps narcotics in her office, and she's not supposed to. They have to be taken back to Federal Narcotics.

Other times I have seen large rolls of prescription labels which said "Grant Street Drugs or Pharmacy". So they would re-use the drugs. For example, a bottle of "Darvon" was prescribed for a patient, that would be about \$9.00 and then if the prescription was changed to "Equagesic", the Darvon would be around and if they needed it for somebody else, they'd use it. If the patient goes back on something else, they'll use the Equagesic too. All they have to do is type in another patient's name and the rest of the blank prescription and charge for it. That's the way they operate. They're getting rich off of it.

Another thing that was done with the drugs was this. Sometimes they wouldn't even take a patient's name off a medicine bottle, they'd just paste another patient's name over it and give them to the other patients. Or often if five patients are getting the same medication, they would just take from one patient's bottle for all five. They also use the catheters over and over again. They say that they are sterilized, but this certainly has to have something to do with the constant bladder infections in the home.

This isn't an old building, it was built in 1965, but there are bugs in some of the rooms and closets. And mice, and one time they found a dead rat. But they get by with as little as possible. There are approximately 42 patients on each floor, and normally only 4 aids on days and a couple of orderlies, to give patients baths, change bedding, clean, and take care of the patients personal needs.

When the Health Inspectors come, the home is notified. When Margaret Christianson is going to inspect, she notifies them every time; she writes them a letter or calls at least 3 or 4 days ahead of time. When the home finds out, everybody rushes around cleaning up, and they have everything spic and span when the Inspector comes. One time one of the Registered Nurses told me to move some cleaning fluid, which was poison, from a floor cabinet to up high because Christianson was coming. I said, "How do you know", and she said "She called". I asked Christianson about this, and she said that was the law, the Mayhood Law—that you had to notify the home 24 hours in advance.

There was a woman admitted, I wish I could remember her name, but she wasn't there 24 hours before she was dead. Mrs. Bustamante admitted this patient, and I was told that she had something done with her spleen. So we were to watch her for an Insulin reaction. I checked her at 12:00 midnight, and she was all right, and again at 4:00 A.M., and she was in the same position. The next morning about 5 I noticed she was still in the same position. I walked over, and she was already stiff. I tried to get in touch with her son, but I couldn't. About that time an aid came out and showed me a bottle she had found in her waste basket. I looked at it, and it was an empty Nembutal bottle which had been issued the day before by her doctor. So I wrote that in the book: "Patient found dead, empty Nembutal bottle found in waste basket". When the Personnel Director, Mrs. Walls, found that in the book, she cut that out real quick. She said to me, "For heaven sake, don't say nothing about this. Write this over again, we don't want anybody to know about this." Later on I found out that Mrs. Bustamante admitted her and never checked her pocketbook for that kind of drug. The son told us that she had threatened suicide if he ever put her in a nursing home. They found out at the postmortem that she had taken the whole bottle of Nembutal.

Mrs. ELLEN MARX.

Subscribed and sworn to before me this 24th day of June, 1971.

LOIS A. LOOMER,
Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF LAUREL MEYER*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Laurel Meyer, being duly sworn, deposes and says the following:

My name is Laurel Meyer, and I live at I-239, MacElroy Center, Mankato, Minnesota. I worked as a nurse's aide at the Lexington Avenue Nursing Home in St. Paul, Minnesota, from August 1969 to May 1970. When I started work there in the summer, I worked the day shift until school started, then I worked from three to eleven and sometimes from four to ten. Occasionally, I worked from eleven to seven. I had no nursing experience before going to the Lexington. The only training I was given was by another aide. I later found out that many things she taught me were wrong.

Many of the people who are handling drugs at this home have no knowledge about them. They do not know any reactions; they do not know anything about what the drug does, and they do not know about the dosage. They misuse the drugs, too. A lot of tranquilizers are given to keep the patients quiet and subdued. People who know nothing about drugs are being allowed to pass them out. One night I went with a woman to pass out medications because she could not read the names on the medications cards. I had to read her the name and then she would pass out the pills. I really do not know if she set them up or not since she obviously could not read them. There was an aide named Peggy Noel who, in my opinion, was irresponsible. She passed out medications although she did not know much about them. Several times I refused to pass out medications.

I recall that they were giving chlorophyll, an experimental drug, to Chester Grey and Irene Spearbech. I do not remember exactly what the purpose of the drug was. All I knew was that it was an experimental drug. We kept saying to each other, "Do the relatives know?" Nobody really knew and we kept looking on the chart and nothing was written there.

I remember an incident with Desnick's Drug Store where a humidifier which sold for \$9.99 was sold to a welfare patient for \$14.99.

I heard that a patient named Dixie Alvord had T.B. But I learned of this only after his death. I was really mad about this. We all took care of him. He kept coughing and bringing up mucous. We always gave him clean emesis basins. In doing this we could have picked up T.B. The Health Department did not come to give the patients mantoux tests nor did they bring out their portable x-ray unit. There was a sign put up saying that everyone should have either a mantoux test or a chest x-ray. Most of us had a mantoux because you cannot get a chest x-ray unless you are 18, and most of us were not.

Another patient, Charlie Ficken, used to be a boxer. He was really strong and still had good muscle control. He usually did not bother anyone although every once in a while he would get agitated. They would put a posey belt across his chest and his stomach and the top of his leg, but he still could get out of them. One night he really did get upset and beat up another nurse's aide, Lola Finney, in the medications room. The nurse called the police and they took him down to Ramsey. They sent eight policemen over to get him. He used to walk slowly up and down the halls all day, but he really did not get enough exercise. His wife did not come to see him very often because he was so different from what she remembered. Toward the end he would take one of us girls and say, "Let's go to bed." Since he was a big man that was kind of frightening. Billy Price told us about an orderly who gave Charlie a bath before testing the water. Charlie hollered because it was so hot. They found he had been scalded. They took him to the hospital and said that it was frostbite. When they told Mrs. Ficken this, she asked how this was possible. They told her it was cold in the lounge.

There are a lot of cockroaches in this nursing home.

An orderly named Warren Clem used to bend the patients' thumbs back and brag about it. He also would cut their hair so short that they looked like convicts. He was also an alcoholic. Clem blew up the balloon in the urethra of a man and he bled to death. When Clem trained some of the orderlies, he would tell them that in order to get some of the patients to cooperate they should bend their thumbs back. He would tell kids things like this. One day when I was coming off the elevator, there was a patient who was a real bad diabetic. He had an infection on both of his legs and feet. One of the orderlies was pulling him by the shoulders and he was fighting it. This orderly was pulling him into a geriatric chair and the orderly was pushing his sore legs on to the foot rests.

*See statement of Laurel Meyer, Part 19A, p. 2135.

I got out of the elevator and told him to get his hands off of him right away. One of the nurses came up and said to me, "We don't shout around here."

Clara Kubecheski, a patient on the third floor, fell out a window to her death in late March 1970. This was the same day that two nurse's aides on the third floor, Lorraine Kippels and Lola Finney, were fired. I was working the evening shift that day, and I had come to work about four o'clock in the afternoon. About the time I got to work, I noticed that Clara Kubecheski was very upset because she had her nightgown on. Clara had only recently been moved up to the third floor from the second floor. She had been incontinent and there were no other clothes to put on her. She was upset because she had to wear a nightgown in the middle of the afternoon. I had checked the laundry but had been unable to find any of her clothes. She was a proper, old-fashioned lady and was upset by having to wear a nightgown.

Just after I arrived at work, Mrs. Kippels and Mrs. Finney were fired, and this left us very short-handed on the third floor. There was much confusion. The strange thing about this night was that they must have been prepared for being short-handed because they had three nurses on duty. It was very, very rare to have three nurses on duty on that shift.

Because Clara was upset and excited, we thought it would be a good idea to put her to bed early. Her roommate was Lorraine LaMont and was very confused. She thought that all the other patients were her babies even though she had never been married. She would talk to them and spank them. She also drank out of the toilet bowl. Her strange behavior upset Clara very much. We thought if we put them both to bed early, things might calm down by morning. Although Mrs. Kubecheski was really afraid of her roommate, we calmed her down enough to get her to bed. All evening, before and after dinner, Clara had been saying, "I'm going to leave here. I'm going to leave here as soon as I get my shot." What we did not know was that she was a diabetic. No one had told us. So we told her, "You don't get a shot. So don't worry about it and just go to bed." We got her to bed sometime between 6:45 p.m. and 7:15 p.m.

This other aide and I put all the other patients to bed and then we had to go down to help on the second floor. When we came up again to do the ten o'clock rounds, Clara was not in her bed. We figured she had just gone to the lounge on a walk. We looked around a little bit without finding her. We decided to go on our break and then come back to see if she might have climbed into another bed. When we made this first check, I noticed the open window. The window in this room is in three pieces. The center piece cannot be removed, but the side panels are aluminum combination storm and screen windows that can be removed from the inside. The staff could not smoke anywhere in the building except way down in the basement. This room was number 311. At that time it has no patients in it and the staff would often go in there to smoke. So when I saw the window on the floor, I just figured that someone had come in to smoke and had just left the window open to air out the room. It was not really that cold outside since it was almost spring. The window and the screen were off the frame.

We went downstairs on our break, and the other floors had been alerted to try to locate Mrs. Kubecheski. It was past ten o'clock when they reported back that they had not been able to find her. The night shift was beginning to arrive for their shift. All of a sudden it struck me that she might have gone out the window. I remembered seeing her in the hallway leading to room 311 earlier that evening. I ran outside and found her lying down in the stairwell leading to the basement. She had fallen the equivalent of four stories.

I was too afraid to go down to see if she was still alive or not, so Billie Price, an orderly, went down to check her for a pulse. He could find a pulse, but only around the jugular, because the rest of her body was too messed up. Right above the top of the stairs was a window leading to a room on the first floor where the nurses were busy with report. I knocked on that window and told the nurses that we had found Mrs. Kubecheski, that she still had a pulse and that they should call an ambulance. It is my understanding that the nurse called the owner, Mr. Thayer, before she called for an ambulance. The nurses certainly did not seem to know what to do in an emergency. They came out with a flashlight and a jacket. In the meantime, an orderly named Bob Morris went through the boiler room with a blanket for Mrs. Kubecheski. When he opened the door, he pushed her with the door. The ambulance finally came, and Clara Kubecheski died that night in surgery.

I was really upset about this whole incident, and the next day my mother called the Health Department. She told them she thought there should be an investigation. The Health Department told my mother that they could not do

anything without signed complaints from relatives of patients. It is my understanding that relatives of Clara Kubecheski are now suing the nursing home.

When I first started working at the home, there was a patient there by the name of Edith Anderson who was on the second floor. She ate pretty well and had pretty good control of herself. But she gradually regressed. She got to the point where she was hollering all the time. She was constantly calling for help from the nurses. By the time they moved her up to the third floor, she had something wrong with her mouth. There were blisters on the inside of it and it was very sore. I do not know if she had diarrhea when she first came up to the third floor, but she did have a very bad case of it. They started to put her in a geriatric chair all day long. It became harder and harder to calm her down. Nobody took her to the bathroom and she began to get incontinent. She sat in so much urine that we would have to give her a whirlpool bath for 15 to 20 minutes to get her clean. If we gave her a regular bath she would still smell. She also began to develop urine burns from sitting all day long in that chair. They were really raw and black. Every day when I would find her like that, I would write her condition in to the day book. Every day I would return and the situation would be the same. She had diarrhea so bad it was a losing battle to try to keep her clean. And attempts to keep her clean were only done on our shift. She also seemed to be dehydrated, and it was very hard to feed her when her mouth was so sore. She eventually died in the hospital.

One other comment about the Kubecheski incident. It was the procedure for whoever found an accident to write out an accident report. They did not want me to write out a report this time. They also started a brand new day book. Mr. Thayer and Mr. Trana called me and Peggy Noel, the other nurse's aide on third floor that night into their office. They told us we were not to speak to anyone's lawyers or to any insurance people unless their lawyers were present.

In the winter of 1969 there was uncontrollable diarrhea in the home. Even many of the staff had it. It was also a common practice not to sterilize things like bedpans and urinals. They were so short of them that you would just wash them out and give them to another patient.

LAUREL MEYER,

Subscribed and sworn to me this 25th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MR. MARK T. MORIARTY

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mr. Mark T. Moriarty, being duly sworn, deposes and says the following:

My name is Mark T. Moriarty and I live at 26 Oak Grove in Minneapolis, Minnesota. I am twenty-three years old and am an orderly at the Texa-Tonka Nursing Home. From late December 1970 until mid-February 1971 I served as an orderly at the LaSalle Nursing Home at 1920 LaSalle Avenue in Minneapolis, Minnesota. During the time I was at LaSalle, I had experience working on all the different shifts.

We were usually short of staff at this home. There never was enough time to give as much attention and care that was needed by the patients. Often when patients needed to go to the toilet there was not enough time to help them do so at the proper time, in the proper place. When there was enough time, it was often done hurriedly. As a result certain of the patients would not be able to have a bowel movement. If the patient did nothing, you were very reluctant to take him there when he asked to go again. You were constantly pressured by time.

There were three floors at this nursing home. I usually worked on the second floor where most of the worst patients were. I recall a case or two on that floor where the toenails of the patients had become very long. There were not enough clothes for the patients on this floor. It was especially tough on the bigger patients because the clothes they had for them were really made for much smaller persons. Many of the clothes looked like they were fourteen year old's clothes which had come from a rummage sale. They were torn, they were ragged, and they didn't fit. The clothes looked like props from an old Oliver Twist movie. We were short of everything. There were seldom enough shoes and socks to go

around. There were times when patients had to go through the day with pants and a shirt on but with no underwear. There were very rarely any new clothes at this building. When a patient did have new clothes they disappeared very shortly. In essence I had to scrounge for clothes every day in order to dress the patients. This made it very tough for the orderlies. You knew you could get into trouble if you didn't get the patients ready in time and yet you didn't have enough clothes to dress them and had to run all over the place to find barely enough to get them dressed.

There were examples of patients being left in wet beds for hours, being left to sit or lie in their own excrement. Because of the general attitude at the nursing home, when you came on as a new person you worked pretty hard. Before long you became used to the attitude at the home and you wouldn't get upset about seeing patients left lying in urine and feces. You quickly lost all of your enthusiasm for the job. Sixty to seventy percent of the time if you saw a job that needed to be done you could not do it because there was not enough time. There simply was not enough staff; the pay was very low, and there was no incentive to do any better. There was a lot of turnover at the home and often people would not show up for work when they were supposed to be there.

Theft occurred in this home and it was also common for patients to be left all day long in geriatric chairs.

Accidents were very common in this home.

The man who runs the LaSalle Nursing Home is Mr. Desnick. One time I wanted to ask Mr. Desnick for a raise. I asked if there would be a time when I could speak to him. After waiting for about a half an hour to forty-five minutes I finally got in to see him. He was very upset because I had come up to him while he was talking to a prospective customer. Literally screaming at me, he said, "What you did out there was highly insubordinate. I want to make one thing clear. You are here for one reason and one reason only—to make money for me."

There were incidents of both unnecessary and serious bedsores at this home.

I got virtually no training at this nursing home. When I first started to work another aide took me around and showed me how to make beds. I got no training as to how to clean patients, however. Once when a patient had died, I was told to just go in there and clean her up. It was taken for granted that I would know how to clean up patients.

There was no provisions for privacy on the second floor. Everything was done in the open. You didn't even have time to worry about trying to find something to give a patient some privacy.

There was no provision for an isolation room, or for a death room. If a patient was going to die they would just let them die in the room they were always in.

There was one inspection at the home while I was there. We were told about it two days in advance.

MARK T. MORIARTY.

Subscribed and sworn to before me this 15th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF ANN McALLISTER

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Ann McAllister, being first duly sworn, deposes and says the following:

My name is Mrs. Ann McAllister and I live at 4363 Brookside Avenue in Edina, Minnesota. In 1968 the mother of a friend of mine was transferred from the intensive care unit at Methodist Hospital to the Heritage Nursing Home at 3456 Heritage Drive in Edina, Minnesota. My friend stayed with her mother the day she was transferred to Heritage until about 6:30 p.m. At that time a friend had to leave. This woman had been given no attention up until that time. The only contact with any staff that day was when a nurse stuck her head in the door with a cup of water and pills and told us to give them to her. The following morning, one of the daughters went to visit her mother. She found her sitting on one of these portable toilets where she had been left, and she was in a state of near collapse. The mother said she had been there for over an hour. She had tried to call for help, but nobody came to her assistance.

I saw people grabbing food off trays because they were starving. This woman was removed from the home within 24 hours of coming in there. She just was not getting any attention.

My parents were both in the Chateau Nursing Home at 2106 2nd Avenue South in Minneapolis, Minnesota. They entered that nursing home in August of 1968 and shared a room together. They complained about not getting enough food.

My father became senile and spent a month at Abbott Hospital. When he came back to the nursing home, he did not have very good care. They would tie him into a wheel chair and leave him there all day long. He was incontinent, and therefore was wet constantly because he got so little attention. They didn't clean him up. I found him sitting in urine all the time.

I took care of the laundry for both my mother and father, because the home was always losing so much stuff.

When they moved my mother to a different room, her radio disappeared. No one seemed to know what had happened to it. The staff had somehow given it to another patient. I finally did get it back because I knew what it looked like and it had my father's name on it.

In the early part of January, 1969, my mother developed pneumonia. I was concerned and asked the home why they had not contacted a doctor. This was on a Saturday. I was told the doctor would be in on Monday. I told them she had to have help before then. They asked me how I knew she had pneumonia. I told them that it was rather obvious. I had seen my mother with pneumonia before. She was reacting the same way—horrible breathing, pain in her chest, and stomach pains. On Sunday I told them to call the doctor, and they said no. They said she did not have a temperature. Well, she may not have had a temperature, but she had this horrible pain in her chest, and she complained of heart pains and stomach pains. I told my mother that I would go home and call the doctor. The nurse overheard me and said, "He will not come until tomorrow morning. Furthermore, there is nothing wrong with your mother that can't wait until tomorrow morning." I did call the doctor, but I was unable to reach him. Monday around 10:00 a.m. the head nurse called to tell me that they had taken my mother down to Abbott Hospital for tests. Within an hour after that call, the doctor called me and told me that my mother had passed away very suddenly. The date was January 6, 1969. The doctor was amazed that she had gone so rapidly without any warning.

My father's condition went downhill after my mother died. On the night that he died, he was supposed to get intravenous feeding. The LPN who had been left in charge did not know how to do it, so a male aid had to do it for her. This male attendant said this nurse had been unable to do a lot of things that were supposed to be done that evening.

When I came to get my father's things, much was missing . . . shirts, trousers, socks. Nearly all his socks were missing.

Mrs. ANN McALLISTER.

Subscribed and sworn to before me this 22nd day of October 1970.

WILLIAM J. SMITH,

Notary Public, Anoka County, Minn.

My commission expires Sept. 28, 1977.

AFFIDAVIT OF GLORIANNE J. MCGILLIVRAY*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Glorianne J. McGillivray, being first duly sworn, deposes and says the following:

My name is Glorianne J. McGillivray, and I live at 4364 North Douglas Drive in Crystal, Minnesota. I would like to testify to some conditions I am familiar with at two nursing homes in this area.

My landlady, Mrs. Hazel Briggs, is currently in the Ambassador Nursing Home at 8100 Medicine Lake Road in Plymouth, Minnesota. Mrs. Briggs entered this nursing home in 1969, and is still there now. I first went to visit my landlady in September, 1969, to get permission to move into the home that she owns. When I walked in, the smell of the place practically knocked me over. I have been in there 4 or 5 times subsequently, and the smell has been the same. Other people I know have been sick to their stomach from the smell. I talked to Mrs. Briggs' caseworker, Jean McCampbell, about the situation. She told me that she had

*See statement, Part 19A, p. 2110.

noticed it too, and she said, "I don't know why the Health Department hasn't done something about it." Mrs. McCampbell also said that it smelled like urine to her.

Recently I have noted that Mrs. Briggs has no clothes to fit her. I sent her a robe and slippers, and a friend of hers, Mrs. Stacy, got her a sweater and some dresses from Goodwill. Mrs. McCampbell, in speaking to me on another subject, did mention to me that she had authorized the nursing home to get whatever clothes were necessary for Mrs. Briggs. Mrs. McCampbell said that she had not had time to follow up on it because she was so overburdened by her caseload. She had definitely told them to get her a sweater, but that had never been accomplished. The very few times that I have been over to see Mrs. Briggs, she has had on a very old dress and some very old shoes that were practically falling off her feet.

Mrs. Briggs does have her mental faculties. In talking to her she told me that she does request various things from the people at the home. They tell her that they will do it, but then they just don't do it. Another thing, her handkerchiefs never come back from the cleaners.

The only other thing I can remember about Ambassador is that the smell is especially bad in the summer. They did not seem to have adequate ventilation. I couldn't wait to get out of there.

Secondly I would like to give some evidence about the Maple's Nursing Home in Maple Plain, Minnesota. This home was built a half block from the home that I lived in for 30 years while I was growing up. My grandmother, Mrs. Elvera Pearson, was in this home from the fall of 1967 to April, 1968. Mr. and Mrs. Maski are part owners of the home and had lived next door to us. He ran a roofing business. Now he is in insurance and is the Mayor of Maple Plain. My grandmother entered the nursing home after an operation on her stomach for an ulcerated tumor. I did a lot of work for Mr. Bill Wear who owns the Wear Construction Company in Orono, Minnesota. I was a bookkeeper for him, and he was a silent partner in the ownership of this home. The original people who built the nursing home were Mr. and Mrs. Starkey. They were later forced out by the Maski's and Clyde Wyman who is the brother-in-law of Mr. Maski. Mrs. Starkey told me that she was forced out of the business by the Maski's because she was not allowed to run the nursing home the way she wanted to. They were forced to cut down on nursing staff and on other personnel, and the Starkey's told me that this was not necessary. Mr. Starkey now runs a very successful hearing aid business in Minneapolis. He was a very shrewd businessman, and if he would tell me that they did not need to cut staff, I would believe it.

My grandmother was in her 80's when she was at this nursing home, and I had problems with her being constantly tired. They also continually put patients who were dying in her room, and they told me that I might as well get used to the fact that my grandmother was going to die. I had a talk with my grandmother's doctor, Dr. Gildersleeve, about my grandmother's condition. He told me that he was not sure whether or not they had removed all the cancer from her stomach. He told me that if they hadn't been able to remove it all, she might not live any more than 6 or 8 weeks. He did tell me, however, that she should get some kind of rehabilitation. He said that she could get into a wheelchair every day. The doctor gave permission for a wheelchair. For two months I hassled the nursing home for a wheelchair. They told me I'd have to go to the Welfare, the Welfare told me I'd have to get it from the home. I went back and forth like that two times. Finally I got a wheelchair. By that time, however, my grandmother was much more reluctant to go through the trouble of getting into the wheelchair every day. She also complained that they would come to get her to put her in the wheelchair always when she was very tired.

After awhile my grandmother began to be incontinent. This situation embarrassed her very much. By the way, while my grandmother was in this nursing home I went to see her every day or at least every other day. My mother was also in there often to see her. Sometimes my grandmother would sit there for 20 minutes to a half-hour with no help in getting to the bathroom. At times her whole bed would get messed up. So there she was with the Welfare paying for special nursing care, and believe me, she was getting no special nursing at all. They were simply too busy. They did not have enough help. During all this time Mrs. Elsie Maski kept telling me that there was no reason for me to do anything. One time she said, "There's no sense in getting your grandmother a wheelchair, because she's going to die anyway". Her whole attitude was simply that she was sort of providing a place for my grandmother to die.

After my grandmother's incontinence had continued for awhile, they decided they were going to put a catheter in her because she couldn't control her urine.

She had some kind of a kidney infection. For about a month and one-half they kept the catheter in there and did not take her off the catheter. The reason they gave was that if they took it out, there would be a mess to clean up all the time because my grandmother could not control herself. When they changed the catheter, it was extremely painful to her. I knew she would never be able to control it if she weren't given a chance to try to work on it. I finally had to go to Dr. Gildersleeve to get permission for them to take it out so that she could work on it. Subsequent to this, Grandma's kidney problem went away, she was able to control it, and the problem cleared itself up. But if I had listened to the home and what they told me, she never would have gotten over the situation. By the way, the people in the home always give you the impression that they really know what's going on and they know the story. But again and again I found out that they would make mistakes and be wrong.

One night they gave Grandmother a bad time about something. They treated her like a child. Grandmother decided she had had enough. She got out of bed and started to dress. She was going to leave the nursing home. While she was dressing, a nurse or an aide came in and said, "Just what do you think you are doing, Mrs. Pearson?" Grandmother was so irritated, she said, "I'm going to a dance, what do you think I'm doing". The satire was entirely wasted on the staff person, who reported that my grandmother was getting senile because of this incident.

Shortly after the catheter problem, my grandmother began to have trouble controlling her bowels. Again Mrs. Maski told me that there was nothing that could be done about it. She said, "Your grandmother is in the last stages before death". I had heard that this situation might be cured if my grandmother ate Special K Breakfast Food. I suggested this to my grandmother, but they did not have any Special K at the nursing home. So I brought some Special K myself. Shortly thereafter my grandmother's problem with diarrhea ended. It seems to me that if they had a regular dietitian at this home who could have helped my grandmother's diet, there would never have been any problem. While my grandmother was in this condition, they continually sent out fruit juices and spinach on her tray.

One time they put a dying woman into my grandmother's room. This was very disconcerting because it kept my grandmother from getting any sleep. This other woman was constantly gasping for breath all the time and would keep my grandmother awake.

Basically my grandmother had four medications; one was a sleeping pill and one was a sulphur pill. I can't remember what the other medications were at this point. After while I began to notice, if I came at certain times in the afternoon, Grandma would seem very drowsy and sleepy. At first I assumed that perhaps she was getting senile or maybe the cancer was acting up. So I started checking the clock when I went to visit my grandmother, and spreading my visits around. It got to the point where I could tell, depending on what time of day I was there, whether grandmother would be drowsy or not. I found out that she was getting a sedation at the noon-hour luncheon. This was easy to figure out because at 11 o'clock she would seem fine, and at 2 o'clock in the afternoon she would seem drowsy and found it difficult to communicate. I told my grandmother not to take the tranquilizer at noon and see how she felt. She tried this for a while, and she began to feel better, and her color began to look better too. Next I tried to get her sleeping pills that she took at night cut down. She did have to stay on sleeping pills, however, until she got out of the nursing home. Later when I got her out of the nursing home, at first I would give her no tranquilizers at night. Instead I would give her a double shot of brandy with some sugar. This relaxed her enough so that she could go to sleep. In the morning instead of awaking drowsy and sort of hung-over, she awoke bright and rested and seemed to be much better off. In effect, what was happening at the nursing home was that my grandmother was getting a sleeping pill at night which left her drowsy through most of the morning. Then she would get another pill at noon which would make her drowsy until evening.

During the time that my grandmother was feeling very drowsy all the time from these medications, I called up Dr. Gildersleeve and talked to him about it. I told him that grandmother would never get any better if she was constantly drowsy and doped up. I asked him if he had prescribed the medications. Dr. Gildersleeve told me that he could not possibly get over there all the time whenever anything went wrong. Therefore, he had prescribed the sedatives to be "used as necessary." He said it was quite common practice. Just too much of the time I saw patients there tied into geriatric chairs and just left. I saw one woman who

was so drowsy that for at least an hour she just sat there bending over with her head touching her tray.

Because Dr. Gildersleeve had suggested that my grandmother try to exercise as much as possible, I tried to help my grandmother out in this matter. I knew that if she didn't exercise now and try to recuperate, she might not ever walk again. Grandmother had also told me that she very much wanted to get out of the nursing home and go back home. So I tried to help her as much as I could. The doctor said whatever she wanted to do would be fine in the way of exercise. He said the only problem was that they might not have gotten all the cancer, but he did not know for sure. I told my grandmother very clearly that if she wanted to get out of the nursing home and to go home so that she could eventually die at home, she would have to do all she could to exercise and to gain her strength back. When I finally got a wheelchair, this helped me a lot. By the way, many of my relatives gave me a lot of trouble for encouraging my grandmother to get up and to exercise and to move around, to try to recuperate. This is the time that Mrs. Maski told me when I was asking for a wheelchair, "She does not need a wheelchair because she's going to die anyway. She's never going to walk again. It's bad for you to do this to your grandmother." So I was being chewed out by people at the nursing home for trying to help my grandmother. They apparently told my relatives about this and gave them the wrong idea, and so my relatives chewed me out too. Mrs. Maski is the LPN, Administrator, and I guess part-owner of the home. Her brother is the bookkeeper there. I was told that I was a very bad person to force my grandmother to do this because it was impossible to get her to walk again. I was also told that if I ever took my grandmother out of that nursing home, they would never let her back in, and that would be depriving my mother of the opportunity to come over and see her mother because she lived so close. In other words, they threatened me. They said "If you take her out of here, she will die, and she will die on your hands, and you will kill her. You will be responsible for her death." That is what Mrs. Maski and Mr. Wyman told me. They told these same things to my uncles and they also told it to my grandmother. As a result of that, my uncles jumped all over me and got mad at me. When they told it to my grandmother, she said "That's fine with me, I don't ever want to come back here anyway." She said, "You'll drag me in here feet first, dead, before you'll ever get me in here again."

But I was fed up with this. I eventually did take my grandmother out of that nursing home in April, 1968. At the time I was living at grandmother's house, a very small place, with one bedroom. I took my grandmother out and brought her there where she lived with me and my three children. Before I did this, I got permission from Dr. Gildersleeve. This was what grandmother wanted, so I did it. I had to fight everybody, but I did it. I got an ambulance to come to the nursing home, and I took my grandmother home. I had just become very upset that my grandmother was making no improvement at the nursing home. Not only that, they were constantly upsetting her. Two weeks after I got her home to her crowded house, she was walking on her own and helping us do the dishes. Two weeks was all it took. Dr. Gildersleeve will gladly testify to that. In fact, he said to me, "Glorianne, this is one time that you were right and I was wrong". As a result of my grandmother's improvement, there were other people who started to check-up on their parents. My grandmother did not die until June 12, 1970. Not only did she live for a long time after she got out of the nursing home, but from September, 1969, until May of 1970, when she moved in with me again, she lived by herself and took care of her own home. Just to make it clear, she left the nursing home in April, 1969, and lived with me until September, 1969. At that point I moved into the house I now live in, and my grandmother took care of her own home from September, 1969, to May, 1970. She then moved in with me until her death on June 12, 1970. So there was my grandmother, living all by herself, taking care of herself in her own home for eight months. This is the same woman that Mrs. Maski said there was no help for, she could never walk again, it was impossible to give her any help, and it was just a waste of time because she was going to die anyway.

When you walk into that nursing home, all you find is everybody sleeping. There is an overwhelming sense of lethargy throughout the building. I know the druggist from the drug store who supplies the drugs to that nursing home. He told me that the amount of drugs going into that nursing home is fantastic. He has never seen anything like it. If my doctor is allowing drugs to be applied to my grandmother "as is necessary", I can only imagine that that's the case with most of the patients there. There just doesn't seem to be any check on the

drugs going in there at all. They could have ordered drugs for my grandmother under her prescriptions and given them to somebody else and then just said that my grandmother was getting them.

One final thing. The day I took my grandmother out of that nursing home, they were immediately on the phone to my uncles to try to stop me. I practically had to run to get my grandmother out of there and into the ambulance. Eventually one of my uncles came and apologized to me for the trouble he had given me, when he saw how well grandmother had recovered. People in the home were also letting it be known that I had taken my grandmother out of the home against her doctor's orders. In fact, my son, Shawn, who was 6 years old, came home crying because someone in the neighborhood told him, "Your mother is killing your grandmother because she took her out of the home against doctor's orders". He had argued with them, but they claimed they had it "on authority". That is a complete falsehood. I got specific permission from Dr. Gildersleeve before I moved her. I had to call my doctor to tell him what was being said, and he had to call the nursing home to straighten that one out. Something is not right when a nursing home will fight that hard to keep a patient at the nursing home. When they'll call up my uncles and tell them that I'm taking her out of there, that she's sick and that I'm going to kill her, something's got to be wrong.

GLORIANNE J. MCGILLIVRAY.

Subscribed and sworn to before me this 1st day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My commission expires December 29, 1977.

AFFIDAVIT OF MRS. ERIKA M. NEPENIN

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Erika M. Nepenin, being first duly sworn, deposes and says the following: I am a resident of Minneapolis, Minnesota, living presently at 1515 Park Avenue, Apartment 501.

During the course of the past several years continuing up through the present I have had many occasions to visit nursing homes and board and care homes in the Minneapolis area.

In general I have been most disturbed by the lack of privacy afforded people living in these homes; the bad food they have been served; and the fact that they are not allowed to rest in their beds once they are made in the morning.

In particular I visited the 3rd Avenue Nursing Home at 1817 3rd Avenue in Minneapolis in late June of 1970. The total provision for recreation at this home was one room with a television. The same room had an office desk used by the administrator and a few chairs. Some of the bedrooms had five beds to a room with the beds very close together so that you could barely turn around. The beds were made early in the morning and the patients could not then use the beds again until the evening.

Four years ago, in 1966, I visited a Boarding Home at 1st Avenue South and 24th Street. The floors, rugs and chairs were very filthy. There was a urine stench all around the house—on the outside too. The home was for men only and many of them complained of not getting enough to eat. They never had eggs for breakfast. There was a white house next door to this one for women only that also had a stench of urine all around it, both outside and inside.

Three years ago, I made a personal appointment with Dr. Parks of the Minnesota State Department of Health. After discussing the conditions I had seen, he said, "Who sent you?" I have been back recently to check them and nothing has been done. In late July of 1969, I testified at an "Open Forum" at the Mayor's Reception Room in Minneapolis about the conditions I was aware of. At that forum Dr. Parks asked if there were so many things wrong why did not people come to his office and complain.

In early July, 1970, I visited the Chateau Nursing Home at 2106 2nd Avenue South. I saw people eating who could not reach their food. The administrator assured me that they had adequate staff to help feed people who needed help. As I was leaving I found out a woman had to come to feed her husband his meals every day because they did not have enough help to assign someone to help him.

I have talked to some men in these homes who are excited when they know they have to go to General Hospital for awhile. They are excited because they know they will get good food there and enough to eat.

Mrs. ERIKA M. NEPENIN.

Subscribed and sworn to before me this 31st day of August, 1970.

ROBERT J. HATSLIP, Jr.,

Notary Public, Hennepin County, Minn.

My commission expires on Jan. 27, 1977.

AFFIDAVIT OF MRS. MARY J. PATON

STATE OF MINNESOTA, COUNTY OF HENNEPIN

My name is Mary J. Paton and I live at the Field Hotel in Minneapolis, Minnesota. About five or six years ago I was in St. Mary's Hospital for an operation. After my operation I went to the Boreen Nursing Home at 2100 First Avenue South in Minneapolis, Minnesota. I was in this home for about two or three weeks. They were mean to me at this home. The food was just slop. I could not eat much of it. I remember one noon time smelling cabbage and boiled ham being cooked. It smelled so good. We never got any of it, however. One of my roommates was a small woman with beautiful long grey hair down past her shoulders. She was a little bit senile. There was one staff person who looked as if she might be Mexican or Indian who was very mean to my roommate. She would come into the room and grab all of my roommate's clothes and throw them in her face and tell her, "Get dressed." This distressed my roommate very much. I was also upset by this so I told my roommate that I would help get her dressed.

One time this aide took my roommate to the bathroom for a bath. Soon we heard her screaming and screaming. She kept yelling, "She hit me! She hit me!" Apparently this aide also kicked her. She told me the aide had kicked her in the ankle. My roommate limped around for a long time after that. My roommate also told me that this aide had pulled her hair. My roommate was a pretty tough little woman. She was very good. She fought back.

I was very scared at this nursing home. I wanted to phone a minister who was a friend of mine but they would not let me use the phone. One time I tried to leave the home so I could use the phone. They told me, "You try to run away, and the cops will just bring you right back here."

I prayed for God to be with me. I prayed for God for some way to get out of that home. I prayed every night for God to open a way for me to get out legally. I did not want to run away and do something wrong. It was like hell. I had had phlebitis on my legs before I had gone to St. Mary's Hospital for the operation. While I was in the nursing home, I didn't have any bandaging on my legs. They began to itch and I rubbed them all the time. Apparently my phlebitis was coming back. My legs pained so much that I could not sleep at night. Finally they called the doctor for me. The doctor told them to bring me to the hospital right away. My prayers were answered and I got away from that nursing home. Boy, was I glad.

When I left they didn't give me back the fourteen dollars they were keeping from me. I also had some Kennedy pieces in a plastic case. That eventually was sent to me in the mail but it was all smashed up.

When I left the home to go to the hospital, they didn't give me all of my clothes. They had lost a shirt and some underwear and a slip. I had to go to the hospital wearing my dress without any underwear. They told me that it had been lost in the laundry. I went back to St. Mary's Hospital and stayed there until I was better.

Mrs. MARY J. PATON.

Subscribed and sworn to before me this 15th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MRS. KAY M. SCHALLBERG

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Kay M. Schallberg, being first duly sworn, deposes and says the following: My name is Mrs. Kay M. Schallberg, and I live at 5419 James Avenue North in Brooklyn Center, Minnesota. I am a Licensed Practical Nurse. I would like to give some evidence concerning two nursing homes that I worked in in the past.

From September to November, 1968, for about two months I worked at the Weldwood Nursing Home at 5411 Circle Downs in Golden Valley, Minnesota. I just worked on the weekends, and worked the night shift from 11:00 p.m. to 7:00 a.m. This was on every Friday, Saturday and Sunday night during that period. This home was a fairly new building that had about 60 patients. There was absolutely no nursing supervision during the time I was there. On the night shift that I worked on I was the only nurse in the building. Not only that, I was the only Staff person there except for a janitor who lived in the basement, and was off duty, and one aide, Rosemary Broast, who was partially retarded. I would estimate that about one-half of the 60 patients there needed skilled around-the-clock care. I also know that this home was turned down for Medicare when it applied.

I had a lot of problems with the janitor whose first name was Alex, who lived in the basement. He did not have any cooking facilities down there, just a bed. On these weekend nights I constantly would see him drinking. He would use the kitchen of the nursing home to do his own cooking and not only that, he did some of the cooking for the patients; at least he always did the cooking for the breakfast in the morning. He would use the same uniform that he used to clean up the hallways to go into the kitchen to cook with. Often times it was very dirty and had fecal matter on it. Twice while I was working there I had to call the police in to take this janitor to jail because he had become so unruly and drunk, and was interfering with the work, and I couldn't handle him. This went on every weekend but I only had to call the police in twice. Almost every night that I worked there, there was meat sitting out in the open uncovered to thaw out. More than once I know this meat was left out for more than a day and always this meat would get very discolored. The kitchen was filthy. They never cleaned the floor. There was always dirty dishes and food left out lying around. They did not have a kitchen staff to speak of. The aides would work in there sometimes and sometimes Mrs. Hector who was the wife of the owner, would come in to help out in the kitchen. The bathrooms and the rooms of the incontinent patients were always dirty. They never scrubbed the floors in these rooms. Many of the patients had bed sores. I'd say at least 10 patients had bed sores while I worked there. When I came on duty at 11:00, I could tell that they had been lying in urine for many hours before I came on, because I saw dried fecal matter and discolored sheets that had dried. All of the time your shoes would stick to the floor in these rooms and the bathrooms as you walked around. I also found dried fecal matter under the nails of incontinent patients. They just never cleaned the bathrooms. There also was no one to do the laundry at this home. So if you came on and someone's bed was wet, you had to take the wet linens off, clean them and dry them yourself and then bring them back up and put them on the bed. I complained about the conditions to Mr. Hector, the owner, just about every week-end. Often times I could not reach him by phone in an emergency situation, for instance, when the janitor was drunk. I told him we were understaffed, that we needed more linens, and numerous other things. He would always promise more help and more clean linens but I never got it. I was so upset after I quit at this home that I wrote a letter to the Attorney General dated June 5, 1969.

He referred this letter to the Health Department. Shortly thereafter I received a letter from Anthony Kist which said, "Recent licensing visits and a follow-up of your letter have been made by two Nursing Consultants and a Public Health Sanitarium on our Staff". That was a letter June 30, 1969. Once before I left this home I complained to the Fire Marshal in Golden Valley. Sometime during the day he came out and looked the place over. He said that they had to unblock the door to the storage room in the basement. This door was blocked with suitcases, beds, and other stuff. Except for a stairway and elevator this door to the store room was the only exit. There were no windows in the basement. If you were standing on the floor of the basement the ground level would be above your head. There were three non-ambulatory patients living in this basement when I worked there. One of them was a 19-year-old quadriplegic. A retarded aide and the janitor also lived in the basement. The Fire Marshal left a sheet of instructions of things to be done. None of them were ever done.

I was told by one of the aides that had been there for awhile that the Fire Marshal and Mr. Hector were good friends. I remember one time doing some work on one of the patients who lived in the basement and there was water in the basement. I'd say there was at least a half inch of water that I had to walk through to treat the patient. Patients living there told me that in the spring there was always water in the basement.

After I quit at this Nursing Home because of the conditions, I went to work for the Crystal Lake Nursing Home at 3815 West Broadway in Robbinsdale, Minnesota. I worked the night shift from 11:00 p.m. to 7:00 a.m. at this home too, also on Friday, Saturday, and Sunday nights only. I worked in this home from November 1968 to May, 1969. This home was owned by Mr. William Goldberg. One of the Staff told me that Mr. Goldberg and Mr. Hector of the Weldwood Nursing Home were partners or former partners. They and some others apparently owned a number of Nursing Homes as one business and I did notice that there was a meeting of Mr. Goldberg and Mr. Hector and others one time at the office at the Crystal Lake Nursing Home.

Mrs. Bartley was the Nursing Supervisor at Crystal Lake Nursing Home. Many times I complained to her about the cleanliness of the building and of how the patients were treated. She would either laugh at me, or ignore me completely. During the time that I was being trained by Mrs. Bartley she told us "Whenever a patient does anything bad like making a mess or needs special feeding or needs an extra change of linen put that on their chart." I asked her why we should do this, and she said, "That's the way we are paid, we get more money that way." She told us, "Don't put good things or improvements down on the chart". In other words she did not want us to mention if the patient was able now to sleep all night without help or if they were able to go to the bathroom by themselves, or able now to go to activities, or had learned to comb their hair, for example.

I tried to get the nurses at this home as a group to go in and complain and demand improvements, but this never worked out. The rest of the nurses were afraid to go and refused to go in as a group. They were afraid to lose their jobs. Their salaries were very high there. I got over 2.90 an hour which is more than I could get in any hospital in Minneapolis. I resigned once at this home but they talked me into coming back and gave me 35 cents an hour raise and told me to tend to my own business and everything would work fine, if I didn't complain. So I worked three more weeks and then couldn't take it, and so I quit. Actually what happened is I went in to complain again and they told me that I'd better resign or they'd have to let me go, so I just quit.

One of the patients there was a retired dentist whose name I do not remember. His wife was dead and he had no relatives or friends that I know of. He had been treated for a bed sore by a heat lamp. Whoever had put the heat lamp on him had forgotten about it and just left it there. When I came on duty I had to treat him, and he had third degree burns on his back. I was not there when the burns were incurred, but I did take care of the problem when I was on duty. This event was never mentioned on his chart. I do know what had happened because people told me about the heat lamp problem and because of our brainboard sheet. There was a brainboard sheet for each nursing shift. Nurses would put down on this brainboard sheet the important facts pertaining to the patients. These sheets were usually kept for a week and then destroyed after the comments had been transferred to the charts. I saw on the brainboard sheet that they had written in that this retired dentist had been burned by a heat lamp. This was never reported to any doctor because that would have been on the chart and there was no such notation. This dentist died while I was working at the home but not on my shift. There was no autopsy done on this patient.

I was the only nurse on at night, and all the Staff at this home had keys to the medicine room and to the narcotics cabinet. The Medications Room was never locked. All the aides had keys to this room. They never kept count of the narcotics in this home. They would borrow one narcotic prescription to replace another, and then they would never replace the one they borrowed from. Contrary to what law requires, this home did not destroy medications that belonged to patients who died. They kept them in a special cabinet.

There were two floors at this building and I worked the 2nd floor. On my shift an aide would work the 1st floor and had the key for the medications. This aide would set up the medications and pass them, and then would set up the medications for the morning shift. She had no Nursing Supervisor over her at that time. She also had no training and knew nothing about the reactions of the drugs she was administering. Often times when I would come on there was

a Registered Nurse by the name of Mrs. Wilson who would tell me about overdosages or medicines that had not been prescribed that she had given to various patients. She told me to watch them. She never charted any of this information however. This nurse would also deliberately increase the dosage of a sedative much higher than the prescription in order to quiet down patients, but then she would put on the chart that she had administered the required dosage. She would take sedatives from the prescriptions of other patients in order to do this. One time on the afternoon shift before I came on, apparently a new aide who had no experience and did not know the floor at all was just given the medications to distribute. She, not knowing what to do exactly, went through room by room just passing out the medications as she went, and when she was through she was out of medications but there was still one room left. Therefore, when I came on I was told to keep an eye on all the patients in all the rooms in case there were any reactions to mixed up drugs that night. None of this was ever put on the charts.

There were aides who stole medications and food at this home. Two of these aides worked on my shift. One of them had an invalid husband at home who took a lot of drugs. I actually saw them take food and medications to put in their cars at night to take home. I reported this to Mrs. Bartley but she said to let it go this time. The second time I saw it happen an aide and I went out and asked if we could look through their car; they refused to let me. One of these aides was fired, the other one still works there. They both had keys to the medications room and to the narcotics cabinet and they just helped themselves to what they needed.

On the 2nd floor there was a light beige carpet that was continually very smelly and filthy. It was never cleaned, and there was urine, bowel movement and food on it all the time. You could not get it clean. I asked if we just couldn't remove the rug and use the floor and they said no, because there was no real floor underneath. One time after the Health Department had made an inspection of this home, they left a three or four page list of things to be improved. This list was shown to me. The home never bothered to do anything about it. The aides at this home were told not to change the beds and the linens of incontinent patients until just before the morning shift came on. The reason they gave for this was "too much expense" for laundry. I tried to get these aides to change them more often to keep these people dry. As a result of this, I was left a note from Mrs. Bartley saying not to change them. Not once while I was there were the bedroom fixtures such as urinals, bedpans and wash basins ever cleaned or sterilized. There was no sterilization at all in the whole building. This home always knew in advance whenever the Health Department was due to come out for an inspection. Consequently, they could put extra work in and clean the place up and make it look good before they came. They would also get people from other shifts to be on duty when the inspection team was there so it looked like they were not understaffed. That way it would look like they had a full staff when they really didn't. I was also told that Mr. Goldberg is a former President of the Minnesota Nursing Home Association.

One other thing I noticed were bugs. I think they were cockroaches, but I am not sure. They were black and dark brown and had many legs. They ran very fast and some were as big as June bugs. We found them in the rooms of patients, the medications room, the hallways, and the kitchen. They seemed to come from the boiler room where we noticed more of them. We showed them to Mrs. Bartley. She told us they were water bugs and were harmless. She did nothing about them. They were still all around the day I quit.

Mrs. KAY M. SCHALLBERG.

Subscribed and sworn to before me this 9th day of November, 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minn.

My Commission Expires Sept. 28, 1977.

AFFIDAVIT OF GREG M. STAGE

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Greg M. Stage, being first duly sworn, deposes and says the following:

My name is Greg M. Stage and I live at 1420 Charles St., St. Paul, Minnesota. I worked at the Lexington Avenue Nursing Home at 375 Lexington Avenue,

St. Paul, Minnesota, for twenty-three months. I worked from November of 1969 to November of 1971. I always worked the 3 to 11 shift and I always worked on the third floor.

I was working in the nursing home on the twentieth of October 1971 when an investigating team came through the home. At least 6 or 7 aides have left the home and quit since the investigation. I have also quit during that period mainly because of the bad working conditions. After that investigation Mr. Trana blamed all of the help for the bad conditions. They were up on the floor constantly after that point riding us about everything that we did. Generally speaking the home was short handed.

Secondly after the investigation we were put under more pressure to do more things that we were already short handed and unable to do before. And on top of that we were blamed for the conditions that already existed at the nursing home. This was the major reason for those people leaving the nursing home. The day after the investigation team was there they came up and told us that the problem was all the young kids who didn't give a damn about all the patients. They said it was all our fault because we just came to take our coffee breaks and fool around. Mrs. O'Connell told me that I didn't care and that all I did was sit behind a desk all day and didn't do any work. That was a highly unfair statement. We get as much work as we can get done considering the shortage of staff and the multiple problems that are at this nursing home. We were also hampered by the fact that we were constantly short of supplies and good equipment. During the last three or four weeks up until November 12, 1971, 13 patients have died in this nursing home. This is an abnormally large number to die in that short a time.

Approximately a year ago there was a patient by the name of Maternowski who died because they left the windows open. He had just come back from the hospital and he was lying in the bed soaking wet from his incontinence and he didn't have a blanket on, only a sheet, and the windows were wide open. It was in the winter. He had been in the hospital because he had had gangerine and they had cut off his leg. I don't know how he got the gangerine but when I started working there I noticed that he had black skin and scabs around his ankles and his toes. The nurses knew about this condition. It just got worse and worse until they finally sent him to a hospital and he came back without a leg. The nurse told us that it had been gangerine. After I had found him in bed with the windows open and with only a sheet over him I heard him breathing very, very fast that night. I told a nurse about this, and she said that when they do that, it's likely to be pneumonia. So they sent him to the hospital and he died there. Ed Gabrielson and Floyd Anger are two other examples of patients who developed sores on their legs or their feet and eventually had their legs amputated. For treating these sores we are often told to use tincture of benzoid. Sometimes we are told to put the tincture of benzoid around the sores, but for other patients right inside them.

I was working at the home when Ed Gabrielson, one of the patients, was there. During that time recently it was confirmed that he had staph infection. The home did not come right out and tell us that he had staph infection. In fact the nurses gave us the impression that they were trying to hide the fact from us. Instead of telling us about the staph directly, one of the nurses told us that night that it was confirmed that when we did the treatments on Ed Gabrielson we should not take the carts into the room. At this time he was not in isolation. There were two other patients in the room with him. It was two days before they bothered to put him into isolation. There was a treatment cart in Gabrielson's room after he had been put into isolation. Several things in this cart were sterilized and tape was constantly brought back and forth.

When I helped the nurse do the treatments of Ed Gabrielson I was told to put on two plastic gloves and a gown, a fresh gown from the linen closet each time. When I was through I put the gown into a laundry bag in Ed Gabrielson's room. Proxide and swabs from this treatment cart were also taken back and forth out of this room. Nurses would approach and handle Gabrielson without masks and special gloves on. Before Ed Gabrielson had confirmed Staph infection many people were suspicious that he did have it. During that time I helped feed him and give him treatments, without gloves and without special gowns on. Staff in the home were talking about the fact and suspicious of the fact that Ed Gabrielson could have staph infection at least three weeks before it was confirmed. I was told that necrotic tissue was cut out of Gabrielson's sore by Mrs. O'Connell with a rusty sissors. The only attempt made to sterilize them was to put them

in a bottle of alcohol. To my knowledge this man got no medication for pain except just before he died.

When we cleaned Gabrielson up we usually had to tie him up and restrain him. Whenever we moved him he would moan and groan and get violent. When we told him that he was being mean he would say, "no, no, it is only because it hurts so much." He had a number of sores one of which was between his legs. It was about an inch and $\frac{1}{2}$ long and it was very deep. Whenever these sores were cleaned it was incredibly painful for him. This particular sore had necrotic tissue in it and it was not kept clean. He would have a BM and often he was left sitting in it and it would get into this sore which was not covered. His bowel movement would up into the wound. His wounds would then have to be cleaned out with hydrogen peroxide. They had to probe into his sores to clean them out. This had to be done at least every night. Sometimes the bowel movement was dried on some part of his body. When Gabrielson first started to break down he was given sugar and proxide packs to clear up the necrotic tissue. Then one night there was a doctor's order to use Elase to dissolve the necrotic tissue. Mrs. O'Connell came to the floor the next day and told Mrs. DeMar that there will be no use of Elase in the home. She did not like Elase and she said that only sugar and proxide would be used. This was in spite of the doctor's orders. So we continued with sugar and proxide packs until a doctor came and ordered gerimicine IM and gerimicine applied to the open sores.

Ed Gabrielson also had a very bad sore on his foot which got bigger every day. You could see the bone and you could see dead tissue inside it. One night a nurse would use gerimicine on the sores and the next night another nurse would be on and she would use sugar and proxide treatment. There was no written down treatment specification for Gabrielson. Everybody just did what they felt was supposed to be done. Many times they would ask us to describe the sores to them and then they would just tell us what to do. The nurses did do the treatments on Ed Gabrielson because we refused to do them. We would help and hold him, but we refused to do the treatments. Willie Stone's bed sores were also so bad that we refused to do them too.

Willie Stone, another patient, was worse than Gabrielson. She had a sore on her tail bone that we had pretty well healed, it didn't have any necrotic skin in it. She also had a sore on each hip the size of an orange. These sores were also quite deep. She also had sores on her heels, on her knees, and on her elbows. She had sores on almost every pressure point of her body that would come in contact with the bed. This woman was sent to the hospital where they operated a couple of times on her in early October. There were also sores on her shoulders. On one of the sores on her hip you could see her hip bone. She did not have a draw sheet, she had an air mattress with no motor so it didn't work. They were always short of motors for these air mattresses so that Willie would only get one once in a while. Many many times the day shift told that they had not had time to give treatments to Ed Gabrielson. Many many times they had told us that they had not been able to get any food down Ed Gabrielson or Willie Stone. On our shift they would drink a lot of water and Ed Gabrielson would eat like a horse.

There was an aide named Valerie Christie, who was treating Ruth Vian on the third floor. This woman had a diaper on and the nurse's aide took the diaper off and they found all these little bugs inside. These bugs scattered all over when she took off the diaper. She took the diaper in to a hopper which is like a big toilet and she put the diaper in there and a whole bunch of other bugs came out of the diaper. At that point she came and got me and told me to look at it. They were very small bugs shaped like a teardrop. They were big on the end and small on the front. They were sort of white in color.

I have seen cockroaches in the building and one under the third floor desk and some in the examination room. I have also seen them in the whirlpool room. They were always in the whirlpool room. I have seen as many as ten at one time. Then one time they sprayed and they told everybody to stay out of the whirlpool room, but when they got done we went back in there and they were still in there. I wouldn't send my worst enemy to the Lexington Nursing Home. I quit working there because of the incredible pressures that had built up. On top of all that they blamed us for all the bad conditions in the home. I had done my best under very bad conditions and then I had them turn around and throw it back in my face that it was all my fault.

We would complain about many things to Mr. Trana again and again and nothing would be done. We would often do this because relatives would complain. Finally we would tell them to complain to Mr. Trana. So they did. Usually if this involved a private patient something would be done about it.

Recently as a capping ceremony for the medical aides, Mrs. O'Connell said that anyone who worked on third floor deserved a crown with diamonds in it. She said that she couldn't stand more than an hour up there at a time. At this same ceremony Mr. Trana said now that we have such good staff at this home and because we have a good reputation we can be choosy about what patients we take.

GREG M. STAGE.

Subscribed and sworn to before me this 27th day of November, 1970.

LOIS A. LOOMER.

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF ROBERT A. SHYPULSKI*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mr. Robert A. Shypulski, being duly sworn, deposes and says the following:

My name is Robert A. Shypulski and I live at 1876 East Magnolia in St. Paul, Minnesota. I am eighteen years old and I have been an orderlie at the Lexington Avenue Nursing Home in St. Paul, Minnesota, since June of 1968. The summer of 1968 I worked the day shift at the nursing home, but since then I have worked the 3 pm to 11 pm shift. During that three year period from June 1968 to today I have worked steadily in this nursing home except for six months leave which I took.

I would like to begin by mentioning the case of a patient at the home by the name of Ed Gabrielson. When I first started working at the nursing home, Ed Gabrielson was on the second floor. He walked around. He was well. Sometime later he was shifted up to the third floor where I worked. I noticed that Ed was always groggy. Mrs. De Mars, the nurse, told me that he was getting a lot of Librium. It got to the point where he couldn't even eat or drink. He was always neglected because of his attitude and his meanness. He was left unshaven and his teeth were never brushed. He was completely ignored. In early 1971 he was sent to the hospital and his leg was amputated halfway between the knee and the hip. I was not surprised because he had always screamed of pain when anyone had touched that leg. It was neglected and was always lying in urine. They had tried to put a catheter in him or a condom catheter on him, but he would always get it off somehow. He was never dressed properly, and he was always dirty. Since he has come back from the hospital, he was tied into a chair and left to sit there all day. As a result he began to develop soreness on his rear end.

He also had a catheter burn on the other side of his thigh. During this time during the day he just sat there in the chair and he was over sedated with Librium. We noticed that he was beginning to break down, meaning his skin was beginning to break down. He was getting red and sore and beginning to break out. We told the other staff that he shouldn't be left sitting in the chair all day long. At that point they began to treat him with tincture of benzoin. They not only put this medicine around the sores but inside the sores too. The treatments of tincture of benzoin were administered by nurses, aides, and orderlies to Mr. Gabrielson. Some of them put it only around the sores and some of them put it inside of the sores. Mrs. De Mars, the nurse on our shift, would tell us to put it around the outside of the sores. Mrs. O'Connell, the supervising nurse of the home, would tell me to put it right in the sore. A nurses' aide, Mrs. Lola Finney, and I started giving Ed the medication on the outside of the sore. But it was never done the same way on the other shifts. We finally gave up and told Mrs. De Mars she would have to administer it. After the sore on Ed's behind began to get very bad, we turned him on his side. They left him on his side all the time, so that he began to get skin breakdown on that side too. Then they turned him over on the other side and the same thing happened there. Now he has bed sores on his right side, his left side, and his rear end. He also has it on his foot which is very bad. Now they just lay him on his back. Now Ed Gabrielson has confirmed staph infection. When Dr. Johnson came out to see him, he would not even walk into the room because of the staph infection. The sore on his right side is about two

*See statements of Robert Shypulski, Part 19A, pp. 2124 and 2225.

inches wide and is inflamed around the edges. It has a big black center in it. The one on his left side is in a sort of hump. Its about two and a half inches in diameter. It lumps in the center sort of like a dome, and it has three small openings in it. These openings are all pussy and running. He has another sore on his left thigh right near the anus. It is approximately a three inch oval opening. It is about an inch and a half to two inches deep and it is spreading up underneath the skin.

There are also a lot of other patients on the third floor with bed sores. Lillian Lyford was transferred from the second floor to the third floor with bed sores and they're getting worse. There are approximately sixty-five patients on the third floor. Almost all the patients on that floor have skin that is beginning, or has already, broken down. It is not surprising because they sit in their chairs all day long, and they never move and that is all they do. Einer Ecklund is beginning to break down, and he's already got small openings on his behind. It's just a matter of time with him too. When he does stand up, he still looks like he's sitting down. He has bad edema in his feet. Floyd Anger is breaking down on the bottom of his spine. Mr. Schuck sits as if he's half dead in his chair all day. We cannot get him to eat anything on our shift. I don't know what happens during the day shift. There is also a patient named Alfred who has psoriasis all over his legs. They are never treated. Myrtle Clarady does not have any bed sores yet, but she sits in a wet diaper all day long.

On the 3 to 11 shift there are usually two nurses on duty in the home. There are approximately two hundred patients in the building. There are usually one or two orderlies on the third floor on my shift and usually three or four nurses' aides. In other words, we have anywhere from four to six people on duty on the third floor, or approximately one person for every ten people. We simply do not have the time to give the patients all the care that they need. The third floor is just hell. There are a couple of patients on the third floor that can get undressed and get into bed by themselves, but all the rest we have to do everything for them. We have to keep constant watch on them to see that they're not doing things like eating paper. They literally have to be watched constantly like kids. On the weekends it is even worse. We have just enough people to get the patients into bed and nothing more. On the weekends we never have more than four staff working on the third floor. In other words about one staff for every fifteen patients. There is one orderly named Warren Clem who is very rough with the patients. He will not go out of his way to do anything extra for them whatsoever. Anything that is time consuming he will avoid. For example, if eggs are served, instead of taking time to crack the eggs for the patients, he will just take the eggs away. He is very rude to the patients and says things to them like "Come here you S.O.B."

There are virtually no supplies at this nursing home. We are always missing practically everything we need. We are always short on things like peroxide, powder, and diaperine. There is no disinfectant or any cleaning materials. I have to wash urinals out with mouth wash. There was one patient named John Tworski who had urine burn very bad. I had to hide a bottle of diaperine in his room in order to make sure he would get some. I haven't seen a bottle of diaperine in six months except that one which I had to hide. I would say 85% of the patients on the third floor need diaperine for their urine burns. We are also short of diapers and of diaper pins to go with them. We are lucky to have gowns on the third floor. We are often short of linens. I have wrapped people up in their clothes and I have laid them on shirts. The clean linen that we do get is so spotted, so stained, yellow, grey, torn up, ripped up, that those patients lie in rags. On occasion I have seen clean linens come back with dried feces in them. All the restraints we have are ripped up. If we do have restraints, they're all raggedy and torn up and the locks are broken on them. So we end up restraining the patients by tying them up with sheets. We have towels about 65% of the time but no wash cloths. One night we needed wash cloths so bad that I ripped up diapers instead. You can't wash people up with big sheets. Mrs. Dahl is one of the LPN's working at the home and she has said that the good wash rags go to the first floor, the next best to the second floor, and the rags go to the third floor. So all the nice wash rags are kept behind a desk on the first floor, and we get all the rags.

When I first came to the home, I was trained by Warren Clem. He told me things like "Don't bother to put underclothes on the patients, because then if they wet, you just have to change more things. This way you only have to change the pants."

There is a real shortage of clothes for the patients. The clothes they do have are really nothing better than rags. Many buttons are missing and they have to be held together with safety pins. The underwear they have is all ripped up and stained. Most of it could use a real strong bleach job. The laundry is blind. The clothes come up from the laundry in the same condition in which they were sent down. All the clothes go down a chute into a big box or bin in the laundry room. I have seen the chute backed up all the way to the first floor. Many times the dirty materials get caught between second and third floor. You just open the lid and set it in there. I have used the same tooth brush on different people because I can't find the ones they are supposed to have. Because of the lack of teeth care their gums bleed when you do brush their teeth. I have never heard of a dentist in the home, and I've never heard of anyone going to a dentist. One patient's mouth is just all grounded down. In the treatment room we have a big box of dentures. When we can't find a patient's teeth, we just go into this box and get him some other ones. These teeth aren't clean that we get from this room; they are crusty and black. In the drawer of one of the desks we have our optical shop. It is full of all kinds of eyeglasses. None of these glasses are marked so if someone loses their glasses they just get some other kind that may or may not work.

I have seen toe nails three-fourths of an inch long and curling up under their toes. Their toe nails and fingernails are never taken care of. I have gouges from Ed Gabrielson. His fingernails are very long and pointed and they look like they were cut with pinking shears. They're very jagged.

Shoes are practically nonexistent on the third floor. If they came into the third floor with them on, they don't have them long. They are never washed; they are never polished and they are never kept up. The soles are gone; the heels are broken off. If anybody is wearing shoes, they aren't their own. One time I had to put thongs on Archie Seeker so that he would have something to wear on his feet. It is just no good for those patients to walk up and down the halls with no shoes on their feet because there are pools of urine all over the hallways.

The hallway floors are just literally stained from urine. Sometimes if we have time we can get around to mopping up the halls.

I have seen patients physically abused by the staff. I have seen staff rack patients up against their bed railings when they change their beds. They do this because they are mad at the patients for having wet the bed. I have also seen patients dropped very roughly into the bathtub. I have seen staff pull the thumbs back on patients to get them to do what they wanted them to do. I have seen Ed Johnson hit a couple of times. I have seen Louise Larson get hit. I have seen women get hit.

There are numerous accidents in the home. People are falling left and right. I would say there are seven or eight accidents a day. Often they slip in urine and fall. One time a patient by the name of Stacy Johns was walking to the bathroom and she slipped in another patient's urine and fell. That would not have happened if there had been enough staff to keep the floors clean. Many, many of the accidents in this home are caused by the home itself and not by the patients. Some of the beds don't even go up and down anymore. Therefore patients have to climb into beds that will not come down. It is almost like climbing into the top of a double bunk. They trip over people in geriatric chairs. They fall over people in the lounges.

Doctors are very rarely there to see their patients. I see a doctor in the home about once every three weeks.

For as long as I can remember there have been medications missing. Very recently there has been missing a large amount of liquid chloral hydrate. Staff people have quit because of the mess in the medications room. They do not want to be responsible for all the things that are missing.

Mrs. De Mars came into the home as a nurse with a great idea of how to help people. She really was concerned. Every time she tries to do something to improve the patients' situation she gets shut down by the administration. They won't buy her diaperine they won't buy her supplies; and when she wants to do things, they say don't do that, don't do this. They are always trying to accuse her staff. They tell her to just watch the help and keep track of how many breaks they take. They shoot down just about every nurse that ever walked in there. Mrs. De Mars is a fantastic nurse, but she is completely hampered by the administration. One example in particular was that she wanted some Dickerson solution. She had seen this solution do really good things for bed sores at another home that she worked in. Even before Ed

Gabrielson's sores began to break down really badly Mrs. De Mars recommended getting this solution. Mrs. O'Connell refused to get it for her. Mrs. De Mars called Dr. Johnson, the house doctor, and Dr. Johnson ordered something called "elace" (I'm not sure about that name). Mrs. O'Connell then said, "No, 'elace' will be used on the bed sores. We will use peroxide and sugar treatment and that is all." Mrs. O'Connell does not seem to be following any orders but her own and she is watching the patients go down hill.

There is one incident that I would like to bring out, because I was called as a witness to it. There was an LPN named Mrs. Bruckner who worked from 7 am to 3:30 pm. One day Mrs. De Mars noticed that there were three trays of medications that had been dumped into a waste basket. Mrs. Bruckner had dumped them in the wastebasket. Mrs. De Mars called me as a witness. They put all the medication in a bag and called Mrs. O'Connell. The next day Mrs. Bruckner told Mrs. O'Connell that she had not passed the medications because she did not feel that she should chase after all the patients. She didn't feel there was any sense in it. Mrs. O'Connell thought that was a good excuse. Some people pass out medications and just put them on the food trays. The kitchen reports that the medications come back to the kitchen. This is done particularly by Mrs. Hans. She also lets her aides pass out the meds. I have found medications in the sheets of the patients when I come to change their beds. This is a real problem when the nurses are not watching to see that the patients take their medication.

In the home we have a real problem with circulation. Most of the men have problems with the circulation in their legs. In some cases they are turning blue. The legs are also swollen and full of edema. I would say that almost half of the people on the third floor have this problem.

Ed Johnson, one of the patients, at one time had staph infection. He walked up and down the halls with this infection oozing out on the floor. He had bare feet. I was not told about his infection. He was never separated or isolated on his own. When Ed Gabrielson came down with staph infection, I don't think they were even going to tell me about it. Just as I was about to take the treatment cart into his room, Mrs. Jeske, who is a nurse that works part time, told me not to do it. Then I knew something was wrong. I asked her, "Does he have staph infection?" She said, "Yes." I asked, "Was it confirmed?" She said, "Yes, it was." I immediately told the whole staff. Mrs. Jeske said to me, "Why are you worrying about this one for? They've had a lot of staph in the building." When I treat Ed Gabrielson I don't have any gloves to wear. The gloves they do have are very weak, and they are not big enough for men's hands. They split and fall off my hands. We don't have enough gowns so that I can save two gowns to work in that room. Although Gabrielson is now in a room by himself, it is in no way an isolation room. It is just not supplied. I was scratched by Ed Gabrielson so I went to the hospital to check to see if I had any infection of staph. They said I did not. Lola Finney had been scratched too, and she went with me.

There was a real bad incident at Lexington involving a patient by the name of Lee Brandt. One night her husband came to visit her and brought some fruit cocktail for her to eat. After her husband left, she started throwing up. She was then taken and put in a whirlpool where she continued to throw up. All of a sudden she began to get congested and could not breathe. It sounded to me as if the emesis was going down into her lungs. This happened about a year ago, when Mrs. Cory was the nurse in charge. I called Mrs. Cory on the intercom saying that it was an emergency. When she came up to the third floor, she just yelled at me. She was irate that I had called her up there. I said to her, "Talk to me later, why don't you help this woman?" She went in to see Lee Brandt, and I went to get the oxygen. Another aide had gone to get the suction machine. Mrs. Cory instructed an aide to apply oxygen and suction. She then left after telling us that she would be down in the break room if we needed her. She left an inexperienced aide to suction Mrs. Brandt. I would say that that suction tube was put down nine inches into patient's throat. She would suction some out and then put on some oxygen, and then repeat that process. She did this for about forty-five minutes until the woman was blue, cold, and clammy. Finally Mrs. Cory came up to the floor and asked how she was. The hospital then called, and she was admitted to Ramsey Hospital, and the next day she died.

There was another incident with Mrs. Cory. There was a patient who had a deep bedsore—one and a half to two inches deep. Mrs. Cory told me to put tincture of Benzoin into the sore. I refused to do it because I wasn't sure whether

it should go inside the sore. But these were the instructions that had come from Mrs. O'Connell. So Mrs. Cory put tincture of Benzoin into the sore while the patient screamed and hollered and banged on the rails. The patient's name was Vince Marinowski. They also let this patient's leg go until all the toes turned black. The heel was rotting away before they sent him to the hospital where he had his leg amputated.

Very recently Willie Stone was sent to the hospital with bad bed sores. She was put in isolation and soon died. A reason has been given to me that Ed Gabrielson has not been sent into the hospital with *his* bed sore, because the home does not want to get a bad name by having sent two patients in with bad bedsores in a short period of time.

The dishes used for food in this home are continually dirty. Before you use a coffee cup, you have to check to clean out the food particles in the bottom. You get in the habit at Lexington of checking a coffee cup before you pour yourself a cup of coffee. The food at this home is a complete disgrace. There is so little served that I could eat five of the dinners that are served to the patients. If they have applesauce, there is not enough to fill a cigarette package. They get a glass of 120 cc. of milk and that's all. They get 150 cc. of coffee and that's all the liquids they get in a meal. If they have any soup, it's just a small coffee cups worth. I've eaten about two meals at Lexington in my life. If I get hungry, I go out of the home and get something outside. They use powdered eggs that are often served green and burned. The food is always served cold. When they get a sandwich, they never get a full piece of bread. They always get a half a slice of bread with a sandwich. Those patients really live on peanut butter sandwiches. They send us up two loaves of bread and some peanut butter and jelly for snacks, and it is the same thing every night. They sent up two loaves of bread, peanut butter and jelly, six rolls and a dozen doughnuts for a floor of sixty-five patients. Oscar Peterson came into that home a regular giant. I would say he's lost 120 pounds since he got into that home. His skin just hangs on him in folds.

Arnold Ashland was a patient that was delivered to the third floor about a month ago. He had been using a condom catheter on the second floor. His penis was grossly enlarged. It was at least two inches in diameter and all dirty and very swollen. We could not believe it. His skin had become raw from this catheter. His legs in that area were all chafed. His scrotum was raw and red. There were also a number of open sores. It took us about a month of putting ice packs on it and keeping away from the condom catheter before it returned to normal. He was then returned to the second floor.

Joe Moore is another patient. He was catheterized by an orderly on the day shift. Because the first catheter attempt had only drawn blood they had tried another one. They were worried about it so they told us to watch him. A blood clot came out of his penis that was so big it filled the whole bed pan. It was about a foot to a foot and a half long, a foot wide, and about three inches high. I have no idea how he could have possibly gotten that out of his penis. After a couple of days he was sent to the hospital where he died. I have never seen anything like it. This patient had had no problems like this before hand except that he wet the bed a lot.

We have cockroaches all over the third floor and all over the building. They are literally all over the place. Every day I see at least one cockroach. One night when I went into the whirlpool room to give a whirlpool bath, there were so many in there I had to kill at least fifteen of them. Cockroaches have also been found in the bed of a patient.

In the three years that I have been there we have never had a fire drill while I have been on duty. There was a six month period recently when one of the fire doors on the men's wing was not working. You couldn't get in or get out of that door. That meant the only way out of the third floor was to go down the elevators which are very slow, or to go through the door at the other end of the hall.

One day in the summer of 1971, WCCO television was coming over to film the home as a result of some reports that had been made. That day was an absolutely perfect day at the Lexington. All the carpets were scrubbed a week in advance. They had cleaned the place all day in preparation. The home had been informed that they were coming, and we all had to be on our best behaviour. Another orderly and myself were told to hide ourselves because we didn't have white pants on. It was very surprising to me that none of the patients hollered. The whole floor was strangely quiet. Very shortly thereafter it reverted right back to its normal state.

I would also like to explain an incident involving another patient, Violet Carlson. This occurred during the summer of 1968 shortly after I had come to

work. I used to feed this woman every day. All of a sudden however, her appetite disappeared. She was on a puree diet. She just would not eat. Every day it got worse. She also would not drink anything. Later when I switched to the three to eleven shift she would not eat on that shift either. The woman just got skinnier and skinnier. Eventually she died in the home.

ROBERT A. SHYPULSKI.

Subscribed and sworn to before me this 13th day of October, 1971.

LOIS A. LOOMER,

My commission expires on Dec. 29, 1977.

AFFIDAVIT OF MYRTLE T. TENNEY*

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Myrtle T. Tenney, being first duly sworn, deposes and says the following :

My name is Myrtle T. Tenney, and I live at 800 Fifth Avenue North in Minneapolis, Minnesota. On January 19, 1967, I had an operation done on my foot in General Hospital in Minneapolis. The bandages on my foot were changed one week after my operation. Two weeks later on February 8, 1967, I went to the Queen Nursing Home at 300 Queen Avenue North in Minneapolis, Minnesota. My bandage had not been changed during that two week period. I stayed at this home for thirteen days. While in the Queen Nursing Home, I knew my foot was getting infected. It was getting swollen and was turning colors on me. It was also very painful. I just lay there and cried, and begged to see a doctor. It was two weeks from the time I entered the home before I was allowed to go back to see a doctor at General Hospital. By that time the infection was well set in. In four weeks, the bandages were finally removed, they had to be soaked off. A nurse had to use a tweezer-like device to soak it a little while more before she could pull it off. The gauze had grown into the old blood. After seeing the doctor, I would not go back to the nursing home except over night. The next day I went to my daughter's home where I could soak my foot five and six times a day. I could not get the care I needed at the home. My bill was paid by welfare.

The bathroom condition in the nursing home was filthy. I was on the third floor where all the senile and mental patients were. They mixed senile with the normal. There were two bathrooms on the floor, but both bathrooms were used by men and women. Some of the patients were not too careful when they went to the bathroom. As a result I had to walk with my bandaged foot in urine on the floors of the bathroom. I had the janitor bring me a bunch of clean rags which I had to hide under my mattress. Then I would take two or three rags with me when I went to the bathroom. I had to tie them on to my walker as I made my way to the bathroom. I did not have enough balance, so when I got there I would drop them on the wet places and try to mop up the mess with the legs of my walker. I was not able to bend over to do it. Then I would use another rag to put down by the toilet to put my feet on when I sat down. The third rag I used after wetting it, to wipe up the toilet seat that many times was full of feces.

My roommate in the home was a tiny old lady who had a speech defect. It took me two or three days to get to understand her. The nurses and aides were very inconsiderate of her. Every night they gave her milk of magnesia, and naturally every night she had to call for her bedpan. The aides that were on at night would come in and scold her for calling for the bedpan. Often times she would put her signal light on for the aides, but they would not come. I would turn my light on for her and still no one would come. When my foot became not too painful, I would put my knee on a chair and push myself out to get help for my roommate at the nurses station. Once, when I did this, there was an aide sitting right in front of the switchboard reading a novel and ignoring the signal lights. I told her to come get my roommate off the bedpan. She came to do it, but treated my roommate like an animal. She just jerked the bedpan from under her, and she fell off of it.

One night the entire building was left with only nurses aides in charge. About 12:30 a.m. that night, one mentally ill old lady wandered from room to room to find a nurse. Although the elevator on this floor was barred, there was a stairway that had a door that was not locked. I pushed myself out to this door which was close to my room and sat there for an hour and a half to prevent this lady from

*See statement of Myrtle Tenney, Part 19A, p. 2100.

falling down the stairs. By the time an attendant came, this lady had awakened everyone. This was not the only night the home was left to be run by aides. I knew there were only aides there, because I would ask who was in charge and whether they were nurses or aides.

Our evening meals were always served by high school kids. The food was brought on an unheated cart. The food was always cold by the time we got it. These kids would stand and fool around in the hall instead of getting our meals to us. One night I watched the kids throwing spitballs for a good half hour before they started to deliver trays. I finally shouted, "Please bring our trays, and play afterwards." I lost twenty pounds during the two weeks I was there. It's hard to eat cold gravy.

The medication at night was given to us by aides not in uniform.

I didn't have any change in bedding in two weeks that I was at Queen Nursing Home. If I had stayed there one more day I would have received a change of bedding.

Your personal things are not safe there. Whatever you have, you've got to nail down if you don't want it missing.

I felt like a prisoner there. I never had access to the phone.

Seniors are afraid to go to a nursing home. It is a difficult thing for Seniors to talk about. We would rather sit in a small room all alone with nothing, than to have to go to one of those nursing homes. My relatives even asked me to come to Norway to live there with them, because they in Norway do not treat their old people like we do here in America.

MYRTLE T. TENNEY.

Subscribed and sworn to before me this 14th day of October 1971.

LOIS A. LOOMER.

Notary Public, Hennepin, County, Minn.

My commission expires Dec. 29, 1977.

AFFIDAVIT OF MRS. VIRGINIA G. TRETHERWAY

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Virginia G. Tretheway, being first duly sworn, deposes and says the following:

I live in Robbinsdale, Minnesota, at 3851 Zane Avenue. I have had certain experiences with various nursing homes as a volunteer and when I had my mother placed in various homes.

I had taken care of my mother for two years prior to the time we had to put her in a nursing home in March of 1967. She had had a number of strokes, and I was over-tired. We thought that if we could put her in a nursing home for a few months that I could get some rest and then we could bring her home again. It never worked out that way.

The first nursing home we tried was the Crystal Lake Nursing Home at 3815 West Broadway. She was in there for three days in March of 1967. We brought her in on a Saturday afternoon and took her out on the next Tuesday. She had a bad cold and we used that as an excuse to get her out. The real reason was that I was very dissatisfied with what was going on there.

Early Sunday morning, the day after we brought her to Crystal Lake, I arrived to see her at 7:45 a.m. My mother was supposed to have digitalis as medication with her breakfast. I met an aid in the hall who told me that my mother had refused to take the digitalis and that she had put it in her cereal and then walked out, and paid no further concern to my mother's medicine. Ever since my mother's first stroke she had required assistance in eating, and here she was left to fend for herself.

I went home about 1:00 P.M. that day and returned about 5:00 P.M. later that afternoon. My mother had a roommate who was competent. This roommate told me that while I had been gone, they had put my mother on the commode, right next to the bed—this was all right because it kept her from falling off. But the roommate said that my mother was on there for a couple of hours. The roommate had tried to get help for my mother but no one had paid any attention to her. Finally a relative of this roommate came, and this relative went to the desk and told someone to take my mother off. So I checked my mother's little bottom and found it to be red and sore. My mother was exhausted from the ordeal.

I also had found out that morning from the aide that my mother, who was incontinent, had not been changed during that night. The aide had said, "We never change them at night. We don't disturb their sleep."

I knew that I did not want to keep my mother there, so on Tuesday, we took her back to the hospital for five days to help her recover from her cold.

From there we took her to the Osseo Nursing Home at 6th Avenue and 2nd Street Southeast in Osseo. This was still in March of 1967. She was there for only 24 hours! We brought her in there on a Monday afternoon. She had a new roommate that had come in there just after my mother did. This roommate was perfectly competent. She was there because she had some broken ribs from a fall just to convalesce. We talked for awhile, and she said that she would look after my mother. I explained to her that my mother did not understand how the light worked to call for help. Her roommate said, "Don't worry, if your mother needs any help in the night, I'll put my light on." I then left the home at 7:00 P.M.

The next morning I arrived at 8:45 A.M., and I will be forever grateful to my neighbor for driving me down there. I came down the hall and saw the nurses bustling back and forth. I stepped into the doorway of my mother's room and I will never forget that sight. My mother was clawing on the bedrail and she was strapped down and naked to her waist. She had nearly exhausted herself trying to get loose and her nightgown had been worked up to her chest. Her window was open and it was a March day. The wind was whipping in the window causing the curtain to blow up at practically a 90° angle. Her bed was right next to the window, and she was lying right in that draft. An aid came bustling in right after me and said, "Gramma was nasty last night. We had to put two harnesses on her." I told her that was funny because we never had to use restraints before.

As soon as my mother saw me she was crying out and she said, "O help me, O help me." And when I got to her bed, I put my arms around her and she said, "Thank God, you've come; thank God, you've come." I then got her unstrapped and up out of bed. I then called my husband and told him I was taking her out. As long as I had the health to take care of her, she was going to stay at home with me. I didn't want her in a place like that.

But what really floored me was what had happened to her roommate. When I got there in the morning, this roommate who had been completely competent, was in just as bad shape as my mother. They had strapped her down also she, too, was clawing at the bedrail, and crying out for someone to untie her. I had no authority to help her. It was almost impossible to believe; she had been so calm and rational the day before. I couldn't believe it was the same woman. I thought if it did that to her in less than 24 hours, what would it do to my mother if she stayed there for a few months.

Besides this experience with my mother, I have been a volunteer at the Crystal Lake Nursing Home for about the last ten years. During that time I have had occasion to witness a number of things. Many patients complained to me of theft. One patient told me that he had three radios taken from him.

There was one patient that I knew there who had terminal cancer. Her name was Corrine Cahill. Three days in a row when she was really in bad shape. I went to visit her. And each day I found her lying in urine-soaked sheets. She had no friends, no relatives, no one—that's why I took an interest in her. The third day that I found her lying in urine, her bed, pillowcase, and nightgown were also covered with vomit. There were also dried food particles in the bed and food on her face. She really looked very neglected. So that third day I called an aid to see if she could change her. The aid came to help and I left the room, but when I got back all the aid had done was to take the top sheet off and put a clean top sheet on. Corrine's nightgown was the same, and her bottom sheet was the same, all the urine-soaked bedding was still there. So I finally changed the whole bed for her.

I also knew a patient there named Hilda. One day I saw her lying in her bed with vomit on her chin, her nightgown, and her sheet. She told me that she got sick right after dinner, and that she had been trying to get help for the last hour and no one had paid any attention to her calls. So I went to the desk and got a Registered Nurse. The Nurse got an aid who came to help. I will never forget that scene. That aid stood there with hands on her hips and said, "That's all I need to make my day, ish!" She made no attempt to hide her distaste for the job. I told her that if this bothered her, she had no business working in a nursing home. She must have thought that I was a relative, because she immediately

made an about face. Shortly when Hilda's son came in this aid was as sweet as pie.

Another time there was a patient named Minnie Start. This was about five years ago or more. I walked in and Minnie was sitting in a chair—she was bare-legged and she was chilled. I put stockings on her. She was so cold her legs were just blue. She told me she was so cold she wanted to go back to bed. She had been sitting there a long time. An aid came in then and said, "You'll stay in that chair until I get ready to put you to bed, do you understand that?"

Crystal Lake has a hydraulic lift. They bought it about eight years ago. There was a heavy woman there named Mamie Dingels who had a lot of trouble getting out of bed. It took two people to help her. With the new lift, it was like a new world for Minnie because she could get out of bed every day. A few months later I noticed that the Hydraulic lift was never used, so I asked an orderly about it. He said, "Oh, it's too much trouble to get it out." I haven't seen that lift used **once** in the last four years.

Another thing I don't understand is why aids are not given training in simple stroke therapy. Anyone can do it; I did it with my mother after her strokes. I have never seen any kind of such exercises done at Crystal Lake. Stroke patients come in there and never get any treatment unless they pay for their own private therapy.

I was witness to one example of inadequate food, too. The day my mother was at Osseo Nursing Home. For her evening meal she had one hamburger that was cold, a little handfull of potatoe chips, half of a pear, and a cup of coffee. Men at Crystal often complain of being hungry. We bring baked goods that are more than welcomed.

MRS. VIRGINIA G. TRETHERWAY.

Subscribed and sworn to before me this 12th day of October, 1970.

LEANORE H. NESS,

Notary Public, Ramsey County, Minn.

My Commission Expires Jan. 27, 1977.

AFFIDAVIT OF DAVID L. VANDYKE

STATE OF MINNESOTA, COUNTY OF HENNEPIN

David L. VanDyke, being first duly sworn, deposes and says the following:

My name is David L. VanDyke, and I live at 1178 West Minnehaha in St. Paul, Minnesota. I have been an orderly at the Lexington Avenue Nursing Home at 375 Lexington Avenue in St. Paul, Minnesota, since April 29, 1970. I have worked on both the second and the third floors and I have always worked the three to eleven shift.

Ever since the investigation team from the United States Senate came to the home on October 20, 1971, many of the staff have quit. We are more shorthanded now than we were before. I would say that at least eight or nine nursing staff people have left or have been fired from their job since the twentieth of October. Also, Mrs. Schaffer and Mrs. O'Connell have been giving us extra orders for things to do and have constantly been on our backs. Mrs. O'Connell is the head nurse and Mrs. Schaffer is supposed to be a nurse but she is not a registered nurse. She is from Germany and is called a graduate nurse. She is giving in-service training, but I am sure that she is not licensed as a nurse in Minnesota. To anyone coming into the home who is a stranger, Mrs. Schaffer would appear to be a nurse since she wears a white cap like a nurse.

In the last four or five weeks, dating from today, November 12, 1971, there has been one death on the first floor, two deaths on the second floor, and at least eleven deaths on the third floor. This is far out of proportion from the normal rate of death in the home. Usually two or three may die around the same time, but then it may be a month or so before someone else will die.

There was a patient by the name of Mabel Deyo who died shortly after being sent to the hospital because of a fall. This woman was simply picked up after she fell and an ice pack was put on her face. At 8:15 AM they decided that she should go to the hospital. She was taken there at 3:15 PM and they found that she had a broken hip.

A patient by the name of Andy Miller was bleeding very badly from the penis. He was sent to the hospital and returned to the home shortly thereafter with a new catheter. Last night, November 11, 1971, he was bleeding very badly. Mrs.

Jeske, the nurse, and Mrs. Clay, also an R.N. came in and looked at him. Mrs. Clay took the catheter out. Blood went all over the place and he bled for a long time. They called the doctor, and he said that if the man has pain throughout the night to send him into the hospital in the morning. In the process of taking out the catheter the nurse pumped in 70 cc's of water. The bladder became very distended. Andy Miller was screaming all of the time. The nurse could not get any of the water to return and that is when she took out the catheter. This is also when he began to bleed. Before they had done anything with his catheter he had had blood draining out of the catheter into the urine bag. It was just blood and not urine.

Mrs. Schaffer very recently told us that we were not supposed to do any more irrigation of catheters. Mrs. Schaffer also said that we were not supposed to do anymore treatments, especially of bed sores. She said that there was a treatment aide to do this. However the treatment aide told us that she was only going to do irrigations for those patients that she had to treat. Therefore there are some patients who are not getting irrigated at all.

The unusual number of deaths occurring on the third floor could be directly related to the poor isolation of Ed Gabrielson who recently died at the home. Ed Gabrielson had staph infection. I would like to explain some of the lax ways in which the isolation room was handled. Anyone of the aides or orderlies could walk into the room to help the nurses with the treatments and then walk out again without taking any precautions. There was a rectal thermometer on a cart in the isolation room of Ed Gabrielson. One time I had to take that thermometer, clean it with alcohol, and then use it on another patient and then return it. There were occasions when we were treating Ed Gabrielson and we needed more hydrogen peroxide. So one of the orderlies, without a gown, or without washing, would leave the room, go out to the supply cabinet, get some more hydrogen peroxide, and then return to the isolation room. In effect there was very little attempt to keep the articles for treatment on the cart in his room, just for him. They were also not very careful about the food for him. When the food came up from the kitchen it was never covered. They used regular glasses and dishes when they were supposed to use paper dishes which could be destroyed. We were told to wash these dishes with lysol and then send them back down.

They also were not very careful with his laundry. I came on one day and noticed that in the elevator on the first floor there was a bag of his laundry with excrement in it. This bag was wide open. When the laundry lady came on the elevator with the linen bag the nurse who noticed it, said that "You had better not leave it open like that—something smelly will get out." I said that something more than that will get out.

There was talk that Ed Gabrielson had staph long before it was confirmed. For approximately three weeks people suspected this. This was, of course, before he was put into an isolation room. During this time his food and laundry were sent up and down the same way that it was for all the other patients. There was no disinfectant outside of the room to clean our hands with and there were no masks to use, except for some paper ones which didn't work at all. We did usually wash our hands with consul inside of the isolation room before we left. In effect there was a surface attempt to provide an isolation room. In reality, it was not very well done.

I personally saw two or three of the patients on the third floor go into Ed Gabrielson's room inadvertently. One time I caught Archie Siekert just before he walked into the room. The door to Gabrielson's room was not kept closed at all times. After a certain point they set up a folding screen in front of the door to keep the other patients out. This was not always effective. I should also mention that along the same hallway to this room there are rooms where patients are given baths during the day.

Archie Siekert died shortly after the time I found him going into Ed Gabrielson's room.

I suspect that two particular patients could have died of staph infection. One of them was Einer Eklund and the other was Oscar Peterson who died last night, November 11, 1971. Staph infection for these two patients was never confirmed. Einer Eklund had a sore on his hip that was about an inch wide and six or seven inches long. It was full of necrotic tissue. He also had little sores all over him. The lower left leg was pure blue in color and he ran a temperature of 102-103 degrees. He was always congested.

Oscar Peterson had a similar problem. He had a sore on his right hip. It was about half an inch wide and three or four inches long. It also had black

neurotic tissue like Einer Eklund's. Oscar also had open sores on his coccyx and lower extremities. He had a very very red diaper burn in that area as well. They use germicin on Einer Eklund's sores under the orders of his doctor. They used Einer Eklund's germicin on Oscar Peterson for his sores, without any doctor's orders. Oscar Peterson was running a temperature of 102 degrees before he died. I took his temperature at seven o'clock last night. He died shortly after eight o'clock.

When we notice that someone is reaching a terminal state we notify the nurse. She looks at the patient but a week later nothing had been done and the patient is getting worse. For example last night when Oscar Peterson was obviously dying, we asked the nurse if we should put any oxygen on him, she said "No. What for? He's dying anyway." The nurse makes the decision that death is impending. The nurse also determines if the patient is actually dead—they don't bother to call a doctor, only the mortician.

There is no normal organized procedure to prevent patients from developing bedsores. There is no systematic procedure to see that patients are positioned in bed. There is some attempt to keep patients on a good side if the other side had begun to break down. But there is definitely no procedure which comes down from the nursing supervisory people. This problem is also true for the patients who sit in geriatric chairs. Normally they must get up around seven in the morning and they will not be changed until lunch time if they are wet. There is no attempt to get them up, shift them around, or position them. Therefore it is not uncommon for a person who has to be tied in a geriatric chair to sit there in one position all morning. Except for a possible nap in the afternoon, the patients will sit in the chairs the rest of the day. They would sit there until it was time to go to bed—which is normally about seven-thirty.

One patient by the name of Mrs. Karr, had an ulceration on her foot when she first came into the nursing home. This patient is blind and when she first came to the home the ulcer did not look very bad. Shortly after she arrived her whole body began to fill up with water. It got to the point that you couldn't even put a dent in her skin if you touched her arm. It was very hard. She stayed this way for quite awhile until she began to get little water blisters all over her body. Then the water began to sift through the skin, little by little. The linen constantly had to be changed because it was always wet from the water seepage. When she came up to the third floor one of her arms was almost black in color. The arm with the big black sore is still very swollen. Her other arm looks weird. It has little sores all over it. The arm is very very skinny and the hand looks very big in proportion to her arm. An aide named Joan Blyland went in to clean her one night and said that the skin fell off into her hand. She also said that the foot was all black. The sore, the ulcer on her foot, was on the ball of her foot when she came in and now the heel is also black. Her legs have small indented yellow sores on them. A number of the staff are afraid to treat this woman. One aide doesn't want to treat her because she has diabetes and is afraid of catching whatever Mrs. Karr has. Most of the staff are somewhat afraid of treating her because they know that Ed Gabrielson had staph and they aren't sure how much of it is around the home. She is now charted as having staph.

Mrs. Demars, one of the nurses on the third floor, was very concerned about Ed Gabrielson. She kept trying to get him into the hospital. Finally Mrs. O'Connell told her not to get so involved with her patients because there was nothing that could be done for them anyway. Mrs. Demars came up to the floor after being told this and she was very upset. Mrs. Demars' comment was "how can you work with people and not get involved?" The work of Mrs. Demars was much better than that of many other nurses. She felt that it was important for the care of the patients to know something about their personalities. She knew the patients well. Other nurses I have worked for would not even bother to see the patients or to write into the charts. They would simply ask us how the patients were and would then write that information on the charts. I have also seen nurses go to the door of the room and ask a patient how he or she is feeling. The patient would say "fine" and the nurse would write down in the chart that the patient was fine.

As I have said before, there has been an abnormal number of aides and orderlies quitting in the last three or four weeks. I would say that the main reason for this is the bad working conditions that exist at the Lexington. This is mainly attributed to the fact that Mr. Trana and Mrs. O'Connell are continually putting greater and greater pressures on all of the aides and orderlies to do more and more work than was ever done before. They have been all over our backs

lately. They say things like "Don't you know any better?" or "You're too dumb to know anything." Ever since the investigation team came into the home there has been a constant increase in administrative pressures to do many things which were never required before. This has caused many staff to just say "that's it." Mr. Trana has even gone into our personal lives. He has accused us of being immoral and of not being raised right.

As far as supplies are concerned, they won't give us anymore chucks for the patients. We used something like 2144 chucks in a three week period. Since the investigation we get chucks but we have to get them ourselves and charge them out to the patients in rolls of five.

Before the investigation by the Senate team, Mrs. Schaffer had said that Bob Shypulski was one of the best orderlies in the home and she could not understand why he was suspended. She said that his suspension did not mean that he was fired, but that he had to come ask for his job back—like if you were suspended from school. Immediately after the investigation she walked up and down the halls cutting apart Bob's work and saying what a bad orderly he was. Before then she even went so far as to say that she could not understand why they got rid of such a good orderly.

Ed Gabrielson's bedsores were not normally bandaged. They did try to bandage the one on his back but the bandages kept coming off. They used scotch tape, adhesive tape, and some kind of tape that you had to paste with tincture of benzoid to make it stick.

There is one other patient who has a condom catheter and it is held on by scotch tape or sometimes by adhesive tape. I suggested to the orderly that this probably was not a good idea because it would pull all of his hairs when you took it off. The orderly just replied that it's too bad.

I was witness to the aide suctioning Lee Brandt for three quarters of an hour. There were three nurses in the building but the aide did the suctioning. One of the nurses, Mrs. Hance, puts all of the medications on the supper trays. She says "Why should I have to walk around and see that they take these medicines." She doesn't do this when Mrs. O'Connell is around.

DAVID L. VAN DYKE.

Subscribed and sworn to before me this 26th day of November, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

AFFIDAVIT OF MISS MARIAN VILLAS

STATE OF MINNESOTA COUNTY OF HENNEPIN

Miss Marian Villas, being first duly sworn, deposes and says the following:

My name is Miss Marian Villas, and I live at 4236 Drew Avenue South in Minneapolis, Minnesota. I would like to give a statement about conditions I found in the Heritage Nursing Home at 3456 Heritage Drive in Edina, Minnesota. My mother, Mrs. Caroline J. Villas, was a patient there for about nine months in late 1966 and well into 1967. I was there to visit my mother at least once a day—and sometimes two or three times a day for the whole time that my mother was in Heritage.

My mother was always hungry; she wasn't eating. My sister and I brought her food—coffee cake, cookies, candy, fruit. The doctor said that she could have a little wine in the evening before she went to bed. We brought her some wine, and the very next day it was all gone.

I left money in a coin purse for my mother to have soft drinks when she wanted to go get them. I would put as many as ten or twenty dimes in there, and when I came back next day, there would be one left. No one can tell me my mother drank twenty bottles of pop in one day. I finally had to stop leaving her money. The only time she would get pop was when I was there to get it for her.

The food was horrible. My mother had impaired eyesight and really needed help cutting meat and eating. I walked in there one day and my mother had a piece of roast beef that I know wasn't any thicker than your shoe leather, and it was so tough that she had it in her hand and was chewing on it like an animal. No one had even come near her to help her.

One time I saw creamed chipped beef served. It was served cold and the cream sauce was crusty. I often went to the kitchen to get an extra dish of ice cream for my mother who would not eat much of what was served on the unattractive trays. There was an assistant cook or cook's aid who finally let it be known that if I supplied her with a shot of liquor now and then, she would make sure my mother got more to eat.

In the Spring, I started to notice an odor from the bathroom. It smelled in her room and all over. The bathroom was an absolute eyesore. Whenever my mother had to go to the bathroom while I was there, I would make her wait until I had gone in and completely disinfected the toilet seat and the toilet, and anything she would touch with lysol spray, a disinfectant that I bought. Four people were using this particular bathroom. One day when I went into the bathroom, when it was later in the afternoon and very warm outside, there was excrement all over the toilet seat. And I don't mean just little spots of it—it was smeared all over the toilet seat, smeared all over the walls, all over the wash bowl, and all over the toilet paper. There couldn't possibly been a place for my mother to even stand in there where she would not have been subject to it. Also, it had apparently been there all day long, because it was dried hard and faded in color. I went to get the head nurse. She sent a young girl aid in to clean it up. She came in with a scrub pail and a mop. That water in the scrub pail was solid like gelatin because it had been standing so long, and had been used so many times that the soap in it had become like gelatin. The stench was simply beyond explanation. I had to use almost a whole can of disinfectant spraying it all over the bathroom and the bedroom. I had to go in and clean up after the aid. I called the administrator about this mess the next day. He said it was caused by one of the women in the other room that used that bathroom. He said he could do nothing about it. He said she is doing it all the time. I also told him about the grease all over the walls in the bathroom that had gathered so long that it had gathered dust and fuzz so that you could run your finger up and down and gather it up. The next morning I noticed that the bathroom wall had been very half-heartedly washed. I had told the administrator that I was calling the Health Department.

I noticed that my mother had a little ornament hanging on a vase. It had fallen under the bed. I looked under the bed to pick it up and there was so much dust under the bed that I would not pick it up. I decided to see how long that ornament would stay there. It stayed there one solid week.

My mother had a very nice roommate named Helen. Unfortunately she had to leave. They then moved in a woman who had been in a private room. She was in an oxygen tent and was dying. Thereafter, when we came to see my mother we could not talk. We had to whisper. We could not smoke, we could not sit and visit. It was an absolute impossibility. The staff explained their reason for doing this to my mother was that they were cleaning out some rooms for medicare patients. The head nurse told me, "I don't see why you feel sorry for your mother. You should feel sorry for that woman that's dying."

That was the crowning blow. I got my mother out of that nursing home. When I did come to get her, not one person would help me get her or her things out. They would not even help me walk her out. I had to go find my mother a walker. When I asked the nurse what medications and prescriptions my mother was supposed to take, or if she would give me a list or at least call Park Nursing Home, the nurse said, "I haven't got time to do anything. Maybe around 10 or 11 o'clock tonight I might have some time but not before." In other words, my mother did not get her medicine that day. The nurse at Park called and they would not give the information to her either. So we had to wait until the next day and get all new prescriptions from her doctor.

I had to put up signs that said, "Do not remove any of Mrs. Villas's clothing. Her laundry is being done elsewhere." They lost so many of her nightgowns and housecoats that I had to finally insist that nobody touch anything of hers, and I did all my mother's laundry. And yet, here I was doing her laundry, bringing her food and paying \$375.00 to \$450.00 per month.

My mother's first roommate was Margaret Mueller. She was horribly crippled with arthritis. Her back was hunched over, and she had to use a walker. She was getting out of bed one day when some careless young aide came bounding into the room throwing the door open knocking Mrs. Mueller right on the floor

and broke her hip. Certainly any aide in a nursing home should have knowledge of the conditions of patients so that things like that would not happen.

MARIAN VILLAS.

Subscribed and sworn to before me this 22nd day of Oct., 1970.

WILLIAM SMITH,

Notary Public, Anoka County, Minnesota.

My commission Expires Sept. 28, 1977.

AFFIDAVIT OF MRS. CAROL WALKER

STATE OF MINNESOTA COUNTY OF HENNEPIN

Mrs. Carol Walker, being duly sworn, deposes and says the following:

My name is Carol Walker and I live at 1653 Selby Avenue in St. Paul, Minnesota. My grandfather was in the Quinlan Board and Care Home from 1955-1960. The toenail on his large toe grew so long that it grew around and into his flesh. He complained of the pain for a long time but this home never did anything to help him. I and my husband tried to help him ourselves, but we just couldn't manage. By this time my grandfather was unable to walk around because of the pain. My mother notified this home about my grandfather's toenail but they never did anything about it. They didn't even try! He was finally sent to the hospital and his leg was amputated because of a gangrene infection, all from the lack of care at this home.

Mrs. CAROL WALKER.

Subscribed and sworn to before me this 17th day of October, 1971.

LOIS A. LOOMER,

Notary Public, Hennepin County, Minn.

My Commission Expires Dec. 29, 1977.

Appendix 2

LETTERS, MATERIALS, AND AFFIDAVITS FROM NURSING HOME OWNERS AND EMPLOYEES DENYING CHARGES OF ABUSE

The following letters, materials, and affidavits were received by Senator Frank E. Moss subsequent to the hearing on November 29, 1971 in Minneapolis-St. Paul, Minn.:

ITEM 1. LETTER FROM REV. PAUL T. HOLT, ADMINISTRATOR, GOLD MEDALLION NURSING CENTERS, TO SENATOR FRANK E. MOSS, DEC. 22, 1971

DEAR SENATOR MOSS: This letter is in response to the affidavit given to your committee by one Glorianne J. McGillivray concerning alleged conditions at the Ambassador Nursing Home, 8100 Medicine Lake Road, New Hope, Minnesota.

Hopefully to shed some light on a rather gloomy picture portrayed by Mrs. McGillivray and to familiarize you with the whole situation at the Ambassador Nursing Home, I would like to begin with the patient upon admission.

The named patient, Mrs. Hazel Briggs, upon admission was found to be infested with worms and bugs. She had to be bathed and shampooed four times. Tincture of Benzoin was applied to her hair and her head then wrapped in a towel. Patient's pubic hair was shaved. She had been put to bed before the worms and bugs were discovered, so the bed linen had to be burned, and the patient's clothing, slippers, and purse had to be burned. The legal documents were saved, wrapped in a plastic bag, and given to the Administrator. Thorough spraying and disinfecting of the bed, springs and mattress, wheelchair, and room was done to insure proper sanitation.

Mrs. Briggs had a colostomy which was cared for by the nurses until she had fully learned self-care. As is common in colostomies, however, this was a source of odor due to the foul-smelling drainage. This patient also insisted upon keeping a bedpan on her bed so that it could be available to her instantly in preference to signalling for a nurse or nurse's aide.

To combat the odor problem in this particular patient's room, as well as in other patients' rooms where odor problems existed, special housekeeping procedures are and were instituted. In Mrs. Briggs' case she was taught to use the signal system to call for a bedpan rather than to keep it on her bed. After she gained proficiency in self-care of her colostomy the odor problem from this source markedly diminished. It is acknowledged that proper medical and nursing practice is to help the patient attain the maximum degree of self-care.

To take care of the clothing situation, the patient was provided with clothing from the home when hers was burned upon admission. She took care of her Hennepin County monthly personal allowance herself, and did her own purchasing of sundries. Shopping is done for the patients (if they are unable to get out) by one of the employees. We were never authorized by Hennepin County Welfare Department, through Mrs. McCambell, the caseworker, to purchase clothes for this patient. We did furnish, on our own, very serviceable clothes donated by others, and Mrs. Briggs was very contented.

A complete new laundry system was installed in July 1971, all the linens and personal clothing now being done here in the Home. Patients' relatives have the option of doing a patient's personal laundry if they wish, although laundry picked up and returned is often not as fast as if it were done in the Home.

To facilitate laundry distribution of personal clothing, one person is employed just to distribute the laundered clothing. The clothing is gathered by the aides and taken to the laundry routinely as it accumulates. It is then laundered by the

laundresses and the maid assigned to laundry then distributes the clean clothing to the individual patients.

To combat over-all odor in the Home, the following procedures are used: (1) mopping of rooms is done 2-3 times a day, or more if needed; (2) laundry containers and Chux containers, both of which are covered, are kept in the ventilated utility rooms; and (3) ventilation fans in the patients' rooms are turned on whenever an incontinent or involuntary patient is changed.

We at the Ambassador Nursing Home are proud of our facility and of the care that we provide. The Joint Commission for Accreditation of Hospitals has always given us full accreditation for the maximum period.

I would sincerely like to invite you, or any member of your committee or your staff, to visit our Home at any time. A most cordial welcome would await you.

Yours for better Nursing Home Care, I remain,

Sincerely,

Rev. PAUL T. HOLT.

ITEM 2. LETTER AND MATERIAL FROM JAMES B. SWANSON, ADMINISTRATOR, WHITE BEAR LAKE NURSING HOME, WHITE BEAR LAKE, MINNESOTA, TO SENATOR FRANK E. MOSS, DEC. 22, 1971

DEAR SENATOR MOSS: Enclosed please find material I have collected which I feel will help show that the charges alleged in an Affidavit given by Mrs. Sandra Dhar, a former employee, against the White Bear Lake Nursing Home and its staff are unjustified and untrue.

Because we did not receive Mrs. Dhar's Affidavit until December 15, 1971, we have not had time to reduce this material to affidavit form and still get it to you while the hearing record is open. However, it is an understanding that all of these individuals would be willing to make sworn statements, if necessary.

I am sure you will agree that the enclosures show Mrs. Dhar's information to be false and completely untrustworthy. I would hope that your Committee might consider investigating perjury charges to be brought against this individual, whose activity has wrongfully slandered a dedicated group of employees and a fine patient population.

Sincerely,

JAMES B. SWANSON.

WHITE BEAR LAKE, MINN.

December 20, 1971.

Re White Bear Lake Nursing Home patient: Mrs. Florence Schaeffer.

To Whom It May Concern:

The above named patient has been under my care since September of 1964. During this time she has been hospitalized on several occasions and has been examined by me approximately two hundred times so she has become very well known to me. She is an incurable hypochondriac which fact is well recognized and accepted by her family. Because of this condition she will complain bitterly and endlessly to anyone who will listen for as long as they will listen and her complaints cover every system of the body. However, in addition to this she has had and does have some real medical problems for which she has been and is being treated. She had a gastric resection for intractable ulcers and has been treated for many years for rather severe arthritis. She is receiving medication for this and for continued gastrointestinal disorders, etc. The medication she is receiving for her arthritis only partially relieves her pain and because of this she has been given small doses of Percodan which is a synthetic codeine preparation. The fact that she is receiving this medication does not mean that she is addicted to it and she is watched carefully to prevent this from happening. The nurses and help at the Nursing Home have been instructed to give her this medication only as often as is necessary and sometimes she does not receive it as often as she would like and therefore complains that she is not receiving the medication that she is supposed to have. This is the medication that Mrs. Dahr refers to in her affidavit in which she claims that this patient is being mistreated because she has to wait for her medication. I examine Mrs. Schaeffer quite frequently and last examined her on December 15, 1971. At that time she was found to be doing quite well considering her age and arthritic condition and there was no evidence of mistreatment and she had no complaints about her care at the Nursing Home except that she sometimes has to wait longer than she

thinks is necessary for her pain medication. I have been in practice in this locality for twenty years and have treated many patients at the White Bear Lake Nursing Home during this time. Over the years I have made frequent visits to the Home and since a good percentage of patients there are under my care I have had ample opportunity to observe the standard of nursing care which in my opinion is very good and particularly so since Mrs. Senkler has been in charge of the nursing care at this facility. I have known Mrs. Senkler for many years prior to her employment at the Nursing Home. She is a very capable and dedicated nurse and does everything possible to see that the patients receive good nursing care. Between my visits to the Home I talk to her frequently by phone about various patient problems.

The charges of Mrs. Dahr regarding the neglect or improper treatment of Mrs. Schaeffer are totally unfounded. If further information is desired, please advise.

Sincerely,

R. L. PETERSON, M.D.

WHITE BEAR LAKE, MINN.,
December 21, 1971.

Re White Bear Lake Nursing Home, 1510 Weber Street, White Bear Lake, Minn.
To Whom It May Concern:

I have been attending patients at the White Bear Lake Nursing Home for the past eight years. I began in 1963 when I was associated with another physician in White Bear Lake, and when this Nursing Home was owned and operated by another owner and known as Leirfallom Nursing Home.

During these eight years I have become well acquainted with the facilities, nursing care, attitudes of employees and patients and very much aware of the type of care, concern and treatment my patients have been receiving these past eight years.

Since Mr. Swanson has assumed control of the Nursing Home and his subsequent hiring of Mrs. Sinkler as the head nurse of the Nursing Home, there has been a decided if not dramatic improvement in the care of my patients. This facility has been changed in a short period of time from a custodial facility into a first rate nursing facility on a par with some of the hospitals that I have seen in the area. This has not been a simple and easy process as I have discussed this with Mr. Swanson and Mrs. Sinkler on a number of occasions. I have seen constant upgrading in every area of nursing care, dietary control, ambulation of the patient, much greater increase in activities of daily living of the patients—in essence, a change from bed care to ambulatory care with a great improvement in physical, mental and social health of the patients involved.

In my own experience, if a patient of mine is in need of care, Mrs. Sinkler literally hounds me until I give that patient the care that he or she requires. There is a much greater awareness in control of medications and a constant attempt at updating the medications required by the patients and a much greater attempt at communication with the attending physicians.

I am well aware by word of mouth from other physicians and through our social workers at the hospital that I attend in St. Paul, that there are several nursing homes that are felt by them to be quite the sub-standard in the St. Paul Metropolitan area. White Bear Lake Nursing Home has never been mentioned by any of them. I have remarked in my conversations to social workers and to my fellow physicians in the area about my opinion of the great improvements that have been made in White Bear Lake Nursing Home in the last several years. I was therefore quite shocked when Mr. Swanson informed me that his Nursing Home was one of the nursing homes that was being brought out as an example of poor care.

This administrator and nurse over the past several years have worked so diligently, and in my opinion so successfully, in upgrading and improving the care of their patients, and I would think it outrageous that this reputation of excellent care could be destroyed by a disgruntled employee. I hope that anyone investigating any allegations would go to the trouble of checking these allegations out. To me, the best way is to talk and look at the patients themselves. Secondly, to talk to the family of these patients; and next to talk to the doctors who care for these patients, and the hospitals in the city where these patients are transferred when they become severely ill.

In the meantime, I will continue to highly recommend the care rendered at the White Bear Lake Nursing Home to my patients, friends, relatives and fellow medical personnel.

Sincerely yours,

TERRANCE P. HENDERSON, M.D., ABFP.

DECEMBER 21, 1971.

To whom it may concern:

My name is Norman M. Carlson. I am a graduate of the University of Minnesota College of Pharmacy. I am registered by the State of Minnesota to practice pharmacy and I also have a certificate from the American Society of Hospital Pharmacists for completing an on-the-job training program at Divine Redeemer Memorial Hospital in South St. Paul in Institutional Practice. I own the Capitol Drug Center which supplies the medications for the White Bear Lake Nursing Home and another local nursing home.

Mr. James Swanson showed me the affidavit of Mrs. Sandra Dhar concerning the alleged mistreatment of patients at that home. He asked me to give any comment I might have on that portion of Mrs. Dhar's affidavit that refers to the practice of pharmacy.

Let me first explain the mechanics of our drug control system. Each patient has an individual drug record which is prepared monthly. This form is in triplicate. Each time a prescription is filled for a patient, the following information is put on the patient's record:

- (1) name of doctor
- (2) prescription number
- (3) original date of prescription
- (4) name of drug
- (5) strength of drug
- (6) manufacturer of the drug
- (7) date of the refill

At the end of each month, the pharmacist reviews the drug record for each patient, checking for pharmacological incompatibilities, duplications, conformity with prescriber's directions and other possible problems.

After going over each drug record and signing them, we send them to the head nurse at the nursing home who, in turn, goes over each record, making nursing comments on the back. The nurse then signs each form and the forms are sent to the patient's physician who also reviews each record, signs it and sends it back to the home where it becomes a permanent part of the patient's record.

We are proud of our drug control system. We feel it is the most complete and effective system available. We have had requests from nursing homes all over the state and from the Department of Hospital Pharmacy of the University for copies of the system we developed.

Other services we perform include periodic checks of the drug rooms in the homes, consultation with the nursing staff. Also, we give talks at staff meetings on problems relating to drugs.

I cannot help but feel that Mrs. Dhar's affidavit, to put it kindly, is irresponsible and unprofessional in that she has made several judgments for which she is not professionally trained and drawn improper conclusions from these judgments. I have reviewed Mrs. Schaffer's drug record each month for over two years. I have always felt that they were handling the situation very well.

Mrs. Dhar claims Mrs. Schaffer is a drug addict. Based on her drug use and her drug record, this is not true. An addicted person requires ever-increasing amounts of drugs to maintain their addiction. Mrs. Schaffer uses no more drugs now than she did two years ago.

Mrs. Dhar claims that Mrs. Schaffer is supposed to get a pill every four hours. This is also incorrect. The doctor's directions state "give one tablet every 4 hours if needed for pain." This means that if, in the professional opinion of the nurse, the patient is in pain, she may give the patient a tablet every four hours. If she feels the patient wants the pill just for the euphoria or "kick" that sometimes accompanies even the mild type of narcotic that Mrs. Schaffer is using, it is the nurse's duty to withhold the drug. The dispensing of a narcotic drug on a need basis rather than on a regular time basis also helps prevent addiction. These situations call for professional judgment and experience on the part of the nursing staff.

NORMAN M. CARLSON,
Registered Pharmacist.

ITEM 3. LETTER FROM SHARON BERTSCH, ADMINISTRATOR, BOREEN NURSING HOME, INC., MINNEAPOLIS, MINN., TO SENATOR FRANK E. MOSS, DECEMBER 23, 1971

Re Affidavit of Mary J. Paton charging Boreen Nursing Home with patient abuse, poor food, et cetera

DEAR SENATOR: We have been advised of Mary J. Paton's affidavit regarding incidences which allegedly took place at our home 5 or 6 years ago.

In October of 1968 this nursing home received a total changeover in management and principal officers of the corporation. Prior to that date, I cannot defend any of the allegations contained in Mrs. Paton's statement since none of the current staff is familiar with her on the incidents involved. We wish only to state that since we took over management of the home, we have strived to upgrade the quality of care our residents receive and believe we have succeeded in doing so.

Shortly after I became involved in the management of Boreen, I did receive complaints regarding one of our registered nurses. After investigation, this R.N. was discharged. To my knowledge, there have been no further complaints of value made against our home.

Although our home is older and not as elaborate in physical appearance as some of the newer homes, I'm sure that if you asked our residents, they would prefer to stay with us. We attempt to maintain a homelike atmosphere, and since we are small, our residents receive more individual treatment. We welcome any inquiries about our home, and would be glad to have any interested parties tour our facilities.

Very truly yours,

SHARON BERTSCH.

ITEM 4. LETTER AND MATERIAL FROM JOHN M. BROEKER, ATTORNEY, TO SENATOR FRANK E. MOSS, JAN. 6, 1972

MINNEAPOLIS, MINN., *January 6, 1972.*

Re Minnesota Nursing Homes.

DEAR SENATOR MOSS: In the follow-up investigation of Minnesota nursing homes being performed by a committee in the Minnesota House of Representatives, the committee has been making an effort to spend some time in an in-depth study of the allegations which were originally made at the time in St. Paul at your hearing on November 29, 1971. As attorneys for the Minnesota Nursing Home Association we have strongly urged that all parties be given an opportunity to present evidence to determine whether or not all or a portion of the charges alleged at your hearing were true. In an all-day session in the Minnesota Legislature last week, the testimony relating to three nursing homes—Capitol View, White Bear Lake and LaSalle—revealed many discrepancies and, in some cases, outright perjury in the affidavits submitted to your committee. See the accompanying newspaper articles from the Minneapolis Star and Tribune of December 31, 1971, and editorial from the Minneapolis Star of January 5, 1972. A most graphic illustration of this occurred in the affidavit of one Ellen Marx in regard to the Capitol View Nursing Home. For example, in her affidavit Mrs. Marx states unequivocally that she saw one Ana Bustamante beating up on an aide by the name of Francisca. However, Ana Bustamante vehemently denies this and is supported in her contentions by a notarized statement from Francisca obtained by the St. Paul Department of Health indicating that such a beating never took place. None of the purported witnesses ever saw such a beating. Other allegations which were proven false by statements from doctors and by death certificates concern circumstances leading to the deaths of some patients. There is every reason to believe that affidavits submitted in regard to other nursing homes are equally invalid.

In view of the overwhelming amount of contradictory evidence which is beginning to accumulate as to the accusations in at least some of these affidavits, we would respectfully suggest that your committee take another look in regard to nursing homes in Minnesota. Because all or a substantial number of these affidavits have proved or are proving to be false, a great disservice has been rendered to the citizens of Minnesota, many of whom have lost confidence in outstanding nursing homes. Such affidavits were presented as truth when in fact they were not. In those cases where perjury has been shown, we would ask that your com-

mittee consider taking appropriate legal steps to see that those making the perjured statements are punished to the full extent of the law. In addition, public statements should be made by both Senator Mondale and yourself. Many innocent nursing homes, employees thereof, patients, relatives, and the general public have been falsely accused causing a drop in morale of employees and nursing home administrators and leading to a very unhealthy situation in this state. Some obligation is owed to these people who have been falsely accused to clear their name and to reinvoke public confidence in an excellent nursing home program in the State of Minnesota.

Your early reply would be greatly appreciated.

Very truly yours,

BROEKER, BACHMAN & HEETLAND,
By JOHN M. BROEKER.

[Reprint from Minneapolis Star, Dec. 3, 1971]

WITNESS: DIDN'T SEE NURSE HOME ABUSES

(By Joe Blade)

A witness admitted Thursday that she did not see several instances of severe nursing-home abuses that she swore had happened in an affidavit submitted to a U.S. Senate subcommittee.

Ellen Marx said that she was told about the incidents by other persons when questioned Thursday by members of a Minnesota legislative subcommittee investigating nursing homes.

Mrs. Marx had stated that a patient at the Capitol View Nursing Home in St. Paul had died from an improperly given enema, another patient had committed suicide with drugs and an employee had been assaulted by the nursing supervisor.

The affidavit was given at a hearing held on Nov. 29 in St. Paul by a subcommittee of the U.S. Senate Select Committee on the Aging.

The first patient died of heart trouble, according to the death certificate, which states that nursing records show no enema given in the previous two days or any rectal bleeding, said Margaret Christison, nursing-home inspector for St. Paul.

Mrs. Marx said the man's sister had told her the cause of his death.

The second patient died of a heart attack, not drugs, according to her death certificate, which said no post mortem was performed, said Miss Christison.

Another employee told her a post mortem disclosed that drug overdose was the cause of death, said Mrs. Marx. Her affidavit stated it as fact.

A notarized letter from the victim of the alleged assault saying that no assault had taken place was read by Miss Christison.

When questioned, Mrs. Marx said she was told of the beating by the victim and several patients but she did not see it. Her affidavit said the assault was "in front of everybody."

She denied an accusation of personal vindictiveness by the administrator of Capitol View, Harry Petersen, and insisted her other statements were true. Her remarks prompted Rep. James Rice, Minneapolis DFLer, to say, "I doubt the credibility of those who prepared the affidavits and those who signed them."

Rice said he now feels the motive behind the affidavits was "punitive," not "corrective." He received loud applause from the supporters of nursing homes in the Capitol hearing room.

Most of the testimony of three other witnesses who criticized Capitol View was denied by its administrator and supervisors. Legislators indicated puzzlement over where the truth might lie.

Two employees were suspended Dec. 6 because of their affidavits given to the Senate subcommittee, according to a letter from Petersen.

In his testimony yesterday, however, Petersen said he suspended them at the request of 31 employees who signed a petition and because the two lied and said they had not sworn out affidavits.

Under questioning yesterday, John Marotz, a former orderly, admitted he did not know whether catheters actually were re-used, as he had sworn in an affidavit to the Senate subcommittee, whether dead patients' belongings had been stolen or that the nursing supervisor had said patients should be fed oatmeal with worms in it.

In testimony to the legislative subcommittee yesterday on the White Bear Lake Nursing Home, Sandra Dhar, a former occupational therapist there, said

a patient had to beg for a drug, that the home was very cold and that aides trained one another.

A letter was read yesterday from the patient's doctor stating she was a hypochondriac and that she should be discouraged from taking the drug, a mild narcotic. Mrs. Dhar later said that she had noted on a report of her own that the woman was a hypochondriac.

The director of nursing at White Bear Lake Nursing Home said construction of an addition to the building caused heating problems last winter. She said she has a training program for aides, and the aide named by Mrs. Dhar testified yesterday that she had been trained by the nursing director.

Mark T. Moriarty, a former orderly at the LaSalle Convalescent Home, 1920 LaSalle Ave., said yesterday that he went to work with no training other than being shown around.

He isn't sure now, he said, of a statement he made in an affidavit that the home was notified two days before an inspection. He knew of the visit in advance, he said, but possibly not two days before.

The training director said yesterday that she had a record of Moriarty attending eight training sessions, the first of which was in a ward. He later said he could remember only two and that they didn't prepare him for the work he did.

[Reprint From Minneapolis Tribune, Dec. 3, 1971]

NURSING-HOME CHARGES CALLED "LIES" AT HEARING

(By Peg Meier)

Stories of worms in the oatmeal, of a patient dying from an improperly administered enema and of a nursing supervisor beating up an aide were denounced Thursday as "outright lies" by officials of a St. Paul nursing home.

A number of such statements made by three former employees of the 145-bed Capitol View Nursing Home, 445 Galtier St., were challenged as inaccurate.

Harry Petersen, administrator of the home, said that the Minneapolis Age and Opportunity Center had "looked for disgruntled employees" when it sought witnesses against nursing-home care.

The charges against Capitol View, presented to a U.S. Senate subcommittee in St. Paul Nov. 29, were repeated yesterday to a special subcommittee of the Minnesota House Health, Welfare and Corrections Committee.

Rep. Gary Flakne, Minneapolis Conservative and chairman of the full committee, said, "It bothers the devil out of me" that some of the testimony and affidavits by witnesses were untrue or unsupported by first-hand knowledge.

He said a transcript of yesterday's hearing will be sent to the Senate to point out inaccuracies. "I'm somewhat critical of the Senate for not hearing all the testimony," Flakne said.

Mrs. Ellen Marx, a 64-year-old licensed practical nurse who worked at Capitol View until last February, testified that a patient at the home was given an enema while he was sitting on the toilet rather than while he was lying down. He died the next day of rectal hemorrhaging, Mrs. Marx testified yesterday.

But a statement by the patient's doctor, read to the subcommittee, said no enema was administered and there was no rectal bleeding. The patient died of a lingering heart ailment, the doctor stated.

When subcommittee members questioned Mrs. Marx on why she thought the patient died of the enema, she said, "His sister told me this herself." Mrs. Marx then admitted she had no first-hand information on the case.

The nursing home also denied Mrs. Marx's story that the nursing supervisor physically attacked a certain aide. Margaret Christison, a nursing inspector with the St. Paul Health Department who investigated the complaints against Capitol View, read a notarized statement by the aide that she was never beaten by the supervisor.

Miss Christison further said that Mrs. Marx's charge of poor food at the home is untrue ("we found the food to be of good quality"), that she found no evidence of bugs and worms in food nor mice in the building, as Mrs. Marx had charged, and that she did not inform the nursing home in advance of her inspections.

Capitol View has been told to improve certain policies, Miss Christison said, but the faults have been corrected in a reasonable period of time.

She said Mrs. Marx was known to the Health Department because Mrs. Marx ran a nursing home. "Is it still in operation?" asked Flakne, and Miss Christison

replied, "No, we closed it." She testified that the Marx nursing home was closed in 1961 because of poor nursing care, bad housekeeping and improper records.

Denying that her home was shut down by the city, Mrs. Marx said she closed it herself because "I couldn't take it any more—I couldn't get good help."

Two former employees of the Capital View home, John Marotz and his mother, Mrs. Beverly Kruger, said they were suspended by Petersen two weeks ago because they had testified to the Senate committee.

Marotz, who was an orderly at the home for three years, told subcommittee members of catheters being reused, of patients being slapped by aides and of worms in the oatmeal.

Mrs. Kruger said an aide spat in the face of a patient and that a nurse kicked a patient who had collapsed to the floor.

Petersen denied these allegations and then read a petition signed by 31 employees who had worked with Marotz and Mrs. Kruger. They said care at the home is excellent, but that Marotz and Mrs. Kruger had performed unsatisfactory work. They asked that the two be fired.

It has not yet been decided whether Marotz and Mrs. Kruger will be dismissed or rehired, Petersen said. In their affidavits, he said, they lied to the Senate committee and then they denied to him that they had signed such affidavits.

Testimony also was heard yesterday from a former employee and administrators of the White Bear Lake Nursing Home. Another hearing session of the subcommittee is to be held next week.

[Reprint from Minneapolis Star, Jan. 5, 1972]

MORE ON NURSING HOMES

The shock felt after two U.S. Senators conducted a one-day hearing on conditions in Minnesota nursing homes has been eased somewhat by initial hearings into the subject by a state legislative subcommittee.

At least some of the charges against nursing home operations appear to be hearsay and unsubstantiated. If nothing else, the subcommittee, convened and chaired by Rep. Gary Flakne, Minneapolis Conservative, has demonstrated the valuable role that state legislators can play in sorting out such matters.

The subcommittee meets again Thursday to consider more of the charges aired before the U.S. Senators. Flakne also plans some unannounced visits to state nursing homes. He agrees that where there has been so much smoke there is likely to be some fire.

The subcommittee also could come up with proposals for improved state inspection machinery, for changes in funding programs to maximize incentives for better care, for additional state powers and alternatives to prosecute and punish improper nursing home operations.

We hope it does. In a very real sense, it seems to us, that's how a Legislature is supposed to function. And Flakne and his colleagues, coming off the longest special session in Minnesota history, can be commended for plunging into this new and worthwhile—though time-consuming—investigation.

ITEM 5. LETTER AND MATERIAL FROM GERALD C. HEETLAND, ATTORNEY, BROEKER, BACHMAN & HEETLAND, TO SENATOR FRANK E. MOSS, JANUARY 7, 1972

DEAR SENATOR MOSS: Enclosed herewith please find several original affidavits which have been prepared and are submitted on behalf of Lexington Convalescent and Nursing Home, St. Paul, Minnesota, in response to a number of affidavits submitted to your committee on November 29, 1971 charging a number of abuses and shortcomings in the operations of this nursing home.

Our investigation of this matter, and the testimony presented in these affidavits points up a number of falsehoods in the affidavits previously submitted and to which these affidavits attempt to respond to the extent possible in so short a time. It is our opinion that action for perjury should be taken wherever appropriate and that those persons shown to have lied should be prosecuted to the full extent of the law.

Further evidence of the untrustworthiness of the original affidavits presented against my client has been developed at a hearing conducted by a committee of

the Minnesota House of Representatives in recent weeks. We trust that this material will also be made a part of the record.

I am aware that these affidavits are submitted after the original 30 days provided for response to the matter presented at the hearing. The mass of data presented against us made it impossible to meet that deadline and in view of the request from this office for additional time for response which was not denied, we trust and assume that the materials enclosed herewith will be incorporated into the record. Even with the additional ten days taken, we have been unable to review all of the records and data available to refute factually, the vicious, unsubstantiated charges made against my client. Your acceptance of these documents is appreciated.

Very truly yours,

GERALD C. HEETLAND.

[Enclosures]

AFFIDAVIT OF LAWRENCE I. TRANA

STATE OF MINNESOTA, COUNTY OF HENNEPIN

I, the undersigned, Lawrence I. Trana, being duly sworn, hereby depose and state as follows:

1. My name is Lawrence Trana. I reside at 1911 Simpson, St. Paul, Minnesota. For approximately one year I have been the administrator of Lexington Nursing Home, St. Paul, Minnesota and I am duly licensed by the State of Minnesota as a nursing home administrator.

2. I have personally reviewed the affidavits of Lorraine S. Kippels (dated November 16, 1970), Lola M. Finney (dated November 16, 1970), Robert A. Shypulski (dated October 13, 1971), Mrs. Grace A. Gorczyca (dated October 15, 1971), Mrs. Robert Grew (dated October 18, 1971), Laurel Meyer (dated October 25, 1971), Kathryn A. Gardas (dated November 27, 1971), Jean T. Heininger (dated November 27, 1971), Mary Jane T. Bozych (dated November 26, 1971), David L. VanDyke (dated November 26, 1971), and Greg M. Stage (dated November 27, 1971), all of which affidavits were submitted to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care at a hearing held at the College of St. Thomas in St. Paul, Minnesota, on November 29, 1971. Several of the affidavits relate to incidents which occurred prior to my becoming administrator of the home and I will in the following statements only address myself to those items which I have been able to verify from records maintained at the home or of which I have personal knowledge.

The magnitude of the affidavits presented, the hearsay nature of many of the allegations made, the failure of the affiant in many instances to give names and even approximate dates of alleged occurrences, and the incredibly short period of time allowed for investigation has made it virtually impossible to respond to each and every specific item mentioned in each affidavit. I will, however, point out in the following statements items in the various affidavits which are factually erroneous as determined on the basis of records available at the home and from personal knowledge in the belief that the lack of credibility and the gross exaggeration of other allegations will be discredited. Further, items in several of the affidavits are virtually identical and duplicate response is not indicated. Other items have been responded to by members of the Lexington staff or other employees of the home who have knowledge of our operation and who are genuinely and sincerely concerned for the welfare of our patients and whose lives and professional competence have been seriously and wrongly impugned by the affiants.

3. Contrary to the allegations in several of the affidavits, Lexington Nursing Home is not affiliated or associated in any way with the Seventh Day Adventist Church. The four partners who own it are Seventh Day Adventists by religious affiliation. The owners do not, however, force their religious beliefs and dictates on any resident and patient of Lexington Nursing Home. Because many of the elderly patients in our home suffer from arteriosclerosis or other circulatory and heart diseases, the home for dietary reasons does not serve high fat content foods such as pork or bacon. All patients receive a balanced daily diet, including meat, poultry, and fish, on a regular basis.

4. Regarding the allegations contained in the affidavit of Robert Shypulski concerning occurrences he witnessed in "1968", the affidavit is factually inaccurate. Lexington Nursing Home did not open for business until September 3, 1968 and Shypulski commenced his employment at Lexington on April 10, 1969.

5. Numerous references are made in several of the affidavits concerning Mr. Ed Gabrielson. Mr. Gabrielson was admitted to the home nearly three years before his death. His medical records show that at the time of his admission he was an old C.V.A., that he had a hip prosthesis and chronic brain syndrome. He also had had a history of acute alcoholism prior to his admission to Lexington. Gabrielson was never a well man while at Lexington and was one of the most difficult patients for the staff and employees to deal with because of his belligerent attitude which ultimately made many employees afraid of him.

He was a resident of the third floor because of his advanced state of mental confusion. If properly treated, his meanness could be overcome, a fact I know from personal experience because I on several occasions shaved him personally when he refused the help of other employees. The illnesses from which he suffered at the time he was admitted resulted in poor circulation to the legs and feet, a fact which ultimately resulted in amputation of one leg. He was under constant care and was regularly visited by Doctor Johnson. All care was administered in accordance with Dr. Johnson's directions.

At no time was Mr. Gabrielson administered any drug in excess of quantities ordered by attending physicians. Mr. Gabrielson was one of the patients viewed by Dr. Lawson of the State Health Department when he and others toured the home on October 20, 1971. At that time Dr. Lawson stated that Mr. Gabrielson appeared to be well taken care of. He had not received any special treatment or care prior to the unannounced visit of the inspection team. I am advised by my Director of Nursing that Dr. Johnson did in fact visit Mr. Gabrielson in his room on many occasions. Certain of the affidavits would have no personal knowledge concerning the visits of Dr. Johnson since they occurred during the day while such employees worked the evening shift.

Equipment and provisions for the isolation of patients requiring isolation was made available whenever needed. I have personally observed Mr. Shypulski putting on gloves which were available in the isolation room provided for Ed Gabrielson although he alleges that same were not available. The gloves were purchased from regular medical suppliers and were purchased in the largest size available. I was never advised of any deficiencies. Failure to maintain isolation of any patient requiring isolation was due to the failure of the individual employees on the floor on each shift, if in fact there was any such failings. Employees on the day shift advised that they had no problems keeping patients out of Gabrielson's room after the screen was installed.

6. Regarding the allegations concerning staffing and patient care, the daily patient load at Lexington Nursing Home averages between 160 and 170 patients. We have never had 200 patients in the building as alleged by Mr. Shypulski. We have generally exceeded State requirements in the amount of staff provided in relation to patient care hours required by the State of Minnesota in both our Intermediate and Skilled Care Facilities. An employee who is attentive and diligent in his job should be able to provide adequate and reasonable care to ten patients, contrary to the inferences in Mr. Shypulski's affidavit.

7. Allegations made in the affidavits concerning Mr. Warren Clem have been denied directly by Mr. Clem in a letter which he voluntarily prepared and delivered to my office following the Senate hearing. Mr. Clem at one time had a drinking problem for which he voluntarily sought treatment at Hastings. I have never observed Mr. Clem drunk or inebriated at the nursing home while I have been administrator nor have I received any complaints from patients or staff concerning alleged abuse of patients. Current thought and action would encourage us as an employer to help an employee cope with his problem by encouraging treatment and returning him to his job. The home has liquor on the premises only when required for a specific patient by his physician. I have no knowledge that Mr. Clem has ever taken liquor from a patient's supply.

8. Lexington Nursing Home has never limited or restricted the availability or use of supplies required for the care of patients or residents as alleged by Mrs. Finney and other affiants. All supplies are maintained in the supply room, the key for which is available at the nurses' station at all times. Access would be permitted as required to any employee who was seeking to obtain supplies for his area. It is the aides' or orderlies' responsibility to secure needed supplies and to return them to proper storage areas. Personal items are purchased for the patients from available funds weekly by the Social Director as the need arises.

9. During the past seven months supply records show that we have used 85 dozen wash cloths at Lexington. The administration has never made any dis-

inction between floors as to where wash cloths, towels, and linens were to be sent, except that employees are instructed to use linens stained with tincture of benzoine on the beds of patients who are still being treated with tincture of benzoine, a practice dictated by common sense since benzoine stains are inevitable and cannot be bleached out. Unusable and torn linens are removed from service and replaced with new linens as the need arises.

10. The instructions to all orderlies and aides was that everyone was to have under clothes on at all times. Any departure from these instructions on third floor or on any other floor was contrary to the express instructions of our staff and administration.

11. Patients received professional dental care whenever required. Doctor Emory Powell, Central Medical, St. Paul, cares for patients who do not have a regular dentist. Dr. Powell occasionally visits patients in the home when called for initial examinations. Trips to the dentist are conducted during the day and Mr. Shypulski would have no personal knowledge concerning this matter. Contrary to allegations, the nursing home does not have a box of dentures or a drawer full of eyeglasses to be used for patients other than their owners. Occasionally, glasses which have been lost by a patient and which cannot be identified are placed in a drawer at the nurses' station until identified by the patient or a relative. At no time are orderlies or aides ever directed to use other patients' dentures or glasses for any other patient. Good health and common sense of the employee would indicate this to be a bad practice and it would not be tolerated by the home if brought to our attention.

12. Patients cannot be dropped roughly into a bathtub at Lexington Nursing Home inasmuch as the hoist used to assist patients who are unable to enter the tub themselves will only allow the patient to settle into the tub at a slow, controlled speed.

13. Our residents at Lexington are generally elderly individuals and on the third floor they are both elderly and mentally confused. As a result, falls occur on occasion. Failure of any aide or orderly to perform as expected on his shift might contribute to more falls, however, I am unaware of a problem in the magnitude alleged by the affiants. Every conceivable effort is made to assist patients who are recognized to be unstable or who have difficulty in walking. Patients throughout the home are normally free to wander and to walk about their floors. The chances of people falling on the third floor are greater simply because of the medical and physical condition and nature of the patients on that floor. It is impossible to provide total support for every patient at all times.

14. The 3-11 p.m. shift employees would generally have no personal knowledge of the extent of visits to the home by doctors or of the trips by patients to their doctor's office inasmuch as he works the evening shift and the doctor's visits are generally conducted during the morning or early afternoon. The personal and family physicians of many of the patients dictate their own times for visits to the patients unless called for a special reason by family or staff, in which case the doctor either gives instructions by telephone or visits the patient if a visit is indicated.

The doctor attending the home makes regular visits to the home and sees individual patients as required. The affiants also would have no personal knowledge of the telephone contact maintained by the nursing staff with the doctors responsible for various patients in the home. A review of charts and records in the home would reveal the extent of such contacts between staff and doctors. While nurses are not doctors, they are generally highly competent trained persons who work hand in hand with doctors on medical matters. As a result, a doctor's personal visit is not always deemed essential although the untrained person may feel otherwise.

15. I have no knowledge that medications in abnormal quantities are missing from the medication rooms as alleged. Some variation may occur because of the differences in the measurements shown on bottles and the measurements on dosage glasses. I also have no knowledge of any staff member or employee resigning his position with the home because of missing medications. If medications are spilled or dropped, as occasionally happens, such medications are to be thrown away inasmuch as they would be deemed to be unusable. Such incidents would not normally be called to the attention of the average employee of the home inasmuch as they have no need to know of such instances. Further, untrained personnel are not to be permitted access to the medication rooms which are the primary responsibility of the duty floor nurse on second and third floor and of the medical aide on first floor.

16. On the third floor of the home, as in other areas, most of our residents are advanced in age, many of them in their late seventies, mid-eighties or older. It is a medical fact that elderly people often suffer from restricted circulation. In many instances poor circulation is complicated by particular diseases and is itself a contributing factor to the difficulty experienced in treating bed sores and other skin and tissue problems. A number of patients mentioned in the affidavits had bed sores when they were admitted to Lexington from the hospital. The affidavits fail to mention those patients whose bed sores were cured or substantially improved following their admission to Lexington.

17. Ed Johnson, a patient on the third floor, suffered from severe dermatitis, diabetes, and poor circulation. To my knowledge he did not have staph infection as alleged in the affidavits.

18. Mrs. Willie Stone was sent to the hospital because she had difficulty eating and not because of any complications from bed sores as alleged in the affidavits. Her bed sores were being properly treated and were responding to treatment at the home.

19. Sufficient snacks are made available during the evening for any patient that wants to eat a bedtime snack. No patient, to my knowledge, is ever denied the privilege of having additional food during mealtime or for snacks unless he is on a restricted diet, such as was the case with Mr. Oscar Peterson who was a severe diabetic. Other patients also were not permitted because of their diets to have snacks outside of the diet prescribed for them by their physician.

20. The allegations in the affidavit of Mr. Shypulski concerning Mr. Joe Moore are totally untrue. Mr. Joe Moore is alive today and is a resident of the nursing home at this time.

21. The allegations in the affidavits inferring rampant infestation of the home with bugs is grossly exaggerated. Cockroaches have occasionally been seen at the nursing home. Whenever cockroaches are seen and reported the exterminator is called to spray. In areas which are especially susceptible to cockroach infestation, special care and treatment are provided as deemed necessary. Twin City Exterminators provide regular service to the home. Records at the home and of Twin City Exterminators indicate visits to Lexington for treatment on at least 15 occasions during 1971; namely, January 11, February 10, March 2, April 9, May 24, June 25, July 7, July 26, August 3, August 20, September 27, October 15, November 12, December 13 and December 30. I am totally unaware of several of the "bug" incidents reported by the affiants and no reports of such occurrences were brought to my attention.

22. Fire drills are held at the home and the records of such drills are available at the home. The fire door referred to by Mr. Shypulski in his affidavit has never been in a condition where it couldn't be opened from the inside on the third floor by breaking the glass in the fire lock, or with a key. These doors are locked for the protection and safety of patients who might otherwise wander out of the third floor living area onto the stairway resulting in possible injury to themselves or to others. There is a concrete enclosed stairway at each end of the building which serve as fire escapes in any emergency and additional outside fire escapes are not required. The home complies fully with all state and local fire regulations and is inspected regularly by the St. Paul Fire Department.

23. The allegations concerning advanced notice of T.V. and radio visits to Lexington Nursing Home is totally untrue. On the day in apparent question, Mrs. Daphne Krause had conducted a press conference in the forenoon at which numerous comments about our home were made. KSTP radio called at 11:55 A.M. indicating they would broadcast her statements on the 12:00 news. They were invited to visit the home before the broadcast but the news was broadcast before I had opportunity to turn a radio on. KSTP T.V. called at 1:45 P.M., were invited to visit the home and arrived within thirty minutes after their telephone call. At 3:45 P.M., WCCO T.V. called, was invited to the home and arrived within twenty minutes. Both television stations took pictures and presented filmstrips of our home on their evening news programs. There was no advance warning of their visit and no special efforts to clean or make patients more presentable were made on that or any other day inasmuch as special efforts were not required. The allegations are totally false.

24. The allegations of Mary Jane T. Bozych that Lexington Nursing Home has fired or dismissed any employee because of that person having submitted an affidavit or presented testimony at the Senate hearing is totally without foundation. Mr. Robert Shypulski was suspended on October 13, 1971, one week prior

to the investigation team visit to our home, following an incident at the home which he never explained. He later voluntarily terminated his employment including Mrs. DeMars, and several others. Some letters of resignation are on file. None of these persons were asked to resign. Miss Bozych is still an employee at the home. Allegations concerning reprisals, intimidation or harassment because of their participation in the hearing are totally false. The affidavits did bring to light allegations of deficiencies on the third floor primarily during the 3-11 p.m. shift and steps were taken to insure that this shift performed at the same level as other shifts in the home.

25. Referring to the deficiencies in the isolation of Ed Gabrielson, there was a sink in the room in which he was located along with soap and paper towels for home personnel to wash and dry their hands after treating him. The aides and orderlies involved in the treatment were responsible for their own personal cleanliness. Every reasonable effort was made to insure such isolation as was deemed necessary by the professional staff and the home's physician who was treating the patient. Paper dishes and paper cups were used to bring food to the patient when it was confirmed that he had staph. Prior to that, reasonable precautions were taken in that utensils and plates were to be washed with Lysol. Instructions were clear and it was the responsibility of the personnel on that floor to supervise other patients to keep them from entering the isolation room. State law states that we cannot lock doors to any of the rooms under any circumstances.

26. The allegations by several affiants that other patients and residents of the home died from staph infection because of improper isolation of Mr. Gabrielson are totally inaccurate. Death certificates on all deaths are on file with the State of Minnesota and all have been duly attested by the attending physician. To my knowledge, none of these persons died from staph infection or from any cause related thereto.

27. Regarding specifically the affidavit of Mrs. Grace Gorczyca concerning the care and treatment of Mrs. Delehanty, I would state as follows:

Mrs. Delehanty is a patient on the first floor and eats in the dining room. Food served to the patients eating in the dining room is dished up directly from the steam table and carried directly to the patients at their tables.

Most of the patients in the home occupy rooms having three beds. Construction space and occupancy provided meet all state requirements. Efforts are made to separate patients who are incompatible for any reason. Occasionally, the home is unaware at the time of admission of a patient of problems involving incontinence or mental capacity. As soon as such items are discovered the patient is transferred to a more appropriate area of the home. Mrs. Delehanty has been a resident of the home continually since January 8, 1969, except for a period of time during August, 1971, when she was in the hospital. When it became known that Mrs. Delehanty would be hospitalized, her daughter was willing to pay the room rental to insure that a bed would be available following Mrs. Delehanty's return from the hospital. Mrs. Delehanty is still a resident at Lexington and it was her personal desire to return to Lexington following her hospitalization. All staffing requirements on Floor 1 meet or exceed state licensing requirements for Intermediate Care Facilities.

28. Regarding the items set forth in the affidavit of Greg Stage and other affiants concerning the use of Elase, confusion apparently resulted from the failure of Mrs. DeMars, the third-floor nurse on second shift, to enter the doctor's orders on the appropriate patient's records, an error discovered only recently. Mrs. O'Connell advises me that she recalls no conversation with Mrs. DeMars concerning the matter as alleged and she was acting in good faith to prevent the use of a medication she did not know had been prescribed by a doctor, the same as she would in any other comparable situation.

29. Regarding specifically the affidavit of Kathryn Gardas and allegations of a like nature set forth in other affidavits, I state as follows:

a. Instructions to employees on all floors are to keep the floors and rooms in order at all times.

b. The flood referred to in the Gardas affidavit was the result of a water pipe that had burst. The water was promptly mopped up and the pipe was immediately repaired. An occurrence of this type requiring clean-up during the time when janitors were not on duty would be the responsibility of the aides and orderlies on any floor as would be the case in any emergency situation.

c. The whirlpool referred to was a new machine and initially problems were experienced with fuses blowing out. The problem was promptly rectified by qualified electricians. The allegation is grossly exaggerated and inaccurate.

d. Oral and rectal thermometers are available at all times on all floors and allegations of aides being required to interchange thermometers are untrue. Further, each type of thermometer is physically different in appearance, the rectal thermometers having red tips while the oral thermometers all have silver tips.

e. The statements concerning the death of Mr. Dan Lojovich are false. According to records available, the patient was examined by Dr. Johnson shortly following his death and the cause of death was determined to be cardiac arrest, a fact I assume to be set forth on the death certificate.

f. The affidavit of Mrs. Gardas was made nearly 1½ years after the affiant was last employed at Lexington.

30. All soiled linen was to be washed out by the responsible shift prior to sending some down to the laundry. Facilities are available for this purpose. Stains on the linens resulted from tincture of benzoin as previously noted and not from incontinence or from improper washing of soiled linens. The home has never restricted the use of clean linens or shorted the needs of any floor. It is possible that unusual occurrences could result in a temporary shortage but I have no knowledge of any such occurrences.

31. The normal and accepted procedure is to sterilize bed pans weekly and the inferences of the affiants of wrongdoing or neglect are factually in error. It is not necessary to sterilize a bed pan after each usage because each patient has his own bed pan. Regular sterilization is accomplished at Lexington. It is the responsibility of the aides and orderlies to clean the pans properly after each usage. Daily cleanliness is the responsibility of aides and orderlies.

32. The patients on the third floor and throughout the home were fed full meals regularly. Fruit juice is available at all times for meals and snacks. Many of the patients on third floor would eat anytime food was brought up because of their confused state of mind. Complaints on food quality have been minimal and deficiencies brought to our attention have been quickly rectified.

33. Regarding specifically certain allegations in the affidavit of Laurel Meyer, I state as follows:

a. Chlorophyll was not an experimental drug and it was never so employed at Lexington. As in the case of all other drugs, dosages and uses were in strict compliance with the directions of attending physicians. The permission of relatives is not required for changes in a patient's medication by the physician responsible.

b. On January 17, 1970, the St. Paul Police Department responded to a call from the home and took Charlie Ficken to St. Paul Ramsey Hospital where he was accepted as a patient. The allegations made concerning this incident are grossly exaggerated. The call to the police was necessary for the protection of other patients and employees from a patient who had become potentially dangerous.

c. Mrs. Edith Anderson's sore mouth was due to her constant eating and sucking on hard candy. Relatives were approached concerning this matter and we were advised not to deprive her of the candy if she wanted it. To our knowledge, Mrs. Anderson is still living and is a resident of Fridley Nursing Home. The allegations are totally false. She was not permitted to return to Lexington because of unpaid bills for care provided while a resident following denial of Medicare coverage to this patient.

d. We have never experienced an episode of uncontrollable diarrhea at the home.

e. This affidavit was attested to on October 25, 1971, nearly 1½ years after the date the affiant last worked at Lexington Nursing Home.

34. The affidavit of Mrs. Robert Grew concerning the care of Mrs. Bessie Roses during her short stay at Lexington Nursing Home is totally refuted by the records setting forth the daily care and attention devoted to her. The patient was a resident at Lexington for approximately one month in late 1968. The records show daily entries concerning medications, changes of clothing, regular full and partial baths, visits by family, catheter irrigation, treatment of sores, dietary and meal response, temperature and that the patient was turned every 2 hours when she became too ill to leave her bed. She was noted as being belligerent and confused. Her doctor was notified of her condition when her temperature began to climb on November 27 and again on November 28 prior to her transfer to St. Luke's Hospital on November 29. She was a very ill person when admitted to Lexington.

35. I am advised by, and must rely on our professional staff and doctors for all medical matters pertaining to the care and treatment of all patients at Lexington Nursing Home.

Although the affidavits indicate controversy, it is apparently the long-accepted, general procedure in the treatment of bed sores to apply tincture of benzoine directly to the sore. It is a painful application but it is essential to the proper treatment of the sores. The benzoine served as a light layer of skin over the sore. This method of treatment has been successfully used and some of the worst bed sores referred to in the affidavits were eventually healed either totally or in part while the patient was at Lexington.

It is a written procedure and all aides are and always have been instructed to turn non-ambulatory patients every two hours. At one time a number of patients were admitted to the home from hospitals with bed sores already in existence and available mechanical equipment was severely taxed. Mechanical breakdowns did cause otherwise unanticipated problems and pumps occasionally had to be shifted between rooms while repairs or replacements were being sought.

36. The mental confusion of patients on the third floor made the use of catheters extremely difficult since the patient was often totally unable to understand the reason for the catheter and would continually remove it. Bladder irrigation was to be performed every morning and evening and the aides responsible were instructed in proper procedures. Any unusual urinary bleeding was promptly reported to the attending physician and was promptly and appropriately treated in accordance with his instructions.

37. Notwithstanding the termination of employment by a number of employees recently, the total staff complement has been maintained and there is not currently a shortage of either professional or non-professional employees, although the adverse publicity has created previously unexperienced difficulty in obtaining new employees. As previously stated, allegations concerning reprisals, intimidation, harassment or the firing of any employee participating in the Senate subcommittee hearings are totally false. A general deficiency in the work performance of the third floor 3 to 11 P.M. shift had been noted by myself, other staff members and employees prior to any knowledge of the investigation and the individuals involved. As a result of personal trips to the home after normal hours, I learned that an inordinate amount of time was being spent in the basement smoking room by Robert Shypulski, Mrs. Lola Finney, Mary Jane Bozych, Jean Heininger and two other female employees who worked at the home only a short time prior to returning to their hometown in out-state Minnesota. These employees were not on authorized break periods and they were not punched out. Other staff personnel reported that several of the aides on the third floor spent a great deal of time standing idly at the nurses' station. Robert Shypulski was suspended, after notice to the union, when he absented himself from the home for an extended period of time during his shift having given an excuse which was later proven to be false. Mr. Shypulski made no effort to redeem himself and subsequently voluntarily terminated his employment. In two or three other cases, the union representative was called in to talk to individuals concerning their work responsibilities and these persons subsequently quit, generally without notice of their intentions. Mrs. DeMars, the third floor duty nurse on the 3 to 11 P.M. shift, and an L.P.N. rather than an R.N. as stated in the affidavits, quit without any advance notice when I attempted to discuss many of the problems alleged in the affidavits of the employees who worked under her supervision on third floor.

We have not experienced any comparable problems on any other floor or with any other shift of employees at the home, although the morale of many has been severely shaken by what they consider to be unjustified and untrue reflections on Lexington and on them as its employees. A substantial number of these employees have expressed their confidence and concern in numerous ways, including an unsolicited expression of faith in the management, directors and staff which was signed by 49 employees following the November hearing in St. Paul. Similar expressions have been received from residents and from relatives and friends of patients and residents of Lexington. Only one employee during this period has been discharged and she was terminated during her 90-day probationary period for refusal, or inability, to perform duties assigned to her. Other employees have terminated during the last couple of months for reasons totally unrelated to the investigation being conducted and the charges being made against our home.

38. It is apparent from the affidavits that orders, directives and procedures of the administration and staff were being violated by some employees, although many of the allegations are greatly exaggerated or are untrue as noted above. The affidavits are replete with medical conclusions and diagnosis being made by individuals who have virtually no medical background. Inference of neglect and

of cruel and inhuman treatment are made without regard to the medical history of patients and of the medical necessity which dictates certain types of procedures and courses of treatment. The affidavits are replete with self-admitted hearsay which I believe is refuted by the facts set out in this and other affidavits and testimony on behalf of Lexington Nursing Home.

39. Lexington Nursing Home has continually strived to provide reasonable, desirable, conscientious care to all of its patients. Its programs and policies are designed to that end and prior to the Senate hearings were believed to be working. With rare exception we had experienced no complaints from residents, patients, inspectors, social workers, employees, relatives or friends of patients or residents of the home. Any complaints received were promptly rectified. We enjoyed a good reputation in our community and we believe strongly that that reputation was not undeserved. We believe that a fair, unbiased investigation of all facts and allegations will prove our good reputation justified and the allegations against us generally false.

LAWRENCE I. TRANA.

Subscribed and sworn to before me a Notary Public in and for said Hennepin County, Minnesota, this 7th day of Jan., 1972.

SALLY A. WILLIS.

Notary Public, Hennepin County, Minn.

My commission expires Sept. 27, 1977.

AFFIDAVIT OF LOUIS E. THAYER

STATE OF MINNESOTA, COUNTY OF HENNEPIN

I, the undersigned, Louis E. Thayer, being duly sworn, hereby depose and state as follows:

1. My name is Louis E. Thayer and I reside at 6233 Aldrich Avenue South in Minneapolis, Minnesota. I was employed as the administrator of Lexington Nursing Home in St. Paul, Minnesota from the date of its opening in 1968 until approximately one year ago.

2. Because I was the administrator at the time that many alleged deficiencies were noted in the operations of Lexington Nursing Home, I have been asked to review, and have personally reviewed, the affidavits of Lorraine Kippels dated November 16, 1970 and Lola Finney, dated November 16, 1970, which affidavits were submitted to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care at a hearing held at the College of St. Thomas in St. Paul, Minnesota, on November 29, 1971.

3. I note in reviewing these affidavits that in many places both witnesses used the pronoun "I" on the same incident indicating the performance of identical procedures at the same time, a fact that would seem to indicate the falsity of one or the other of the affidavits.

4. Mrs. Kippels stated to me in her pre-employment interview that she had her own nursing home and cared for several patients in her own home giving complete care which would include passing medications and treatments. Several allegations were made which are known to me to be false, namely:

(a) The allegation of dirty mops: Our cleaning personnel would wash out mops or put clean or new mops on every morning. Most floors were washed everyday. When cleaning personnel finished each floor, the mop was left clean for nurses, aides, or orderlies to use in case of emergency. Each person who used a mop was responsible for cleaning same. Mrs. Finney and Mrs. Kippels were in charge of their floors and it would have been their responsibility to enforce cleanliness during their shift.

(b) The allegations regarding rationing of soap: Lexington Nursing Home used the best concentrated floor soap available. The instructions stated that said soap be used at the rate of one-half ounce to one gallon of water. I instructed employees to use one ounce of soap to each two gallons of water. I put a gallon of soap and a two ounce measure for employees to be sure directions were followed. I did not dole out the soap one ounce at a time. The statement is totally false.

(c) The allegation regarding inspections: The State Health Department did not notify us of inspections. Most inspections were surprise visits. Medicare did announce survey report visits in advance. The statement is basically false.

(d) The allegation regarding Miss Christensen: I never attended school with Miss Christensen. I never knew her until she made an inspection in our home. The statement is totally false.

(e) The allegation regarding Mr. Kail: Mr. Kail was a diabetic and was always complaining and wanting food that was forbidden on his diet. He was way overweight and had to be watched continually to enforce proper dietary habits.

(f) The allegations regarding welfare patients: Most of our patients were on welfare. Each welfare patient received \$9.00 or \$11.00 every month for personal needs. Personal needs included tooth brushes, tooth paste, stockings, and underclothes. The social director of the home took care of their needs and expended the funds to meet those needs. We never refused personal funds of the patient for these items.

(g) The allegation regarding beef bacon: We use beef bacon which is sold by the largest meat companies and is actually more expensive than pork bacon. Beef bacon is used for health reasons and not for economy.

(h) The allegations regarding meat portions: The cook was instructed to weigh the portion of meat to be served to be sure that the serving was large enough.

(i) The allegation regarding sterilizer: We have a large sterilizer on third floor. The statement is false.

(j) The allegation regarding student raises: High school students did get raises periodically. Mrs. Kippels own daughter received a raise while employed at the home.

(k) The allegation regarding work at the home by my sister: My sister is a registered nurse and did work in some emergency situations when other registered nurses or licensed practical nurses did not show up. She did not work at Capitol View Nursing Home. To my knowledge she never left the building until the medications were passed and arrangements were made with Mrs. Nordgren, R.N., to come on at 11:00 P.M. and she would often come at 10:00 or 10:30 the nights my sister worked.

(l) The allegations regarding electric heat: These allegations are totally false. Lexington Nursing Home never has heat on in the summer and we have never put electric heat in the baseboard radiators. It is impossible to have electric heat in the units.

(m) The allegation regarding thermostats: The thermostats were a constant source of problems. They were moved up and down so much by the patients and staff that we could not control the heat. Accordingly, it became necessary to remove the hand lever and set the temperature manually inside the thermostat. This is a practice commonly followed in large complexes which are heated by a central heating system.

(n) The allegation regarding paper and garbage pickup: We have daily pickup service at Lexington Nursing Home including week-ends. The garbage chute is supposed to be emptied daily by the pickup service. There have been times when someone would stuff a box down the chute and it would get caught between floors. As soon as this was called to our attention, we would clean the chute out. The statement is totally false.

(o) The allegation regarding ventilation: The ventilation in Lexington Nursing Home is state approved in all employees' sitting and smoking rooms.

(p) The allegation regarding laundry and cleaning help or janitors: Lexington Nursing Home employs help in these departments seven days a week. Some days five employees are working in each department, although not all are full-time. Emergency clean-up is the responsibility of the aides and orderlies on each floor.

(q) The allegation regarding cleansers: Cleansers were in use at all times in the nursing home. They were purchased in 100 pound barrels and were available as required. I did not permit the use of Chlorine cleansers inasmuch as they were harmful to the enamel finish on the bathroom appliances.

5. I have been associated in various capacities with seven nursing homes for the past twenty years. We did experience the usual difficulty in obtaining dedicated help in a new nursing home. It is my opinion that we had sufficient help, with rare exception, but not all the help performed an honest days work. Mrs. Kippels and Mrs. Finney were adult nurses' aides in charge of the other aides and should have organized their floors so that many of the items mentioned did not occur on their shifts.

LOUIS E. THAYER.

Subscribed and sworn to before me this 5th day of January, 1972.

SALLY A. WELLS,

Notary Public, Hennepin County, Minn.

My commission expires Sept. 27, 1977.

AFFIDAVIT OF LUCIA B. O'CONNELL

STATE OF MINNESOTA, COUNTY OF HENNEPIN

I, the undersigned, Lucia B. O'Connell, being duly sworn, depose and state as follows:

1. My name is Lucia B. O'Connell, I reside at 5801 Knox Avenue South, Minneapolis, Minnesota. I am a registered nurse and have been active in the nursing profession for over 30 years. I have been the Director of Nursing at Lexington Nursing Home since March 19, 1969. Prior to becoming the Director of Nursing at Lexington Nursing Home I was employed for ten months at Franklin Nursing Home in Minneapolis, Minnesota. My background also includes 17 years of private duty nursing in Minneapolis (one case for 4½ years), and night supervisor at St. Luke's for two years in addition to other numerous nursing positions and responsibilities following graduation from nurses' training many years ago.

2. I have reviewed the affidavits of Lorraine S. Kippels (dated November 16, 1970), Mary Jane T. Bozych (dated November 26, 1971), Robert Shypulski (dated October 13, 1971), and the affidavits of other former employees of Lexington Nursing Home, as submitted at the hearing of the United States Senate Special Committee on Aging; Subcommittee on Long-Term Care at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and I offer the comments which follow concerning allegations and charges contained therein.

3. The allegations made in every affidavit which I reviewed concerning Lexington Nursing Home are either factually inaccurate, untrue, or are grossly exaggerated. I refuse to respond to each and every specific allegation inasmuch as most of the allegations reflect on my professional integrity and on the integrity and conduct of my professional staff. In every instance or situation referred to in the affidavits which I reviewed alleging neglect, misconduct, or mistreatment of patients, I have conducted myself in a professional manner and in accordance with generally accepted professional standards and procedures. The statements set forth below are intended only to correct misstatements of fact, and in my opinion, the correction of erroneous facts makes it unnecessary to respond to the inferences and innuendos resulting from misstated facts concerning the professional conduct of the staff at Lexington Nursing Home. An evaluation by people with medical knowledge of the statements of the affiants concerning medical care and treatment provided or of the medical diagnosis often made by the affiants on many patients will in and of itself show the untruth of most of such allegations.

4. Regarding the allegation that Mrs. Violet Carlson was never seen by a doctor, the patient's records at the nursing home show that Mrs. Carlson was admitted to Lexington Nursing Home as an old C.V.A. She was upon admission a patient of Dr. Dummer but was turned over to the responsibility of Dr. Roger Johnson on August 1, 1969. Dr. Johnson visited her on August 1, 1969 and paid five more personal visits to her prior to her death on December 1, 1969, the last such visit being on November 30, 1969.

5. The allegation that nurses sign death certificates at Lexington is totally false. The nurses do not sign the death certificates on any patient in Lexington Nursing Home. An entry is made by the nurse on duty at the time of death in a death record book maintained by the nursing home for its own records. This book is also signed by the funeral home which receives the remains of the deceased. Death certificates are signed by the doctor attending the patient. The cause of death of a patient is entered on the death certificate only by the doctor attending such patient and the death certificate is on file with the appropriate department of the State of Minnesota. A copy of such death certificate would normally be furnished to the next of kin and would be available upon request from the doctor.

6. Regarding the allegations concerning Mrs. Rosalice Bunn, she was not a C.V.A. patient as stated in the affidavit and she had never had one to my knowledge. She had no paralysis of either leg. She was never given any drug or medicine which was not prescribed by her physician. Mrs. Bunn continually refuses every effort of staff and employees to walk or to take therapy treatments.

7. Mr. D. Alvord had dormant tuberculosis of the bone and was not an active TB patient as alleged. Sputum, gastro, and spinal tests given to Mr. Alvord were all negative, a fact that can be verified by reference to St. Paul Health Department records. A dormant tuberculosis cannot be transmitted and there was no reason to advise any employee attending Mr. Alvord that any special

precautions were in order since none were required. The room he vacated was cleaned in the same manner as all others following the death of the occupant.

8. Any left-over discontinued drug or any drugs which had been prescribed for patients who subsequently died were given to me for disposal. Any drugs that can be so disposed of are flushed down the toilet and all narcotic drugs are sent to the Federal Bureau of Narcotics in Kansas City. We did maintain a box of various drugs in the second floor medication room for emergency usage, a practice quite in keeping with accepted standards of professional conduct and necessary for emergency preparedness at the Home.

9. Regarding the allegation concerning drugs given to Mr. Chester Gray, the nursing home has no say on what drugs are prescribed for any patient. The home simply follows the doctor's orders in administering the drugs, whether penicillin or an anti-biotic.

10. Mr. McLeod was an incontinent patient as alleged. To my knowledge, he was never confined to his room as alleged. Mr. McLeod did suffer from a certain deficiency in his mental capacities which required that he be a patient on the third floor as opposed to some other area of the home. His peculiar habits, if any, were due to his mental condition and not the fault of the home. Any nickname attributed to any patient was probably the result of repeated references by some employee who worked with that patient and who had something less than a professional attitude toward him. Nicknames were not given by the staff or by the home to any patient, and I had never heard the "cat-man" reference until I saw Mrs. Finney's affidavit. Any employee known to be harrasing any patient in any way would be subject to disciplinary action by the home.

11. Mr. Kenneth Kail was a diabetic as stated in the affidavit. However, because he was a diabetic he was on a controlled diet, a fact which he refused or was unable to accept. It is the duty of staff and other employees to maintain the diets for such individuals and this was properly done.

12. Medications at Lexington Nursing Home are only given as ordered by a doctor, with the occasional exception of tranquilizers. In some instances the nursing personnel are given the prerogative by the doctors of reducing the amount of tranquilizers given to any patient but under no circumstances are they permitted to increase the dosage without doctor's orders. All medications given to Mr. Charlie Ficken were in strict accordance with his physician's orders and necessary contact was maintained with the doctor.

Mrs. Jesse Light had a naturally obese abdomen and suffered from a chronic bowel problem from the day of her admittance to the home. She was given reasonable and necessary care at the nursing home for her bowel problem.

13. The toenails of patients were done whenever possible following baths, but at times it was impossible to care for the toenails because other more pressing needs of the patients demanded the time and attention of staff and employees. The afternoon and evening shift at Lexington is expected to take care of fingernails at all times and such instructions are made known to all employees. The evening shifts had no baths to give and were in a position to spend more time attending to the personal hygienic needs of the patients when the day staff did not have time to complete same. All aides were instructed to note conditions of nails and to report same. We made every reasonable effort to maintain a supply of nail clippers and toenail clippers on each floor but like other small items they always seem to disappear about as fast as they could be replaced.

14. Regarding the allegation on mouth care, nearly all patients on the third floor of Lexington wear dentures. It has always been the duty of the evening shift at Lexington Nursing Home to clean the patient's teeth before putting the patient to bed. An individual denture cup is provided for night use for each patient. Adequate supplies of tooth brushes and mouth wash were available at all times. Regular soap or soda rather than toothpaste is the recommended and generally accepted cleanser for dentures. All aides were instructed on proper denture care.

15. It is generally the responsibility of the family to provide clothing for patients. The home also receives a considerable amount of used clothing donated which is distributed to patients as required. It is not always a perfect fit, but every reasonable effort is made to provide proper clothing to all patients in need of same. It is a policy of Lexington Nursing Home that *all patients* are to have underwear on at all times and staff and employees are so instructed.

16. The allegation concerning Miss Mary Walen are untrue. She was seen regularly by the doctor during his visits to the home. He also visited her on several occasions during special visits to the home. The description of Miss Walen's problem is *slightly* exaggerated, as is the case with virtually every other allegation in the affidavit. The allegation that no doctor ever came to see her is an outright lie. The nursing home is not equipped, nor is it expected, to provide 24 hour intensive nursing care to each and every patient. Miss Walen was not neglected. She received as much care as was reasonably possible prior to the time she was taken to Midway Hospital for surgery.

17. Mr. Oscar Nelson was transferred to the third floor for his own protection because he was suffering from severe hallucinations and was wandering uncontrollably on the first floor. He was not competent as stated in the affidavit of Mrs. Finney.

18. References are made to the alleged suffering of Mr. Clyde Crosley. He was cleaned and changed regularly on all shifts. During his last illness the nursing staff maintained regular contact with the doctors concerning Mr. Crosley's condition. Contrary to the allegations in the affidavit, Mr. Crosley was in a coma for several hours prior to his death. The instruction of his physician were followed in every instance.

19. There are many other allegations made in the referenced affidavit of Mrs. Finney which occurred prior to the time that I became employed by Lexington Nursing Home and I cannot address myself to them. Without exception, those items with which I am familiar have been grossly exaggerated and are presented in the affidavits completely outside of their medical context. Inferences concerning care and treatment have been made without medical knowledge concerning the factors contributing to the condition of the patient or of the patient's medical history. Further, allegations are made by individuals on second and third shift concerning incidents on other shifts of which they have no personal knowledge. By admission of the affiants in several cases their testimony consists of hearsay, most of which are untrue or unsubstantiated rumor.

20. The patients who are residents of the third floor of Lexington are patients who generally suffer mental confusion because of various diseases and advanced age. There are instances where incontinence or mental incapacity is not recognized at the time a patient is admitted to the home but when such symptoms are evidenced, a patient is immediately transferred to the third floor if that is deemed to be the appropriate area of the home for such person. It must be recognized that many of the patients suffer serious mental confusion which cause odd conduct or mannerisms which are extremely difficult to deal with even under ideal circumstances. Notwithstanding the difficulties involved every reasonable effort is made to work with such patients to minimize the inconvenience caused to themselves and to others as a result of their confused state of mind.

21. Many of the deficiencies noted in the affidavit of Mrs. Kippels might be directly attributable to her inability to carry out those functions which were expected of her in controlling the aides and orderlies assigned to the third floor of the nursing home. It must be recognized that the severely confused patients were placed on the third floor of the home. Every reasonable effort was made to provide the care necessary to their comfort and well being. It is my opinion that patients on the third floor were not neglected at any time if the employees were doing their assigned work. In virtually all instances where death occurred, the next of kin, if any, and the attending physician were fully aware of the condition of the patient. It was the physician's and family's decision as to whether additional medical treatment of hospitalization was undesirable or desirable in any case. In instances where death appeared to be impending, the doctor was generally aware and his orders were followed. It was the primary duty of the staff and employees at the nursing home to make the patient as comfortable as humanly possible in such instances. I believe that Lexington Nursing Home, and the vast majority of its staff and employees are conscientious individuals who provide necessary care in a reasonable manner to each and every resident or patient in the home.

LUCIA B. O'CONNELL.

Subscribed and sworn to before me a Notary Public in and for Hennepin County, Minnesota, this 7th Day of Jan. 1972.

SALLY A. WELLS,

Notary Public, Hennepin County, Minn.

My commission expires Sept. 27, 1977.

AFFIDAVIT OF LOIS J. CLEM AND REBECCA BONDE

STATE OF MINNESOTA, COUNTY OF RAMSEY

Lois J. Clem and Rebecca Bonde, being first duly sworn, do depose and state as follows:

1. We have been employed at Lexington Nursing Home for a period of two years and one month as a charge aide, nurses' aide, and medical aide, and for approximately one year and six months as a nurses' aide and a medical aide, respectively.

2. I, Lois J. Clem have been employed as a nurses' aide in hospitals and nursing homes for over twenty years.

3. We reside at 222 North Snelling, St. Paul, Minnesota and at 1584 Thomas Avenue, St. Paul, Minnesota respectively.

4. We have reviewed the affidavits of Mrs. Lola M. Finney and Lorraine S. Kippels, both of which are dated November 16, 1970. We have both worked on the third floor of the Lexington Nursing Home and are familiar with care procedures and requirements at the home and with those patients or incidents mentioned in the affidavits that occurred during our period of employment at Lexington.

5. Because our positions at Lexington Nursing Home are comparable to those of the affiants, and because many of the allegations contained in those affidavits are either untrue or grossly exaggerated, we wish to respond to those items with which we have personal familiarity.

6. Aides are usually involved in the mopping of floors only after a patient has urinated, had a bowel movement, spilled something, or vomited. It was understood that it was part of our job to clean up after the patients no matter what it was. Our responsibility did not involve the general mopping of floors or the washing of walls. It was our job to change the water after it was used, and to clean the mops before returning them to the storage area. It was our own personal responsibility to wash our hands and to maintain our personal cleanliness following such activities. Further, to our knowledge, there has always been a full-time janitor responsible for the general maintenance and scrubbing required at the home. Several classes were conducted for the medical aides and at the end of the classes each aide was required to complete a four-page test, three-fourths of which test was completion. Following those courses, the aides were fully supervised by qualified registered nurses, namely Mrs. O'Connell and Mrs. Moe, until such time as they were sure of the medications, use of the record cards and the handling and care of the patients. There was always a Physician's Desk Reference (PDR) at our disposal if a specific medical problem or term was unfamiliar to us.

7. Concerning toilet paper, toilet paper was never rationed at Lexington Nursing Home. The availability of toilet paper was abused by the patients and on numerous occasions toilet paper had to be collected from drawers in the patient's rooms, under the sink cabinets, in bathrooms behind the flush box and in the holders. The patients would take the rolls of the paper and hide them in all sorts of places.

8. The sterilizer was kept in the room behind the third floor nursing desk and was always in working order. It was meant to be used and directions for its use were always in the drawer next to it. If the sterilizer was not being used, it was the failure of the individual employee involved and not as a result of any direction of the administrator or staff of the home.

9. To our knowledge Rosalice Bunn, Room 304A, was not a stroke patient, did not appear to be a stroke patient, nor was there any appearance of one of her legs being paralyzed. One must raise the question whether or not Mrs. Finney or Mrs. Kippels ever put Mrs. Bunn on the toilet or helped her in and out of bed. As far as therapy was concerned Mrs. Bunn usually refused to walk or to go down for therapy. The aides would attempt to assist her in walking but all she would do was say "I can't walk", scream, attempt to sit down and refuse to assist herself in any way. Because of her attitude and her continual refusal to walk or to participate in therapy, it became apparent that further efforts would be to no avail and that the time required could be better devoted to other patients. At no time was she refused the assistance of an aide if she expressed an interest in walking and periodic attempts are still made to encourage her participation.

10. Mr. James McLeod, who was referred to in the affidavits as the "cat-man", was a very confused patient who made all sorts of noises other than spits and

hisses. He was not confined to his room at any time although he was unstable on his feet and often required the help of orderlies and aides to walk. Mr. McLeod was visited daily at approximately 10:00 A.M. by his wife who would stay until approximately 1:00 P.M. Mrs. McLeod is the sort of person that is concerned about the way her husband is treated and she never expressed or indicated that she felt he was being improperly treated. If she needed help while she was with him she would always call and the aides or orderlies would respond and help her with her husband.

11. Mrs. Elizabeth Sperlich was not a rational person and could not be trusted to respond accurately if asked whether or not she had had a bowel movement that day. It was the responsibility of the aides and orderlies to make an entry in the book concerning the bowel movements of the patient. Mrs. Sperlich often went into stages of tantrums concerning her daughter Ruth. She was receiving medication for a bad stomach. It was up to the person passing medications to make sure that her patient had had a bowel movement and if not, laxatives were given as noted on the cardex setting forth the care and medication she was to receive.

12. Mrs. Jesse Light always had a bloated or enlarged stomach. Her impaction had nothing to do with this. It is still enlarged.

13. Mouth care was supposed to be given two times daily by both shifts. The night shift was to clean dentures before bed and place them in denture cups with fresh water. Denture cups were maintained for individuals but we have no knowledge of any box or other depository for dentures as alleged in some affidavits. Sometimes when the day shift came on duty they would find the patients with dentures still in their mouth. In many cases the patients do refuse to cooperate and it is almost impossible to remove the dentures from the mouth of a senile or confused person who doesn't want to have his or her teeth removed. In such cases the aides and orderlies have no choice but to leave the dentures in.

14. Underwear for the patients was always available and the orders from Mrs. O'Connell were that all patients were to wear underwear at all times.

15. Toothbrushes were always available in the treatment rooms and mouth-wash was available for use with all patients. Toothpaste is not required or desirable for the care of dentures. Soap or soda was to be used on dentures with thorough rinsing before they were put in the denture cup or returned to the patient.

16. Mr. Louis Larson was not ignored by the day shift as alleged. He was cleaned many times and was always kept as clean as possible.

17. To our knowledge, no aide or orderly on our shift has ever given hypos or insulin at Lexington Nursing Home, nor have they been given instructions or directions by staff to do so.

18. To our knowledge, the narcotics at Lexington Nursing Home were always kept to count.

19. Mr. Ed Foster was one of many patients who was at the home for awhile and who improved sufficiently under our care to be able to return to his home. If all the people in the nursing home were getting such bad care, why did the condition of some improve enough over their condition at the time they came to the nursing home in order to be able to return home?

20. The doors at either end of the third floor are locked for the protection of the patients to keep the confused patients from wandering into the hallways, out of the building, or falling down the stairs. Any of these doors can be opened by breaking the glass in the firelocks on each door in the event of an emergency. To our knowledge the elevators always worked unless they were turned off on one of the other floors by one of the patients. The hallways and the stairways were all cement and brick and this would seem to be the safest way to exit the building in the event of an emergency. A key to these doors was always available.

21. It was stated by many people that Mrs. Finney often verbally abused many of the patients. A couple of the patients on third floor were scared of Mrs. Finney because of her harsh manner and because she often made derogatory comments to them, such as calling one patient "the welfare queen".

22. To our knowledge patients were never given a medication out of another patient's supply by anyone on our shift.

23. To our knowledge, there has never been a problem with rats at this home.

24. From our own personal experience at Lexington Nursing Home most of the charges and allegations made are either untrue or the situation is grossly

exaggerated in the affidavits. We have not attempted to respond to any items in the affidavits which we did not have personal information or knowledge. It is our feeling that many of the deficiencies noted by Mrs. Kippels and Mrs. Finney were a direct result of their own activities and of their own failures, or the failures of the persons on their own workshift. We strongly believe that Lexington Nursing Home, and a majority of its staff and employees, strive to provide excellent care to all of the patients at the home regardless of which floor they are located on. The third floor of the home is bound to have more problems than the other two floors because of the very type of patient for which we are attempting to provide care on the third floor. It is our further belief that the staffing at the home is adequate if every person on the staff does his fair share and performs the duties for which he was hired and trained either by experience and/or by the home.

LOIS J. CLEM.
REBECCA BONDE.

Subscribed and sworn to before me, a Notary Public in and for said Ramsey County, Minn., on this 30th day of December, 1971.

ONNALEE J. WADELL,
Notary Public, Ramsey County, Minn.

AFFIDAVIT OF MARGARET HOMICH AND MARGUERIT KAUPA

STATE OF MINNESOTA, COUNTY OF RAMSEY

We, the undersigned, Margaret Homich and Marguerit Kaupa, being first duly sworn do hereby state and depose as follows:

1. That we are all employees of Lexington Nursing Home in St. Paul, Minnesota.
2. That we, Margaret Homich and Marguerit Kaupa, work in the laundry at Lexington Nursing Home.
3. That we have from time to time during the past few months observed a considerable amount of clean, folded linen being sent down the chute with the soiled linen. This linen consisted of bed sheets, draw sheets, mattress pads, diapers, and bath towels. This action by the employees on the floor has created a shortage of linen on the floors and a lot more work for the laundry personnel. In the last month this situation has substantially improved.
4. We, Margaret Homich and Marguerit Kaupa, further state that potentially contagious linen has always been brought down to the laundry in a plastic bag by the orderlies. Such linen is washed separately and returned to the room of the patient from which it came.

MARGARET HOMICH.
MARGUERIT KAUPA.

Subscribed and sworn to before me this 6th day of January, 1972.

ONNALEE J. WADELL,
Notary Public, Ramsey County, Minnesota.

AFFIDAVIT OF WARREN CLEM

STATE OF MINNESOTA, COUNTY OF RAMSEY

I, the undersigned Warren Clem, being duly sworn, depose and state as follows:

Statements that are untrue and derogatory to me as a human and a man, have been made and I intend to find out why. When some individual defames my character I intend to find out why and that justice should be done to correct it.

I am an individual, sound in mind and would not harm, nor defame anyone. I have nothing but the highest respect and regards for my work as an orderly and treat the patients in this same like manner. My concern is to fulfill that empty spot in their lives and make it more comfortable.

I treat my parents with only the highest respect and love them dearly, this is the only way the patients I work with and for are treated also.

I have been accused of taking seven razors, now why would I take anything, this makes no sense. I bring my own razor to work to shave the patients to keep them neat and trim.

In my entire life I have never referred to any elderly person as a "S.O.B." Perhaps at home I have used vulgar words, but at the place of my employment, no matter what type I have done in my life, have I ever cursed.

I have done no harm to any individual in any way, at home or where I've been employed at any time. Now I have only pity for the individuals making false statements, they must be mixed up to bring other than themselves to calify, is it because they don't realize why they're saying?

The individuals making these statements are all former employees of my employer. If they're sick, what did they do the elderly while employed in a nursing home?

I have my former employer to verify my statements and ever so many character references if the need arises.

May God Help These Mixed Up People.

WARREN CLEM.

Subscribed and sworn to before me a notary public in and for Ramsey County, Minnesota, this 30th day of December, 1971.

ONNALEE J. WADELL,
Notary Public, Ramsey County, Minn.

AFFIDAVIT OF LOIS ORTENBLAD

STATE OF MINNESOTA, COUNTY OF RAMSEY

I, the undersigned, Lois Ortenblad, being first duly sworn, do hereby state and depose as follows:

1. I have managed the beauty shop at the Lexington Nursing Home for the past two years. I have been a licensed beautician since 1936 and am currently a licensed beautician in the State of Minnesota. During this time I have managed a number of shops and have never abused the laws and regulations governing hairdressing.

2. State regulations require a beauty shop to have two sterilizers, wet and dry. Combs and brushes are washed in a soap and amonia solution after each usage, then to the wet sterilizer in which liquid formaldehyde and water are mixed. From the wet solution they are transferred to the dry sterilizer where formaldehyde tablets are placed in a covered container until the combs and brushes are again used.

3. Our shop is checked by the State Board of Hairdressing periodically and the sterilizing equipment and procedures is always the first thing they look for. Inspection visits are always of an unannounced variety.

4. During a hearing conducted by the Senate Subcommittee in St. Paul on November 29, 1971, statements of varying kinds were made concerning the operation of the beauty shop at Lexington by a former aide at the home, Mrs. Lola Finney.

5. The allegation concerning combing out patients on third floor are untrue. There was never more than two, and most always only one, depending on their ability or patience to dry at the time they were in the shop. In one instance, about the middle of August, I received a call at my home from a relative of a patient, requesting me to leave her sister-in-law's hair pinned up until the following day so she would look freshly done for out-of-town guests. After calling the third floor (at the end of the day) to come down to the beauty shop to get this patient, I was very abruptly told by the aide on duty that she did not have time so I took the patient upstairs myself. Mr. Trana had informed me that the aides were to come and get these patients, to and from their rooms, as I had no knowledge of how to transfer them from their wheelchairs to my work chair. Too, there were times when they became belligerent and confused, and the aides were trained for such situations.

Nevertheless, I took her up to her room. This was the first time I had ever had any dealings with Lola Finney, even though I had heard from patients and nurses about her behavior.

I explained the hair situation to her, still not knowing who she was, and she immediately raised her voice, informing me she too was a hairdresser and certainly knew how to comb out hair. I then re-explained the hair arrangement to her and looked for a nurse at the desk. I explained the problem and asked for her cooperation to which the nurse answered, "Don't ask me to have anything to do concerning Lola—I am through of this next week. I refuse to work where Lola is concerned. With this I left things as they were but while waiting for the elevator, I observed Lola rocking in a nice black Hitchcock rocker belonging to a patient in the middle of the corridor, reading the afternoon paper. A little woman, perhaps the owner of the chair, came up behind her, putting her hand on the back of the chair. With this Lola turned and shouted at her, "Get away, get

away, you stink". I said to David VanDyke who was in the utility kitchen, "How come she can sit around like that?" He replied, "Oh, we can take time off now and then." "Yes, I said, but with all the supper trays up waiting to be served?" Neither Mrs. Finney nor Mr. VanDyke appeared to be in any hurry.

This incident made such an impression on me, I felt I had to tell someone. Mrs. Wadell was in the office and when I told her how awful it sounded she said, "I'm sorry Lois, we can't do a thing about it, that was Lola, and we were forced to hire her back."

One patient told me she had been slapped by her roommate and when I asked her why she didn't tell the head nurse, her reply was, "What good would it do. Lola rules the floor, she doesn't like me and she tells the rest what to do anyway."

After this incident I arranged to do the third floor patients while the morning shift was on duty and I received excellent cooperation. There was only one time that Mrs. Finney gave me any cooperation. When she did bring a patient down, she pushed her through the door and left. She had no time to look around the shop to observe procedures or equipment used in the shop. Knowing that I could not handle the patient myself, I called the first floor for help.

6. Every aide at the home is very attentive to the patients. I have never heard them shout or be abusive to any of the patients and as close as I am to many of these people, I feel they would surely say something at one time or another if they were unhappy with the care being received.

7. The beauty shop operated at Lexington Nursing Home is open one or two days a week on a regular weekly basis. My presence in the home on these days has, I feel, given me a fair insight into the operations of the home which has, in my opinion, at all times been above reproach.

LOIS ORTENBLAD.

Subscribed and sworn to before me this 3rd day of January, 1972.

ONNALEE J. WADELL,

Notary Public, Ramsey County, Minn.

ITEM 6. LETTER AND MATERIAL FROM R. WALTER BACHMAN, JR., ATTORNEY, BROEKER, BACHMAN & HEETLAND, TO SENATOR FRANK E. MOSS, JANUARY 12, 1972

DEAR SENATOR MOSS: We have enclosed herewith three original Affidavits which have been prepared and are submitted on behalf of Richview Nursing Home, Richfield, Minnesota. These Affidavits are submitted in response to two affidavits tendered to your committee on November 29, 1971, charging certain alleged shortcomings in the operation of this nursing home.

Our investigation into this matter was made difficult because the allegations presented to your committee concerned events which occurred between 2½ and 3½ years ago, regarding two short-term patients. One of these patients was a resident of Richview Nursing Home for only 48 hours and the other for only seven weeks. Upon reading the enclosed Affidavits, we feel confident that you will conclude with us that the affidavits submitted to your committee contain many misunderstandings and distortions.

We trust that the enclosed Affidavits will be made a part of the record pertaining to the hearing held on November 29. We have prepared these Affidavits as quickly as was possible, considering the need to find employees who worked for the nursing home several years ago, during the period pertinent to the allegations.

Your acceptance and consideration of the enclosed Affidavits will be gratefully appreciated. We hope that your committee will find them to be useful in considering the many problems faced by nursing homes in providing care.

Our client willingly extends a warm welcome to you or to any member of your committee to visit the Richview Nursing Home and see first-hand the quality of care provided. We feel certain, as does our client, that virtually every allegation contained in the affidavits submitted earlier to your committee would be refuted by such a visit.

Very truly yours,

R. WALTER BACHMAN, Jr.

Enclosures.

AFFIDAVIT OF MRS. LAURA PETERSON, R.N.

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Laura Peterson, R.N., being first duly sworn, deposes and says as follows :

1. My name is Laura Peterson; I serve in the capacity of Associate Director of Nursing in the Richview Nursing Home, 7727 Portland Avenue South, Richfield, Minnesota.

2. I have twenty-two years of experience in nursing, eighteen of which have been in hospital duty. I was an instructor in nursing for six years in Swedish Hospital, Minneapolis, Minnesota. Prior to my employment by Richview Nursing Home, I worked as the administrative supervisor for the obstetrical floor at Swedish Hospital. I have been employed by Richview Nursing Home since September 25, 1967.

3. I have read the affidavit of Mrs. Signe Johnson, signed on October 14, 1971, that relates to certain alleged events in the Richview Nursing Home during March and April, 1969. I have also read the affidavit signed Mrs. Hazel M. Gruss on October 14, 1971, which refers to alleged events in Richview Nursing Home during a 48-hour period during June of 1968.

4. In her affidavit, Mrs. Johnson accuses the nursing home personnel of "tearing to pieces" her husband's pair of pants. She apparently bases this allegation upon the fact that she found a torn pair of pants lying upon her husband's closet floor and that the nurses then on duty did not know how the pants got in a torn condition. The fact is that Mr. Johnson, in his confused, belligerent, and even maniacal condition, was known to tear articles of clothing, bedsheets, and other fabrics around the nursing home. I myself witnessed Mr. Johnson tearing his shorts upon one occasion. The "Nursing Care Notes" kept regarding Mr. Johnson, a copy of which is attached to this affidavit, indicate at least three separate incidences in which Mr. Johnson is noted to be "tearing his bed apart". (March 20, April 28, and April 30.)

5. Mr. Johnson was an extremely difficult, and sometimes dangerous, patient to deal with. I personally witnessed him slap, kick, and bite nurses who were attempting to assist him with dressing, bathing, and other functions. The nursing care notes attached hereto contain many references to the fact that Mr. Johnson was "very uncooperative", "restless", "agitated", "belligerent to nurses", "very moody", "confused", and otherwise a difficult patient.

6. Mrs. Johnson refused to admit the severity of her husband's problem or to acknowledge his marked mental deterioration. Because of the admission diagnosis of advanced senility, confirmed by the behavior of the patient in the nursing home, Mr. Johnson was cared for on the third floor of the nursing home, together with other patients having mental disabilities, mental retardation, or mental deterioration. Mrs. Johnson's affidavit does not mention this fact, although she was fully aware of it. Thus, when Mrs. Johnson quotes a patient as saying she could not get her toe nails cut, such a quote may be very misleading. Many times, patients cared for on third floor make statements which are nonsensical. For example, some patients forget that they have received dinner and, just after being fed, ask when dinner time is coming. One need only spend a few hours on the third floor to realize that statements of patients cannot be taken at face value.

7. Mrs. Johnson also alleges a lack of towels and blankets, but her statements are both false and misleading. Each patient is given at least one new large towel, hand towel, and washcloth each day, and fresh towels are used immediately if a towel should become soiled. Paper towels cannot be used in the bathroom, because patients, in a confused condition, attempt to flush such towels down the toilet, resulting in plumbing backups. Towels for communal use cannot be placed in the bathrooms for hygienic reasons. Each patient uses his own towel at the sink in his room.

8. Bathrooms in the nursing home are located between rooms, with joint access from doors opening from each of the adjoining rooms. Mrs. Johnson alleged an inability of her husband to use the bathroom for long periods of time because of use by others. It sometimes happens that patients from adjoining rooms neglect to unlock both doors when departing the bathroom from their side and thus the patient has to call the nurse to open the door from his room.

9. Given the mental conditions of all patients on the third floor, it is not rare for patients to urinate, and in some instances defecate, upon the floor and other places. This is not due to lack of care but to the mental confusion of the patients.

themselves. In all such instances, efforts are made to clean up such messes as quickly as possible.

10. Mrs. Johnson complains about the failure to cut toe nails. Toe nails of most patients are regularly trimmed by the nursing home personnel. Many patients, however, have exceedingly thick and brittle nails which require special cutting by a podiatrist who makes periodic visits to the nursing home. I have never known of a situation in which the patient has had toe nails so long that shoes could not be worn comfortably.

11. In the affidavit signed by Mrs. Gruss, reference is made to certain alleged events occurring more than 3½ years ago. Although Mrs. Gruss was in the nursing home for only 48 hours, many of her comments and allegations contain generalizations about the quality of care offered at Richview Nursing Home. Many of them were undoubtedly based upon misunderstandings by Mrs. Gruss. For example, she alleges that the food served to patients was not sufficient and that relatives had to supplement the diet by bringing in food. The nursing home policy is to allow each patient to eat to his own satisfaction, unless instructions have been given to the contrary by the patient's physician. Extra helpings of any and all dishes are freely available. Mrs. Gruss mentions that the meat served was "cut very thin," but the implication that this was done to save on food costs is totally false. Many nursing home patients have difficulty cutting and eating any meat, and thick slices or slabs of meat would cause many chewing and swallowing difficulties. Any patient can have additional meat servings simply by requesting them. Mrs. Gruss, being in the nursing home for only two days, may not have realized that this policy prevailed. The implication that relatives must supplement patients' diets is ridiculous. On the contrary, relatives cause more problems by furnishing foods which are inappropriate for the patients' diets or which mold or rot when left uneaten for long periods of time by patients.

12. Mrs. Gruss claims that she was "supposed to have private rooms," but she does not state how she arrived at this supposition. Richview has never had any rooms designated as private rooms, although it is possible for a patient to have a double room by paying double the daily fee.

13. Mrs. Gruss came to the Richview Nursing Home directly from the hospital. Patients who are transferred from a hospital sometimes have the unrealistic expectation that a nursing home is expected to provide identical medical and nursing care. While our nursing home, I feel, provides excellent nursing care, we are paid from one-fourth to one-sixth of what a hospital is paid per day for providing care.

14. Based upon her extremely short stay, Mrs. Gruss makes many unjustifiable criticisms. She alleges that some other patients had dirty clothing. The nursing home changes women's clothing at least three times a week and many times more frequently if the clothing should become soiled. Clothing is not furnished by the nursing home, but is provided by the relatives of patients. The clothing of patients receiving welfare benefits is laundered by the nursing home, but the clothing of private patients is ordinarily laundered by relatives of those patients. The nursing home has experienced some problems in getting relatives either to provide enough clothing or to launder the clothing frequently enough.

15. Mrs. Gruss has also stated that she had difficulty in obtaining a bedpan. We have at least one bedpan available for every patient who is not ambulatory, with extra bedpans also available. It would be possible, under extremely heavy usage, for there to be a momentary shortage of bedpans, but this would be a rare exception.

16. Mrs. Gruss also states that her bed did not have a bedside table. Every bed in Richview Nursing Home has a bedside commode, which is a table with drawers, and each bed also has an over-the-bed tray/table.

17. Mrs. Gruss also said that her medications were not available during her week-end stay at the nursing home. If this claim is true, there must be an explanation other than the care offered by Richview. This nursing home receives same-day delivery on all drugs ordered, and emergency delivery of drugs when necessary during the night. The "patient transfer form" submitted for Mrs. Gruss on her transfer from Swedish Hospital to Richview Nursing Home on June 29, 1968 (attached hereto) offers a possible explanation for the alleged failure by Mrs. Gruss to receive her medications. This transfer form indicates that all medications listed by Mrs. Gruss' doctor have been transferred to the nursing home's "kardex" file, but that the person transferring the physician's prescriptions could not decipher the doctor's spelling of two medications. Under these circumstances, it would be necessary for the druggist to telephone the physician involved before filling these prescriptions, and it is quite possible that the

druggist was unable to reach Dr. Johnson over the weekend in which Mrs. Gruss was in the nursing home.

18. The best refutation of the allegations made in the affidavits is simply an examination of the nursing home itself and the high quality of care provided. Even a casual visitor could determine that most of the allegations are entirely untrue. Furthermore, Richview Nursing Home is constantly up-grading the care offered to our patients.

MRS. LAURA PETERSON, R.N.

Subscribed and sworn to before me a Notary Public in and for said Hennepin County, Minnesota, this 12th day of January, 1972.

R. WALTER BACHMAN, Jr.,
Notary Public, Hennepin County, Minn.

AFFIDAVIT OF MRS. ELINOR F. CLARK

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Elinor F. Clark, being first duly sworn, deposes and says as follows:

1. My name is Elinor F. Clark and I live at 3441 Emerson Avenue South, Apartment 102, Minneapolis, Minnesota.

2. I am a Licensed Practical Nurse, and I worked as an LPN at the Richview Nursing Home, Richfield, Minnesota, for about two and one-half years until I resigned in September, 1970. I worked on all three floors of this nursing home at various times, but I was assigned to the third floor during the time in which Mr. Tage A. Johnson was a resident on that floor in 1969. I worked a full-time schedule. I recall Mr. Johnson, as well as his wife, very distinctly, primarily because of Mr. Johnson's behavior and the difficulty of caring for him.

3. During the time Mr. Johnson was a patient at the nursing home, I worked the 7:00 a.m. to 3:00 p.m. shift, and I was in charge of the third floor at that time. Although Mrs. Johnson was not a resident of the nursing home, she spent quite a bit of time there visiting her husband.

4. I definitely feel that Mr. Tage A. Johnson was a patient who belonged on the third floor, together with other patients with mental deterioration or problems, because of his behavior. Mr. Johnson was very confused, and he wandered through the halls at various times. Although he was not often belligerent to me personally, he very often tore up his own clothing, including his shirts, underclothing, and a pair of pants. Although I did not actually see Mr. Johnson tearing the particular pair of pants referred to in Mrs. Johnson's affidavit, and do not know of my own knowledge under what circumstances they were torn, I would assume that he tore them himself because I had seen him tearing other articles of clothing and bed sheets.

5. Problems also arose when Mr. Johnson was given a bath, because he was confused and sometimes did not want to cooperate. The nurses had to have the assistance of the orderly on duty in order to bathe Mr. Johnson. There were also times when Mr. Johnson did not want to have his clothing removed, but I know of no instance in which any of his clothing was torn by any member of the nursing home staff. In fact, I know of no occasion when Mr. Johnson was abused in any way by any member of the staff.

6. I recall that Mrs. Johnson was at the home more than the average visitor, and on occasions she complained about the treatment her husband received, particularly in regard to his clothing. I attempted to explain to her that it was her husband who was tearing the clothing and not any of the staff.

7. During the two and one-half years in which I worked for Richview Nursing Home, bedsheets were changed on all patients at least once a week and oftener when necessary, especially for incontinent patients. I recall no instance when any torn sheets were left on Mr. Johnson's bed for any length of time, but the way he kept tearing his bed clothing, it was difficult to keep his bed in good order.

8. I do not recall any instance where there was any shortage of blankets or linen, except possibly for a temporary period on a weekend. I cannot recall any situation where patients urinated on the floor and where it was not cleaned up within a reasonable length of time, particularly if the condition was called to our attention. Accidents of this kind happened to many patients on the third floor, because many of them did not know what they were doing, but these conditions were corrected within a reasonable length of time. There were numerous times when patients would take their shoes off for one reason or another, would take other articles of clothing off, would lose their teeth or eyeglasses, or would

do things which could only be explained by understanding their deteriorated mental condition.

9. It is my opinion that many of the complaints made by Mrs. Johnson regarding the care given to her husband were unjustified. My own mother, Mrs. Hannah Clark, was a patient or resident in room 308 for a period of about one and one-half years during the time I worked at Richview, and I was always satisfied with the care she received. She was senile. Although she had light care to begin with, she required heavy care before leaving. We transferred her to another home for family convenience and not because of any dissatisfaction relating to the care received at Richview.

10. It was my distinct impression that Mrs. Johnson had a difficult time in facing up to the fact that her husband was confused and difficult to handle.

Mrs. ELINOR F. CLARK.

Subscribed and sworn to before me a Notary Public in and for said Hennepin County, Minnesota, this 10th day of January, 1972.

R. WALTER BACHMAN, Jr.,
Notary Public, Hennepin County, Minn.

AFFIDAVIT OF M. J. HELLMAN

STATE OF MINNESOTA, COUNTY OF HENNEPIN

M. J. Hellman, being first duly sworn, deposes and says as follows:

1. My name is M. J. Hellman; I am the owner and the Executive Administrator of Richview Nursing Home, 7727 Portland Avenue South, Richfield, Minnesota. 55423.

2. I am licensed as a Nursing Home Administrator and received my advanced education for this certification from George Washington University.

3. I have read the Affidavit of Mrs. Signe Johnson that relates to certain alleged occurrences in Richview Nursing Home during March and April, 1969—two and one-half years before Mrs. Johnson signed this Affidavit on October 14, 1971. I have also read the Affidavit signed by Mrs. Hazel M. Gruss, which refers to alleged events during a 48-hour period of June, 1968—almost three and one-half years before Mrs. Gruss signed her Affidavit on October 14, 1971.

4. Although I have been the Executive Administrator of Richview Nursing Home since it opened in January, 1967, no complaints were registered with me by either Mrs. Johnson or Mrs. Gruss. This long delay in presenting criticisms makes it extremely difficult to answer each and every allegation contained in these Affidavits.

5. Accordingly, with the information available to me at this time, it would appear that both Mrs. Gruss and Mr. Tage A. Johnson (Mrs. Johnson's husband) were difficult patients to care for and please. Hospitals which cared for these two individuals reached the same conclusion.

6. Richview Nursing Home was informed by Swedish Hospital, at the time of Mrs. Gruss' transfer to the nursing home that "Mrs. Gruss is quite unpredictable—at times she'll be very cooperative and satisfied—then the next minute nothing is right." During her two-day weekend stay at Richview, Mrs. Gruss was apparently in a mood when "nothing was right." She came to the nursing home on a Saturday and left on Monday morning. It is obvious that many of her "observations" of care at Richview were based upon her own misunderstandings or upon her own failure to request services (such as extra towels or food).

7. There can be no question that Mr. Tage A. Johnson was also an extremely difficult patient to deal with. As is revealed by the Affidavits of Richview nurses (Mrs. Peterson and Mrs. Clark), Mr. Johnson was belligerent and even assaulted our staff. Mr. Tage Johnson's doctor diagnosed his case as one of severe mental deterioration and indicated that Mr. Johnson was "disoriented as to time, place, person, restless, memory poor." (See attached Doctor's Report.) Nurses who cared for Mr. Johnson at Lutheran Deaconess Hospital, Minneapolis, Minnesota, experienced the same difficulties in caring for him as did Richview nurses. A copy of the "Nurses' Notes" from this hospital regarding Mr. Johnson states that he "tries to hit nurses when being turned" and that he is "belligerent on turning".

8. Of course, Richview willingly cares for belligerent as well as cooperative patients, but it is important, considering the nature of the charges in the Affidavits of Mrs. Gruss and Mrs. Johnson that hospitals have experienced the same difficulties in treating these patients as were experienced by Richview. When:

examining the claims of Mrs. Gruss, it is helpful to know that she was considered a chronic complainer by hospital nurses. And Mrs. Johnson's claim that her husband's clothing and bedsheets were intentionally torn to shreds by nursing home personnel must be viewed against the fact that Mr. Johnson was known to have torn fabrics on many occasions, and that he was also a belligerent patient in the hospital which cared for him. This is not intended as a criticism of Mr. Johnson, for his mental deterioration was so advanced that he was unaware of the effects of his hostile actions.

9. Richview Nursing Home has always strived to maintain the highest quality of care. Richview's nursing staff vastly exceeds the minimum requirements of Minnesota and federal law.

10. Richview has one of the most sophisticated programs in the country for constant evaluation of patient care and related services. We hold regularly-scheduled "in-service" meetings for all departments within the nursing home—from nurses to janitors. These sessions are designed to stimulate the critical discussion and feed-back that we feel are necessary to promote the constant maintenance of the highest standards. Representatives of the Minnesota Departments of Health and Public Welfare receive schedules of all of these meetings and are invited to attend and observe our system in action.

11. As one of many possible examples of Richview's standards and methods of operation, I might refer to our careful planning of menus for patient meals. Menus for all meals are determined and approved for an entire year in advance, including nutritional value and caloric content. These carefully-planned menus are presented in advance to both Welfare and Health Department representatives.

12. I am personally proud of the high standards of personal patient care maintained by Richview Nursing Home. Any person who would spend just a few hours in this home would realize how untrue the claims made by Mrs. Gruss and Mrs. Johnson are. The nurses in this home have a difficult—and often thankless—service to perform, and they are doing a commendable job of providing caring service for our patients and residents.

M. J. HELLMAN.

Subscribed and sworn to before me this 12th day of January, 1972.

R. WALTER BACHMAN, Jr.,
Notary Public, Hennepin County, Minn.

ITEM 7. RESOLUTION, MINNESOTA NURSING HOME ASSOCIATION, MINNEAPOLIS (BLOOMINGTON), MINN.

RESOLUTIONS ADOPTED IN RESPONSE TO MOSS AND FLAKNE HEARINGS

Whereas certain allegations have been made about standards of care in Minnesota nursing homes; and

Whereas, some of the allegations may be valid; but

Whereas, many of the allegations have proved to be false;

Be it therefore *Resolved*, That the Minnesota Nursing Home Association be authorized to terminate membership where allegations prove to be well founded and based upon continued violations of relevant federal, state, and local statutes and regulations and where corrective actions are not being taken in good faith; and

Be it further *Resolved*, That where allegations prove unwarranted, the Minnesota Nursing Home Association take positive actions at the discretion of the Board to exonerate affected homes from unwarranted allegations.

Unanimously adopted by the Board of Directors of the Minnesota Nursing Home Association, January 21, 1972.

Whereas various Minnesota nursing homes have been accused of "blackballing" nursing home employees who have offered testimony before the Moss Committee and before the Flakne Committee studying nursing home problems; and

Whereas the Minnesota Nursing Home Association is unaware of any "blackballing" by any Minnesota nursing homes, members or otherwise; and

Whereas the Minnesota Nursing Home Association condemns any "blackballing" solely because of giving testimony or other information;

Be it therefore *Resolved*, That the Minnesota Nursing Home Association go on record in opposition to any "blackballing"; and

Be it further *Resolved*, That any nursing home employee be solely evaluated on the basis of performance and personal characteristics directly affecting patient care, employee morale, and good nursing home administration.

Unanimously adopted by the Board of Directors of the Minnesota Nursing Home Association, January 21, 1972.

ITEM 8. LETTERS OF SUSPENSION AND DISCHARGE

CAPITOL VIEW NURSING HOME,
St. Paul, Minn., December 6, 1971.

Re Mrs. Beverly Kruger.

DEAR MRS. KRUEGER: This is to inform you that effective immediately you will be suspended from any further employment with Capitol View Nursing Home. We have reason to believe that recent Affidavits attributed to you stating untrue facts and deficiencies in your capacities have led to irregular interruptions in the efficient operation of our business. Your activities have affected adversely both patient and employee morale.

It is our intention to investigate the facts and the charges levied against you by your fellow employees. Pursuant to our labor contract with Retail Clerk's Union Local 789, we will also discuss the reasons for suspension with them. If, in fact, such suspensions prove unwarranted, we will reinstate you with back pay. However, if the allegations leading to the suspension are well founded, you will be discharged pursuant to Article VII of the Union Agreement.

We will endeavor to follow up on this matter as soon as possible. If you have any questions, please let us know.

Very truly yours,

HARRY PETERSEN, *Administrator.*

ST. PAUL, MINN., February 1, 1972.

Re Capitol View Convalescent and Nursing Home.

DEAR MRS. KRUEGER: We indicated to you in our letter of December 6, 1971, that we intended to investigate the facts and the charges levied against you which led to your suspension on December 6, 1971. After such investigation we are satisfied that the allegations leading to your suspension are well-founded and you are hereby discharged for cause pursuant to Article VII of the Collective Bargaining Agreement entered into between Capitol View Nursing Home and Retail Clerks Union, Local 789.

We understand that you have made charges that your suspension occurred because you provided an Affidavit about Capitol View Nursing Home which was presented to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care and as a result of testimony which you presented to a special committee of the Minnesota State Legislature investigating nursing homes chaired by Representative Gary Flakne, although such testimony was not given until well after your suspension. Please be assured that this is not the reason for your discharge. The fact that you were critical of Capitol View Nursing Home is understandably disturbing to us, but is not the reason for your suspension and discharge.

The Collective Bargaining Agreement provides in Article VII that "Reason for discharge shall be just cause as determined by the Union and the Employer". Management is given the right to "discharge for cause" under Article XVII of the Agreement. In the preamble to the Agreement it is further stated that "the Union agrees to do all in its power to discourage and prevent any irregular interruptions in the efficient operation of the Employer's business and agrees that the Employer has the right to take appropriate disciplinary action against any Employee or Employees participating in or responsible for such interruptions." All of the above cited quoted provisions permit the discharge of any employee under appropriate circumstances which are present in your case.

At the time you were hired you received a copy of the personnel policies of Capitol View. Updated copies of those policies were distributed to you from time to time. Our investigation disclosed that during your period of employment at Capitol View you were in continual violation of these policies, and that the numbers of violations have increased steadily. Examples of such violations as turned up in our investigation include, but are not necessarily limited to, the following (material in quotes is taken directly from the Personnel Policies) :

1. Your breaks greatly exceeded the "15 minute break for each 4 consecutive-hours worked." Your excessive breaks interfered with the operation of the nursing home to the detriment of patient care.

2. Your conduct has not "at all times" reflected "an attitude of dignity, courtesy and consideration of others" as required.

3. Your conduct both on and off duty has failed to recognize that "A patient's illness is his personal affair." By our policies any details of a patient's condition coming to your attention "are to be considered confidential and are not to be discussed with others except as required in your work." Not only have you discussed routine patient matters with indiscretion, but you have also fabricated many items causing concern and detriment to the patients involved, and their loved ones.

4. On occasion our investigation disclosed that you have reported for work "with the odor of or under the influence of liquor." This in itself is "cause for immediate dismissal."

5. You have been guilty of "insubordination, including refusal or failure to perform work assigned and the use of abusive or threatening language toward supervisors or residents." Some examples are set out below.

6. You have used "profane or abusive or threatening language toward or about fellow employees or patients." Our investigation showed an unbelievable amount of ill will to you by your contemporaries because of malicious and often slanderous statements you made about them behind their backs. Such statements were made to fellow employees, patients and relatives. The employees' petition is discussed at length below.

7. Frequently you have been found to be "loafing, wasting time . . . reading newspapers" and carrying on other similar activities at times when you should have been carrying on your assigned tasks. This has placed unreasonable burdens on your co-workers who have had to pick up the slack.

8. Our investigation disclosed that you frequently took your breakfast meal at Capitol View even though our dietary supervisor tried to stop this practice. Our personnel policies make it clear that "no breakfast is served to employees, and the Nursing Home does not provide free breakfasts for employees."

9. The final item in our personnel policies urges employees to contact us at any time with suggestions or complaints. "We want you to do this. It will make for a better relationship between us." None of your complaints, real or imagined, were brought to us for discussion or action. Although failure to use this procedure would not normally be a grounds for dismissal, such failure does aggravate working relationships and, in your case, perhaps forced you to react negatively in carrying out your assigned tasks.

Thirty-one of your fellow employees in a Petition have requested that your appointment be terminated for cause "at the earliest possible time". It is a serious matter when your fellow employees take this position. To ignore such employees' requests in your case would undermine the "efficient operation" of business at Capitol View. According to your fellow employees there is uncontradicted evidence that various activities undertaken by you "have completely shattered the peace, love, and tranquility normally found and expected here." The Petition goes on to allege that your continued presence at Capitol View, "threatens our very reason for being here—namely—the happiness and usual high quality level of care of Capitol View Nursing Home." In addition to the general charges summarized elsewhere, your fellow employees specify specific charges which are uncontradicted and supported by your employment record at the facility. For example, it is alleged that you have "been confronted on partialling a patient with a dry wash cloth". This behavior is extremely serious and intolerable where the interests of the patient must be foremost as in this nursing home. Your employment record supports the allegations of your fellow employees that you do not do your work properly including taking breaks while leaving patients in tubs, risking the health and well-being of such patients. The continual wasting of time cited in the Petition is not in the best interests of the patients.

We have verified many of our employees' charges and find them to be accurate. The words used most often by your fellow employees to describe your performance or lack of it include "malicious gossip", "backbiting", "vicious", "being nice to our face but stabbing us in the back" and so forth. It is a fact that employee morale has been much better since your departure from Capitol View.

Our discussion with union representatives indicate you had a pattern of making complaints which were not well-founded from their investigations. Why your relationships with fellow employees and supervisors were so bad is a mystery and

perhaps immaterial, but it is material that this caused a significant problem with employee and patient morale.

Our investigation also disclosed the following incidents:

1. Telling a patient that another staff member had "burned" him when this was not true;
2. Falsely accusing an aide of stealing;
3. Telling a patient that he had been getting the wrong insulin when this was not true, greatly upsetting that patient;
4. Falsely accusing another staff person as being a dope addict and alcoholic;
5. Falsely accusing a male patient, living with his wife in the home, of having an affair with another female patient;
6. Gossiping about a female patient "undressing in front of the window" for visitors and truck drivers when this was probably not true (or if true you made no effort to correct this situation); and
7. Improper patient care.

This whole pattern of conduct is highly detrimental and, if fully known, would have led to your discharge a long time ago.

We now understand that you have held jobs in at least nine nursing homes which was not disclosed on your application. Had we known this, we would have done a lot more scrutiny before hiring you.

Several statements contained in your Affidavit of October 15, 1971, have proved to be outright statements of perjury as corroborated by other witnesses. Such statements tend to destroy employee and patient morale and the confidence of the public in the Nursing Home. Had these statements been accurate and made in good faith your employment would not have been terminated assuming that no other just cause for your dismissal was present which is, unfortunately, also not the case herein. Doctor Mateo has refuted many of the damaging statements made by you about him. His answers have been verified independently by patients, employees, and staff alike. By undermining patient and public confidence in Doctor Mateo through false accusations you have done a great disservice to many people. Had such statements been true or had you had sufficient reason to believe them true an entirely different type of situation would be present. The same is true about your statements concerning Eugene Braatan who tells us that he has not had a seizure in over 11 years. Mr. Braatan has medical proof to back up his statement. The facts and figures on food costs disclosed that more money was spent for food after the 1st of January, 1971, than before. Again, your accusations are completely false adding to the undermining of confidence in the Capitol View Nursing Home.

Finally, even on the day of your suspension, you again lied to your employers by stating categorically that you had not signed any Affidavits. You apparently made this bold faced lie because you knew that the charges were false and you did not wish to have them attributed to you. After we received copies of the Affidavits we had your signatures on them compared to your signatures on other records and it was readily apparent that the signatures were identical meaning that you had in fact signed an Affidavit. It is not significant that you signed the Affidavit, but rather, that you lied about signing the Affidavit leading to the logical conclusion, in light of all other matters discussed in this letter, that you would not hesitate to lie on other occasions which again causes a detriment to patient care.

The timing of your discharge is suspect because of the obvious proximity in point of time to the Moss hearings. This is an unfortunate coincidence. However, we strongly feel that the facts contained in this letter amply justify your dismissal for incompetence as an employee. Had some of the facts and allegations which we investigated been disclosed earlier, termination would also have come earlier.

Very truly yours,

HARRY A. PETERSEN, *Administrator.*

ITEM 9. LETTERS OF SUSPENSION AND DISCHARGE

CAPITOL VIEW NURSING HOME,
St. Paul, Minn., December 6, 1971.

Re Mr. JOHN MAROTZ.

DEAR MR. MAROTZ: This is to inform you that effective immediately you will be suspended from any further employment with Capitol View Nursing Home. We have reason to believe that recent Affidavits attributed to you stating untrue facts and deficiencies in your capacities have led to irregular interruptions in

the efficient operation of our business. Your activities have affected adversely both patient and employee morale.

It is our intention to investigate the facts and the charges levied against you by your fellow employees. Pursuant to our labor contract with Retail Clerk's Union Local 789, we will also discuss the reasons for suspension with them. If, in fact, such suspensions prove unwarranted, we will reinstate you with back pay. However, if the allegations leading to the suspension are well founded, you will be discharged pursuant to Article VII of the Union Agreement.

We will endeavor to follow up on this matter as soon as possible. If you have any questions, please let us know.

Very truly yours,

HARRY PETERSEN, *Administrator.*

ST. PAUL, MINN., *February 1, 1972.*

Re Capitol View Convalescent and Nursing Home.

DEAR MR. MAROTZ: We indicated to you in our letter of December 6, 1971, we intended to investigate the facts and the charges levied against you which led to your suspension on December 6, 1971. After such investigation we are satisfied that the allegations leading to your suspension are well-founded and you are hereby discharged for cause pursuant to Article VII of the Collective Bargaining Agreement entered into between Capitol View Nursing Home and Retail Clerks Union, Local 789.

We understand that you have made charges that your suspension occurred because you provided an Affidavit about Capitol View Nursing Home which was presented to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care and as a result of testimony which you presented to a special committee of the Minnesota State Legislature investigating nursing homes chaired by representative Gary Flakne although such testimony was not given until well after your suspension. Please be assured that this is not the reason for your discharge. The fact that you were critical of Capitol View Nursing Home is understandably disturbing to us, but is not the reason for your suspension and discharge. However, certain statements in your Affidavit do reflect on your competency as an employee, as more fully discussed below, and can be treated as admissions corroborating charges which were independently made by others against you.

The Collective Bargaining Agreement provides in Article VII that "Reason for discharge shall be just cause as determined by the Union and the Employer". Management is given the right to "discharge for cause" under Article XVII of the Agreement. In the preamble of the Agreement it is further stated that "the Union agrees to do all in its power to discourage and prevent any irregular interruptions in the efficient operation of the Employer's business and agrees that the Employer has the right to take appropriate disciplinary action against any Employee or Employees participating in or responsible for such interruptions." All of the above cited quoted provisions permit the discharge of any employee under appropriate circumstances which are present in your case.

At the time you were hired you received a copy of the personnel policies of Capitol View. Updated copies of these policies were distributed to you from time to time. Our investigation disclosed that during your period of employment at Capitol View you were in continual violation of these policies, and that the numbers of violations have increased steadily. Examples of such violations as turned up in our investigation include, but are not necessarily limited to, the following (material in quotes is taken directly from the Personnel Policies):

1. You have accepted gifts and gratuities from at least one patient. Our policy very clearly states that such gratuities "should be graciously declined".

2. Your conduct has not "at all times" reflected "an attitude of dignity, courtesy and consideration of others" as required.

3. Your conduct both on and off duty has failed to recognize that "A patient's illness is his personal affair." By our policies any details of a patient's condition coming to your attention "are to be considered confidential and are not to be discussed with others except as required in your work." Not only have you discussed routine patient matters with indiscretion, but you have also fabricated many items causing concern and detriment to the patients involved and their loved ones.

4. You have not been "neat and clean in appearance at all times". This has been a frequent criticism, conveyed to you on numerous occasions.

5. You have been guilty of "insubordination, including refusal or failure to perform work assigned and the use of abusive or threatening language toward supervisors or residents." Some examples are set out below.

6. You have created "unsanitary conditions at work" through many instances where you have failed to keep yourself clean in spite of many warnings about this. For example, you were often told about dirty fingernails and you did not wear gloves at prescribed times.

7. The final item in our personnel policies urges employees to contact us at any time with suggestions or complaints. "We want you to do this. It will make for a better relationship between us." None of your complaints, real or imagined, were brought to us for discussion or action. Although failure to use this procedure would not normally be a grounds for dismissal, such failure does aggravate working relationships and, in your case, perhaps forced you to react negatively in carrying out your assigned tasks.

Thirty-one of your fellow employees in a Petition have requested that your appointment be terminated for cause "at the earliest possible time". It is a serious matter when your fellow employees take this position. To ignore such employees' requests in your case would undermine the "efficient operation" of business at Capitol View. According to your fellow employees there is uncontradicted evidence that various activities undertaken by you "have completely shattered the peace, love, and tranquility normally found and expected here." The Petition goes on to allege that your continued presence at Capitol View, "threatens our very reason for being here—namely—the happiness and usual high quality level of care of Capitol View Nursing Home." In addition to the general charges as summarized elsewhere, your fellow employees specify five charges which are uncontradicted and supported by your employment record at the facility. These include:

1. You have been "insubordinate to the Director of Nurses, also called her a foreigner and told her to go back where she came from". This type of insubordination cannot be tolerated in any facility.

2. You have been repeatedly required to redo work because it was not done satisfactorily the first time.

3. You have generally presented an unclean and unhealthy physical appearance. According to your fellow employees "he has to show his hands to the charge nurse numerous time because of dirty fingernails."

4. Both you and Mrs. Krueger were accused of "leaving patients in tubs" while taking breaks.

5. You have also been accused by your fellow employees of generally wasting time to the detriment of care at Capitol View Nursing Home.

We have verified many of our employees' charges and find them to be accurate. It is a fact that employee morale has been much better since your departure from Capitol View.

Our investigation also disclosed the following incidents:

1. Failure to wear gloves while giving enemas;

2. Constant reminding was necessary to get you to do routine tasks;

3. Failure to clean patients, cut finger and toe nails, make beds or change patient clothing;

4. Telling lies on occasions where you stated you had done things which were not in fact done;

5. Insubordination on several occasions to the Director of Nurses and to the charge nurse; and

6. Chewing snuff on the job after having been warned against this.

This whole pattern of conduct is highly detrimental and, if fully known, would have led to your discharge a long time ago.

As indicated above, in your sworn Affidavit of October 15, 1971, there are many admissions of incompetence. For example, you claim that you knew of several thefts of food from the facility but you never reported such thefts to your employer as would be required of a dedicated employee. Perhaps even more importantly, you admit in the Affidavit falsifying patient records. You state emphatically "however, when I do not give him a suppository I mark it down on the day sheet that I had given him one". In reference to that particular patient or others like him your omissions and falsifications of records could tend to have serious detrimental effects to patient care at Capitol View Nursing Home.

Several statements were made in your Affidavits which you later admitted to be false. If the statements had been made in good faith and prompted by sincere motivation and if there were no other reasons for dismissing you, which

there are, no dismissal would have taken place even though we may have strongly disagreed with the content of your statements. However, your own voluntary admissions that many of these statements were false and that you knew they were false at the time of the hearings can only lead us to believe that you were acting out of some malicious, punitive motives designed to undermine the morale, competency and existence of the Capitol View Nursing Home thus breaching a fiduciary responsibility to your employer and our patients. You admitted to me on December 6, 1971, that your statements about catheter reuse and sediment in the catheters was completely false. You denied to me that you had made any statements about bad food when in fact your Affidavit states otherwise. You told George Petersen, the Assistant Administrator, that you knew of no missing suit in regard to a deceased patient.

In addition, many other falsehoods were pointed out in your Affidavit from other sources. At least five mortuaries have sent letters to Mr. Flakne discussing the excellent job of preparation of expired persons prior to sending such persons to a mortuary. The fact that you submitted the Affidavit is not important. The fact that you perjured yourself in these affidavits to the detriment of many innocent individuals over and above the administration of Capitol View Nursing Home is an extremely serious matter and creates an extremely harmful effect to patients and staff alike at Capitol View. Had your statements been true much good could have been produced. However, the falsity of these accusations which you made knowing them to be false can only undermine employee morale and patient care further justifying your discharge.

Your employment record at Capitol View indicates that frequently you have used poor judgment in talking to patients about their condition and other matters. You have undertaken to irresponsibly deal with such patients not always in the best medical interests of such patients as prescribed by doctors, nurses and other professional people. This cannot be tolerated at Capitol View Nursing Home if we are to remain concerned about the care of our patients.

Finally, even on the day of your suspension, you again lied to your employers by stating categorically that you had not signed any Affidavit. You apparently made this bold faced lie because you knew that the charges were false and you did not wish to have them attributed to you. After we received copies of the Affidavits we had your signatures on them compared to your signatures on other records and it was readily apparent that the signatures were identical meaning that you had in fact signed an Affidavit. It is not significant that you signed the Affidavit, but rather, that you lied about signing the Affidavit leading to the logical conclusion, in light of all other matters discussed in this letter, that you would not hesitate to lie on other occasions which again causes a detriment to patient care.

The timing of your discharge is suspect because of the obvious proximity in point of time to the Moss hearings. This is an unfortunate coincidence. However, we strongly feel that the facts contained in this letter amply justify your dismissal for incompetence as an employee. Had some of the facts and allegations which we investigated been disclosed earlier, termination would also have come earlier. We sincerely hope that you will take the opportunity to reevaluate your goals and priorities in life at this point in time so that in any new position you do not make the same mistakes jeopardizing future employment opportunities. When you started at Capitol View we had high hopes for you, but unfortunately your work product and attitude have greatly deteriorated in recent years.

Very truly yours,

HARRY A. PETERSEN, *Administrator.*

ITEM 10. LETTER FROM JOHN M. BROEKER, ATTORNEY, BROEKER, BACHMAN & HEETLAND, TO SENATOR MOSS, JANUARY 26, 1972

BROEKER, BACHMAN & HEETLAND,
Minneapolis (Bloomington) Minn., January 26, 1972.

Re Minnesota Nursing Homes.

DEAR SENATOR MOSS: We are in receipt of letters dated January 12, 1972 and January 18, 1972 from the Minneapolis Age & Opportunity Center, Inc., written to you in response to our letter of January 6, 1972. It is probably obvious, but we would point out that many of the remarks made in our letter of January 6, 1972 go uncontradicted.

To our knowledge, your committee has made no effort to talk with Miss Margaret Christison who is under heavy attack in the letter from the Minneapolis Age & Opportunity Center. It is also interesting to note that Miss Christison herself had no way of knowing of the attacks being made upon her since she did not receive a carbon copy of the letter from the Minneapolis Age & Opportunity Center, Inc. We feel that if the committee took the opportunity to talk with Miss Christison, many of the matters could be clarified. We sincerely believe that such classification will to an even more graphic extent show the fallaciousness of many of the affidavits which were presented. As attorneys for the Minnesota Nursing Home Association, we have not approached Margaret Christison, and her investigations have been done completely independently. It seems to us that the Minneapolis Age & Opportunity Center is strongly resisting the true facts in regard to Minnesota nursing homes and, instead, insists upon defending an indefensible position.

For example, in its letter of January 12, 1972, the Minneapolis Age & Opportunity Center, through Mr. Edie and Mrs. Krause, the matter of the drug overdose is discussed. Mr. Edie, Mrs. Krause, and the newspaper article missed the point that was raised at the hearings. As a factual matter Mrs. Marx stated, and I quote, "They found out at the post-mortem that she had taken the whole bottle of Nembutal." Testimony of Miss Christison was to the effect that no post-mortem had ever been done. The perjury was in the fact that Mrs. Marx stated categorically that the post-mortem showed that death was caused by Nembutal. Miss Christison effectively showed that the post-mortem showed nothing of the kind, because no post-mortem was ever held. We agree with Mrs. Krause and Mr. Edie that the death certificate by no means clears up the possibility of a drug overdose, but we emphatically point out that there is nothing to indicate that a drug overdose was the cause as stated by Mrs. Marx as an absolute fact.

We have never taken the position that there are no abuses which need correcting in nursing homes in the State of Minnesota. However, we have strongly taken the position that a lot of lies have been told making it exceedingly difficult, if not impossible, to get at the truth such as it may be. Without perjury sanctions careless, inappropriate, and malicious statements can be made at will completely hampering any search for truth and for meaningful answers. We repeat our request in our earlier letter to you. In those cases where perjury has been shown, we would ask that your committee consider taking appropriate legal steps to see that those making the perjured statements are punished to the full extent of the law. In addition, public statements by both Senator Mondale and yourself are desirable to point out the discrepancies which have occurred. Once some of the lies are put to rest we can get on with the positive work of making a better system for all concerned.

Thank you for your continuing cooperation.

Very truly yours,

JOHN M. BROEKER.

ITEM 11. LETTER AND ENCLOSURES FROM GERALD C. HEETLAND, ATTORNEY, BROEKER, BACHMAN & HEETLAND, TO SENATOR MOSS, JANUARY 26, 1972

BROEKER, BACHMAN & HEETLAND,
Minneapolis (Bloomington), Minn., January 26, 1972.

Re Lexington Nursing Home.

DEAR SENATOR MOSS: It is my understanding from my colleague, Mr. John Broeker, that the record being created as a result of your committee hearings on November 29, 1971, in St. Paul, Minnesota, will be open until the end of this week. Mr. Holomanderis conveyed this information to Mr. Broeker. Accordingly, I enclose herewith additional information in the form of letters from doctors who treated several of the patients mentioned prominently in the affidavits submitted against my client, Lexington Nursing Home, an additional affidavit from a registered nurse who is employed at Lexington Nursing Home, a letter addressed to and published in the St. Paul Pioneer Press on December 24, 1971 by a relative of Miss Mabel Deyo, a patient at Lexington who was also prominently mentioned in several of the affidavits, and miscellaneous materials which we believe reflect further the untrustworthiness of the affidavits submitted earlier against my client. I believe it is noteworthy that the author of the letter to the press felt that the accusations regarding Lexington "were made with malice". The events

which I have observed, or of which we have been advised by other employees of Lexington who, for a number of reasons, do not wish to be publicly involved in the controversy, would tend to bear out this lady's conclusion. I too am convinced that the major motivations generating the continued controversy concerning my client are not constructive, but rather are aimed at destruction of an institution and the people involved with it.

I believe that the admitted theft of property by former employees of Lexington Nursing Home, including records and property which may belong to patients still living at the home, is further evidence that those who are acting against Lexington do not act with honorable intentions or as a result of purely just motivations. I cannot under any circumstances condone the thefts, or the other activities which were publicly admitted at a Minnesota House Health and Welfare Committee hearing last week. The testimony, the pictures of patients and the allegations relating to conditions purportedly shown by the photographs, have been, in most instances, directly refuted by the medical testimony set forth by members of the committee who are physicians and in the letters from doctors enclosed herewith. Further, there was no foundation laid for the presentation of these photographs, nor is there any assurance that the people taking the photographs were not directly responsible for the conditions which they purported to show. It is further apparent that these photographs were taken and displayed with callous disregard for the rights of privacy of the individuals photographed, as well as for the relatives thereof. This wanton disregard for the rights of others is not limited to the photographs, but is a simple example of the overall approach taken by individuals who apparently have been charged with a mission and are bent on performance at any cost. It is unfortunate that a single nursing home which had prior to this time enjoyed a respected reputation in the community has been singled out to bear the brunt of the attack.

Mr. Eide, the attorney for M.A.O., took the liberty last week of forwarding to you a press clipping from the Minneapolis Star which reported on the initial hearing conducted by the Minnesota House Health and Welfare Committee on Lexington Nursing Home on Thursday, January 6, 1972. It is interesting that he chose to forward to you the one article which came closest to supporting his position while failing to send you the article from the Minneapolis Tribune which reflected the fact that much of the testimony presented against Lexington at those hearings, and in the affidavits, had been seriously discredited by medical testimony and by testimony by representatives of Lexington and by the State and St. Paul Health Departments. It appears from the tenor of Mr. Eide's letter that it is the intention of M.A.O. to attack the credibility of everyone who would dare to challenge their alleged findings, regardless of whether that source is a state or local governmental subdivision, prominent medical experts, or other individuals who are intimately familiar with the operation of Lexington Nursing Home.

Throughout the state level hearings conducted in St. Paul, in the affidavits presented, and in the media, there has been no effort to maintain a time frame of reference as to the allegations against my client. All of the testimony presented would appear to indicate that if, in fact, there were problems at Lexington Nursing Home following its opening in 1968, those problems occurred in its early years and have been substantially corrected through a cooperative effort of Lexington Nursing Home personnel and the state agencies directly responsible therefor. It would be most unfortunate if legislation or regulations were promulgated by your committee on the basis of unfounded and unsubstantiated allegations of events which happened in years past and which were corrected through a spirit of cooperation within the existing frameworks of regulations and controls. Such a result would serve no useful purpose and would in fact destroy the very efforts which have existed in the past years within the State of Minnesota to upgrade the quality of health care available to our senior citizens. It is my considered opinion that long strides have been taken by this state and that more will come, not because of the current controversy, but because of the genuine concern of people in the Minnesota nursing home industry.

Very truly yours,

GERALD C. HEETLAND.

ST. PAUL, MINN., *January 4, 1972.*

Re Lexington Nursing Home.

DEAR MR. HEETLAND: Mr. Ed Gabrielson was a 74-year-old white male who, prior to coming to the Lexington Nursing Home, had diabetes mellitus and had

a cerebral vascular accident with a residual right hemiparesis and aphasia. Because of the aphasia, it was difficult to communicate with the patient. He also had underlying peripheral vascular insufficiency. Because of his general health, no reconstructive surgery was done. He developed a complete thrombosis of the arterial supply to the left leg and gangrene and was admitted to the hospital and had an above-the-knee amputation performed.

Following his return to the nursing home, he was obviously a severe problem in nursing care. His right side was affected by the old hemiparesis. He had the amputation on the left side. He was incontinent of urine and would not allow Foley catheter or condom catheter to be used. He would pull these out and remove them. He was belligerent and abusive towards anyone that attempted to help him. He had several febrile episodes and he was seen during these times and appropriate antibiotics prescribed. He developed decubitus ulcers in September of 1971 and Elase was prescribed in early September and then on 9/27/71 I saw him when he was febrile. Antibiotics were prescribed, floatation bed was ordered, a culture of the decubitus and urine was taken and peroxide soaks bid until the decubitus was clear and Garamycin ointment bid and heat lamp was prescribed.

With his underlying diseases and chronic brain syndrome, Mr. Gabrielson could not be rehabilitated. There was no hope for his ever ambulating again. Because of his chronic brain syndrome, he could not communicate with anyone and no one could communicate with him.

Mr. Chester Gray was treated with Kefin rather than Penicillin because of the broader spectrum of Kefin which would include staphylococci and gram negative organisms. It is my opinion that Penicillin is not as good a drug for patients with chronic bronchitis who have been in the hospital and nursing home where staphylococci tend to be Penicillin resistant.

Violet Carlson—It was alleged Violet Carlson was not seen by a physician. She was seen at the Lexington Nursing Home on 8/1/69, 8/5/69, 9/19/69, 10/28/69, 11/28/69 and 11/30/69.

Sincerely,

RODGER L. JOHNSON, M.D.

AFFIDAVIT OF MRS. MARLENE REYNOLDS

STATE OF MINNESOTA, COUNTY OF HENNEPIN

I, Mrs. Marlene Reynolds, being first duly sworn do depose and state as follows:

1. I reside at 1040 Syndicate, South St. Paul, Minnesota. I am a registered nurse duly licensed in the State of Minnesota and I have been a member of the nursing profession since 1956, during most of which time I have been actively engaged in the pursuit of my profession in a number of capacities. For the past nine years immediately preceding my employment at Lexington Nursing Home I was employed by Divine Redeemer Hospital in South St. Paul, Minnesota.

2. I have been employed as a staff nurse on the day shift at Lexington Nursing Home since September 1, 1971. During this period of time I have had an opportunity to work with patients and staff on all three floors of Lexington Nursing Home and I am intimately familiar with a number of the cases referred to in the affidavits of Mary Jane P. Bozych, Greg M. Stage, David L. VanDyke, all of which affidavits were submitted to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care as a result of a hearing at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and all of which pertain to certain aspects of the operation of Lexington Nursing Home. The affidavits referred to are dated on November 26 and 27, 1971. I have also reviewed portions of other affidavits of former employees of Lexington Nursing Home.

3. By way of general comment concerning the conditions, care, and treatment of patients at Lexington Nursing Home during the period of my association with the home, it is my opinion that Lexington Nursing Home provides generally excellent care for its patients and that the owners, staff, and employees are generally highly concerned about the work that they perform. I have often observed aides taking a considerable amount of time to spoon feed patients who refused or were unable to eat of their own accord, for example, an aide taking 45 minutes to spoon feed orange juice to a patient who was unable to eat solids. Patients who were expected by doctor and family to live only a few days have had their lives extended by months and in a couple of cases by years because

of the tender care and show of love by the many conscientious nurses and aides at Lexington. The majority of the orderlies and aides with whom I work show a tremendous sensitivity to the patients on all floors of the nursing home. If there is any deficiency in the procedures of Lexington Nursing Home, it is only that record keeping and notations of the care given to patients is neglected because it is deemed to be secondary to the care of the patients.

4. I know of no case where drugs have been used at Lexington in excessive quantities, or in violation of a doctor's prescribed dosage. It is my belief that patients in Lexington generally receive less medication and more personal attention than would be the case if the same patient was in a hospital.

5. I have not reviewed in detail all of the affidavits submitted against Lexington but the allegations in those portions which I have seen are in most instances grossly exaggerated, untrue, or the occurrences which are pointed out are the observations of young individuals untrained in any way in the areas of medicine. I will in the balance of this statement address myself to specific instances which are the result of my contact with the patient or with the particular employee referred to in the affidavits above referenced. When I first came to work at Lexington Nursing Home, I observed several of the employees regularly sitting in the employees' lounge when they should have been in their assigned work areas. This was especially true of employees from the third floor, many of whom have now left the home and several of whom have submitted affidavits against Lexington. The impact of this was the adverse effect on employees on the first and second floors, and on the other third floor shifts, where supervisory personnel were demanding and obtaining the required work from the personnel assigned to their floors. Many of the aides working at Lexington Nursing Home have come to the home with previous experience in nursing homes and demand little extra training or attention, although classes are continually offered to all employees on a regular basis. However, even the inexperienced soon learn that much of the skill and attention required in a nursing home results from common instinct of consideration and love. References are made in the affidavits to Mrs. Schaefer, the person assigned to give training and assistance to the aides. While Mrs. Schaefer is not licensed as a nurse in the State of Minnesota, she does have the full equivalent of nurses' training, years of experience, and a special skill which makes her eminently qualified to work with and to teach the skills required of nursing home aides and orderlies. I have personally observed her working side by side with new aides who are experiencing difficulty in learning certain techniques and her time and attention has been of tremendous assistance to many of the aides and to the nursing staff. She is, in my opinion, highly competent and well suited to the job she performs.

6. I am personally familiar with the case of Mabel Deyo referred to in the affidavits of Mary Jane Bozych and David L. VanDyke. I was on duty at Lexington on November 2, 1971 at the time that Mrs. Déyo fell. It is my recollection, and a review of the records completed at that time confirm, that she fell at 7:45 A.M. and that her physician, Dr. Roth, was called at 8:00 A.M. and contact was again made at about 9:40 A.M. and throughout the day. An ice pack was placed on the area of her face which appeared to have been bumped in the fall in an effort to minimize swelling, the usual treatment in such cases. Mrs. Deyo was advanced in age. She had been a resident of the home for some time and following her fall she pleaded with the staff not to be removed to a hospital. It was a decision of her doctor and the staff that efforts would be made to treat her at the home. However, as the day progressed it became apparent that her condition was deteriorating and the decision was made that hospital treatment was essential and she was ordered moved to Miller Hospital at 3:50 P.M. by Dr. Roth. It is my opinion that her death was in no way related to any failure of medical attention or care nor was her fall due to any negligence on the part of any staff member or employee of the home. A great number of the residents of Lexington Nursing Home are advanced in age and despite all reasonable precautions a patient will occasionally suffer a fall. The allegations concerning this instance as set forth in Mrs. Bozych's affidavit are totally inaccurate.

7. Many of the statements made and the inferences arising therefrom, concerning the care and treatment of Ed Gabrielson are without foundation. Mr. Gabrielson was an extremely difficult and belligerent patient. When staph infection was confirmed he was put in isolation and reasonable precautions were taken to insure that the possible spread of the infection was minimized. According to his medical records Mr. Gabrielson had suffered for several years from a

number of different ailments which contributed to his generally deteriorating condition. It must be pointed out that staph infection is not an air-borne infection and can be transmitted only by direct contact through open sores on the body. The allegations that certain other patients died because of exposure to Mr. Gabrielson are totally unfounded, such as Archie Sieckert who died on October 27, 1971 at the age of 83 years. Mr. Sieckert died of pneumonia and his death certificate was signed by Dr. William Watson who had been his attending physician since 1965. According to his medical records he had suffered from severe arteriosclerosis for the last five years and his mental and physical condition had steadily deteriorated as a result of this disease. His death appears to be totally unrelated to staph infection. It is my belief that the death certificates of Irner Eklund and Oscar Peterson would also show the cause of death as being totally unrelated to staph but rather from the complications of advanced old age and the usual diseases which are suffered as a result thereof.

8. Bed sores and problems of treatment are referenced throughout the affidavits. Bed sores become a problem with any person who is immobilized for any reason for any extended period of time. They are also fairly prevalent in even the best of hospitals. Advanced age and resulting poor circulation are contributing factors. Continual efforts are made to prevent bed sores and doctors are repeatedly consulted concerning treatment and care of patients who are suffering from bed sores. It is my opinion that Lexington Nursing Home does the best job possible in caring for patients who have bed sores. Many of the patients in the nursing home suffer from severely restricted circulation and the problems of treating bed sores are correspondingly more difficult in such patients. As mobility decreases and incontinence increases the difficulty of treatment is severely complicated. Contrary to the allegations made, it is strictly a decision of the doctor treating any given patient whether or not that patient is to be moved to a hospital for any reason. To my knowledge Lexington Nursing Home has no policy which would in any way interfere with the transfer of a patient to a hospital for the treatment of any illness or complication, including bed sores. Such decisions are made by the patient's physician if he or she has a family physician, or by the doctor who generally serves the patients in the home who do not have a personal physician.

9. A patient by the name of Mrs. Karp (referred to in the affidavits as Mrs. Carp, or Mrs. Karr) presented one of the worst cases I ever saw in all my years in the medical profession, including those periods of time when I served as an emergency room nurse. When Mrs. Karp was brought to the nursing home she was suffering from severe complications caused by the fact that she was an advanced and severe diabetic. She was a patient who probably should have been receiving intensive nursing care at a hospital but it was apparently the decision of the hospital and her doctor that she could be best treated in a nursing home. Her physician, Doctor Murphy, visited her weekly during her stay at the nursing home. She was during this period receiving various medications, some of which were prescribed by her doctor to be used as required. Drugs were not, to my knowledge, ever used or prescribed in dosages contrary to physician's orders for this patient. Her body filled with fluid in a manner such as I had never previously experienced. After a short time the fluid began to seep through the skin throughout her body. As the fluid left her body she suffered an irreversible breakdown of tissues which could not be corrected because the patient could not stand the strain of surgery necessary to correct it. She was a patient who was dying by inches and who received the best possible care while at Lexington. Her physical condition while at the home was the direct result of the complications of the diseases from which she suffered and her doctor and family were totally aware of all of the complications during her stay. Our total effort was to make her as comfortable as humanly possible. It is my feeling that this was a case that should not have been brought to a nursing home and that it was too much for any young aide or orderly to have been confronted with. Mrs. Karp suffered from bed sores when she was admitted and her condition was one of constant and continuing deterioration despite all precautions taken and treatment rendered to her. The comments and allegations made concerning this patient completely ignore the medical facts.

10. In general the patients on the third floor of Lexington Nursing Home are advanced in age and suffer a number of ailments which have contributed directly to their physical and mental deterioration. Every possible and reasonable effort is made to separate the seriously confused patients from those who are more normal in their physical well being and capabilities. In some instances

temporary restraints are required to prevent a resident of the home from injuring himself either intentionally or by accident. Such restraints are never used indiscriminately with any patient at the home and I know of no case where restraints of any kind are used where they are not required for the safety and well being of the patient upon whom they are being used or of other patients on the same floor.

Those patients who suffer from incontinence receive as much care as is possible. The complications of incontinence in older people is compounded by the fact that the urine is generally highly concentrated, it carries a stronger odor and in many instances is very caustic, as compared to that of a child. Add to this the generally deteriorated skin conditions and inability of the elderly to fight infections to the same degree as a younger person and the problem becomes acute. It is my opinion that reasonable efforts are made to minimize the problems that exist because of incontinence. The very nature of the problem makes it impossible to prevent rashes and chaffing, the degrees of which will vary from individual to individual.

11. It is my opinion that many of the problems which are alleged in the affidavits to have existed at Lexington Nursing Home, if in fact they existed at all, were a direct result of the failure of a few individuals to accept and exercise the responsibility which was theirs as a normal part of the function and the job which they had in the nursing home. The departure of several of these individuals in recent weeks has brought about a noticeable improvement in the cooperation between shifts working on the third floor and has resulted in generally improved conditions on that floor.

The foregoing statement is made of my own free will and is based on personal knowledge and observations made while an employee at Lexington Nursing Home.

ITEM 12, LETTER AND ENCLOSURES FROM JOHN M. BROEKER,
ATTORNEY, BROEKER, BACHMAN & HEETLAND, TO SENATOR MOSS,
JANUARY 27, 1972

JANUARY 27, 1972.

Re Capitol View Nursing Home.

DEAR SENATOR MOSS: On behalf of our client, Capitol View Nursing Home, we are enclosing herewith certain material which we would like to be included in the hearing record of the United States Senate Special Committee on Aging, Subcommittee on Long Term Care hearing held in St. Paul on November 29, 1971. This material tends to refute charges made against Capitol View Nursing Home at that hearing. Mr. Halamanderis indicated that the hearing record is still open.

Enclosed please find the following:

1. Affidavit of Harry O. Petersen.
2. Affidavit of George A. Petersen.
3. Affidavit of Adeline Mulee.*
4. Affidavit of Marilyn Walls.
5. Affidavit of Ana Bustamante.
6. Copy of Petition signed by employees of Capitol View Nursing Home.*
7. Copy of statement of Delores Hanson, L.P.N., in regard to charges made about Capitol View.*
8. Copy of a letter from Dr. R. H. Hedenstrom dated December 28, 1971.
9. Copy of a letter dated December 16, 1971 from Dr. Guillermo Mateo.
10. Several copies of statements from funeral homes which service Capitol View Nursing Home.*

Very truly yours,

BROEKER, BACHMAN & HEETLAND,
By JOHN M. BROEKER.

Enclosures.

*Retained in committee files.

AFFIDAVIT OF HARRY O. PETERSEN

STATE OF MINNESOTA, COUNTY OF RAMSEY

The undersigned, being first duly sworn, hereby states and deposes as follows:

1. My name is Harry O. Petersen and I reside at 2245 Carver Avenue, St. Paul, Minnesota 55119.

2. I am employed on a full-time basis in the position of administrator at the Capitol View Nursing Home located at 445 Galtier Street, St. Paul, Minnesota. I have occupied this position at Capitol View Nursing Home since 1965.

3. I have reviewed Affidavits of Beverly Krueger (dated October 15, 1971), John A. Marotz (dated October 15, 1971), and Ellen Marx (dated June 24, 1971), all of which Affidavits were presented to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care as a result of a hearing at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and all of which Affidavits pertain to certain aspects of the operation of Capitol View Nursing Home.

4. I have the following statements to make about the Affidavit of Beverly Krueger:

a. Mrs. Krueger did not say who stuffed wash rags into whose mouth or who mistreated Abby Croonquist and spit in her face. There is thus no way to verify the accuracy of these charges, but I am unaware of any such incidents taking place. Abby Croonquist has since expired.

b. Dr. Mateo comes whenever he is called and has never failed to respond in cases of emergency. We have found the services of Dr. Mateo very satisfactory and he has never neglected his patients. The statement that he doesn't want to be called after 7:00 P.M. is false, and there are many times when he is called after 7:00 at night. Regardless of the time, he renders his services willingly.

c. In regard to the allegations of thievery, we are familiar with the situation of other nursing homes in the Twin Cities area. To our knowledge there is no more thievery occurring at Capitol View Nursing Home than in any other nursing home or hospital. When thievery situations are reported to us, such incidents are reported to law enforcement agencies of the city and state.

d. Mrs. Krueger is completely out of her element when she speaks about raising the daily rate for private pay patients a dollar a day. The facts are that in March of 1969 we increased our rates to \$14.00 a day in a three-bed room and to \$15.00 a day in a two-bed room. In January of 1971 we raised the rates of ten patients who had been in the home previous to March of 1969 and who had never paid the current rate. Increased costs of operating this facility more than justified the increases in rates.

e. The statements of Mrs. Krueger in regard to the orderly, Mr. Orgene Bratan are completely inaccurate. I fully agree with the statements contained in the accompanying Affidavit of Ana Bustamante in regard to Mr. Bratan. Mr. Bratan, to my knowledge, has not had a disabling seizure in eleven years and he has indicated that he will get a statement from his doctor at the Mayo Clinic in Rochester to this effect.

f. There are some accidents in our home as there are in every other nursing home. Elderly people are more accident prone than younger people. To our knowledge, based upon my familiarity with other nursing homes, we do not have more accidents than any other nursing home.

5. I have the following statements to make about the Affidavit of John Marotz:

a. I have never given any instructions that I would fire anybody "to keep quiet about anything that goes on in the home." It is true that employees are not to discuss confidential material from patient's charts with anyone but people who are directly concerned with or related to the patient. This information is to be given out only by the nursing supervisor or the attending physician. By their Affidavits, Mr. Marotz, Mrs. Krueger, and Mrs. Marx have violated patient confidences.

b. The allegation by Mr. Marotz that he has seen charge nurses and aides slap patients on the hands and on the face has never been made to me as administrator of this home. We do not condone physical abuse to the patients and I cannot believe a charge nurse would be unconcerned about patient abuse. To my knowledge no such incidents were ever reported to myself or to other persons connected with Capitol View Nursing Home.

c. Whenever we have plumbing problems, we rectify such problems immediately. There is no basis in fact for the allegation that there is a sink on the third floor that is constantly backed up. We utilize our own maintenance man and a plumber from the Katz Plumbing Company when difficulties occur.

d. Our elevators were originally installed by the R & O Elevator Co. and have always been on a monthly maintenance program by that company. To say that our elevators are constantly in need of repair is an utter falsehood. The R & O Elevator Co. has a complete record of the service and operating condition of our elevators.

e. Concerning Room 419, there are potential problems with airlocks if the lines are not drained periodically. We have recognized this and in our job specifications for orderlies we require that orderlies do this type of routine maintenance work for the benefit of patients in the absence of maintenance men from the premises. If Room 419 becomes uncomfortable, it is because an orderly is failing to do his duty when a maintenance man is not on the premises. There are certain occasions when we expect orderlies to carry out duties of maintenance men, which is made clear to the orderlies in the job specifications and at the time of employment. This primarily occurs when a maintenance man is not available.

f. All our cooked and dry cereal is purchased from the Aslesen Company of Minneapolis. We order only one case at a time and we order on a weekly basis which can be checked with the Aslesen Company. We buy a high grade of food and we do not stock up on any items since we do our purchasing on a weekly basis. If in fact Mr. Marotz found bugs in the food, I doubt that it happened more than once, and would be due to negligence on the part of the Aslesen Company or other handlers of the cereal.

g. I recall the incident to which Mr. Marotz refers in regard to the Kool-Aid made with soap. A soap dispenser leaked and when water was added to the Kool-Aid powder the leaking soap dispenser deposited soap also. This Kool-Aid was not served to the residents in the home. Subsequently a separate faucet was installed to prevent this type of occurrence from happening again.

h. The allegation that there is a fan in the kitchen for the air conditioner which blows dirt directly onto the food is completely false. We do not serve any food at any time with dirt on it.

i. We regularly buy rolled roasts but we have never purchased a "fifty pound roast". We buy roasts that are approximately ten pounds apiece and normally purchase 35 to 40 pounds for a meal. We are unaware of situations where employees regularly take food and groceries from the home. If Mr. Marotz knows of such occasions, I feel that Mr. Marotz violated a duty to his employer to report such thievery.

j. Mr. Marotz's statement that "Anyone can pass medications at that home" is completely false. Medications are passed by personnel who have had many years of experience or have had the required educational background.

k. I agree with the comments of Ana Bustamante in regard to the suppositories as set forth in her accompanying Affidavit. I would like to make the additional observation that if Mr. Marotz made false entries in the day sheet, he would not hesitate to make false statements in his signed Affidavit. We expect our aides and orderlies to train the patients to have natural bowel movement habits and have never discouraged an employee from carrying out such a procedure. In regard to Mr. Marotz's allegation about catching hepatitis at the nursing home, to my knowledge we have had no patient in the nursing home with hepatitis. If Mr. Marotz in fact had hepatitis, it must have been contracted outside the nursing home. To the best of my knowledge, Mr. Marotz never sought any workmen's compensation for the contracting of such a disease in the home.

l. Regarding Mr. Marotz's comments on the use of restraints in the nursing home, we have never received complaints on the use of restraints from the Department of Health which has investigated the use of restraints in this home. We always attempt to comply with doctors' orders and relatives' wishes in the use of restraints.

m. Mr. Marotz is correct in stating that there is no hydraulic lift in the nursing home other than in the bathrooms. There are no state requirements that a lift must be provided. Orderlies are hired to move patients and this requirement is set out in the job description.

n. There is not a lot of theft at the nursing home. The only situation in which I am familiar involving the amount of \$160.00 regarded one Mr. Fedje. Here the money may have been stolen or it may have been given by Mr. Fedje to someone else. In that case Mr. Fedje's niece cashed his social security check which was supposed to have been turned over to the nursing home. The Department of Welfare had indicated that was our responsibility to collect this portion of

Mr. Fedje's account directly from Mr. Fedje. When the amount involved was missed, the ultimate loss was to the home and not to Mr. Fedje.

The only other case involving any significant theft involved Mr. Arnold Gerdesmeier. Mr. Gerdesmeier, a competent patient, ran an ambulance service from the nursing home. He was paralyzed from the waist down and was required to be in a nursing home. Because of his business, Mr. Gerdesmeier kept a lot of money on hand, and insisted upon keeping it in a strong box in his room. He lost money twice, but was cognizant of the risks involved with keeping such a large amount of money on the premises.

o. To my knowledge Mrs. Marotz has never done volunteer work in the nursing home. We do more personal laundry for patients in our home than in most other nursing homes with which I am familiar. We have proper washers and driers as certified by the Department of Health.

p. We have a charge nurse on duty around the clock, seven days per week. The charge nurse is either a registered nurse or a licensed practical nurse. In this regard we are in complete conformity with the highest state and federal standards.

q. To the best of my knowledge there is no feud going on between Miss Bustamante, the nursing supervisor, and the help. I am absolutely positive that I have never heard Miss Bustamante use a swear word.

6. I have the following statements to make about the Affidavit of Mrs. Ellen Marx.

a. All of our aides get in service training. Each new aide works with another aide before assuming any independent responsibility. Increases in work loads are made gradually for new aides. Classes are provided on the premises for in service training of aides.

b. About sixty welfare patients are treated in our home by Dr. Mateo. Dr. Mateo gets no more than \$7.00 for each visit to each of these welfare patients. By law he cannot get more. Rates charged to private patients by Dr. Mateo are negotiated between Dr. Mateo and the patients and rates for such private patients are unknown to me.

c. In her Affidavit Mrs. Marx alleges certain remarks attributed to Miss Ana Bustamante upon the death of Mrs. Bruney. Ana was not present at the time of the death of Mrs. Bruney which took place in December, 1970 and not in March as alleged. This can be confirmed by our records.

d. In regard to the death of Johanna Miller, I fully agree with the circumstances surrounding that death as described in the accompanying Affidavit of Ana Bustamante.

e. In Ellen Marx's Affidavit she alleges that "the Petersen's", which presumably includes me, witnessed Ana Bustamante beating up on Francisca. This is an absolute falsehood. Neither my brother nor myself have ever witnessed such a thing. I am completely unaware of any occasion where Ana Bustamante has slapped around patients as alleged by Mrs. Marx.

f. Mrs. Marx's allegations about the food are completely false. With the exception of Friday, when we serve fish, meat is served at least once and usually twice a day. It is served at noon and in the evening. Our usual meat servings amount to about four ounces of meat per patient per meal and it would only be in the situation where we serve a hot-dish of some sort that less would be served. Arnold Gerdesmeier was heavy-set and was on a strict diet prescribed by his doctor. Mr. Gerdesmeier was a diabetic and to the extent that Mrs. Marx was serving him extra food this was strictly contrary to doctor's orders and detrimental to Mr. Gerdesmeier's health.

Further affiant saith not.

AFFIDAVIT OF GEORGE A. PETERSEN

STATE OF MINNESOTA, COUNTY OF RAMSEY

The undersigned, being first duly sworn, hereby states and deposes as follows:

1. My name is George A. Petersen and I reside at 100 W. Emerson, West St. Paul, Minnesota 55118.

2. I am employed on a full-time basis in the position of assistant administrator at the Capitol View Nursing Home located at 445 Galtier Street, St. Paul, Minnesota. I have occupied this position at Capitol View Nursing Home since January of 1966.

3. I have reviewed the Affidavits of Beverly Krueger (dated October 15, 1971), John A. Marotz (dated October 15, 1971), and Ellen Marx (dated June 24, 1971),

all of which Affidavits were presented to the United States Senate special Committee on Aging, Subcommittee on Long-Term Care as a result of a hearing at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and all of which Affidavits pertain to certain aspects of the operation of Capitol View Nursing Home.

4. In Mrs. Krueger's Affidavit she states that since the 1st of January there has been a cutdown in the quantities of food in the home. This statement is completely false. In fact, we have spent \$25,101.41 for food in the first six months of 1971 as compared to \$24,936.82 for the last six months of 1970. The corresponding figures for dietary supplies are \$1,042.09 for 1971 and \$482.95 for 1970. We have never cut on the quality or the quantity of our food service. We have a well staffed and well qualified dietary department. We serve modified diets according to doctor's orders. Patients whose diets are not restricted are served as much as they want.

5. Referring to the Affidavit of John A. Marotz, in regard to his allegation that one patient bought a brand new suit because he was going to die but that he left the home without the suit which was never found, Mr. Marotz admitted to me after I questioned him on this that he did not know who had lost it and did not know of this incident from his own knowledge.

6. Mr. Marotz makes the allegation that "The senile are indiscriminately mixed with the normal patients." We try to put patients together who we believe will be compatible. We always honor a patient's request if he or his relatives feel they have been placed with the wrong patient. We forewarn patients' families where there are a limited number of beds available about who their roommates might be and about their background to allow them to make a decision as to whether or not they wish to be placed at that time. Compatibility and patient satisfaction are uppermost in our minds. Allegations to this effect are also made in the Affidavit of Ellen Marx and the answers pertaining to Mr. Marotz's Affidavit are the same as applied to her allegations.

7. Ellen Marx in her Affidavit alleges that the Petersen brothers, of which I am one, witnessed a beating administered by Ana Bustamante to one aide, Francisca by name. I have never witnessed such a beating nor am I aware of such a beating. I have never heard Ana Bustamante swear nor have I ever seen her slap patients around. This allegation is an unbelievable lie. It is my understanding that Francisca has supplied the St. Paul Health Department with a notarized statement denying that she had ever been beat by Ana Bustamante.

Further affiant saith not.

AFFIDAVIT OF MARILYN WALLS

STATE OF MINNESOTA, COUNTY OF HENNEPIN

The undersigned, being first duly sworn, hereby states and deposes as follows:
1. My name is Marilyn Walls and I reside at 14810 County Road 15, Minneapolis, Minnesota.

2. I am employed on a full-time basis in the position of personnel director at the Capitol View Nursing Home located at 445 Galtier Street, St. Paul, Minnesota. I have been employed at Capitol View Nursing Home since its opening in February of 1964.

3. I have reviewed Affidavits of Beverly Krueger (dated October 15, 1971), John A. Marotz (dated October 15, 1971), and Ellen Marx (dated June 24, 1971), all of which Affidavits were presented to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care as a result of a hearing at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and all of which Affidavits pertain to certain aspects of the operation of Capitol View Nursing Home.

4. As personnel director I am intimately familiar with the performance of orderly Orgene Braaten. Mr. Braaten is discussed at some length in the Affidavits of Beverly Krueger and John Marotz. Mr. Braaten has not had a disabling epileptic seizure in eleven years and has indicated that he can get a statement from his doctor at the Mayo clinic in Rochester to this effect. Mr. Braaten is a good worker and is dependable, doing his work in a commendable manner. To my knowledge he has never had any seizures at work. Mr. Marotz indicates that Mr. Braaten works the night shift, but in fact Mr. Braaten works the day shift, the same shift that Mr. Marotz works and so consequently would not be getting the patients up at 4:30 A.M. as alleged.

5. Mr. Marotz himself is something less than an ideal employee. In June of 1970 he was approached about his sloppy work and his tendency to gossip. On October 15, 1970 Mr. Marotz was insubordinate to the director of nurses, Ana Bustamante, telling Miss Bustamante, who is a United States citizen, to go back to her own country (she is a native of Colombia, South America). He should have been fired on that occasion, but due to his responsibilities as a father and husband he was put on a probation basis. He has poor judgment about talking to patients. He repeats everything and does not tell the truth at all times. Everything stated in this paragraph in regard to Mr. Marotz is noted on his employment record, and was noted prior to my awareness or the awareness of anybody connected with Capitol View of Mr. Marotz having approached the United States Special Committee on Aging, Subcommittee on Long-Term Care.

6. In his Affidavit, Mr. Marotz indicates that he received instructions from me, among others, not to speak to anybody outside of the home about what goes on inside under threat of being fired. I have never made such a threat.

7. Mrs. Marx in her Affidavit speaks of the slapping of patients by staff people at Capitol View. I am not aware of any such slapping of patients which has ever occurred in this facility.

Further affiant saith not.

AFFIDAVIT OF ANA BUSTAMANTE

STATE OF MINNESOTA, COUNTY OF RAMSEY

The undersigned, being first duly sworn, hereby states and deposes as follows:

1. My name is Ana Bustamante and I reside at 1279 Albemarle, St. Paul, Minnesota.

2. I am employed on a full-time basis in the position of director of nurses at the Capitol View Nursing Home located at 445 Galtier Street, St. Paul, Minnesota. I have occupied this position at Capitol View Nursing Home since it opened in February of 1964.

3. I have reviewed Affidavits of Beverly Krueger (dated October 15, 1971), John A. Marotz (dated October 15, 1971), and Ellen Marx (dated June 24, 1971), all of which Affidavits were presented to the United States Senate Special Committee on Aging, Subcommittee on Long-Term Care as a result of a hearing at the College of St. Thomas in St. Paul, Minnesota on November 29, 1971, and all of which Affidavits pertain to certain aspects of the operation of Capitol View Nursing Home.

4. Of my own knowledge, I know many of the purported facts contained in these Affidavits to be false or to be statements out of context as more fully set out in subsequent paragraphs of this Affidavit.

5. As director of nurses at Capitol View, I have intimate knowledge of the capabilities and performance record of Mrs. Marx, Mrs. Krueger, and Mr. Marotz.

6. I have the following statements to make about the Affidavit of Beverly Krueger:

a. I am unable to comment on the statements concerning Abby Croonquist (misspelled Croomquist in Mrs. Krueger's Affidavit). Of my own knowledge, I know of no mistreatment of this patient. Miss Croonquist has expired and thus is not available for comment.

b. In regard to the allegations against Dr. Mateo, I am personally aware of many calls made to this doctor after 7:00 in the evening. Dr. Mateo has always rendered his services willingly to the home. When Dr. Mateo himself is unavailable, his calls are answered by an answering service and he always has another doctor available to answer his calls when he is unavailable for a prolonged period of time. Dr. Mateo always sends patients to the hospital when necessary.

c. In regard to the proposed incident involving one Gladys Delaney, that incident is best explained by the attached statement dated December 11, 1971, of Delores Hanson, L.P.N. and charge nurse, who witnessed the event. The original of this statement is available at the Capitol View Nursing Home in the possession of Mr. Harry O. Petersen, administrator. It is my understanding that Mrs. Hanson would be willing to sign a sworn statement to the effect of her attached statement. Since the time of the alleged incident, medications for Gladys Delaney have been changed so that she no longer has the type of temper tantrum described in Delores Hanson's statement. Gladys Delaney is a confused patient

at times, but her many friends who visit her frequently have never voiced any complaints about the quality of care given to her at Capitol View.

d. In regard to the allegations made against Orgene Bratan, Mr. Bratan has never had a disabling seizure while at work at Capitol View. Mr. Bratan is a very kind and understanding orderly, he does good work, and takes good care of his patients. Mr. Bratan has told us that he has not had a disabling seizure in eleven years and has indicated that he would be able to get a statement from his doctor at the Mayo Clinic in Rochester to substantiate this.

e. In regard to the allegation of a "constant rash of accidents" at Capitol View, to my knowledge there are no more accidents at this nursing home than at any other nursing home in the Twin City area. In my work, I am familiar with the operations of other nursing homes.

f. We have never received any doctors' orders not to use mineral oil on patients at Capitol View. In regard to the specific allegation about Robert Devereaux, we used mineral oil to clean up his scalp, and we were successful in doing so.

7. I have the following statements to make about the Affidavit of John A. Marotz:

a. I have not threatened Mr. Marotz or any other employee with his job if employees failed "to keep quiet about anything that goes on in the home". To the best of my knowledge no such threats have been made by Mr. Harry Petersen or Marilyn Walls either. We have instructed employees in terms of the necessity of confidentiality of patient records which must be confidential under state law.

b. I recall the occasion in regard to the "worms in the oatmeal" in mid-September as discussed by Mr. Marotz in his Affidavit. I never told any staff member "to feed it to them anyway" as alleged by Mr. Marotz. I instructed the staff to give the patients cold cereal for this morning only. We purchase our cereal on a weekly basis from Aslesen's and it is not stored for any lengthy period of time. On this occasion there were not "worms" in the oatmeal. In a few portions of the oatmeal there were some black specks which were definitely not worms. I observed no worms in the oatmeal on that or any other occasion.

c. I have been informed by our cook, Mrs. Adeline Mulwee, that not only does Mr. Marotz eat food at Capitol View, but that he asks for double portions. None of our patients experience diarrhea from eating the food at Capitol View over and above diarrhea experienced in the normal course of living by society in general.

d. This home has never reused catheters except on one and possibly two occasions. The one known exception involved a patient by the name of Mr. Charles Campfield. In this single case, his catheter which was inserted two or three days earlier became plugged and was rewashed, resterilized and reused for Mr. Campfield. In my formal nurses' training, we were told that this is a perfectly proper procedure. It was reused on this one occasion only because the relatives complained of the cost of a new catheter. We are irrigating Mr. Campfield more frequently now to avoid a plugged catheter.

e. The statement that "Anyone can pass medications at that home" is not true. Medications are passed by personnel who have had many years of experience or have had the required educational background.

f. Everything is charted at Capitol View. The nurse on the first floor does the weekly charting. The comment regarding aides doing the charting must refer, if true at all, to notes made in a daybook which are subsequently charted by a nurse. To my knowledge, Mr. Marotz did not even have access to the charting.

g. At Capitol View a patient is charged only for drugs used by him. No one is charged for medications used by other patients. On very infrequent occasions, where one patient may have run out of medication or might need another medication not then in stock, the medication is taken from another patient's supply. However, in these cases the medication is always replaced for the patient from whose supply the borrowing takes place. In any case borrowing is a rare exception rather than the general rule and arises only where there is an immediate need for a medication which is lacking.

h. In regard to the paragraph concerning suppositories, we are unaware of the particular patient referenced by Mr. Marotz. However, we do not give suppositories where patients are able to have bowel movements without them. On occasion a charge nurse will check to see if suppositories have been given. Again, a patient only pays for the suppositories he uses. Mr. Marotz states "However when I do not give him a suppository I mark it down on the day sheet that I had given him one." This is a reflection on Mr. Marotz's own incompetence and dis-

honesty and presents a real detriment to patient care. This is one of the reasons why Mr. Marotz is under suspension by this home.

i. The disease of the tailbone discussed by Mr. Marotz relates to a patient by the name of Mr. Arnold Gerdesmeier. It is my understanding that Mr. Gerdesmeier's problems were caused by certain internal complications being experienced by Mr. Gerdesmeier who was paralyzed from the waist down. My understandings are developed because of conversations which I had with Mr. Gerdesmeier's doctor, Dr. Charles E. Rea of St. Paul, Minnesota. Our patients experience a minimum amount of bedsores. There have been many occasions when patients have come to us from the hospital with bedsores and have had them healed because of the attention given by our staff.

j. We are aware of no occasions when lice were found in the hair of any patients. One patient at one time had a slight infection caused by an ingrown hair which was cleared up.

k. In regard to the allegations about patients who are diapered and often left all night in wet diapers, this allegation is completely untrue. Periodic rounds are made throughout the night to change soiled diapers on incontinent patients. Such checks are made as frequently as every hour and as infrequently as every two hours. A check of the amount of soiled diapers which accumulated overnight for the laundry in the morning would verify this statement.

l. Mr. Marotz indicates that he caught hepatitis at the nursing home, citing a patient who had died from it. There has never been any hepatitis in the home. If Mr. Marotz in fact contacted hepatitis, it must have been from some other source.

m. Expired patients are cleaned up before a mortician picks up the body. Their teeth are sent with the body and the valuables and personal items are left at the nursing home for the family to pick up. I am not aware of any patient who has lost a suit at the home. Mr. Marotz gives no name. We have received favorable comments from many mortuaries about how clean the bodies of expired patients are at the time when they are sent from the nursing home.

n. In regard to the allegations on restraints, we have complied with the wishes of the relatives and orders of the doctor to maintain the safety of the patient. We have never had any complaints from the health department on our use of restraints.

o. In regard to the comments about Orgene Bratan, I have discussed some of these in my response to Mrs. Krueger's Affidavit above. Additionally, however, it is interesting to note that Mr. Marotz states that Mr. Bratan works the night shift. He does not work the night shift, but works the day shift, the same shift that Mr. Marotz works and so consequently would not be getting the patients up at 4:30 A.M.

p. To my knowledge, Mr. Marotz has never done any volunteer work at Capitol View Nursing Home. We do personal laundry within the home. Our facilities meet relevant state standards.

q. We have a charge nurse on duty around the clock, twenty-four hours a day, seven days a week. This charge nurse is always a registered nurse or a licensed practical nurse. The statement that there is a "constant feud" going on between myself and the help is absolutely false. I have never sworn in my entire life. Whenever it becomes necessary to speak to an employee about deficiencies, my normal practice is to talk to such employees in my office. On occasion, if an orderly or aide was doing something wrong in the hallway, I may have said "that's enough of that".

8. I have the following statements to make about the Affidavit of Mrs. Ellen Marx:

a. A medical doctor makes the sole determination of the kinds and amount of sedations which is prescribed for each patient. In some cases, we are to give the sedation under doctor's orders "whenever necessary". We normally interpret this to be when a patient is screaming and hollering so as to disturb other patients. Some of our patients have prescribed sedation, but never get it. I personally detest seeing a patient asleep all the time. We make every effort to walk and exercise our patients whenever possible.

b. Mary Fredlund does give shots. She has been taught to do so. She is a practical nurse. It is completely untrue that untrained aides perform these functions at the home. All aides get in service training. Each new aide must work with another aide before assuming any responsibility. Formal classes are given within the nursing home. Mrs. Lamon (misspelled Lehman in Mrs. Marx's affidavit) is a

conscientious and trained individual with years of experience. She worked for several years at Abbott Hospital under supervision of a urologist at that hospital. Pat Welsh has never inserted catheters.

c. At Capitol View there are no unusual instances of bladder infection. What problems we have relate to the normal problems of old age and routine matters. Whenever a bladder infection is detected a doctor is called to treat it right away.

d. Upon a doctor's prescription, we do give Lasix and Diurel for edema treatment (that is the removal of retained waters in the body). Prescribing these drugs is not unique to Dr. Mateo—other doctors prescribe the same treatment. What is not indicated in the Affidavit is that, at the same time, we are giving these patients another medication to replace the potassium lost by the body. The untrained individual often confuses dehydration with the normal process of aging. For those who can walk drinking fountains are available throughout the facility. Where a patient is not receiving sufficient liquids, we force fluids. We frequently monitor the intake and output of water from individual patients.

e. The allegations about Dr. Mateo are completely unfounded from my knowledge. I know for a fact that Dr. Mateo gets no more than \$7.00 for each medicare patient he treats. Under the other public assistance programs he can get no more than this amount per visit. He treats about sixty welfare patients in our home. The rate between himself and his private patients is a matter between him and such patients and unknown to myself. In my opinion, Dr. Mateo is a good doctor and is honestly concerned about the care of his patients.

f. In filling prescriptions, we always get written prescriptions from Dr. Mateo for his patients. These orders for prescriptions and treatment are always signed. With other doctors we get the doctor to come in, review and sign orders or, upon occasion, we mail them to the doctor for his signature and they are always returned. On continuing regular medication, we get a new authorization signed each month.

g. It is interesting that Mrs. Marx has so many comments about Dr. Mateo, since she did not work the shift when Dr. Mateo made his routine visits.

h. In regard to Mrs. Maude Bruney, it was alleged that I called the aides to my desk and told them not to say anything about Mrs. Bruney's death. However, I was not present at the time of Mrs. Bruney's death. I never made such a statement. Mrs. Bruney died in December of 1970 and not in March as alleged.

i. In regard to the allegations about the death of one Joanna Miller, it should be pointed out that there was a real clash of personality between Mrs. Marx and Irene Walker. In fact, Mrs. Marx quit her job at Capitol View because we would not fire Irene who, in our opinion, was a good aide. It is also interesting to note that when Mrs. Marx called Dr. Mateo at 5:15 A.M., she apparently received no objections herself from Dr. Mateo. We have never given any instructions not to call Dr. Mateo when a patient dies in the night. See earlier statements of mine in this Affidavit in regard to our relationship with Dr. Mateo. These sufficiently answer the remainder of Mrs. Marx's allegations about Dr. Mateo.

j. I vehemently deny ever beating up an aide by the name of Francisca. In support of this statement, it is my understanding that, when questioned about this, Francisca supplied an Affidavit to the St. Paul Health Department denying that I had ever beat her up. I have never slapped patients.

k. Arnold "Tiny" Gerdesmeier was a heavy-set patient and a diabetic! He was under a strict diet prescribed by his doctor. If Mrs. Marx was providing Mr. Gerdesmeier with additional food, she was doing a great disservice to this patient and was acting strictly contrary to doctor's orders.

l. In regard to the comments about Orgene Bratan, I have answered most of these in earlier portions of this Affidavit. In addition, we were told by Dr. Richard Hedenstrom that Mrs. Chesky's condition had nothing to do with having broken toes. To our knowledge, Mrs. Chesky never had broken toes. In the same vein, we are unaware that Charlie Campfield ever had a broken leg because of being dropped in a tub. He suffered a minor fracture never put in a cast when he fell out of a wheel chair while trying to open the nursing home entry door.

m. If Martin Jandell was improperly given an enema while sitting on a commode, the result of this would be that the enema would be ineffective. Clearly Mrs. Marx is either grossly uninformed or ignorant if she honestly feels that an enema "ripped his insides, and he died from hemorrhaging and shock." At the time of his death, he was not experiencing any rectal hemorrhaging. The medical records on this patient would indicate he died from other causes.

n. The allegation that Mrs. Mary Grubbs died from a fall is clearly wrong. According to Mrs. Grubbs' doctor, Dr. Gibbs, Mrs. Grubbs died from other causes a month after the fall. Mrs. Maude Bruney probably died from a heart attack and not from a fall as claimed by Mrs. Marx. There are no large cardboard cereal boxes full of drugs by the office as alleged by Mrs. Marx. I keep narcotics in my office only for purposes of sending them back to Kansas City as required by federal law. We have available for inspection all receipts received from Kansas City for sending these narcotics to the federal government.

o. We did have some prescription labels (but not large rolls), which we use to replace labels on soiled merthiolate and tincture of benzoine bottles. Replacement labels were used for no other purposes. We no longer have any such labels.

p. I have already commented on the re-use of catheters earlier in this Affidavit.

q. On one occasion a rat was seen in the building. It probably came through an open door. The reason that a dead rat was observed by Mrs. Marx was that this rat was poisoned with appropriate uses of De-Con. On occasion certain mice come in from outside in the fall through the back door. However, Capitol View employs Twin City Exterminating Co. of St. Paul to exterminate rodents and insects once a month. I have never seen a rat in the building except for the one occasion discussed above.

r. Margaret Christison has never notified me nor anybody else connected with the home, to my knowledge, in advance of an inspection. This is an outright falsehood. Our attorneys informed us that there is absolutely nothing in the now repealed Mayhood law that required a home to be notified twenty-four hours in advance.

Further affiant saith not.

DECEMBER 28, 1971.

Re Capitol View Convalescent & Nursing Home

DEAR MR. PETERSEN: This letter is in reply to your letter of December 27, 1971 in regards to the late Mrs. Lavinia Chesky and the statement made by a former employe of yours, an Ellen Marx.

Mrs. Chesky was admitted to Capitol View Nursing Home on 13 May 1968 after having been a patient in Midway Hospital—the diagnosis at that time was arteriosclerotic heart disease with congestive heart failure, osteoarthritis, arteriosclerotic ulcer left ankle.

She was seen on January 21, 1971 at which time there was an acute inflammation of the 2nd and 3rd toes of the right foot. On January 22nd she was admitted to Midway Hospital and she remained there until February 8, 1971 at which time she was discharged. X-rays taken showed osteoporosis & Osteoarthritis of the toes and dislocations of the metatarsophalangeal joints of the 1st three toes due to degenerative changes.

She was returned to the Nursing Home at that time for observation and re-examined on February 17, 1971 and admitted to Midway Hospital again for further observation and at this time there was obvious gangrene and it was felt amputation was necessary.

In answer to the questions in your letter regarding any broken toes and gangrene: We have no evidence of any fractured toes. In my opinion the patient had arteriosclerotic obliteration of the blood vessels of the right lower leg. The pathology report which is enclosed confirms this. Also the consultation reports confirm this. Whether or not the toe had been stepped on I don't know, but certainly at the time of the original problem there was no history to substantiate this.

I hope this letter can help in some way to clear up misunderstandings in this case.

Sincerely,

R. H. HEDENSTROM, M.D.

[Enclosures]

CHESKY, LAVINIA

Origin: Right leg.

Gross: The specimen consists of an above the knee amputation specimen of the right leg. There is marked ballum valgus, dry and moist gangrene of the second and third toes, patchy foci of the lateral foot and heel and also marked ischemic

necrosis of the great toe. Dissection shows popliteal artery to be virtually occluded with calcific atherosclerotic disease and probably either mural hemorrhage or mural thrombus. Further dissection shows calcific change in the majority of the vessels distal to this.

Microscopic: There is a piece of epidermis, dermis and subcutis. The subcutis shows severe and extensive ischemic necrosis. Sections of major vessels show obliteration of the vascular lumen by a large peripherally organized mural thrombus in a vessel which shows severe calcific atherosclerosis.

Diagnosis: Above the knee amputation specimen showing severe and obliterative calcific atherosclerosis with peripheral ischemic necrosis.

JAMES RUGGLES, M.D.

February 4, 1971.

CHESKY, LAVINIA

This is an 87-year-old female who has recently been admitted to the hospital with a problem of developing an arteriosclerotic ulcer of the 2nd and 3rd toes of her right foot. The patient was discharged, however, because of progression of the disease, was readmitted to Midway Hospital on 2/17/71. The patient is responsive but from the standpoint of history is impossible to obtain. The history per se has been obtained through the chart and through the patient's relatives.

Evidently the patient has not walked for the past 3 years and has just been going from her bed to the wheelchair and back to her bed. The progression of the disease has been going on for the past several weeks up until the present time, increasingly getting worse over this time.

Examination of the right lower extremity shows gangrene of the second toe with a smaller portion of gangrene involving the third toe. There is an area of erythema just proximal to the 2nd and 3rd toes extending over the dorsum of the foot to the mid tarsal area. There are two areas of gangrene possibly due to pressure necrosis, however more likely due to ischemic necrosis over the lateral side of the right foot, over the lateral side of the right heel. There is an equal and strong femoral pulse, however no popliteal, dorsalis pedis or posterior tibial pulse is felt on the right side. There is definitely a clinical difference in the skin temperature, changing at the ankle into the right lower extremity as compared to the left. The right leg tends to be minimally cooler than the left.

Impression: Ischemic gangrene, 2nd and 3rd toes, right foot and portion of the lateral aspect of right foot.

At the present time it is my feeling that the patient should undergo an above knee amputation of the right leg. Primarily this is based on the fact that there is no obvious reason from the standpoint of the patient's expected longevity. She could not live for many years and the idea of surgery at this point would be one of removing an obvious site for infection and possible septicemia. Because of the patient's ambulatory status it is felt that one definitive operation should be done at this time and that the chance of skin breakdown and possible infection with a below knee amputation is very evident. For this reason I would suggest that the patient undergo the one procedure which will be most likely successful and bring the patient the speediest recovery and return to the nursing home.

R. LAMPORT, M.D.

DECEMBER 16, 1971.

Re Capitol View Nursing Home

DEAR MISS CHRISTISON: I feel compelled to answer some of the information supplied to the Senate Hearings that were conducted in St. Paul, Minnesota recently. My name was mentioned during this hearing by some witnesses under oath and the affidavits were supplied to your office. I feel very strongly that this information needs clarification since there was much mis-information supplied to this Committee under oath.

First, it was stated in the affidavits that I, as physician for the Capitol View Nursing Home, refused telephone calls after 7:00 P.M. and that I am not available for emergency calls at night. I would like to inform you that since I arrived in St. Paul in 1954 to practice medicine, I have subscribed to an answering service that answers the telephone in my office and another telephone in my home 24 hours a day. This is a rather expensive procedure, but I am happy to provide it to my patients to assure them of good service.

During the Committee hearings, the question of examination of patients at the nursing homes was brought up.

Since I have been the attending physician for the Capitol View Nursing Home, I have seen the patients on the average of once every thirty days and more frequently than that when an emergency occurs or when the condition of a patient warrants it. Each time that a patient is examined, usually in the presence of a nurse, notes are entered on the patient's chart as to the results of this examination, the diagnosis of the patient and the treatment that was necessary. This has been entered on each patient's record for many years and the records are available for examination.

Information was supplied to the Committee that the government pays \$15.00 for a visit and examination of a patient in the nursing home. This is quite incorrect and can be verified by the medicare carrier in the Twin Cities, the Travelers Insurance Company. At the present time they are paying \$7.00 for each visit to a patient at the nursing home and this figure has been arrived at on the basis of the fact that this was my charge for an office visit in 1969. According to the interpretation of the Social Security Agency, a visit to a patient in the nursing home is equivalent to an office visit. Emergency visits are made to the nursing home as are necessary, either during the day or during the evening. As recently as this week an emergency visit was made to the nursing home on a patient that became suddenly ill, and I had to leave the office at 2:30 in the afternoon to see the patient, in spite of having an office full of patients. The nursing home patient that was examined was Mrs. Alice Ryan.

Of the patient's names brought up during the hearings, the first one I would like to refer to is Mrs. Maude Brunney. This patient was born on July 4, 1887 and expired on December 17, 1970. The main complaint brought to the attention of the Committee was the fact that this patient fell, and in two hour's time died from injuries as the result of this fall. In addition, the informant stated that no accident report was made on this patient.

This patient had marked cerebral arteriosclerosis and frequently was mentally confused, and over a period of several years, she had fallen several times without suffering any severe injuries. To substantiate this statement I am submitting nine incident reports on this patient to show that she fell quite frequently and that accident reports were always made by the nurses. On her last illness she was apparently found lying on the floor. A photostatic copy of the nurses notes is submitted dated December 17, 1970 recording the incident. According to these notes, this patient suffered marked respiratory distress and emergency oxygen was administered, however, the patient was in complete circulatory collapse and expired shortly thereafter. As you can see in the photostatic copy of the notes, the doctor was notified and a friend was also notified immediately.

The next matter pertains to Mr. Martin Jandel, age 63, expired October 3, 1970. The information given to the Committee was to the fact that this patient had received an enema while standing and that he expired from rectal hemorrhage and complications from the enema. The photostatic copy of the nurses notes is supplied. It reveals that on October 1, 1970 this patient had a fever and was given an aspirin suppository to bring the fever down. He was also given antibiotics. At that particular time there was no enema given and no sign of bleeding. According to the nurses notes, he was alert and taking fluids well and that same evening he had a very small amount of a liquid stool, but no enema was given and no blood was noted in the stools. On October 2, 1970 he still had a temperature, but there are no notes of enemas given nor any sign of rectal bleeding. On October 3, 1970 no enemas were given, but an aspirin suppository was inserted and according to the information obtained, no bleeding from the rectal area was present at that time. The nurses notes state the patient ate a normal breakfast at 8:30 A.M. and suddenly expired at 9:55 A.M.

It is very difficult for me to comprehend that a patient would die from hemorrhage from the rectal area as the result of an enema when no enema was given. The stools did not contain any blood and that he was well enough to eat a good breakfast approximately one hour before he expired.

The next case is that of Mrs. Johanna A. Miller. This patient expired on February 27, 1971, and the information supplied to the Committee state that the physician in charge was not informed of this. On reviewing the records (a photostatic copy is supplied) the person that supplied the affidavit had herself written a note with the following information dated February 27, 1971: "Patient found dead at approximately 5:15 (A.M.), Dr. Mateo notified, relative notified, and signed E. Marx, LPN." It is difficult for me to comprehend how the person that testified that the doctor was not notified was, in fact, the same person who had

both entered the information on the patient's chart and talked to me at 5:15 A.M. when the patient expired.

The next case was that of Mr. Robert Devereaux. I was not the physician on this particular case, but as the physician in charge of the nursing home, I felt compelled to review the record and answer the complaints as supplied to the Committee. The information as given to the Committee stated that against doctor's orders, the nurses applied olive oil to this patient's scalp and forehead. After investigating the case, the information obtained from the records showed that this patient had a fair amount of dryness of the skin around his hair and forehead, and the nursing staff applied some olive oil to relieve this dryness. There was no doctor's orders against this. There was no order needed for this treatment since the application of lubricants is a well accepted treatment for dryness of the skin and hair and many people use olive oil instead of a lotion to achieve the desired result. The treatment was effective in relieving the dryness as revealed on the patient's chart.

The last name brought forward during the hearings was that of Gladys Delaney, a patient who is still residing at the Capitol View Nursing Home. The affidavit explained that this patient fell and the director of nurses, Miss Ana Bustamante, R.N., had mistreated her. On reviewing the records and in talking to the nursing staff, I have not found any evidence of mistreatment. A statement from one of the nurses present at that particular moment, Miss Dolores Hanson, LPN, is submitted. I have talked to Mrs. Gladys Delaney herself, and she is well-oriented and recalls details of this incident. She stated that she was not mistreated by Miss Bustamante or by any other members of the staff.

I am very pleased to submit this information to clarify the misrepresentation of facts presented in the affidavits submitted to the Senate Committee on the medical and nursing care of patients in the Capitol View Nursing Home.

If you have any further questions, or if there is any need for me to give further testimony on this matter, please do not hesitate to contact me. I am very happy to cooperate in any way to bring about improvement in the management and care of patients in nursing homes.

Respectfully yours,

GUILLERMO MATEO, M.D.

ITEM 13. LETTER FROM DAPHNE H. KRAUSE TO SENATOR MOSS,
FEBRUARY 4, 1972

MINNEAPOLIS AGE AND OPPORTUNITY CENTERS, INC. (M.A.O.),
February 4, 1972.

DEAR SENATOR MOSS: The series of hearings held by the Flakne Subcommittee have come to a close, at least for the time being. We feel they served a useful purpose by providing more of an in-depth picture of the substandard conditions that exist in Minnesota.

Although there were predictably many charges and counter-charges, and the emotions occasionally ran high, the hearings on the whole were fairly run and gave equal time to all sides. It is clearer now than before that serious problems do exist in some homes in Minnesota. We are encouraged that local State representatives have seen the evidence first hand, and we anticipate some productive legislative action in the next session.

We remain willing and anxious to cooperate with all sides concerned in the continuing effort to upgrade the bad conditions. The State Health Department and the Geriatric Conference have been most cooperative.

May we again thank you and your Committee for all your efforts. Your hearing in St. Paul has been a great stimulus for continued action on the local level.

Very truly yours,

DAPHNE H. KRAUSE,
Executive Director of M.A.O., Inc.
JOHN A. EDIE,
Attorney for M.A.O., Inc.

ITEM 14. LETTER FROM DAPHNE H. KRAUSE, EXECUTIVE DIRECTOR,
MINNEAPOLIS AGE AND OPPORTUNITY CENTER TO SENATOR MOSS,
MARCH 7, 1972

MINNEAPOLIS AGE AND OPPORTUNITY CENTER, INC.,
Minneapolis, Minn., Mar. 7, 1972.

DEAR SENATOR MOSS: Enclosed are copies of the most recent nursing home daybook, and pages from some of the daybooks preceding it,* these daybooks were part of the material present at the hearing you presided over in St. Paul, recent affidavits, and the most recent complaint letters.

In addition to these materials we have received a number of phone calls and visits from people who have not wished to have their names recorded for fear of retaliation, but all of whom substantiate the charges that had been made, and we have a record to this effect.

We trust this information will be of interest to your committee, and entered into the official record of these proceedings.

Please contact us if any clarification is needed.

Very truly yours,

DAPHNE H. KRAUSE,
Executive Director, Minneapolis Age and Opportunity Center.

[Enclosures]

NOVEMBER 30, 1971.

Mrs. Mike Dario, St. Paul, Minn.

DEAR MRS. KRAUSE: Yesterday was the hearing on our so called nursing homes for the aged, and I finally have found a place to write to. Certainly wish I'd had your address sooner as I'd have given you a bit more information on "the Lexington Nursing Home".

My father, John Burns, was a resident for five long months. Now this is probably no record length of stay but believe me it was plenty. He'd had a right sided stroke in May of 1970. In May of 1971 a left sided stroke that left him virtually helpless so, was put into the "Lexington". My mother was quite leery of that particular home because of past problems but was told this was the only place with an opening for the kind of care he required. She and my sister visited the home first and it seemed ok. So he was placed, approximately June 15th, 1971.

My father had to be spoon fed and fortunately my mother was able to be there in the afternoon for his lunch daily and one of us three girls were there nightly. When there was good food to eat he ate but very often, sometimes as often as four times per week, lunch and supper it was the same menu—cold mashed potatoes, ground meat, pureed beets and beans. No one person can continue to eat the same food, hungry or not—we started bringing his meals so he'd eat, as he just plain refused to eat another mouth full of that cooking. Before he left the home to go to Ramsey, Mrs. O'Connell informed my mother we were to bring him "no more food." Upon asking why, mother was told "He has sugar in the blood". Asked where she got the information, her reply was "Ramsey Hospital" my mother went to Ramsey and the doctors pulled his charts and back tracked them. Dad had never had sugar in his blood. This information was written on his chart in red ink which Mrs. O'Connell showed my mother. Apparently the idea that some one was getting a decent menu daily bothered Mrs. O'Connell. By the way—Ramsey Hospital denied writing the above on my father's chart. Where did it come from? One guess. While I'm on the subject of food, there was a spell where there was an odd substance on dad's tray that didn't look or smell good. My mother took this to Mr. Traina and asked what it was, he had no idea and suggested they visit the kitchen—the first cook they spoke to claimed he never seen it before. The second hesitated, then said "Australian Beef"—we wonder about this also.

Dad's baths were scheduled for Wednesday and Friday weekly—he was put into a lift and put in the tub, what the water soaked off was considered clean, where it didn't touch was left. Let me tell you, he smelled bad—urine, B.M. and just plain body odor.

We tried to wash him but there were never any wash clothes and what you did find were pretty poor examples of linen. The bed linens were something else, grey brown anything but white or near white. Dad had flannel thrown over his pillow for a case because of no pillow cases.

*Retained in committee files.

This home has to be a breeding ground for all types of germs. He had the same water jug from the day he went in, until he left. It just keep getting dirtier each day. When he wanted water, we would take his glass—wash it in the sink and use the fountain out in the hall.

He had a catheter that was used until it got a hole knocked in it or it was taken off and misplaced. That also smelled awful and I'm sure carried germs. When they took the catheter off because he needed air on his penis, a urinal was placed between his legs and he continued to pass water in that until it overflowed onto him and the bed. This caused his penis to get infected and sores on it. Twice Ramsey Hospital sent orders up to the home to keep my father cleaner. When he started getting control of his bowel movements, he asked for a commode. If it was within a half hour of a meal time or after, he was denied use of it and told he'd have to mess the bed, and they would clean him later. Now these "laters" could drag out for two to two and a half hours. I realize they have rules, but some of them have to bend. You can't tell your body when to function and when not to.

Ramsey Hospital sent an order to the Lexington three months before my dad left for therapy to be given him. They had one evening orderly that really worked and tried, but nine times out of ten he was the only orderly on the three floors and just couldn't spare the time to walk dad. They were to get some one in that was trained to work his arm, wrist, fingers and leg. This party came; one week before he left. When my Mother spoke to Mr. Traina and Mrs. O'Connell about this, Mr. Traina said he'd gotten the written notice, but Mrs. O'Connell said, "Ramsey Hospital told us Mr. Burns was a terminal case and wouldn't last over a month," so this was why he didn't get the much needed therapy.

The nurse's bell to the desk for the patients didn't work. The lite over the door came on but no one ever seemed to see this lite. Dad had bad choking spells when he first went in as his throat was partially paralyzed and needed a suction machine to clear the throat and lungs, you could rarely get the attention of help at these times and ended up trying to raise him to a sitting position and pounding his back to unlodge whatever was caught in there. Many frightening times we had with this and thought for sure he'd choke to death before help came.

Before I forget, our first suspicions about the home was when my father started swearing at the nite orderly—we couldn't figure out what was wrong as his speech was bad at first and it was an effort for him to talk. We finally put two and two together and asked dad point blank if the orderly was "queer," yes, he nodded. This was reported to Mr. Traina's daughter who came up to see what orderly we were speaking of and said she would see that something was done. It was, he was put on another floor for a few days, when he again came back to the second floor, I stopped in the office and asked Mr. Traina's son what they intended on doing about the orderly. He knew nothing of it nor did Mr. Traina when he came up to dad's room later. They did get rid of him eventually.

One day while wheeling dad through the halls and lounges, the aides were treating a patient's bottom in the lounge in front of other patients—these people can have no emotions about privacy as they aren't allowed any.

I have seen medications put onto the dinner trays and passed with the tray. I have seen the man next to my father receive the wrong tray which wasn't bad, but it had some one else's medication. When he tried to tell the nurses aide what was wrong she just laughed, slipped the name plate into her pocket and gave him water to take the wrong medication. I have seen medications passed by aides. I have seen patients sitting in urine, B.M. and various states of undress and no one paid any attention to them. I saw one old gent in a geriatric chair for days sitting in urine. I assume he passed on, as his bed was empty about two weeks ago. It's a blessing they die rather than live like they are. I could go on I believe forever about things at the Lexington, it was a big bad dream, I hope we never have to see again.

My mother complained to a Mrs. Jensen, a Social Worker at St. Paul Ramsey and told her she wanted my dad moved as soon as possible. In the meantime, they (Ramsey) discovered he had a form of cancer that needed surgery so on November 23rd he was placed in St. Paul Ramsey. The hospital called "the Lexington" about my father going back until there was a placement for him in another home. He was refused which was no loss. They informed my mother she gave the home a bad name. After hearing some of the radio broadcasts on the investigation, I'd say she did no damage. I have never heard of such awful things happening to people. This has got to be a Hettters paradise, Mrs. O'Connell must be the official giving all orders and Mr. Traina her hunch man. I'd like nothing better than for them to lose their license and have the place closed. Where these old folks would

go from there could be no worse than the hell they are living in now. This is what these old people have paid Social Security for all their lives—some with small savings of their own and to have it used for what is called care for the aged is a laugh. I'm sure if more family visited these patients oftener they could see these things. It took a while for us to open our eyes but believe me if dad lives to go into another nursing home, we'll be on guard from the first day forward. Many thanks for taking the time to read all of this. If it can be of any help to you I'm grateful. My dad's care wasn't nearly as bad as the care of the patients I heard on the broadcast, but laying 24 hours per day, with nothing can be just as much torture also.

Sincerely,

Mrs. MIKE DARIO,
St. Paul, Minn.

PS/ My father-in-law is a patient at Capital View, tho he's able to take care of himself. We have many, many receipts for prescriptions (every month 2, 3 or 4) of medication he's charged for. I had these checked by our druggist once after several months of it and the majority of it was for "cough syrup". I made a visit and demanded they cease giving him any medication except the blood thinning agent he has to have. By the way, he's been in there approximately 4 years or so and has had one doctor's visit and that was just this past fall. Keep up the good work.

MARGARET DEMAIO

ST. PAUL, MINNESOTA

I was an employee of Lexington Nursing Home for a period of 2 years.

Duties were supper cook in charge of the nite run: Hours were 11:00 A.M. to 7:30 P.M. at nite (sometimes much longer).

My last date of employment at Lexington was December 3, 1970:

Charges made against the food was at times I wasn't on duty or I wasn't cooking at these times:

A recipe was read off on cottage cheese loaf: This was not the recipe that was followed by Elmer (a cook) in which the complaint was filed on cottage cheese loaf. The way I saw it made was like this: Cottage cheese; very few eggs; and lots of "special K" cereal put into the mixture. There was no nutmeg added or any soup base. With just the few ingredients as above the cottage cheese loaf was tasteless and very dry. The crust on top was very brown and hard. The cottage cheese loaf that the complaint was filed on was not cooked or made right to begin with. The right recipe for cottage cheese loaf was not followed.

A complaint was made on sustagen. When an order was put in from the floors to the kitchen for sustagen it was refused (saying it was too expensive) sustagen is a necessity (a requirement) the patient is pretty low at this point their only means of food intake at this time sustagen (tube feeding) the patient should have it. If it is too expensive for the home to have then they have no right to keep a patient that requires this. I know when I was there I always saw that we had sustagen.

Complaint was filed on cream chicken on which Mrs. Finney and patients got sick. This was caused by improper storage of leftover and leftovers was kept too long. I think when the chicken was put away the cream of mushroom soup mixture should have been taken out of the chicken (for once the cream sauce had been cooked and heated then reheated again it will tend to turn sour fast. I never used leftovers that were left over 2 days.

Complaint filed on jello, this jello should not have been served at all. After the person (from the kitchen) who served or dished it out found out it was rubberized (hard). This person should have put in a substitute dessert (such as fruit sauce) the jello should have been thrown out.

Long Grass (in the kitchen) was called one day over the loud speaker (no one in the kitchen knew what it was, no one was given instructions on this. Long Grass as we all know means fire (certain things should be turned off in your department and then each department has a place to go until the all clear signal is called). But again, I repeat no one knew what it was.

Fire alarm went off accidentally one nite. No one knew where to go to shut it off. Alarm was ringing for a good ten minutes so I called Mr. Thayer up he said the switch was in the furnace room and gave me directions on how to turn it off. But he asked me to remind him or Mr. Traina in the morning (for something had to be done again before the alarm would be effective again). Now this

was about 6 in the evening there could have been a real fire that nite but the alarm system would not be working.

A patient fell in the dining room one afternoon on the floor—there was no stretcher available so the means of a blanket was used to carry the patient on the elevator up to the patient's room. I know this means is used in emergencies but I think a home that is licensed should have a stretcher. Maybe they have one now, I don't know.

One night an orderly asked me if I knew of anyone who had the keys to a certain room. He had to get the oxygen tent in a hurry for a patient but the room was locked and not even the nite nurses had a key to this room. This room is in the basement by the elevators the same locked room where soap and toilet tissue is kept. Shouldn't the oxygen tent be on the floors, why in the basement.

The first serving of food was done on the floors (in a small dingy room) this has been discontinued, well anyway one nite while serving a large portion of coffee was spilled on the floor—so I went to the floor utility room (2nd floor) to get a mop to wipe up the spillage. When I got the mop it was in a water pail saturated with urine. I reported it to a nurse and wiped up the coffee with cloths.

They were always behind in the laundry—had to pull my help out at nite to come back into the kitchen. Water pitchers (at that time if they have different ones now, I don't know) were washed only once a week—always a debate if aid or kitchen should wash them.

Weekends, holidays always a shortage of help—especially aides—only one nurse for 3 floors. So this led to patients who had to be fed—weren't. How they managed to put patients to bed I don't know. When this shortage occurred (late trays would be set on the elevator floor—this same elevator was used for visitors and patients).

There was no dummy (dummy to transport forgotten orders or late orders etc. from the kitchen to the floors) at Lexington in the kitchen. Each order had to be taken up in the elevator.

There was a patient by the name of Chester Gray who at that time was on the 1st floor and ate in the dining room. One day he came down to eat he had a rope around his pants waist and the front of his pants was open the zipper was broken, the pants were wrinkled and very discolored. He went around like this for 2 days—finally 2 high school girls and myself pitched in and went to Wards to buy him a pair of pants. We got his pants size by taking pieces of string and measured his waist and pants length. He cried when he received the pants. He was later transferred to 3rd floor. So for 2 days the nurse on 1st or aides or administration did not care or try to correct the appearance of this man. Is this good patient care or concern.

High school girls (only a certain group) would tease patients they didn't like by leaving that patient last in serving or put small quantity of food on their plates (patients would come to me and report this).

Tea pots in kitchen (particles in bottom of pots loosen and when pouring hot water in for patient's tea these particles could fall into cup). There is a roughage in these pieces could cause a throat irritation although you would have to get down to at least half of the pot before the particles would fall out I didn't think these pots were safe so I put an order in for new ones, instead I was told to soak them in a lime solution at nite.

Yes we were given a postal scale in the kitchen it was not a proportion weight scale with ounces and grams on. This one was to be used to weigh the meat.

Diets were not always followed—one day spaghetti and chili sauce with beans poured over the spaghetti was served and everybody from the bland to salt free etc diets got it. Patients on puree diets are fed puree food but then given soup with big chunks of vegetables in it.

Hair nets were seldom worn. Jeans were even worn.

Food particles were left on dishes and especially cereal bowls or eggs. Water glasses at times were cloudy. I don't think they even had a poached egg or fried or baked egg for breakfast (hard cooked or soft or scrambled) was made. Hands seldom washed when leaving one area to another. Method of serving was poor at Lexington. Food carts were not washed at least once a day—sometimes months went by before they were washed. Spillage such as milk was seldom wiped up. There were no handle bars on the carts which made them hard to maneuver. Trays sent up were sloppy—trays sent back were even worse. Dirty trays were sent down with dirty bib towels on men's urinals, false teeth, even patient's B.M. Covers that covered the main food dishes were not washed after every meal.

Debate went on about coffee pots to be served on the floors. Mr. Thayer wanted them cancelled because they took too much time washing—the patients on the floors wanted them—so a debate took place and a thermometer was being used to test the hot coffee in the cups compared to the hot coffee in the pot. Mr. Thayer said coffee stayed hotter in the cup. Does anyone here know which does stay warmer?

Soup is not served at Lexington. I think it should be. The owners may own the building but they do not own the people in it. Their belief may be practiced only to their own private belief—no one else is obliged to follow these practices. When a home is open to the public it then becomes a public domain.

Dietitian was only there 2 days a week when I was there only from 8:00 am to 2:00 p.m. Time was spent mostly on scheduling and ordering of food—more time should have been spent by the dietitian on visits to patients. They should have a diet supervisor at Lexington rotating at times so she could be on all shifts. I filed in reports to the health department about Lexington—I called the dietitian many times to file in reports. I called Mr. Thayer and Mr. Traina many times. I even tried to get the workers to follow sanitary rules but always I was rebuffed.

At Lexington if you complain about anything or report anything to the health officials etc., you are let go. In fact when inspectors go around the administrator is tagging right along—we were told many times we would lose our jobs if we gave information out. So if Lexington Home is better now it is just because or since the Senate hearing and this deserves no credit. Just going through a home does not detect everything—you have to be in it day by day to notice the run of it.

I think a new system should be set up and more standard and rigid rules made. Perhaps a fine system should be set up for those who continue to choose not to follow the rules. Maybe more people put on the health department force. Let the administrators know they should follow the rules set up by the Health Department. Maybe even another department should be set up where complaints are followed through and justified at the time of certain situations do occur. Or maybe even having each home put under the government. Another home which I was surprised not to see mentioned was: Pleasant Hill Nursing Home, 391 Pleasant Avenue, St. Paul, Minnesota, formerly Highcroft Nursing Home. I was employed there for a year at the time I was there it was poorly runned. We even went through a bankruptcy. That's when the washing machine and dryer was sold to Johnson PKY Nursing Home (now Parkway Manor Nursing Home) to buy groceries. To this day they still have no washing machine or dryer at Pleasant Hill. The laundry is transported back and forth to the owner's other nursing home it owns.

I am sure the health department can give you more details on this little forgotten, neglected home.

MARGARET DE MAIO,
St. Paul, Minn.

ITEM 15. LETTER FROM DAPHNE H. KRAUSE, EXECUTIVE DIRECTOR, MINNEAPOLIS AGE AND OPPORTUNITY CENTER, TO MR. HALAMANDARIS, PROFESSIONAL STAFF, SENATE COMMITTEE ON AGING, MARCH 10, 1972

March 10, 1972.

DEAR VAL: On February 23, 1972 Mr. Reed Holman visited our office. Mr. Holman was, until February 7, 1972, an orderly at the Trevilla Nursing Home in Robbinsdale, Minnesota. The circumstances of his not being employed there are of interest. Mrs. Loretta Brown gave an affidavit that was presented to the United States Senate Hearing and to the Minnesota State Senate Hearings on the nursing home question. Mr. Holman's name was mentioned in this affidavit. The relevant portion of the affidavit is attached hereto. On reading the initial part of the affidavit regarding Mr. Holman one can see that one might come away with the impression that Mr. Holman had been mistreating the patient in question, and no doubt this is how it appeared to Mrs. Brown, a visitor in the nursing home. However upon finishing the paragraph and comprehending the entire incident one can see that the force used in this case might well have been reasonable given the circumstances of the patients condition explained by Mr. Holman. He told us that she was large, approximately 135 pounds, and strong and quite retarded and given to taking off her clothes and wandering around. Occasionally

to get her to do what it seemed proper for her to be doing required some physical force, but that no abuse by Mr. Holman appeared to be involved. One could surmise from the affidavit that the patient has some idea about the inappropriateness of some of her conduct.

Mr. Holman tells us that Mr. Peretti, the administrator of this home, seized upon the language in the first part of this affidavit as a reason for firing Mr. Holman, in spite of the fact that he was aware of the patient's problems. Mr. Holman is upset to have been fired and to have his name damaged in this regard. He would like to continue working at Trevilla, but Mr. Peretti will not hire him. Mr. Peretti has however offered Mr. Holman work in another of his businesses as a painter. Considering the letters regarding Mr. Holman which we have enclosed we have sympathy for Mr. Holman's predicament.

On the day Mr. Holman was fired he told us that he was requested to sign some sort of a piece of paper by Mr. Peretti in order to obtain his final paycheck. Subsequently it has turned out that what he signed was a paper indicating that he had resigned over a dispute in regards to job title and pay. When Mr. Holman applied to the Minnesota Department of Manpower Services for unemployment insurance that letter with his signature was presented as evidence that he was not eligible for benefits since he had resigned from his job and had not been fired. There are additional facts surrounding the issue of whether Mr. Holman was fired or resigned.

Naturally it is difficult for us to ascertain the true facts and I understand a hearing is being held to make a factual determination of his case. The point of the above is to indicate the fact of and the kind of harassment that some of the people who have been involved in these hearings are undergoing.

We wish to stress that we feel Mrs. Brown's affidavit was given in good faith and to the best of her knowledge. We are aware a visitor may well not have had all the facts when reporting what he or she witnessed. When this comes to our attention as in the instant case we will promptly advise you of such additional information as we obtain it. Our interest is in uncovering only real abuse and we will do everything we can to create and maintain an accurate record.

We will keep you advised as to these matters.

Very truly yours,

DAPHNE H. KRAUSE,

Executive Director.

ROBERT G. MITCHELL, Jr., Esq.

[Enclosures]

AFFIDAVIT OF MRS. LORETTA BROWN

STATE OF MINNESOTA, COUNTY OF HENNEPIN

Mrs. Loretta Brown, being first duly sworn, deposes and says the following:

* * * * *

During one of my visits to the Trevilla of Robbinsdale Nursing Home I saw one of the male orderlies, Mr. Reed, roughing up a patient. The patient's name was Barbara, I do not remember her last name. Barbara and Mr. Reed were out in the hall. Barbara refused to take her medications, she was a diabetic. Mr. Reed told her that she would have to go to her room. She refused and this orderly took her arm and bent it behind her back so that she would do what he had told her. After the orderly left her room, Barbara came into Nancy and Linda's room crying. She began talking about what had happened when Mr. Reed noticed that she was speaking to us and came down to the room. Barbara apologized for not doing as he had told her and Mr. Reed hugged her in front of us.

JANUARY 1972.

Re: Reed Holman.

Since Friday, Jan. 7th 1972, I have watched and listened to the residents here at Trevilla of Robbinsdale. The morale is very low and numerous residents ask for Reed every day. It is really a sad situation when a man with his love for Handicap people and the way he handled them, should not be allowed to return to them. These people have very little in life but what the aides, orderlies, and nurses give them. We became a very intrical part of their existence. Reed has become a "father figure" to many of them. Several cried, and still are crying, because he is not with them any more.

I was handed an affidavit on Mon. 1/10/72, at a meeting of the R.N.'s and L.P.N.'s as an explanation as to why Reed was not with us any more. This paper had been shown previously to the day supervisors and to the social worker. Anyone who had wanted to could have picked up that paper and read it that afternoon. The next day, Tuesday 1/11/72, I went into the Director of Nurses office, Mrs. Hill and asked to see the affidavit again. It was lost on top of her desk and she spent several minutes shuffling papers around on top of the desk before she found it. I was able to read it again and then asked if I might have a copy. I was told she would ask if she could give me one and I never heard any more about it.

I personally have worked with Reed Holman, as part of my staff, for one year and found him very important to the well-being of everyone here. He can take over in an emergency like none I have ever worked with. One evening I was on another floor when one of the residents began having a seizure and stopped breathing. Reed was there and took over fighting for this man's life. By the time I arrived, the situation was well in hand and that man is alive today because of Reed Holman. Every R.N. would be happy to have a competent man like him on their staff. He always came to work when scheduled and many times repaired the elevators when stuck between floors, fixed numerous sinks, toilets, tubs, lights that wouldn't work right. None of which was part of his duties but was for the good of Trevilla. He was honest, dedicated, thoughtful, patient and always willing to help anyone at anytime. He worked hard to keep Trevilla' care of the highest quality. As Charge of third floor, he kept order, knew the problems of each resident and worked hard to eliminate them.

I feel Trevilla has lost a valuable property and should clear this man's name and allow him to come back to work.

Re: Mr. Reed Holman

I am totally "fed up" with your rotten way of business and poor management at Trevilla of Robbinsdale. Trevilla has been a struggle since its doors opened and Reed Holman has been the only consistent employee to remain through its hardships. Dedication isn't a big enough word for Reed Holman's enduring patience and trustworthiness.

A tower of strength, ability, and understanding is more descriptive of Reed. He would go out of his way to do a favor for a resident or an employee. A sucker yes—because his heart is as big as Texas. I have seen him give money to residents for a concert, some candy, or a can of pop. Numerous employees needed gas money or a ride home and "good ole Reed" was always there. How many employees do you have that would sit down and listen to a retarded, practically mute patient pour out his heart? How many orderlies would or could administer oxygen, perform artificial respiration, suction a gagging patient, catheterize a patient, or repeatedly and uncomplainingly clean a patient who suffers from diarrhea? How many orderlies take the time to be sure all the work is done, take over where others seemingly neglect their duties, carry out R.N.'s orders, be a part-time mechanic, housekeeper, janitor, security manager, and still be titled an "orderly". Without his assistance and dependability I could not have managed.

Trevilla's administration leaves a lot to be desired. "Whims" of new coordinators should not jeopardize the character and career of anyone. Reed Holman has been severely humiliated. During my ten months as evening supervisor at Trevilla, I never encountered a more dedicated, enduring, patient man. Reed has an unmatched caliber and is a valuable asset to Trevilla and its residents. So, why the rashness.

I suggest you get to know your employees better—begin at the top you'll find more atrocious acts on other employees than you could ever hope to find on Reed Holman.

Reconsider your mistake.

Appendix 3

LETTERS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1.—LETTER FROM SENATOR HUBERT HUMPHREY TO SENATOR FRANK MOSS, NOVEMBER 26, 1971

DEAR MR. CHAIRMAN: I commend the continued effort by the Subcommittee on Long-Term Care to study at first-hand the critical problems confronted by elderly patients at many nursing homes across the Nation. I regret that prior commitments prevent my attendance at the Subcommittee hearing in St. Paul, Minnesota, on November 29, 1971, and I would appreciate the inclusion of this letter in the hearing record.

A basic respect for human dignity demands that there be a national public and private effort to improve substantially the institutional care of those who are old and ill. The rights and needs of elderly patients must be our central concern; the provision of quality care for all, our goal.

I fully share your deep concern that there are serious deficiencies in medical care and staff qualifications in a significant portion of the 23,000 nursing homes across the country. We must assure both the enforcement of effective governmental standards on nursing home facilities and services, and the protection of the nursing home patient. And there must be a national policy, carried out through comprehensive governmental assistance programs, to provide incentives and new resources for improved institutional care, and to broaden the spectrum of care to include preventive medicine, neighborhood clinics, day care centers, home health care services, and rehabilitation programs.

Too often, present governmental reimbursement systems act as a disincentive to improved and rehabilitative care in our nursing homes. And we have not begun to explore the several means available to correct seriously inadequate professional medical care and medication dispensing practices in these homes, as well as the frequent problem of poorly trained and paid staff. These corrective actions could include the assumption of responsibility by medical associations for regularized physician services in area nursing homes; the establishment of in-service training programs for nursing home personnel—coupled with financial incentives to improve wage levels; the inclusion of nursing home internships, tied to courses in geriatrics, in medical school programs; and the development of paramedical specialties in the treatment of the elderly.

These are but a few examples of what must be done in the establishment of national policies that respect the dignity and worth of older Americans. I want to assure you of my readiness to work with the Subcommittee in developing positive and constructive answers to the critical elderly long-term care problems that exist today in America. Under your Chairmanship which has produced a strong record of legislative accomplishment in this vital area, I know that these answers can and will be found.

With warm personal regards.

Sincerely,

HUBERT H. HUMPHREY.

ITEM 2.—TELEGRAM TO SENATORS MOSS AND MONDALE FROM SAINT PAUL AND MINNEAPOLIS ARCHDIOCESAN COUNCIL OF CATHOLIC WOMEN, NOVEMBER 23, 1971

NOVEMBER 20, 1971,
(MAILED NOVEMBER 23, 1971).

Whereas, the conditions in several nursing homes in the State of Minnesota and throughout the nation are substandard; and,

(2413)

Whereas, there exists in our community a definite concern and fear on the part of many senior citizens and their relatives as a result of these conditions, now therefore, be it

Resolved, That the Saint Paul and Minneapolis Archdiocesan Council of Catholic Women hereby express its full support and endorsement of the investigation and advocacy to upgrade nursing home conditions now being led by the United States Senate Special Committee on Aging, in conjunction with the Minneapolis Age and Opportunity Center, Inc., and its Executive Director, Mrs. Daphne H. Krause.

Saint Paul and Minneapolis Archdiocesan Council of Catholic Women.

(signed) MRS. RICHARD KAYSER,
Acting President.

(signed) MRS. DONALD LEUTGEB,
Executive Secretary.

ITEM 3.—LETTER FROM HELEN GROF-TISZA TO SENATOR FRANK MOSS, -NOVEMBER 30, 1971

DEAR SIR: As a member of the "silent majority", I never spoke up in behalf of the aged, but seeing that others have taken the initiative, I would like to add to their testimony.

The first job I ever had was in a nursing home. At the time I had no conception of what was good or bad for the care of patients. It was a big, expensive place. The food was good, the care of patients was basically good, if you can call human assembly lines good, but there were strange things here also. Somehow we always knew when the inspectors were going to come. We were also told that we were supposed to clean floors, bathrooms etc. as well as care for the patients—except that when we were cleaning, we were not allowed to tell anyone that we were aides. Many a time a patient would ring, and I was asked to go to them while I was still in the middle of cleaning something. This somehow did not seem very sanitary, but as I said, I didn't know any better. I left Woodrest (which has changed name and owners since) to go to the University of Minnesota. While there I needed extra cash, and got another job. Eastwood Nursing Home.

When I first went to see the place, I could not find it, for it was just an old house, two stories high, that didn't look like a nursing home at all. As I went in, I was amazed by the steep, narrow steps. The smell of urine and human excretions was all in the air. When I first talked to the lady in charge, she told me that one of the patients had had an "accident", and this accounted for the smell. I got the job, and the nightmare all at the same time.

My hours were 7-11, the night shift. The first day at work I found out that I was the only person in care of 18 patients.

These are some of the problems I saw at Eastwood:

1. The building was too old, the steps were too steep, there were only 2 bathtubs, and 4 toilets for 18 patients and nurses to use; the kitchen was too old fashioned and not very sanitary, there was no adequate linen closet, but rather just a space where there was a bit of everything; the incinerator was just a small dirty stove-like structure in the basement, laundry facilities were very bad.

2. Patient care: there were no bells or buzzers which patients could have used from upstairs in case of emergency. There was only one person on duty each of the shifts, I took the night shift, and had control over the medicine cabinet, and administered medications when needed, but I was a minor and had no license of any sort to allow me to handle medications. Many others who worked were also just aides. Our shifts varied through the days, so that usually the majority of the day the patients were being looked over by aides who had no real medical background in geriatrics, and who were therefore unable to help.

3. It just follows, that if there was only one person on duty, that it was virtually impossible to keep an eye over 18 patients. Some of these were alcoholics who used to get intoxicated as soon as they received government checks. It also follows that no matter how hard you try, it is virtually impossible to properly bathe, shave, and dress these people on the course of each day. The result of this was that many of the patients had body sores caused by urine. It is also virtually impossible to imagine that these people had their nails properly trimmed regu-

larly. This means that people who were dirty with their own body excretion, went to the table to eat in those "sanitary" conditions.

4. Now I would like you to imagine how well the place was cleansed. In the main bathroom, used by nurses and patients alike, there were two small divisions. One contained a sink, a toilet, and a shower. The shower could never be used, for in the floor the following things were kept: mops, brooms, urinals (which were emptied every morning, and kept filled with water and *some* cleansing solution, in the shower). Along with these, the shower also housed the only catheter used by the nursing home, it was kept very nicely on the floor, in one of the corners of the shower. This side of the bathroom was so small that it could not have held three people simultaneously, in any comfort. The other side of the bathroom had a cabinet where gloves, soaps, thermometers, first aid equipment was kept. Next to the cabinet there was area where urinals were emptied out, where diapers were first rinsed, where the dirty water from the floors was flushed away, where mops were rinsed after being used etc. etc. etc. On the wall hung the two instruments we had to take blood pressures, and a scale. The scale was not a medical one, but just a regular household one. If this was the main bathroom, you can imagine the rest!

These are just some of the atrocities that I saw. There must have been more, but at this time I can't recall them. I don't know how much good this letter will do, but I hope it contributes at least in a small way to the cleaning up of nursing homes. I come from a society where the old are considered wise with age and experience. I was always taught that to be old was beautiful, because then you could enjoy the wisdom that the years have given you. After having learned this attitude from my parents and friends, it was shocking to find that in this land of wealth and plenty, the old are so cruelly treated. It seems horrible to think that the youth does not want to take care of their parents, but place them in these places to die lonely and badly kept.

If at first I did nothing, it was because I thought this can't be happening all over. But after reading the papers I knew that Eastwood just was one more of the many hells for the aged.

Senator Moss, I am glad that you were so shocked by the evidence you heard. Please try to do something for the improvement of the last years of the aged.

I sincerely hope to hear good news from you soon. Until then, I remain

Sincerely Yours,

HELEN GROF-TISZA.

ITEM 4.—LETTER FROM HELEN L. KNUDSEN, M.D., DIRECTOR, DIVISION OF HOSPITAL SERVICES, STATE OF MINNESOTA, DEPARTMENT OF HEALTH, TO SENATOR FRANK E. MOSS, DECEMBER 3, 1971

Re St. Paul Hearing on November 29, 1971.

DEAR SENATOR MOSS: We are requesting a copy of all the material submitted to your Subcommittee on Long-Term Care of the U.S. Senate Special Committee on Aging as soon as it is available. Mrs. Daphne Krause has advised us that it is not possible for her to provide us with a copy since its release is being restricted by the Federal Bureau of Investigation.

It is unfortunate that these complaints were not referred to this Department for investigation as they occurred so that prompt action could have been taken.

We recall that the statement was made during the Hearing that approximately one-third of the homes have not received a Fire Marshal's clearance during the past two years. There are now 32 such homes of a total of 683 or approximately 5% without such clearance.

All the states are experiencing critical problems in the certification of facilities for Titles XIX and XI in view of the complete lack of Federal guidelines for use by the states in applying the standards as published in the Federal Register.

Our most critical problem is the lack of an adequate staff for the surveillance of facilities for licensing and certification. Our repeated requests to the Legislature and to the Legislative Advisory Committee have not provided the needed staff. As a result of a recent review by Federal representatives of the Department's certification procedures, it is estimated that at least 34 additional full time professional field staff plus additional clerical personnel are required.

We appreciate your interest in Minnesota's facilities for the aged and we shall continue to do all we can to improve the standards and levels of care.

Respectfully,

WARREN R. LAWSON, M.D.,
Secretary and Executive Officer.
 By HELEN L. KNUDSEN, M.D.,
Director, Division of Hospital Services.

ITEM 5.—LETTER AND MATERIAL TO SENATOR MOSS FROM WILFORD E. PARK, M.D., CONSULTANT TO NURSING HOME PROGRAM, MINNEAPOLIS HEALTH DEPARTMENT, DECEMBER 7, 1971

DEAR SIR: I attended the hearing of the Subcommittee on Long Term Care in St. Paul along with all members of the Minneapolis Health Department staff who are involved in the Nursing Home Surveillance Program in the City of Minneapolis.

Unfortunately none of us had an opportunity to speak at the hearing. This is particularly unfortunate because for the last 13 years Minneapolis has been at the forefront of progress in the nursing home field, not only in Minnesota but nationally. Furthermore I think it can be said that any developments in educational effort, so proudly brought forth at the hearing, grew out of the pioneering work which has been carried on under my direction in the Bureau of Adult Health in the Minneapolis Health Department for more than a decade. It would be wonderful if the educational programs of the nursing home organizations in Minnesota were even half as good as they think they are.

For 8½ years in the Bureau of Adult Health of the Minneapolis Health Department, I have been Director of two projects funded by the U.S. Public Health Service which have been carried out in sequence. Both have been concerned with upgrading the quality of patient care in nursing homes. The first, under Contract S6-62-80, was entitled "Promotion of Active Nursing Care at Home, in Nursing Homes and Other Institutions" ran from February 9, 1962 to September 30, 1965. The second, under Grant 69485, was entitled "Active Care Satellite Project." It ran from April 1, 1966 to March 31, 1971.

A copy of the Final Report of the latter project, consisting of two volumes, was taken by Mr. Val Halamandaris when he and his staff visited the Minneapolis Health Department prior to the hearing. I hope you will see that this Final Report is admitted to the hearing records because it is probably the most important document in this field coming out of Minnesota.

Volume I of the Final Report of the Active Care Satellite Project documents how an intensive five year educational program for nursing homes was conducted with the use of the following full time, highly qualified, personnel.

1 Registered nurse in the capacity of Nurse Coordinator—Continuing Patient Care.

1 Registered nurse in the capacity of Nurse Consultant in Nursing Administration.

1 Registered nurse in the capacity of Nurse Consultant—Active Nursing Care.

1 Registered physical therapist in the capacity of Physical Therapy Consultant—Active Nursing Care.

1 Registered occupational therapist in the capacity of Consultant—Activities Programs.

1 Registered dietitian in the capacity of Nutrition Consultant.

1 Sanitarian in the capacity of Consultant Sanitarian.

1 Medical social worker in the capacity of Medical Social Work Consultant.

All of the above were under my immediate direction. I am a physician with many years of experience in private practice, public health, industrial health and administration. I am certified by the American Board of Preventive Medicine as a specialist in Occupational Medicine.

Attached to Volume I of the Final Report of the Active Care Satellite Projects are a vast number of educational tools which were developed by the Project.

Volume II of the Final Report of the Active Care Satellite Project is devoted entirely to what is termed the Minneapolis Grading System. This is perhaps the most significant thing to come out of the Active Care Satellite Project, and it was

not among the original objectives. It is a unique system of grading or classifying nursing homes on the basis of performance. It measures the actual delivery of patient care and there is no nonsense about it.

It identifies the homes which are delivering excellent care (Class A), those which are delivering good care (Class B), those which are delivering average care (Class C), those which are delivering poor care but still acceptable for certain types of patients (Class D), those which are delivering care which is below an acceptable level and should be closed (Class U). For further elaboration of these classes see pages 8 to 14 of Volume II of the Final Report.

Repeatedly at the hearing in St. Paul on November 29th we heard appeals for combining the standards outlined under legislation titles 11, 18 and 19. I would like to suggest that the answer may be found in the Minneapolis Grading System. If it were adopted and implemented nationally it would provide a satisfactory basis for differential payments. Under this system all homes identified as Class B, for instance, could receive identical payments per patient regardless of where the home was located because the overall quality of care would be entirely comparable without being identical. That is one home could specialize in a certain type of care or cater to certain patients' needs and therefore provide better care in this respect than another home. At the same time the quality of care might be comparable to that in another home providing a similar level of quality care but having a different type of emphasis which is suitable for the type of patients catered to.

Of course to implement and utilize the Minneapolis Grading System would require that certain Federal legislation be drawn up and passed. Also training programs would have to be set up to prepare and standardize surveyors. Furthermore it would be imperative to provide surveyors having responsibility for grading, and so much power over nursing home incomes, with protection against the impact of personal intimidation and bribery.

So far as education of surveyors is concerned I believe that this is something which should be undertaken by universities and I have so stated in my Final Report of the Active Care Satellite Project. I also believe that there is a facet of surveyor training which cannot be accomplished by a university and that is field experience which can be acquired only by doing surveys under qualified supervision in the nursing homes themselves. At the present time the Minneapolis Grading System is known only to the three members of the Nursing Home Surveillance staff of the Minneapolis Health Department and to my knowledge they are the only ones presently qualified to supervise field training of surveyors in utilization of the Minneapolis Grading System.

Because we in the Minneapolis Health Department have been working so closely with the nursing homes within the City of Minneapolis, both in the educational program associated with the Active Care Satellite Project and with the surveillance aspects of enforcement of State nursing home regulations and inspections for certification under titles 11, 18 and 19, I believe we are in a unique position to give an evaluation of the effectiveness of these federally sponsored programs. We are perhaps the only ones in the country taking a critical look at the quality of nursing home care as it is actually delivered to the patient. Furthermore we have been working so closely with the city's nursing homes before and after the application of the standards set up under titles 11, 18 and 19 that we are in a position to note changes in the delivery of care. Below is our report on this matter.

In Minneapolis there are:

15 nursing homes having a total of 901 beds designated for Medicare patients and Certified as Extended Care Facilities.

24 nursing homes Certified as Skilled Nursing Homes which provide a total of 2459 beds for this purpose.

32 nursing homes Certified as Intermediate Care Facilities I which provide a total of 1816 beds for this purpose.

16 boarding care homes Certified as Intermediate Care Facilities II which provide a total of 1589 beds.

Some of the above beds are Certified for both Medicare and Skilled Nursing Care.

It is the considered judgment of our staff that compliance with the standards stated for all of these categories has made *no* significant difference in the quality of care delivered to patients. In other words the care delivered is the same as before. So far as nursing homes in Minneapolis are concerned *no* upgrading of care has resulted from compliance with the Federal standards.

Because of the situation stated in the preceding paragraph perhaps we should look for an explanation. A plausible explanation is that nursing homes knowing what certification they could readily acquire without much adaptation deliberately chose that type of certification. Another explanation which also may be legitimate is that Minneapolis nursing homes had already attained such a high level of care through the many years of participation in the educational programs and person-to-person consultations of the Minneapolis Health Department's staff that meeting the standards outlined had no effect in elevating the level of patient care. Another explanation, and which I believe to be the true one, is that compliance with standards does not and never can automatically guarantee improvement in the delivery of patient care because there is no evaluation nor educational program which shows the homes how to convert the *requirements* into the *delivery* of better care. The Active Care Satellite Project, on the other hand, upholds all of the standards mentioned and much more but concentrated teaching on how to deliver better patient care. In our experience and with this approach attainment of excellence in care became the objective and a reality. Then the standards and tools fell into place.

I believe that government funds should not be expended on the basis of compliance with standards but that payments should be made on the basis of the level of patient care actually delivered to the patient.

The idea of evaluating the *quality* of medical services, nursing and other paramedical services has in the past always been avoided because it is claimed that it must necessarily be based on subjective judgments. This is only partly true. The Minneapolis Grading System makes a bold departure in this respect and correlates objective findings with informed judgments which have value equivalent to that of a professor evaluating his pupil under conditions of practical application.

I am so convinced of the value of the Minneapolis Grading System that I think it should be seriously considered for adoption nationally to replace all enforcement of standards as presently conceived. It could be the answer to many of the problems presently being raised.

If the Minneapolis Grading System should be adopted nationally I believe the following distribution of responsibilities would be desirable.

A. Federal Responsibilities

1. Training of surveyors, perhaps assigned to selected universities.
2. Supervision of surveyors.
3. Complete responsibility for evaluating quality of care and classifying of nursing homes.
4. Insistence that payment of federal funds be uniform throughout the country and entirely based on the classification made by the Federal certified surveyors.
5. To give complete information to the State licensing authority when a home is classified Class U and therefore should have its license revoked.
6. Make statistical analyses of the classes of nursing homes found in various parts of the country.
7. Mobilize and concentrate and conduct educational activities in the states and areas where upgrading of nursing home care is most badly needed.
8. Constantly by seminars and refresher courses maintain a high level of surveyor efficiency.

B. State Department of Health Responsibilities

1. To license nursing homes and do the necessary evaluations for licensing purposes but to carry no responsibility whatsoever for the upgrading of care nor educational activities in respect to training of nursing home personnel.

2. To revoke the license promptly when a report has been received indicating that a nursing home has been designated Class U by Federal Government surveyors.

3. To influence the placement of new nursing homes in areas of the state where they are most needed.

I know this letter is long but even so it does not begin to explain the Final Report of the Active Care Satellite Project nor to properly interpret the Minneapolis Grading System. I hope you will assign someone to really make a careful study of the Project Report and to evaluate the potential and practicability of the Minneapolis Grading System.

Copies of the Final Report were supplied to the U.S. Public Health Service last spring.

Yours respectfully,

WILFORD E. PARK, M.D.

ITEM 6.—LETTER AND MATERIAL FROM REV. K. WM. HAGSTROM, ADMINISTRATOR, PRESBYTERIAN HOMES, TO SENATOR FRANK MOSS, DECEMBER 6, 1971

HON. FRANK E. MOSS,
Chairman of the Subcommittee on Long-Term Care, U.S. Senate Special Committee on Aging, Washington, D.C.

DEAR SENATOR MOSS: I attended the Senate Subcommittee's public hearing on nursing homes in St. Paul which you and Senator Mondale conducted. The attached pages will give something of my own observations.

I do say that I was bitterly disappointed in the way the hearing was conducted. Before going further, I might also say that we have no reason to be on the defensive. In fact, on Sunday, December 5th, Mrs. Daphne Krause on the Town Hall telecast on WCCO, Minneapolis, extolled our Presbyterian Home as one of the finest in the country. Therefore, our reaction is not because of some criticism leveled at us.

The hearing could have been of a better format, with a stature which would have enhanced it. Our nation is plagued by nit-picking, digging up dirt, bent on destruction. Your hearing played into the hands of this approach.

Our nation, it's young people in particular, need to be challenged with ideals, with goals, with good. Your hearing could have been planned so as to give a balance of bad, of good, and then how the bad might be improved. Though you gave a hurried opportunity to the positive side, this was totally inadequate. Furthermore, I understand you had representatives from your committee working weeks in advance with Mrs. Krause's group. It would seem they could have planned a very excellent and constructive hearing which would have outlined guidelines for State Administration, local health organizations, and which would have been helpful in formulating national legislation as well.

It left the whole hearing "suspect" in the minds of many, as a political ploy, rather than a fair and courageous attempt to correct abuses which our elderly suffer.

Rev. K. WM. HAGSTROM.

Enclosure.

ABUSES

There are abuses, and there are abuses. Much too much, in too much imbalance has already been heard about Nursing Home abuses. However, there is another abuse, very subtle, very disturbing and very upsetting which has not been given its proper place. This may have done more damage psychologically to the already suffering elderly, hit destructively at an industry of compassion, and has deprecated dedicated employees who serve faithfully to make life comfortable for those at the extremities of their lives. They serve with long-suffering under many abuses without murmuring.

It has been hard to understand what the Senate-Sub-Committee had in mind in staging the "Hearing". We do know they sent their representatives to give weeks of help to the MAO (Minneapolis Age and Opportunity Center) preparing testimony and affidavits. On the other hand, there are organizations and even State groups, every bit as knowledgeable of the nursing home industry who were turned down when asked for an opportunity to testify.

A "Public Hearing" might be balanced—it might even be constructive. If this was to be a specialized probe into the defects of the industry, in all the appropriateness, it should have been private. If it was to be fair, it should have been planned in such a way as to give a fair hearing. Personally, I expected a far better performance by such an august body as the United States Senate than what was arranged.

Could it be that there was political abuse? Is there a better issue for vote getting than being the sugar grand-daddy to the suffering elderly? Could there be a more economical way to gather enhancing personal popularity and garnering votes?

Testimony given at the "Hearing" was scrubby to say the least. At no time did the panel leaders guide or help identify valid from the invalid, relative from the irrelevant, or economize on time until the time came when the constructive or positive side was being presented. Who can't find a disagreeable relative—or a disgruntled employee? How can an untrained nurses aide be accepted as an authority for evaluating drugs and drug usage? How can credence be given

to exhibits showing lost eye glasses and dentures as proof of their negligent misplacement when some employee has appropriated them for an exhibit? How can photographs which violate a patient's privacy and all professional ethics be accepted in "public"? A Senator's good taste and sensitivity should rule better.

The "greater abuse" might be the subtle appropriation of a "Public Hearing" for personal popularity instead of justice in dealing with a great problem.

ITEM 7.—LETTER FROM A. J. HOEGER, JR., EXECUTIVE DIRECTOR, GOOD SAMARITAN SOCIETY, TO VAL HALAMANDARIS, DECEMBER 8, 1971

DEAR MR. HALAMANDARIS: At the recent hearing you conducted in St. Paul, one of the witnesses, Mr. Dave Olufson, read into the record the fact that I would be sending you a résumé of some of the activities in our Good Samaritan Homes. This I am very pleased to do.

The Good Samaritan Society is a religious, non-profit corporation which operates some 150 homes for the aged and nursing homes. The care provided is all the way from straight residential living in apartments to convalescent hospital care. All told, there are about 13,000 residents, and each quarter we employ about 9,000 employees in 17 states. However, we almost totally (with a few major exceptions) serve rural areas; most of our homes are in communities of 10,000 or less.

We realize this rural setting is a special opportunity in that it is quite easy to involve the entire community in the life of our home. This, then, includes such unusual activities as the high school wrestling team setting up their mats in our solarium and having practice sessions with our residents as their audience. Sometimes the high school bands will practice in our homes or gymnastic exhibitions are given; in fact, the schools as a whole take a great interest in the life of the home. Since very often the home is the largest employer in the community and often the center of many community activities, the flow of visitors is almost constant.

We strive to have each home have its own resident council, which is then given the authority to decide many issues on their own. One example of such a council is at Hastings, Nebraska where we had recently planned a five-story 240-bed nursing addition to our home. When the plans were shown to the resident council, they were vetoed by them, asking the entire home to be on the ground floor. The home has now been redesigned accordingly and construction begun. From this it is apparent that such councils exercise great authority.

Also, most of our homes are engaged in special sessions called remotivation programs whereby personnel are trained at our State Hospitals and then conduct these remotivation classes for the residents. People who have been withdrawn, confused, and in some cases shown quite advanced senility, have shown very marked improvement.

Another rather unique program conducted by a few of our homes (we are encouraging more to get involved in this program) has each employee spending fifteen minutes of his or her working day visiting with one particular resident. Usually this relationship between employee and a particular resident goes on for about six months and then the employee relates to another resident. This, of course, makes the resident feel the employee is vitally concerned about him personally and not just on an employment basis. Most often these fifteen-minute sessions are spent in visiting, a checker game, a game of pool, or whatever. An added benefit, of course, is that the employee can empathize much more readily with the residents after becoming intimately acquainted with them.

All homes are involved in very extensive in-service training for every type of employee in the nursing home, and all are encouraged also to take training outside of the home in various technical seminars, workshops, courses, etc.

Perhaps the most unique thing that has been stressed in the Good Samaritan Society for a number of years now has been our outreach program to serve those elderly in their own homes. One of our staff members, Mr. Ed Kilen, ACSW, serves on the National Steering Committee of Voluntary Organizations Developing an Action Program for Services to Older Persons Living in Their Own Place of Residence. However, long before the White House Conference on Aging took up this subject, we had been performing these tasks with the nursing

home acting as the agent in the community to provide these services. The services provided vary greatly from community to community, but some basic ones are: Establishing the home as a senior citizens center during the day; providing day care services for the aged; telephone reassurance programs; homemaker services; meals-on-wheels program; and wheels-to-meals (bringing people into the home for at least one meal a day to provide not only nutrition but also badly needed fellowship). Several of our homes have been the gathering places for the mentally retarded adults of the community residing in their own homes.

I have enclosed some literature about these programs and about the Good Samaritan Society as a whole, which I hope will be of interest to you.¹

We are well aware that we are not unique in offering these services through our nursing homes. We are acquainted with many other fine homes and share ideas back and forth with them, constantly learning new avenues by which we can serve the aged and hoping that they also learn from us. The Good Samaritan Society has been dedicated to service to the aged for fifty years now, and we view this work as the greatest privilege and opportunity possible.

It is our hope that the Committee will note well the many fine things nursing homes are doing in addition to calling attention to the abuses which we feel must be corrected as soon as possible.

Sincerely yours,

A. J. HOEGER, Jr., *Executive Director.*

ITEM 8.—LETTER FROM IRENE SCHWANKL, NURSING CARE ADVISOR, PUBLIC ASSISTANCE DIVISION, RAMSEY COUNTY WELFARE DEPARTMENT, TO SENATOR FRANK MOSS, DECEMBER 10, 1971

DEAR SENATOR MOSS: As a result of the Senate Subcommittee hearing on Long Term Care which was held in St. Paul, Minnesota on November 29, 1971, I feel it is necessary to share some information with you.

Primarily people are not placed in a nursing home and then forgotten. If a patient is dissatisfied with the home they are residing in, the patient, their relative or guardian, can and do request a transfer. Patients in a nursing home are visited by case workers from our agency assigned to each nursing home, a placement social worker from our agency who visits them a couple of weeks after their admission to the nursing home, and myself—I am a Registered Nurse. We are employees of Ramsey County Welfare Department.

In testimony presented by Lola M. Finney, former nurses aide employed by Lexington Nursing Home, she stated she had never seen an inspector from the State Health Department. Margaret Christison, a Registered Nurse with the Health Department is most active and conscientious in working with the nursing homes and I personally saw her at the Lexington Nursing Home as recently as the afternoon of November 22, 1971—she was discussing charting with the administrator and the supervising nurse. She makes numerous, unannounced visits to nursing homes during the year. I am sure Mrs. Finney would not have any reason for knowing who the State Inspectors are, our case workers, or who I was, and we are all in the homes frequently. I also submit that if she was a registered beautician for thirty some years, and observed the things she reported, why did she not immediately report this to the Board of Cosmetology so the situation could be corrected? Was this not her responsibility?

As for the nurse signing a death certificate; this is impossible—the physician or the coroner fills out the death certificate and it is filed at the Department of Vital Statistics at the Health Department.

It would seem to me that if the problems and complaints were presented at the time they happened to the proper authorities; these situations would have been taken care of then—not two years later.

Our agency is involved with problem situations almost daily and find the nursing homes willing to correct a problem if there is one or to explain a situation if the facts presented to us are not correct, or if there are mitigating circumstances.

I am sure that non-medical people are shocked at the sight of decubiti (bed sores); the sight is unpleasant to people in the medical profession also, but

¹ Retained in committee files.

they do occur even in our best hospitals, institutions and nursing homes. The causes are multiple—even with the care of a special duty nurse it is a real job to prevent pressure areas on an eighty-ninety year old individual with poor circulation, many who weigh as little as seventy-five–eighty pounds, with sharp bony prominences and who even with much time and effort in spoon feeding cannot be given adequate nourishment.

Hospitals are reluctant to admit elderly patients for “custodial care”.

Because so much of the time at the hearing was spent with testimony presented by former employees of the Lexington Nursing Home, the nursing home personnel should have been given a chance to respond to the charges publicly. It would have been better for you and Senator Mondale to have seen the home, talked with the patients and employees.

The hearing with the added sensational reporting since then (some out of context) has been a disservice to the elderly people who will have to go to a nursing home, the relatives who will have to place them in a home, the nursing homes, many of which are hard working, dedicated employees, and the agencies working with all of the above. In an area where adequate help is already difficult to secure, it will be even more difficult now.

I realize this is a lengthy report, but many responsible people would have responded in depth at the hearing if they had been given an opportunity to do so.

I do not wish to convey the impression of a denial that problems do exist in Minnesota Nursing Homes. However, I hope you understand the points I tried to emphasize; mainly, the nursing homes have been cooperative and responsible in working with public regulatory agencies, including the Ramsey County Welfare Department.

I hope this information will be of some value for the people we are trying to serve.

Yours very truly,

IRENE SCHWANKL, R.N.

ITEM 9.—LETTER FROM RUTH STRYKER, R.N., TO SENATOR FRANK MOSS, DECEMBER 14, 1971

KENNY REHABILITATION INSTITUTE,
Minneapolis, Minn., December 14, 1971.

Hon. FRANK E. MOSS,
Chairman of the Subcommittee on Long-Term Care,
U.S. Senate Special Committee on Aging,
Washington, D.C.

DEAR SENATOR MOSS: I attended the hearings on nursing homes in Minnesota Monday, November 30. As an instructor at the University of Minnesota in Long Term Care Administration, I had the 33 graduate students and 8 extension students who are nursing home administrators in my class attend also. The following day we had several discussions and on Thursday Mrs. Daphne Krause was our speaker. Since our course is devoted to discussing quality as well as problems of nursing homes, I would very much like to give you some additional input about the state of Minnesota that you may or may not know.

First of all, I am chairman of the Education Committee of the Board of Licensure for Nursing Home Administrators in Minnesota. We have just received the results of the PES licensure examination for administrators. We had a less than 2½% failure rate which is the lowest in the nation. In addition, our passing score was higher than many states with a higher failure rate. I suspect that this is in part due to the fact that this state has had nursing home administrator courses since 1965 given through the Kenny Rehabilitation Institute. In addition, the Minnesota Nursing Home Association and the Geriatric Conference Group of the Minnesota Hospital Association have conducted many valuable programs. It is naturally distressing to find these people grouped with states that have a record far inferior to ours.

For the past 6 years I was Director of Nursing Education at Kenny Rehabilitation Institute and in that capacity had four nurses who visited hospitals and nursing homes, presenting inservice education seminars in rehabilitation and geriatric nursing techniques. These same nurses also visited North and South Dakota, Iowa, Wisconsin. They were constantly amazed at what the people striving under very difficult economic stresses are able to do with their homes. In addition, they report a relatively small number of poor homes. We all know that they exist and that they must not be perpetuated.

My chief concern is that the news media by their very nature must report the more dramatic incidents which are to my mind out of proportion (not so much in substance as in numbers). This causes the public to become frightened into thinking that they would be unable to find a good nursing home in Minnesota. This is absolutely untrue.

I am completely supportive of legislation that will be firm with poor homes and yet allow homes operated by sincere persons to improve their programs through education and consultant services.

Sincerely yours,

(Miss) RUTH STRYKER, R.N.

ITEM 10.—LETTER FROM EUNICE E. ROBINSON, BRIDGEPORT, W. VA.,
TO SENATOR FRANK MOSS, JANUARY 6, 1971

As a citizen of this country I am writing this letter to inform people who care about the way in which some of the rest homes in the Clarksburg, West Virginia area are being operated. We need rest homes but they should be controlled and operated by someone capable of caring for the people.

Why is it that when a person reaches the age when they cannot care for themselves and get around as they once did they are stashed away in a living hell and are forgotten about. The living hell I refer to is the rest homes or nursing homes. We have some homes that are very modern and well staffed and I imagine the patients get satisfactory care. The only class of people that can afford the modern well staffed homes are the rich. What about the working class of people that cannot afford this type of care. Are we suppose to forget that our elderly are still people with feelings. It seems to me that in a country as rich as ours we could afford to do something to make their last years as pleasant as possible.

There is a rest home in Clarksburg called Williams Rest Home. It is run by Margaret Jenkins or Margaret Williams a so called R.N. The home is not advertised or listed in the phone book or anywhere else for that matter. I doubt if the State Health Dept. knows of its existence.

Let me tell you a little bit about this home for the aged. This is my observation during the time my Mother was a patient there from Dec. — 1970 to Aug. — 1971.

1. It is staffed with three individuals that do not seem capable of caring for themselves.

2. The kitchen could not pass any kind of an inspection.

3. The clean clothes for the patients and the bed clothes are stored, on the back porch, in cardboard boxes.

4. The patients are not well fed nor are they clean. Of course the people working in this home are not very clean.

5. The patients are mistreated in a way that the scars do not show, that is, unless you count fear on their faces. In some cases they do not worry about scars because the patients are afraid to say anything. The sad thing about it is that so many of the patients do not have anyone to tell about how they are being treated.

I could go on and on about the faults of this one home but I think the above paints a pretty grim picture. I cannot speak about all the rest homes in this area as I personally have had no experience with them.

I am going to tell you about my family's experience with the Williams Rest Home at 234½ Grant St., Clarksburg, W. Va.

In April, 1970 my Mother (Esther Gorby) age 62, had a stroke which left her paralyzed on the left side. For eight months my father (Clyde Gorby) age 67 and I took care of her at home. They live out of town 13 miles and it was impossible to get someone to help take care of her. She has diabetes and hardening of the arteries and required a lot of medical attention. She also had to have a toe amputated about 3 weeks before having the stroke. Due to the fact that she required medical attention and also to the fact that Dad was not able to care for her we decided to put her in a rest home thinking she would receive better treatment than we could give her at home. We heard about Williams Rest Home through a friend and called about getting Mom admitted. The price was only \$185.00 per month not including medicine and clothing. It seemed like a fairly nice place so we took Mom there. For the first two months Dad and I went almost every day to see Mom and she seemed satisfied and was getting good treatment. Then Margaret said Mom would respond to therapy better if we didn't come so often, so we didn't visit as often. Mom would tell us things that they did to her and we would mention them to Margaret and we were told that the stroke had

affected her mind to the point she didn't realize what she was saying and for us not to worry she was doing just fine. I noticed how fast she was failing but due to all she had been through I didn't heed the warning. She told Dad and I that her right leg was broken and again we ignored her thinking she didn't know what she was saying. May God forgive us for not listening to the things she was trying to tell us.

On August 10, 1971 I went with Dad to visit Mom at the rest home. When I walked into my mother's room I noticed a terrible odor. I couldn't imagine what it was. It worried me because it was so bad I knew something terrible was wrong. We sat and talked for a while and Mom told me her left foot was hurting her and she didn't think she could stand it much longer. Margaret had kept Mom's feet bandaged for several months and when Dad and I asked why she said that it was to protect her feet if she accidentally hit them on something while they were getting her out of bed and then putting her back. They had run out of gauze that day and Fritz (an employee) had gone to town to get some, so the left foot was not dressed. When Mom said her foot was hurting I figured it was twisted in the bed so I got up to straighten it and when I raised the sheet up and saw Mom's foot, I knew instantly why they had it bandaged all the time and also what the terrible odor was. It was a sight I shall remember for the rest of my life. A diabetic sore had started on her heel (of which Dad and I were never told about), and due to lack of treatment had become infected to the point the flesh was rotting. I asked one of the women that was working there why they had not contacted a doctor or told us about the condition of Mom's foot and I was told they had talked to Dr. Brown and he told them to put salve on it and keep it bandaged. I am quite sure Dr. Brown didn't know the condition it was in or he would have advised them to take her to a hospital for treatment.

I asked if I could use the telephone to call the doctor and they refused to let me use it so I walked to a service station on the corner and called Dr. Brown and told him of the condition of Mom's heel and he told me to call Dr. Weaver. I called Dr. Weaver and told him how Mom's heel looked and he told me to get her to the hospital as soon as possible. I called the emergency squad and we took her to St. Marys Hospital where at 8:30 A.M. August 12, 1971 they amputated her left leg about 3 inches above the knee. An X-ray of the right leg was taken and it showed an old fracture that had never been treated. They had broke the leg and had never told anyone about it and had never called the doctor or treated it in any way. My Mother is laying in a hospital near death and the rest home goes on operating as though nothing happened.

That sir is my story. Now I ask you, can anything be done to stop this kind of treatment of the sick and helpless. As I write this letter, I wonder how the rest of the patients at the rest home are being treated. I also wonder how long the public is going to turn its back on the elderly and let them spend their last years in a living hell. Do you suppose that a lot of the patients in these rest homes pray to die. I know that if I was a patient in a place like I have just told you about I would pray to die.

I wonder, in a democracy like ours just how many people really give a damn.

EUNICE E. ROBINSON.

SECOND NURSING HOME

Well, due to a strong will to live Mom pulled through and left the hospital. We took her to a home operated by Thelma Bardie (has been known to use the names Thelma Waldren and Thelma Butcher), 400 Broadus Ave., Clarksburg, W. Va. She informed Dad and I that she was a R.N. and that she studied at Bellview Hospital in New York and has worked as a nurse in almost every hospital in the U.S. She said she quit her job at St. Marys due to the fact that she was not allowed to care for the patients the way she wanted to. After knowing her for awhile I would need more proof than her word about her being a registered nurse. Her home is set up to handle 5 or 6 patients. I do not know just how many patients she now has since we moved Mom from there.

She keeps things very clean and prepared well balanced meals for the patients but the goodness stops there. She has been heard swearing at the patients, ignoring them if they asked for anything. Mom seemed to need the bedpan more than normal but she couldn't help it and Mrs. Bardie left strict orders that she could have it at certain times only. I have seen her beg for the pan and not get it. When we took Mom to Mrs. Bardies she had a catheter which the doctor had ordered. Mrs. Bardie had extracted and reinserted the catheter at least three

times that I know of. If she isn't a R.N. should she be allowed to do this. I was told by a friend who was working for Mrs. Bardie at the time that she pulled the catheter out forcibly. Mom told me she felt like the pain would kill her when Mrs. Bardie changed the catheter. This employee was also available when Mrs. Bardie tried to get Mom to sign her body over to McGlumphy Funeral Service (Arthur McGlumphy) in case something happened. I doubt if a paper like this would be legal but it sure is a frightful thing to ask an invalid to do. The lady that was present when these incidents occurred is Dorothy Rowan—Nurses Aide—Phone : 304-624-4427. She will verify that this happened.

On the 27th of December Mrs. Bardie asked Dad to move Mom because she got on her nerves asking for the bed pan so much. Dad had just paid her for another month on the 22nd of December so he ask her if she would refund some of the money and she said she would but, she would not have it until the 1st of January. Dad ask her about it on the second of January and she told him to talk to her lawyer. Dads lawyer Dean Ramsey contacted her lawyer and he said that Mrs. Bardie told him that Dad had stole enough sheets to make up the amount that should be refunded, about \$220.00. Dad has never stolen anything in his life, anyone will tell you that.

I went with Dad on the 29th to move Mom to Seton's. I gave Mom the bed pan to use and her urine was a dark green color. I have been told that there is a dark blue pill that will cause the urine to be a greenish color. If she gave Mom any pills of this nature she did so without a prescription. Dad says he thinks she gave Mom this type of pill but he cannot prove it.

Mrs. Bardie gave Dad an envelope to give to Mrs. Brown, R.N. at Seton's which included diet sheets she had just received and a record of the care Mom received while a patient at Bardies. Enclosed is a type written copy of the record. I have the original copy which I will keep. I can show it to anyone wanting to see it.

Mom is at Seton Home now and seems to be doing fine. I hope she will finally have some peace of mind because, she sure has gone through hell in the last two years.

Thank you for taking the time to read my letter.

EUNICE ROBINSON.

Appendix 4

EXCHANGE OF LETTERS BETWEEN SENATORS MOSS AND MONDALE, AND J. EDGAR HOOVER, DIRECTOR, FEDERAL BUREAU OF INVESTIGATION, DECEMBER 1971

DECEMBER 1, 1971.

Mr. J. EDGAR HOOVER,
*Federal Bureau of Investigation,
Washington, D.C.*

DEAR MR. HOOVER: On November 29, 1971 Monday last, the Subcommittee on Long-Term Care of the United States Senate Committee on Aging, held hearings on nursing home problems in Minneapolis, Minnesota. One of our witnesses, Mr. Dan Henry, who is presently employed as an orderly at the Bryn Mawr Nursing Home in the twin cities area gave testimony regarding his previous experience as an employee of the Twenty Two Hundred Park Nursing Home.

At the hearing it was revealed by Mr. Henry that he had received a threat on his life at 3:00 A.M. that morning. The threat was to the effect that "You won't be able to testify because we've put a bomb in your house". I am today informed that as of approximately 1:15 A.M. last night Mr. Dan Henry was assaulted and stabbed by a man described as Negro, about 25 years of age, 5'9" and wearing a grey parka. Mr. Henry was treated for injuries in the chest by Abbott Hospital which fortunately were not serious.

We feel a strong sense of responsibility in this matter because Mr. Henry was a witness who appeared before our Subcommittee. Believing that the threat and possibly the attack constitute a violation of Title 18, U.S. Code, section 1505; we would urge your personal assistance and that of the good offices of the F.B.I. to bring the assailant to justice forthwith.

Mr. Henry is presently under the protection of Mrs. Daphne Krause, Minneapolis Age and Opportunity Center and IBI Security. . . .

Sincerely,

FRANK E. MOSS,
Chairman, Subcommittee on Long-Term Care.
WALTER F. MONDALE.

FEDERAL BUREAU OF INVESTIGATION,
DEPARTMENT OF JUSTICE,
Washington, D.C., December 6, 1971.

HON. FRANK E. MOSS,
*U.S. Senate,
Washington, D.C.*

MY DEAR SENATOR: I have received the communication of December 1, 1971, from you and Senator Walter F. Mondale relative to the threat to and assault on Mr. Daniel Henry who testified before the Subcommittee on Long-Term Care at Minneapolis, Minnesota.

For your information, our Minneapolis Office has instituted an investigation of the matter you referred to, seeking to determine whether it involves a violation of the Obstruction of Justice Statutes. The results of the investigation will be furnished to the United States Attorney, Minneapolis, and to the Criminal Division of the United States Department of Justice for consideration.

Sincerely yours,

J. EDGAR HOOVER.

Appendix 5

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR MOSS: If there had been time for everyone to speak at the hearing on "Trends in Long-Term Care" in Minneapolis-St. Paul, Minn., on November 29, 1971, I would have said:

SHARON MILLER, R.N., WILMOT, S. DAK.

Tonight after reading the testimony on nursing homes in the Minneapolis Tribune, I must offer my advice for whatever it is worth.

I am sure that there are many cases of mistreatment of nursing home patients, but I must remind you that every stone has more than one side.

I am not an expert in the field of geriatrics, but I have had some experience.

Be certain that your investigators have had at least one year's experience in the nursing home setting as either a nurses' aide, L.P.N., or R.N. Unless a person has had experience working closely with the elderly in a nursing home, he is not qualified to evaluate the level of care given. There are so many things to be considered before a situation can be judged that the average person without experience is of less value to upgrading the care in nursing homes than having no investigation at all. The person without experience can and will draw attention to situations or care from the viewpoint of appearance rather than evaluation of a total situation. For example, Myrtle Jenney walked in urine. That is a drastic situation, but how often did this happen? Where did the urine come from? When did it happen? What was Mrs. Jenney's condition? What is her condition now? What medications was the patient taking? What medications is she taking now? Some residents do not ask for assistance. Some residents do not complain. Her condition at the time could have a great deal to contribute to the situation. There are several residents in my nursing home that could state that they have had to walk in urine. That in itself does not demonstrate poor care. The total situation is not in view in the simple statement that they walked in urine.

We in the field of Geriatric Nursing Care have many problems to deal with that never reach the nurse. Family and friends often create problems for the resident because of lack of understanding. Recently a daughter complained that her mother was being forced to lie in certain positions, and this was cruel. Her mother came to us with a pressure sore resulting from being positioned on her back. Is it cruel to make her change position every hour in an effort to heal this pressure sore?

I am getting too lengthy, so I will not continue. Please look into some of our problems. Try to view care in nursing homes through professional eyes that have had experience.

I am working in a new nursing home. One regulation we need in Minnesota is that no building plans can be accepted unless reviewed by R.N.s, L.P.N.s, aides, cooks, and laundry personnel. We are working in a building designed well, but those working in it could have designed it better.

STEPHEN K. GOLDSTONE, MINNEAPOLIS, MINN.

The problem as I see it is not one due to lack of regulations, but one of lack of enforcement. As I'm sure you know, through Medicare, Medicaid and other Social Security legislation we are armed to the teeth with rules and regulations. However, these rules will be of little to no value unless we are given the manpower to enforce them. Not only is there a lack of manpower, but even more important, there is a lack of uniformity. By leaving enforcement to the State and Local governments the bureaucracy has been expanded with the results of no clear cut guidelines to enforcement.

If the manpower was there all that would be necessary is to provide these people with a set of guidelines to follow and maybe some education to not only improve uniformity but also consistency from one county to the next.

Once this has been accomplished the rest is easy. The various welfare agencies have the power to place patients in the homes. If a home fails to comply with the standards set forth all that needs be done is to (a) stop sending patients to the home, and (b) remove the patients receiving assistance already in the home. The profit motive of free enterprise will then take over and either the home will shape up or cease to exist.

 GUY W. SOLT, MINNEAPOLIS, MINN.

The hearing was a very good exposure of what patients in some nursing homes in Minnesota endure. The fact that it was necessary for your committee to have the services of Mrs. Krause for two years and the difficulty in getting facts from people in a position to tell what is going on in nursing homes gives you an idea the difficulty ordinary citizens have in making a protest against low standard homes.

Even State organizations were not willing to say which of them were failing their responsibility to nursing homes. I hope you will do all you can to improve the services in low standard nursing homes immediately. If I can be of service in this regard I would be willing to do so. I have a defective foot that makes getting around difficult but I have a car and can drive it.

 MRS. E. J. WEDUM, ST. PAUL, MINN.

I attended the hearing just as an interested citizen because I have a mother who is in a nursing home. I can say from experience that these people are just a number to be dealt with. Why should the food be so lousy when they charge \$14.00 per day and besides that they have an area care charge which is just another way to rob these poor old citizens blind and any welfare patient that the public pays for costs the taxpayer money, money, money.

I do hope now that the Federal government will follow these accusations up as many of them are the truth. Why can the government levy all these taxes on people to feather a few nests and they can't enforce any of these rules and regulations. I do hope that they will realize that many of us that visit these homes see the things that happen and they are just not "stories" that these patients complain about. Whenever one complains they say the patients don't know what they are talking about, many are mixed up but many are just as rational as the people taking care of them and should have some say about how they are treated.

 THE TRENTERS, SOUTH ST. PAUL, MINN.

Nursing homes in Minnesota are an utter disgrace. Since the nursing home "industry" (unfortunately, it is an industry) cannot, it appears, be responsible for its own conduct, I urge you to adopt whatever measures necessary to correct this situation to the satisfaction of the people of the State of Minnesota. Reused catheters, urine pools in the hall, insufficient food, inadequate food, food scraped from previous meals, cold food, little recreational activity, inadequate and insufficient nursing care, too much nursing cruelty, and so on and on and on are all problems of a disgraceful and intolerable nature. As voters, we want these

conditions corrected *immediately*. We are sick of supposedly "insoluble" solution; as delegated officials it is your responsibility to have these conditions corrected, one way or the other. It is becoming increasingly difficult to retain patience with the officials we have at present in the State Department of Health and nursing home industry. Please assist us in this most urgent matter, use some of the war funds to solve our Nation's problems. Care of the aged surely is one of these. Thank you.

MARY JANE SCHRANDT, R.N., MINNEAPOLIS, MINN.

I think it is time the Senators call on qualified people to evaluate nursing homes. Ask the doctor who has been making nursing home visits the last 20 years how they have improved the last 10 years; ask those of us (professional nurses) who left hospital nursing and took up the challenge of Geriatrics. By listening to ex-employee's of nursing home make statements such as, "Because the patient was given an enema sitting up, his insides came out" is utterly ridiculous. No wonder she is no longer employed as an L.P.N. Who would keep her? Does she really have a license to practice nursing? I realize there are some poor nursing homes, but in America there is still "freedom of choice," so the poor nursing homes will be put out of business.

MR. ARNOLD G. SIEMS, MINNEAPOLIS, MINN.

I have two very good reasons for good words for the New Hope Nursing Home in New Hope, Minnesota. First, my own wife was a patient here for three years. She, and all other patients received kind and Christian-like care at all times. I never missed a day visiting her and others; weekends, twice a day. I saw first hand the type of work done by all the staff on all shifts. It was good and wonderful to behold.

Secondly, I've been working in this home for almost two years, serving as Head of Housekeeping. It is most important for our members of "Housekeeping" to have lots of love and compassion for these older and very sick folks. I can assure you that our nursing home is kept clean, comfortable, and beautiful at all times. We never need advance notice for inspections.

Thank you.

MURIEL J. BERGQUIST, ST. PAUL, MINN.

Nursing homes strip the individuals of personal dignity by lumping them into one category, regardless of their abilities, and then ruling them by regulations. Families, on the other hand, are afraid to "rock the boat" for fear they will have to care for them. Oftentimes, nursing home personnel can gang up unmercifully against a patient who is crying out in sheer terror thinking that "family" will think him senile—which the institution is trying to make him. A better understanding should be reached in that area. Where I put my parents in their first nursing home, the lack of understanding evinced by personnel from the doctor down of their traumatic situation was appalling. Before they would accept them it was necessary to sign a paper that they could order any prescription they wanted even though I lived nearby and wanted to take care of it myself. It later turned out that the doctor owned a drug store (a practice which I've run into several times since). Medicine was given by unauthorized personnel.

KAREN BECK, MINNEAPOLIS, MINN.

As activities aide for two nursing homes, Kenwood and Bureen, I feel qualified to assure any interested person that the care given the patients is not only adequate but that it is dispensed with concern for the individual patient, and, often, affectionately.

No doubt there are nursing homes in Minnesota that need to be improved. However, great care need be exercised that the publicity given them does not implicate the many good homes.

MISS JILL GRIFFIN, ST. PAUL, MINN.

I strongly concur with the morning testimony. I was glad to be able to attend. I will never again be able to pass Lexington Avenue Nursing Home without knowing what's on the third floor.

RON KLIPPING, SIOUX FALLS, S. DAK.

I am proud of our nursing homes which are located within the state of Minnesota, especially the 21 Good Samaritan Centers which I am privileged to work with as Regional Director.

I feel it is too bad that we have such people as Mrs. Daphne Krause who can only search for negative aspects of nursing homes and completely omit anything that is positive. I feel that the majority of our nursing homes within the state of Minnesota are far above standards and feel that the only way we can help to eliminate sub-standard homes is to work from the positive angle.

I trust that you will listen attentively to any parts of the program that were presented on the positive side the day of the Senate Hearing. I am a concerned individual.

SISTER MICHAEL KILMER, COLD SPRING, MINN.

The problems regarding welfare payments for nursing home care presented by Mr. John Broker and briefly referred to by D. Krause are a big factor in making the improvement of both patient care and nursing home physical plant (including upkeep) extremely difficult financially. I am a nursing home administrator. At times my census has shown as high as 78 percent welfare patients. The amount paid per patient day by welfare does not include what the State Welfare Department calls "comfort drugs or medications." In my early experience I understood this to mean routine incidental laxatives, aspirin occasionally for headaches or colds, soap, powder, and lotion. After over five years as an administrator I now realize that it includes much more—for example, antacid, not for an occasional upset stomach but even if prescribed by the physician every four hours for an active gastric ulcer. The nursing home is expected to supply this without reimbursement from the patient or from welfare. Also the nursing home is expected to supply the large amounts of aspirin and aspirin compounds (Anacin, Excedrin, etc.) which are now prescribed by physicians for chronic arthritis. The Welfare Department just flatly does not pay for antacids or analgesics, no matter how much is prescribed nor for what condition prescribed. However, a couple of years ago our County Welfare Department had a surplus of thousands of dollars which it turned over to the Highway Department. This is hard to understand.

Inspectors who visit our home certainly do not let us know ahead of time that they are coming at all, much less when they are coming.

Is it possible to have the Medical Association (State or National) do something about the problem of getting certain doctors to either visit and care for their patients in nursing homes properly or refer these patients to a doctor who will do so. Most of our doctors do quite well at this, but one is a real problem.

How do nurses aides know what a patient's medication bill is? From the pharmacist? From the nursing home office? From the patient? If the latter, are they certain that the patient really knows? Does this patient pay the bill personally, or does a relative or the welfare pay it (\$80 a month for Darvon and \$800 a month for nursing home care)?

In my experience as an administrator of a nursing home for over five years, the Welfare Department does not pay the nursing home for medications. They pay the pharmacist.

I think that Doctor Blumberg's testimony is worth more than the total of every word that was said by the M.A.O. group and their witnesses.

An orderly complained that he had to wipe up urine from the floor and didn't think this was part of his job. Inferred he thought it was maintenance. Wiping up urine on the floor is *definitely* nursing care and is to be done *immediately* by the member or members of the nursing staff present when it happens.

Derifil is not an experimental drug. It has been in use for years. I would suggest this be checked with a pharmacist.

It appears to me that equal time cannot possibly be given to the Nursing Home Association or any individuals from any nursing homes to answer any of these accusations. Also the News Media, having had all these hours of adverse comments, will have sufficient material for their sensational headlines. The material (if time permits any) presented by the Nursing Home Association or nursing home people will be edited down to minor items lost in the middle pages by the time it appears.

RUTH E. LARSON, MINNEAPOLIS, MINN.

As a former inspector in Nursing Homes (S.N.H. ICF I and ICF II) in the Minneapolis area, there are some facts I would like to have on record:

1. Routine inspections of the Homes were never made by appointment. This can be verified.

2. When I made inspections for the certification of Homes for Medicaid, I had to make appointments, since this was a day long inspection and I had to see the Administrator, Director of Nursing, Dietitian, Activities director and so on. This was, however, only for the initial visit.

3. There were also times when the Homes would call and ask for help in certain areas, and we were always glad for these calls.

4. All complaints that came to our office were investigated promptly, if the name of the person and Home were given. Most calls were anonymous but were acted on anyway.

5. Mrs. Daphne Krause never forwarded a complaint to our office, although the Adult bureau of the Minneapolis Health Dept. met with her and offered our help and cooperation. Mrs. Krause never showed any interest in working with us to clear up any complaints and or situations that might have existed.

6. I understand that Dr. W. E. Park, Director of the Adult Bureau of the Minneapolis Health Department has forwarded to you information about the five year federally funded project carried on in the Minneapolis area Homes from 1966 to 1971. I will say no more about it except to say that I believe that it was of inestimable value in improving the Homes in Minneapolis.

7. My credentials are as follows:

I am a registered nurse with a B.S. in Nursing Education, and a Masters in Nursing Administration, both from the University of Minnesota. I also took graduate work in In-service Education. I had from two to seven years in each field before I joined the Minneapolis Health Department in 1966.

8. I was retired from the M.H.D. April, 1971 due to mandatory retirement at age 65.

I can't help but say that had your committee scheduled a longer time for this investigation, you would have gotten a much more accurate account of the situation in the Nursing Homes in the Minneapolis area at least.

RALPH FORD, WYOMING, MINN.

The hearing, as Senator Mondale said, concentrated heavily upon the problems that exist in the nursing home field. However, becoming fixated on the negative aspects does little to solve these problems. I think that the public, as well as private and public agencies, are convinced that the quality of life and care in nursing homes in general can be improved. What we need is positive support financially, as well as morally, and encouragement of those things (programs, etc.) that are good. We need educators, not investigators, to teach nursing homes how to improve their programs; they already know what is wrong.

State Department of Health and State Department of Public Welfare standards, as well as title XIX and XVIII regulations, will tell them that.

The deplorable conditions that exist in some nursing homes (brought out in the Daphne Krause testimony) cannot be corrected directly by legislation. These conditions exist in nursing homes where the staff does not have an understanding of the needs and limitations of aged individuals or a philosophy or a "professional" knowledge of how their jobs should be done.

There are some good things happening in Minnesota such as seminars aimed at improving the quality of life in nursing homes and I hope these get the support they deserve.

BARBARA ARRELL, MINNEAPOLIS, MINN.

The practitioners told it as it was. The Pros' were all theory. Reality is that the nursing homes are inadequate. Some legislation should be enacted and enforced to alleviate the condition.

MARY H. BRANDL, ST. PAUL, MINN.

I think we are all back where we started!

Constructive action needs up-to-date testimony from R.N.s and M.D.s *not* just from nurse aides and orderlies testimony already dated circa March 1970.

At any rate, where was the Welfare Department? It is their rates that provide the humongous deficit that good nursing homes are left to pay.

How can skilled homes run good care with 5 aides and one registered nurse on \$13.50 a day when there are 120 patients in a nursing home. They *do* you know and they get such little publicity for their hard work. Regulations and rates need readjustment.

MRS. DENNIS CASEY, ST. PAUL, MINN.

I think some of the evidence I've heard today is a disgrace. Why people have to be treated in such an inhumane way is beyond me. My age is 26. I've seen my Grandfather in a nursing home. My mother has been helping M.A.O. in their research and some of the things I've seen and heard has actually made me ill.

I certainly hope you decide to do something to help start an end to this disgrace. Please!

I can tell of one experience where a nursing home has over sedated a patient and because of it, it caused a drug induced death.

My Grandmother ran a private nursing home for years and took in welfare patients, so I've seen patients who came from and went to nursing homes that have deterrioted and been mistreated. Complaints go unattended or ignored.

MRS. LUCY COBB, MINNEAPOLIS, MINN.

There is no incentive for rehabilitation since highest fees are paid for bed patients.

Figures on profits are not available.

MRS. A. J. EYFORD, MINNEAPOLIS, MINN.

It would take days and I hope this meeting will help to close all the inferior nursing homes. My sister died from neglect at the Pillsbury Nursing Home which has been closed since. Your great support is very consoling, the same for Senator Mondale.

GAYLE GREER, ST. PAUL, MINN.

The testimony I have heard this afternoon is inhuman and also sickening! I can't understand why these people will go as low to take money and drive people insane. Just to make money and make people *very, very* unhappy! My mother helped M.A.O. and Mrs. Kross get some of the information and out of the things she has told me gets me thinking of the time to come when I grow older, and when my sisters, brothers, and people very close to me, getting put in a nursing home! Expecially a home like Lexington and those mentioned today. I pray that these nursing homes be *really cleaned* up pretty fast for someday one of you will be going in one—then it will be to late to do anything about this *horrible, disgraceful* problem!

I would like to know if any of the people from the Minnesota Nursing Home Association have ever went to one of these nursing homes and have *really* checked them out, not just go in for a minute. Would it be so much to ask for a doctor

and some nursing home personnel take their time and take GOOD care of these people. After all they're getting paid, (With our tax money) and they are getting away with all of this stealing, and sometimes even driving a person insane. And again I say I hope they get these nursing homes *CLEANED UP!*

KAREN GREEN, ST. PAUL, MINN.

My age is 13, but I am concerned about the elderly. Some of the things they were discussing made me sick. There is no doubt about it that those people were sinister. I just would hate to see what would happen if nothing was done about it. This hearing was very interesting. It gave me fear for me getting old and for fear of me or my relatives being put in a nursing home like *Lexington*. IT MAKES ME SICK!!!

GILBERT J. GUSTAFSON, ST. PAUL, MINN.

I worked at the Texa-Tonka Nursing Home from June-September 1968 and I personally witnessed many incidents similar to those that have been presented today. Generally—undertrained and limited staff, poor maintenance and drug and other therapeutic abuses.

MR. & MRS. MARTIN HAWKINS, MINNEAPOLIS, MINN.

My husband and I attended the meeting in St. Paul. Senator Moss seemed interested. I have voted for Democrats since I was old enough to vote, including Senator Mondale. *He* appeared bored to us. There is too much to tell about our nursing homes. We think we could write a book about them and it isn't very good. I doubt if you would believe my husband and I. We have a humane society for animals, but not for human beings. Something has to be done and real soon. I see we have a Republican on the investigating Committee Rep. Flakne. He, I think, is wrecking all the good work Daphne Krause and others like us are trying to do. We hope it isn't just politics and that you Senators will help us and have true compassion for all the people in these nursing homes. If you want a big scoop, and the truth, we will tell all. So please don't let us down. What has been done to us still hurts.

P.S. If we had been as smart a few years ago as we are now, we would have hired an attorney, in regards to a certain matter with the "David Herman Nursing Home" in Minneapolis on 24th Street and Chicago Avenue. Next time we will know better.

The Health Department here in Minneapolis is one big joke. I say clean them all out and get some new people to take over. If you complain to the Health Department, that's another big joke.

I hope you Senators will do all you can and I hope you are sincere and that it just isn't another political deal.

At least I got a few things off my chest and maybe that will help.

Thank you.

LOIS HILL, ST. PAUL, MINN.

The hearing today is something that obviously has been undertaken by other states. How long does it take to implement reform?

AGNES M. JOHNSON, MINNEAPOLIS, MINN.

Nursing homes should, in most instances, be operated by non-profit organizations preferably by the government. Special training for those who work these. Not all people are by nature and temperament suitable employees.

Thank you!

IRVING JUSTER, BUILDERS EXCHANGE BLDG., MINNEAPOLIS, MINN.

It would seem that an effective and direct remedy to correct abuses would be to notify the Welfare Department (Hennepin or Ramsey County in this area) who certainly have the power and right to discontinue sending patients to the abusing facility.

Incidentally, the Welfare Department case workers are in a position to recognize abuses.

LILLIAN KAMUCHEY, R.N., MINNEAPOLIS, MINN.

I believe that Mrs. Krouse and her witnesses who spoke made considered judgments concerning medications, care, charges for drugs, etc., which even a physician or nurse would not make without a long and thorough investigation. Only disgruntled and discharged employees have complained—why did they not do something to change conditions instead of taking "patient care time" to collect evidence? P.S. If drugs are brought across the counter Welfare does not pay for them.

LARHAE G. KNATTERUD, ST. PAUL, MINN.

I am a graduate student in gerontology at the School of Public Affairs, University of Minnesota, on an AoA traineeship. During the past 6 months I have done a fair amount of investigating and interviewing of nursing home staff, patients, and interested "professionals" in Minneapolis-St. Paul; this lead up to a paper thesis—"Defining the Quality of Care in Nursing Homes." This was an analysis of current regulations of nursing homes compared with what the people I interviewed thought was important: in other words, the discrepancy between the two. This may sound impossible in the face of this hearing's muckraking, but it appeared from my studies that federal regulations deal with *staffing*, building codes, *medical* concerns. And the people who seem more interested in *setting* and *patients* have no indicators to use as standards for psychological-social milieu. In other words, we measure bathrooms per floor but not the number of outside contacts the home has or the patients/residents have. This is not to say that the conditions described today are not terrible; but it does appear that the atrocities spring from the lack of rehabilitative, hopeful, and real patient/resident concern, not so much from the lack of dental care, etc. Would these not follow from a more regulated psychological-social milieu for the home?

I feel a real educational effort must be mounted for aides, nursing supervisors, administrators, and inspectors on the reason (psychological and social) care for the elderly is so important.

These or any answer must lie somewhere between the vested-interest answer of MNHA and the muckraking of Daphne Krause. We must realize the importance of the milieu of the nursing home—perhaps more important than medical. The milieu affects the medical state of the nursing home resident.

MRS. EVERETT PETTEE, ST. PAUL, MINN.

That the senior citizen should have some *freedom of choice* as to whether to have what the hospital so blithely calls "custodial care" in his or her own home with supervised home help or be shunted to the nursing home.

The senior citizen has to fight many powerful lobbies to achieve this—A.H.A., A.M.A., Nursing Home Operators, Commercial Employment Agencies, and Insurance Companies.

I represent a group of people who are not poverty level, but who are asking that there be more home nursing, more home health aides and housekeeper help—properly trained and supervised. There should be some catastrophic policy, that could cover this. The supplementary "B" part of Medicare isn't. Even if the cost were \$25 per day their is certainly less than hospital and nursing home were covered; the recipient could pay the additional amount. There is no need to write trained social workers into the delivery of this service—which is one of the major costs in the care now being offered by some social agencies. St. Paul

and Family Service is now up to \$4 an hour and I know of more who is satisfied with whatever social work is supposedly being done. However, the aides are trained and are supervised. The Commercial Agencies say that they are doing this, but they are not. They are charging \$25 per day for live in help with the worker getting \$17 per diem.

JOYCE PHILIPSON, OTR, WAYZATA, MINN.

I am a registered occupational therapist and have worked as a consultant to 3 nursing homes in the twin cities. Besides that my mother is a stroke victim who has been in 3 nursing homes. So I speak with some knowledge and certainly interest in nursing home problems.

The problems as I see it are:

1. Not proper facilities to take care of the elderly. Have the *buildings* built so patients can be as independent and feel worth while.

2. Require that all nursing homes have *paid* activity directors. There are people *trained* to work in this area. They are called certified occupational therapy assistants. Usually this is an after thought of nursing homes. They pay them very little or they are volunteers.

3. Get rid of proprietary *nursing homes*. Have administration as hospitals with a board of directors. Therefore one person does not have so much control. Try *democracy* for a change!

4. Have periodic investigations of all nursing homes so that the patients are protected.

5. Do not allow homes to hire 14 year olds. Hospitals do not allow this—why should nursing homes where patients make *their home*.

6. Provide *private* rooms when necessary. It is very disturbing to have a senile patient in with a mentally alert patient.

Medicare has been a start and helped to upgrade homes. Let us continue this way with progress.

May I make another suggestion? Some homes will not take welfare patients or when they become welfare patients they must leave the home. This should be done away with. Eventually most people will need financial aid at \$500 to \$600 a month.

Let us not think of nursing homes as the end of the road but opening of new horizons for the elderly!

Thank you.

MRS. MARY R. SAVAGE, ST. PAUL, MINN.

On behalf of the Minnesota Occupational Therapy Association, I would endorse:

1. Inspections without prior warning;

2. Financial incentives for nursing homes to provide proper staffing, care, medical care, and food; and,

3. Education for supervisors and administrators to do a good job.

Our experience has been that education and leadership is eagerly sought. Our state workshops and activities are always way over subscribed.

CAROL WALKER, ST. PAUL, MINN.

I attended the hearing on this day, and found it to be quite interesting. I have experienced dirty and neglectful homes, as I had a grandfather who suffered, very uncared for. So I do really hope things will be done and with very serious reasoning. Let's make life for the elderly as good as possible and even better for them than that of *animals*!

IRENE WEBERSTRANG

Just more publicity of the kind that is not constructive.

Lets check Ramsey County Home?

Where was the Welfare Department?

Appendix 6

Subsequent to the hearing, the following letter was received from M. J. Hellman, president, Richview, Inc.

RICHVIEW, INC.,
Richfield, Minn., June 19, 1972.

DEAR SENATOR MOSS: Enclosed is a letter written to the State Health Department concerning our acquisition of Lexington and Capital View Nursing Homes.

Since both of these Homes were of concern to your Investigation Committee, I felt you would like to know the changes we have made since April 1, 1972 and the changes we will be continuing to make in the future.

If we can be of any assistance to you in the future, please feel free to contact me since we know we are all concerned with increasing the quality of nursing home service in the state and in the country.

Sincerely,

M. J. HELLMAN, *President.*

[Enclosure]

RICHVIEW, INC.,
Richfield, Minn., June 15, 1972.

ANTHONY KIST,
Chief, Section of Licensing & Certification, State Health Department, Minneapolis, Minn.

DEAR MR. KIST: On April 1, 1972 we took over the operation of Lexington and Capitol View Nursing Homes. Since there has been concern in the past as to the operation of these homes, I would like to inform you of the changes we have made and the changes we will be making in the near future to improve the quality of patient care. The present and proposed changes will include:

I.—STAFF

A. We have hired managing directors for office, food, maintenance and house-keeping and laundry services who we formed into a management team with the nursing and activities directors we found at the homes.

B. Assistant Administrators were hired in each home. Both are college graduates with backgrounds in business and education. One has recently taken and passed the state license examination. The other one is studying for the September examination. Both had six weeks of on the job training at Richview Nursing Home where they worked in every area of the home and actually learned every job by doing them. We also have a licensed administrator in each home training these assistants.

C. All of our home directors have the support of full time individual consultants who have been hired to assist the directors. For example: we have hired a full time food service consultant to advise, train and supervise all of our food service directors in each home we operate.

D. We are planning in the near future to have a full time social worker in each home. We currently have one social worker for all of our homes and we are pleased with the possibility of enlarging this service to residents, their families and even employees and their families. We have experimented and given services in these areas as well as using our social worker to develop a volunteer program. We are currently developing a volunteer program at Capitol View and Lexington. We are visiting churches and service organizations and trying to enlist their help.

E. We added the consultation of an approved A.D.A. Dietician at the two nursing homes.

II.—PHYSICAL PLANT

A. We are currently working to bring the two homes in compliance with the federal "Life Safety Code" requirements. In the past both homes made few improvements and we have added or are adding an emergency lighting facility, smoke detectors, smoke doors and new solid doors to replace the hollow core doors.

B. We have remodeled the kitchen and dining areas of both homes. This includes the purchasing of new equipment, the re-arrangement of old equipment and extensive cleaning and painting of these facilities. We will soon begin to tile the kitchen walls and ceilings.

C. A general program of painting and interior decorating throughout the two homes is in progress. This includes the addition of more lighting in all corridors.

D. Our architect is working with us to find a way to put in new medication rooms at Capitol View. We will soon add a steam boiler in each home so that our water will be hot enough to insure that we are not bringing bacteria back on the patient floors in our laundry.

III.—IN-SERVICE TRAINING AND DAY TO DAY COACHING

A. Having full time managing directors for each area of the homes operation has allowed us the man-power to set up monthly and/or bi-monthly regularly scheduled in-service training meetings for all employees. Examples include:

1. A Dentist lecturing on good dental care.

2. A social worker lecturing to the food service staff on the psychological significance of food.

B. For the last three weeks, we have been training our floor Team Leaders and Charge Nurses on how to coach their nurse's aides on a day to day basis.

C. We have put into operation a reporting system where each nurse's aide, under the supervision of the team leader and charge nurse, will record on a check list every service that is done for each individual resident. These reports allow us to assess the level of care for each resident as well as proof that care is given as prescribed by the patient care plan which is made up by the Professional Nursing Staff.

IV.—CONCEPT OF SERVICE

A. Our philosophy of service means that we are concerned with serving the total care needs of our residents. To insure this, our directors meet formally once a week and informally at meals to discuss our team approach of solving problems.

B. We are a 24 hour facility and we invite you to visit us any time, day or night.

Sincerely,

MARTIN J. HELLMAN, *President.*

