FINAL REPORT

to the

Honorable Thomas F. Hogan

United States of America v. The District of Columbia, et. al.
Civ. No. 95-948 TFH, Re: D.C. Village Nursing Home

Submitted by:

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

Date:
January 21, 1997

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"It's heaven! I'm free!"

— Mr. C. W. a former resident of the District of Columbia Village Nursing Home upon his outplacement after 10 years.

This is the Final Report in the matter, United States v. District of Columbia, et al., Civ. No. 95-948 (TFH), Re: D.C. Village Nursing Home (D.C. Village). It chronicles the violation of the civil rights of the residents of D.C. Village, the nursing home owned and operated by the government of the District of Columbia, and the role the Court played in reversing this injustice. This Final Report profiles how wrongs were righted, how professional behavior - humane behavior in practice - overcame ignorance, indifference, incompetence, and callous disregard for the most vulnerable, infirmed, and poor among us.

Although this case deals with dying and death, it also draws a portrait of hope, courage, and uncommon compassion. Lives were improved in this case and smiles came to faces long frozen in despair. The former residents of D.C. Village are now "free", their civil rights are no longer violated, they are now tended to with time, commitment and caring, the elements missing at D.C. Village. You can see it in the residents' eyes, happiness has replaced emptiness.

This Final Report shows how the Court in one year successfully accomplished what the Defendants would not or could not do for decades, and in the end, how the Court's active intervention was required to effect the humane outplacement of the residents. The shame of it is that the federal Court had to compel an entire civic government to perform its most basic duties, to honor the public trust, and to fulfill its responsibility as public servants to its citizens by caring for its most in need.

What should have been a simple cooperative endeavor to improve the lives of the residents of D.C. Village, the Defendants turned into an adversarial contest fraught with recalcitrance, denials and defiance of Court Orders, which brought on formal contempt citations and findings of continuing contempt. The District repeatedly proffered unconscionable excuses to defend their indefensible, self-serving operations that should have been an embarrassment and disgrace to any government. For let it not be forgotten, it was the Defendants who required a Court Order to "ensure immediately that water, and cups for water, are present...in each residents' room... ensure that individuals with decubitus ulcers are not left to sit or lie in their own soiled linens...ensure that adequate supplies of soap are available for the residents" (Court Order, December 22, 1995).

How profoundly appalling it is that the Defendants required Court Orders to provide the most basic of human needs, yet, how profoundly vital all the Court Orders were in protecting the residents civil rights, health, safety, and welfare. This Report is a tribute to the professionalism and humanity of one United States District Court Judge, The Honorable Thomas F. Hogan.

At this time the Monitor can finally assure the Court that the outplacement of the residents of D.C. Village "has been satisfactorily and successfully completed" complying with the Court Order of November 7, 1995, and that their "individualized needs" are being met and that the outplacement sites are "appropriate and adequate" complying with the Court Orders of December 22, 1995, and February 23, 1996.

The beauty of this case is that it was so profoundly helpful to so many individuals in such a short period of time. The best way to grasp the depth and impact of the Court's service to the District of Columbia's most vulnerable, infirmed, and poor, is to review the sampling of individual case summaries placed throughout this Report, starting here with Mr. C.F.

Case Summary: Mr. C.F.

For years Mr. C.F. lived at D.C. Village with an underlying longing to be on the outside. Mr. C.F. is in his fifties, yet living at D.C. Village beyond his need for it, he learned institutional dependency and no one took the initiative to get him out. As President of the Residents' Council, Mr. C.F. unselfishly advocated for others (those institutionalized at D.C. Village and in other long term care facilities) but not for himself.

Mr. C.F. now lives in the community in an independent/supported living apartment in the District on the first floor, which is handicapped accessible.

"I feel wonderful living on my own...I feel great," says Mr. C.F. with his eyes sparkling and a constant smile on his face. Mr. C.F. has his own room and shares a large, comfortable kitchen and handicapped accessible bathroom with three other neighbors. A resident case manager and building manager are on-site full time including weekends. Mr. C.F. is provided with a home aide four hours a day five days a week who helps him prepare meals (which is difficult for Mr. C.F. because he has limited use of his hands) and assists him when needed with personal hygiene. On Fridays the aide prepares meals for Mr. C.F. to put into the microwave for his weekend dining. Once he has adapted to living independently in this supported environment, Mr. C.F. plans to move to a larger apartment. Mr. C.F. has a computer in his room which he uses in his active participation in nursing home reform advocacy organizations in the community. In fact, he serves on the board of directors of some of these organizations, and has for years, and volunteers at one of them a few days a week. He travels on public transportation and assumes appropriate responsibility for his medical attention. Mr. C.F. is also considering plans to form a residents' council in his building. Mr. C.F. has family in the area and numerous friends in the District.

Mr. C.F. no longer wears the sad, pained, burdened, and weighted expression of

one who is trying to heal the pain of others while carrying around his own. Mr. C.F. exudes a vitality and joy of life and a sense of hope for his own possibilities for the first time since I have met him.

OVERVIEW

The struggle to protect the constitutional and legal rights of the residents of D.C. Village began on May 19, 1995, when Mr. Richard J. Farano of the United States Department of Justice, Civil Rights Division entered the United States Court House on Constitution Avenue in Washington, D.C. and filed the United States' Complaint pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA) against the District of Columbia, alleging that the civil rights of the residents of D.C. Village had been and continued to be violated. The Honorable Thomas F. Hogan, United States District Court Judge for the District of Columbia was assigned to the case. A month later on June 19, 1995, the United States filed a Motion for a Preliminary Injunction to Enjoin Dangerous and Life-Threatening Practices and to Ensure Basic Care, Services and Treatment at the nursing home. These pleadings profiled appalling abuses of the D.C. Village residents. After the United States filed its motion for a preliminary injunction, the Long Term Care Ombudsman intervened in this case. This office had for many years identified neglect, abuse, and poor care at D.C. Village.

In addition to naming the District of Columbia as a Defendant, the other named Defendants in this case are the Mayor of the District, Marion Barry; the then Director of the Department of Human Services, Vernon Hawkins; the Administrator of the Mental Retardation/Developmental Disabilities Administration, Frances Bowie; and the then Executive Director of D.C. Village.

On July 5, 1995, moments before the hearing was to take place on the United States' motion for the preliminary injunction, the Defendants agreed to consent decree language that mirrored the proposed remedial order in the United States' pleading. On July 6, 1995, Judge

Hogan signed and filed the parties' Stipulated Order which enumerated specific remedial measures to redress the alleged deficiencies in the nursing home. By signing this document, the Defendants agreed to comply fully with the Court Order. This July 6, 1995, Court Order also provided for the appointment of a Monitor to oversee the District of Columbia's compliance with the Court Order, and according to District of Columbia Code, Section 32-1420, advise the Defendants on how to comply with federal and District law and regulations.

On August 1, 1995, Dr. Harriet A. Fields, this writer, was appointed Court Monitor by Judge Hogan. Two week later, and before the Monitor could begin on-site inspection, the Mayor and City Council of the District of Columbia unexpectedly and callously announced the closure of D.C. Village. Instead of choosing to improve care for the residents in need, the Defendants' seemingly reactive remedy was to close the facility under the guise of fiscal responsibility. This unilateral decision was made with no consultation with the Court or the parties to this case, and most especially with no consultation with the residents of D.C. Village. The Defendants' decision was made without the most rudimentary understanding of, or regard to, the consequences of their actions, namely the debilitation and often premature death associated with the trauma of transfer of elderly and frail individuals. Soon after entering the facility, the Monitor reluctantly discovered and subsequently reported to the Court, that the Defendants had no competent governmental oversight nor management ability within D.C. Village to carry out the abrupt decision to close D.C. Village and to appropriately and humanely outplace the residents. As a result the Plaintiffs successfully moved the Court to augment the responsibilities of the Monitor to oversee the transfer and outplacement process (Court Order of November 7, 1995, Modifying the Stipulated Order of July 6, 1995).

As Court Monitor, I first entered D.C. Village in August of 1995 and found that every allegation filed against the Defendants in the United States' Complaint and the United States' Motion for Preliminary Injunction, including the Residents' Declarations of June 1995, and every violation of the residents' rights that the July 6th Stipulated Order required be remedied, still boldly existed.

There was a top to bottom systems breakdown of the Defendants operation of D.C. Village. There was no institutional focus on resident care. There was institutional neglect and, as identified in the Monitor's October 16, 1995, Status Report to the Court, neglect over a period of time is abuse. Furthermore, there was no identifiable competence in the governmental oversight, administrative and support structure. What existed was a bumbling, self-serving bureaucracy in violation of the first Court Order of July 6, 1995, and in the months that followed, in violation of the Court Orders of November 7, 1995, December 22, 1995, and February 23, 1996. Group-think predominated and suppressed individual initiative in well-intentioned individuals time and time again — a bureaucracy so ethically blinded it led potentially competent staff into inertia and dysfunction.

Internal Systems Breakdown

The initial assessments of the Monitor and the nursing home systems expert consultants, originally profiled in the October 16, 1995, Status Report, identified among other deplorable conditions: residents with no affect or emotion; residents who had lost their spirit; residents passively accepting their own neglect, not knowing after so many years that poor level of care was not the norm; residents who rarely or ever smiled; residents with bewildered and even pained expressions; human beings dying from decubitus ulcers with holes in their bodies so deep that bone was exposed and tissue oozing out of the wound; an over-utilization of easy-to-use gastric tubes for feeding residents through the stomach, replacing the human contact of staff, which would require time and effort to help and encourage the residents to be nourished by mouth; no soap for simple hygiene in many of the units and residents' rooms highlighting an inadequate infection control program; pervasive use of physical restraints (residents literally tied down); failure to ensure that vendors be timely paid often resulting in interruption or termination of critical services, supplies, and medications; overmedication with psychotropic drugs (chemical restraints); vital nutritious food and drink not always available; food that was so unappetizing it robbed the residents of their desire to eat; residents who no longer needed nursing

home care and should have been discharged to the community years ago still languishing at D.C. Village; residents in bed all day when they should not have been; residents who could not move, were not turned in their beds; residents lying in their own urine and feces; dirty halls, rooms, equipment, and furniture, all reeking with the odor of urine; under-functioning, disorganized departments with no interdisciplinary cooperation; no supervision of direct care staff; no nursing leadership; policies and procedures that were twenty years old, if they exited at all; care plans that were years out of date, if they existed at all; an astonishing lack of knowledge by the medical staff of minimum standards of nursing home practice; desperate need for education and training of all caregivers in the minimum standards of care as reflected in federal law and regulations and the Court Orders.

To protect the residents health, safety, welfare, and rights, the Monitor was compelled to immediately advise the Defendants on the need to initiate institutional systems reform, which included: a care planning system in order to track compliance with Court Orders and federal law and regulations; training staff on how to use this care planning system; strongly encouraging an interdisciplinary approach to care; encouraging the assignments of contract nurse staff to the same units for continuity of care; training clinical nurse coordinators in appropriate supervisory techniques; educating staff on how to care for residents without restraints in accordance with federal law and regulations; introducing weight log books on each unit and training the staff in how to track life-threatening weight gain or loss in compliance with federal law and regulations; educating staff on how to develop an essential bowel and bladder training program for incontinent residents; incorporating rehabilitation concepts into direct care and daily bedside practice, such as range of motion exercises, and a regimen for turning the residents which included reminders broadcast every two hours over the public address system; and more. It was very humbling and gratifying when on one of the last tours of the units the Monitor made in June 1996, a staff nurse hugged me and said, "we are now giving the type of care the residents deserve."

Case Summary: Mr. J.B.

On a Sunday evening in late September 1995, the Monitor and the nursing home

systems expert consultant found Mr. J.B. in his bed, lying in urine, unturned, totally contracted, with a gapping hole in his body to the bone, and with a distinct odor of dead skin. This was a blatant violation of the Court Order of July 6, 1995 — a full two and a half months after its issuance — which stipulated among other very basic care practices, that "Nursing staff shall take all appropriate steps to care for and clean those residents who need nursing attention due to their incontinence. Nursing staff shall take special care to clean and treat ulcerated areas that may have become soiled due to incontinence." Unbelievably, D.C. Village staff seemed unaware that Mr. J.B.'s condition and treatment were not normal for a nursing home resident. We immediately brought Mr. J.B.'s condition to the attention of the D.C. Village direct care-givers so that appropriate steps could be taken.

Constant and vigilant monitoring reversed Mr. J.B.'s suffering. Mr. J.B.'s interdisciplinary care plan was developed at his bedside with his involvement and he was provided with counseling and consultations regarding his eventual transfer to another facility. For the remaining four months of his life, never again was Mr. J.B. not turned; never again did he lie in "soiled" bed clothing and linens; never again did the odor of death emanate from his bed; and Mr. J.B.'s condition, as witnessed on the evening of September 24, 1995, never again returned.

Mr. J.B.'s condition was so preventable, and his suffering so quickly reversed, it made conditions at D.C. Village even more senseless. That D.C. Village allowed Mr. J. B.'s condition to exist, not only violated the Court Order and federal law and regulations, but it was also a gross violation of Mr. J.B.'s civil rights. Mr. J.B.'s case is descriptive of how the Defendants' violation of all the Court Orders harmed one individual's life and how the Court's presence and intervention helped improve not only Mr. J.B.'s life, but the lives of all the residents while they still lived at D.C. Village. (Mr. J.B was profiled in the October 16, and November 30, 1995, Status Reports to the Court.)

External Systems Breakdown

Two major examples of the entire systems failure are the District 's procurement process and vendor payment system, which for decades has had a life-threatening, and in many instances

life-ending, impact on the District's most defenseless.

The first individual Defendant listed in this case, the Mayor of the District of Columbia, just recently identified the procurement process as the District's biggest problem. This announcement came nearly one year after the Monitor first identified the problem in this case. The day before Thanksgiving in 1995, D.C. Village was about to run out of vegetables, bread, fish, and butter (see November 30, 1995, Status Report, pages 29-30). The lack of basic food stuff available for the residents was directly related to the failure of the District's Department of Human Services Procurement Office to process the request for purchase orders, a completely preventable problem. Immediately, the Monitor advised the Defendants on what to do to ensure that purchase orders were received, vendors contacted, and supplies delivered. The presence of the Court was able to rectify this intolerable situation expeditiously so that the residents would not suffer. Egregious procurement problems continued in other areas at D.C. Village. However, after reporting these problems to the Court and after appropriate legal motions were filed, these were also rectified. The Court Order of December 22, 1995, directed the Defendants to "ensure immediately that the District of Columbia procurement office responds immediately to urgent requests for health care and other supplies to ensure that the health care needs of the D.C. Village residents are appropriately met." It took the Defendant, the Mayor, decades to admit to what the Court in this case recognized, reported, and rectified in a matter of weeks.

The second example of the District's systems failure was its chronic inability to timely pay critical vendors and to execute necessary contracts with these vendors. This was especially important at D.C. Village where the District purposely relied heavily upon contract nurses and other important vendors to provide critical services, supplies, and food to the residents. The Monitor's continuing submissions to the Court profiled the failure of the District to timely pay its vendors which resulted in the constant threat of interruption and sometimes actual termination of vital services and supplies. Instead of taking responsibility and immediately correcting this situation for the welfare of the residents, the Defendants through their Corporation Counsel, fostered delay and actually misrepresented to the Court reasons why they failed to pay vendors, for example, scapegoating the District of Columbia Financial Responsibility and Management

Assistance Authority (D.C. Financial Control Board) by claiming they had not yet approved contracts, when in fact contracts had been approved months earlier. These misrepresentations occurred on such a continuous basis, that the Court felt compelled to refer the Corporation Counsel to the grievance committee of the Court on May 17, 1996, and found it necessary to threaten the top Administrators of the Department of Human Services with contempt and jail if they did not begin to tell the truth. Meanwhile, the second named individual Defendant in this case, the then Administrator of the Department of Human Services, Vernon Hawkins, was ousted from his position by the Mayor on orders of the D.C. Financial Control Board for gross incompetence, particularly in the areas of procurement, vendor contracts, and vendor payments. It appears that at least in part, this Defendant's removal was precisely for the deficiencies profiled throughout this case (see Monitor's April 25, 1996, letter to the Court in Appendix C). Indeed, as early as December 1995, the then Acting Corporation Counsel said that the Monitor had uncovered the major weaknesses of the District government, namely the procurement process and the vendor payment system.

Case Summary: Mr. L.R.

While sitting at a bus stop on his way to work several years ago, a bullet in the back rendered Mr. L.R.. totally dependent on others for his care. Not only a victim of crime while able-bodied, he was also a victim of numerous indignities suffered at D.C. Village which were violations of his rights. Mr. L.R.,an able-minded man in his thirties was profiled in the December 1995 letters to the Court as the resident who was "imprisoned in his bed" because his wheelchair was broken and the District had failed to pay his wheelchair vendor.

Due to his medical condition, Mr. L.R. required a catheter, but the ones supplied to him by D.C. Village were chronically the incorrect size causing an overflow of urine. This was in violation of the Court Order of July 6, 1995, that their be "an adequate and appropriate quantity of medical supplies and equipment...that meet the individual needs of the D.C. Village residents."

On a Friday afternoon, months after the July 6th Court Order, Mr. L.R. was appropriately concerned about his care over the weekend. In an attempt to advocate for himself, Mr. L.R. approached the then Director of Nursing who sat down with Mr. L.R. and calmly

explained to him why it would take several weeks for him to receive the proper size catheter. While she calmly defended the inhumane and unconscionably prolonged purchase order procedures of the Department of Human Services for the District, before her sat Mr. L.R. in his wheelchair, with urine seeping down his leg and stained to his pants. The Monitor observed this interaction and strongly advised the Defendants that they immediately obtain the correct supplies for Mr. L.R. From that day on, never again did Mr. L.R. not receive the supplies required for his health, welfare, and the protection of his rights, and through the Court's intervention (see Court Order of December 22, 1995, at V.,C.) the procurement system improved for all the residents benefit.

Today, Mr. L.R. is President of the Residents' Council in his new home. He has not encountered medical supply shortages in his new home. He has become more active and writes poetry which the staff are trying to help him publish. He has a friend at the nursing facility, a young man in a wheelchair. The activities director is exploring vocational rehabilitation for him and ways for Mr. L.R. to work and still maintain his health coverage. Mr. L.R. has plans to complete his general education degree (G.E.D.) and then to become an inspirational speaker for youth. It is Mr. L.R. who is truly inspirational.

Another example of the failure of the external government oversight was the illegal depositing of the residents' meager monies, known as the Personal Needs Allowance (PNA), into the D.C. Treasury. These are relatively small sums of money which must be deposited monthly into the residents' individual bank accounts. Instead of doing this — which is required by federal law and regulations — the District illegally retained the funds. This act amounted to theft of the residents' funds for the District's own benefit, thus, robbing the residents, the poorest people in the District of Columbia, of their money and the interest due to them (see December 6 and 10, 1995, letters to the Court, Appendix C). Finally, over a year after this was first reported to the Court and after much prompting, the Defendants have agreed to obtain an independent auditor's accounting of the residents' funds and interest due. This report should be released shortly.

Added to the above examples of systems failure was the sudden and ill-conceived

announcement of the closing of D.C. Village by the Mayor and City Council.

OUTPLACEMENT

From the time the Monitor first entered D.C. Village it was obvious that the Defendants, including the D.C. Village administrators and staff, did not possess the requisite knowledge, background, or experience and were incapable themselves to responsibly, legally, and ethically discharge the residents, especially those with special needs. Indeed, the head of the D.C. Village Department of Social Services who was designated to "coordinate" the outplacement did not even professionally or personally know the residents, even though she had been employed at D.C. Village for approximately 25 years. In addition, there was a danger that the already compromised health of the residents would further suffer while the facility's resources were being diverted away from basic care, required, deserved and demanded by the Court and federal law and regulations, towards the premature and frenetic discharge activities (some of which had already begun). This was of grave concern given the years of neglect the residents had already suffered as profiled above and in my submissions to the Court (see Appendix c).

Indeed, a D.C. Village staff member in the Social Services Department confided in me that the outplacement of the residents was already "chaotic." For example, individual discharge folders were sparse at best and did not present a clear picture of the residents; there were no interdisciplinary care plans for the residents; outplacement was disorganized and beyond the ability of the Social Services Department; residents were not being informed of their impending transfer, most did know where they were going, nor were they given choices as to their new home contrary to federal law and regulations; staff were not talking to the residents; residents were confused, bewildered, and lost; no resident received any type of counseling to decrease the anxiety and trauma of relocation.

My first submission of September 5, 1995, alerted the Court to the inevitable detrimental impact of uprooting frail and institutionalized individuals — even from abusive situations — when this decision is made without their control. The Court Order of November 7, 1995,

Modifying the Stipulated Order of July 6, augmented the responsibilities of the Monitor to oversee the transfer and outplacement of the residents "including the residents' rights to an opportunity for participation in their discharge process."

The Monitor was compelled to take a proactive stand to immediately advise the Defendants to develop and implement humane outplacement procedures to decrease the needless suffering and, in some instances, premature death of the individuals entrusted to the care of the Defendants. These procedures (originally identified as assessments, recommendations, and action steps in the November 30, 1995, Status Report to the Court many of which were translated into the Court Order of December 22, 1995) included the following: expanding the D.C. Village outplacement team beyond the social services department to include the nursing, dietary, and therapeutic recreation departments, and when appropriate, the physical therapy and occupational therapy departments; developing an interdisciplinary team care plan which included a counseling program for minimizing transfer trauma; developing an educational program for all employees to sensitize them to the trauma the residents confronted so that everyone from department heads to the housekeeping crew would know how to caringly converse with the residents 24 hours a day seven days a week; collecting data on residents' concerns by the unit clinical nurse coordinators which were used as the basis for weekly counseling sessions with residents which took place on each unit under the guidance of nursing and social services, with staff, residents, and the President of the Residents' Council present; developing a detailed outplacement discharge packet for each and every resident profiling individual residents' unique needs; ensuring that the staff got to know the residents in a meaningful way so that important information about them was communicated in the Interdisciplinary Team Care Plan, included in the outplacement discharge packets, and shared with the staff in the residents' new homes so that the new staff would really know the residents and be able to provide them with individualized care; expanding the weekly outplacement meetings to include representatives from all the departments; introducing soothing music broadcast throughout the facility as requested by the Residents' Council.

Finally, the residents and/or their guardians had an opportunity to visit at least two

outplacement sites, had a right to refuse proposed sites, and ultimately chose their own their own outplacement site.

The outplacement of the residents, a few of whom are profiled below, bears witness to the journey of the residents of D.C. Village from dying to hope.

Case Summary: Ms. M.L.

Ms. M.L., profiled in the November 30, 1995, Status Report, was among the proud, elegant, old women "warehoused" at D.C. Village who spent most every day all day in bed, not turned, incontinent, unable to walk due to contractures, and whose body and spirit were withering away. Ms. M.L. was a dancer in her youth. At her bedside was a photograph of her on stage at the Moulin Rouge in Paris in 1917. How profoundly sad for a dancer in her youth to be at the end of her life unable to move her legs, and it was so preventable.

At an outplacement meeting, the Monitor learned from Ms. M.L.'s guardian that Ms. M.L. had a rare book collection and "loved to be read to." This was exactly the type of essential, individualized information, unique for each resident that helps prevent the trauma of transfer when moving to a new environment. (In fact, through the Monitor's insistence and through the Court Orders, such individualized, helpful information was included in each and every resident's outplacement discharge packet.) Before her death at 96 years of age, Ms. M.L. was out of bed, dressed, sitting up, being read to, and listening to music. Thus, with no extra expense save for a slight bit of compassion, this former dancer was finally given quality of life, quality of care, and a dignified death.

Due to her advanced age, 96 years, and frail condition, Ms. M.L. was outplaced to Hadley Hospital Skilled Nursing Facility where over thirty other frail D.C. Village residents have been outplaced. (Hadley recently received three years accreditation from the Joint Commission on Accreditation of Healthcare Organizations. The accreditors told the facility that they have seen only one nursing home with "sicker" residents. Since it is a skilled nursing facility, Hadley received the sickest individuals from D.C. Village, some of whom have since died, but they did so with dignity. My April 3, 1996, letter to the Court on page two profiles the residents outplaced to this facility.)

In the January 17, 1996, Status Report, the Monitor was forced to recommend new management, when it became unequivocally clear that the present D.C. Village administrators and staff were incapable in every way of carrying out the Court Orders and of properly outplacing the residents. For months and months, Defendants fought needed change, fought with the Court, fought with the Monitor, and were counseled on more than one occasion not to meet with, or even speak to, the Monitor. This posture did nothing but delay needed reforms and in effect harmed the residents of D.C. Village. Indeed, the February 1, 1996, letter to the Court requested a halt to outplacement until the Specialty Consult Teams for residents with mental retardation and for residents with mental illness was put in place, and the interdisciplinary team met and developed an outplacement summary and plan for each resident that addressed the residents' individualized needs. (See more detailed description of Specialty Consult Teams below.) In addition, there was no planning for the residents who no longer needed nursing home care and who had been institutionalized years longer than necessary. After appropriate legal intervention, the Court Order of February 23, 1996, suspended outplacement until the Monitor and Ombudsperson, Ms. Sarodel Childs, were satisfied that each and every resident had an "adequate and appropriate interdisciplinary assessment and individual discharge plan," and that each and every outplacement met the requirements of the Court Orders and federal law and regulations. The Ombudsperson and the Monitor participated in all outplacement meetings, including the weekly outplacement meetings.

After much prompting, the Defendants removed the head of the Department of Social Services, and from outside D.C. Village but from within the District of Columbia government, the Defendants eventually assigned four competent women to become the new outplacement management team who would implement Court Orders and the Court Monitor's outplacement recommendations. The professionalism of these women has been profiled in the Monitor's letters to the Court of February 21, April 3, April 25, May 9, June 6, and June 16, 1996. Finally, a competent team approach to outplacement began to take place.

Case Summary: Ms. L.E.

Ms. L.E., who is 92 years old had not walked at D.C. Village for years, had little

appetite, was poorly nourished, and had been placed on numerous psychotropic medications.

Today, in her new home, Ms. L.E. has learned to not only transfer herself from her wheelchair to a walker (an assistive device), but and has learned to walk with the walker. She has regained her appetite and has gained 10 pounds, and her psychotropic medications have been reduced. When asked what do you think made the difference in Ms.L.E.'s improvement, the charge nurse responded, "knowing what's right for the resident, giving them individualized attention, knowing they could do it." Ms. L.E. never received this kind of individualized attention at D.C. Village.

Ms. L.E. lives at the Stoddard Baptist Nursing Home where eight D.C. Village residents live.

Case Summary: Mr. W.S.

While at D.C. Village, Mr. W.S., an elderly man, for years had a gastric tube placed in his stomach for feeding and was isolated and rarely spoke.

Today, in his new home, Mr. W.S. no longer has a gastric tube and enjoys his appetizing three meals a day by mouth. He is provided with individualized attention and he is involved in activities and talks with attentive staff and other residents.

Mr. W.S. lives at the Washington Center for Aging Services, where five D.C. Village residents live.

Case Summary: Mr. B.A.

When Mr. B.A. left D.C. Village nearly everyone cried. For he was more than frail, he was a skeleton and one of the few remaining residents with large decubitus ulcers eating away at him. I truly thought he would expire within a few weeks. Mr. B.A. was always in bed, contracted, gaunt, with no appetite.

Today, Mr. B.A. has gained twenty pounds, has a full appetite, and his decubitus ulcers have healed. I have seen him out of bed, sitting in a chair, dressed in street clothes. Mr. B.A. looks decades younger, he looks alive for the first time since I met him.

Mr. B.A. lives at the St. Thomas More Nursing Center just across the District line in Hyattsville, Maryland, where over seventy-five D.C. Village residents live.

Only a handful of residents required outplacement beyond the area, in further reaches of Maryland, all are thriving.

Residents with Mental Illness

In addition to the above outplacement procedures, there were special procedures required for the residents with a label of mental illness. The majority of residents with mental illness had been inappropriately transferred from St. Elizabeth's Hospital to D.C. Village in 1991. A psychiatrist was transferred with these residents and there was in place a monitoring program for the mental illness community in the District. Despite these "safeguards," when the Court commenced monitoring in August of 1995, the majority of the residents were not receiving any type of psychiatric care nor counseling except for an inappropriate and an overabundant use of psychotropic drugs. Also, the psychiatrist lacked sufficient knowledge of the federal law and regulations pertaining to the appropriate use of psychotropic medications. Clearly, the monitoring program for the mental illness community in the District failed these residents with mental illness at D.C. Village for years, as evidenced by the lack of needed attention given them.

For these residents, the Ombudsperson participated in the majority of their interdisciplinary outplacement planning meetings. Furthermore, the Monitor and the mental health expert consultant reviewed all the outplacement discharge packets developed from these interdisciplinary care planning meetings. The Monitor then ensured that the expert advice of the mental health consultant was incorporated into these outplacement discharge packets.

To humanely outplace this population of residents, the Monitor recommended a Specialty Consult Team, which would consist of a psychiatrist, psychologist, geriatric psychiatric nurse, social worker, and when appropriate, a recreation specialist. After the United States and the Plaintiff-Intervenor filed appropriate legal papers, the Court by its Order of December 22, 1995, ordered that the Specialty Consult Team be created. While the residents were still at D.C. Village, the Specialty Consult Team provided counseling for the residents to minimize transfer trauma and not just for those with a label of mental illness, but for any resident needing it;

conducted assessments of the residents which were included in the outplacement discharge packets, and utilized by staff in the receiving facilities to provide care in order to meet the residents' individual needs; reviewed psychotropic medications and made recommendations for needed adjustments to the medical doctors (which sadly were often ignored while the residents were still at D.C. Village); and served as consultants on care issues to meet the residents needs.

Today, the Specialty Consult Team continues to provide individual follow-up counseling to residents in their new homes as needed, and serves as consultants to the staff on care issues.

Case Summary: Mr. C.M.

Mr. C.M. is a large man in his forties and a Vietnam Veteran. While at D.C. Village he most always sat in the day room on his unit in a wheelchair in the same corner against the wall, slumped over, staring, disheveled, clothes not clean, food often spilled on him, with no affect or expression on his face. He would periodically erupt in loud outbursts which were frightening to others. I never saw staff interact with him, I never heard Mr. C.M. speak, nor did I ever see him out of his wheelchair, no matter what time of day.

Mr. C.M. was admitted to his new home frightened and still over-medicated on psychotropic drugs, contributing to his restless and verbally disruptive and abusive behavioral symptoms, which in turn were frightening to the new staff and residents. Upon admission, his medications were immediately evaluated and greatly reduced.

Today Mr. C.M. is a new person. I have visited him a number of times now since his outplacement. On all visits Mr. C.M. is smiling and happy. When I first visited him, I told Mr. C.M. that I never saw him smile at D.C. Village, his response to me was that, "I smile all the time now, once they took me off the drugs...I am finally happy; I haven't been my fun self for years...I am having fun."

Mr. C.M. takes daily walks with the staff and is always neatly dressed. In fact, the staff have given Mr. C.M. a neck tie, white shirt, and sweater, which he wears regularly and with obvious pride. On one visit with the attorneys for the United States (the Plaintiffs) and the Corporation Counsel for the Defendants, Mr. C.M. had a basket of fresh fruit in front of him which he offered to us. Mr. C.M. never had been given fresh fruit at D.C. Village.

Mr. C.M. no longer lives with a deadened spirit, he now has a joy of life.

Mr. C.M. lives at Capitol Hill Nursing Center where over twenty D.C. Village residents live. (Capitol Hill Nursing Center was profiled in the Monitor's June 16, 1996, letter to the Court for its community commitment and concern for the last remaining residents of D.C. Village, see Appendix C.)

Generally the staff at the residents' new homes have said that once the over-medication of psychotropic drugs was decreased and the residents were weaned from them, they found as one staff member said, "a whole new individual."

Case Summary: Ms. L.S.

Ms. L.S., a beautiful woman, wheelchair bound, who spent most all day everyday at D.C. Village roaming the halls shouting profanity loudly and profusely. She was disheveled, gaunt, unkempt, hair not combed sticking out wildly, and there was little attention to personal grooming (as was the case with most all the residents). While at D.C. Village, I never heard Ms. L.S. speak in sentences nor say intelligible words except for profanity. Occasionally during weekdays, Ms. L.S. would seek refuge in the offices of the staff who cared for the residents with mental retardation, who had befriended her. (These were not D.C. Village staff, but outside contractors.) It was touchingly obvious that Ms. L.S. was starved for adult contact and attention. Ms. L.S. was a music and dance teacher in a local university before her stroke.

Today Ms. L.S. is groomed, her hair neatly combed, her nails polished, she smiles frequently and her natural beauty shines through. Ms. L.S. no longer roams the halls shouting and now often speaks in intelligible sentences. Ms. L.S. receives individualized attention from staff, and in particular from a social worker. Further, she is involved in individualized music activities therapy, which is directly related to her past life when she was able-bodied.

Ms. L.S. lives in Carroll Manor Nursing Home in the District, where over twenty D.C. Village residents now live. A new facility, this nursing home looks just like that — a home. It is fully carpeted, the common room or day room is furnished like a living room, with inviting sofas and chairs, plants and a huge television screen. The dining area looks like a nice restaurant with flowers on the table, place mats, and tableware, and coffee and tea available all

day. Residents rooms have warm-colored wood furniture and are made to seem as personable and individualized as possible. There is a swimming pool in the building with a wheelchair lift, and the nearby physical therapy area is outfitted with the most up-to-date therapeutic equipment.

I believe this warm, soothing environment helps contribute to the calming effect this home has had on Ms. L.S. and the other residents.

Case Summary: Mr. E.J.

Although needing therapeutic structure to his day, Mr. E.J. was not provided this at D.C. Village. For example, most days Mr. E.J. would sit in the canteen area or be "penalized" for not returning to his unit. As a result the D.C. Village staff often left him in his room by himself. Unlike the other residents with mental illness at D.C. Village who had overriding medical conditions requiring nursing home outplacement, Mr. E.J. was fully functioning and had no medical need to be in a nursing home.

Today Mr. E.J. lives in the community in a group home for residents with a label of mental illness. "It's lovely here, I couldn't ask for anything better," he says. Mr. E.J's. home is in a wonderful large old house on a well cared for and manicured block in the District. His landlady maintains an inviting, warm, clean, comfortable home and prepares fresh food and produce daily, something neither Mr. E.J. nor any of the other residents had at D.C. Village. There is a peaceful, cozy backyard with a relaxing sitting area. (When visiting Mr. E.J., he took great pride in showing his visitors his living space, which was neat, clean, and decorated with some of his own mementoes.) It is obvious that Mr. E.J. cares for and responsibly tends to his living space in his home in the community. Mr. E.J. has an attentive family nearby and his son comes to visit him often.

Every day during the week Mr. E.J. attends a day program in the community for residents with mental illness. Attendance at his day program provides Mr. E.J. with the daily structure, supervision and activities appropriate for him. This type of structure and activities were never provided for Mr. E.J. at D.C. Village. When asked how he likes his day program he says, "I like the concern they have for us, you can tell by how we are treated they really care and respect us."

Case Summary: Ms. G.M.

Ms. G.M., a woman in her forties, young for a nursing home resident, and ambulatory, received dialysis treatment two days a week. While at D.C. Village, Ms. G.M. was child-like and would wander the halls aimlessly. She had no responsibility to assume, and no program to assist her to develop skills to become responsible and independent.

Today, Ms. G.M. is a new person. She is an adult. Ms. G.M. still attends dialysis treatment but now with another resident, a young woman who has a double amputation of her legs. Ms. G.M. has taken on the responsibility of "looking after" this resident. Ms. G.M. is given individualized attention by the social services and activities staff and is assuming appropriate responsibility for herself. Ms. G.M. is enrolled in a job training program, and returns to her nursing home at the end of each day. Ms. G.M. is currently awaiting placement to a day program which would therapeutically ease her into community living. The Director of Resident Services in her new nursing home is planning, with Ms. G.M., for her to eventually live in a group home in the community — a much more appropriate setting for her. This transition is possible for her now that Ms. G.M. is receiving the type of attention, programming, responsibilities, and adult respect that was lacking at D.C. Village.

Ms. G.M. is currently living at J.B. Johnson Nursing Center in the District, where over 20 D.C. Village residents now live.

Case Summary: Ms. S.B.

Ms. S.B., a young woman in her forties, wheelchair bound, and since her early 20's without the use of her arms and legs, is completely dependent on others for her care. Ms. S.B. merely existed at D.C. Village for over 15 years. Even though Ms. S.B. has a keen sense of humor, I rarely saw her smile and her affect was most always pained. She was given a label of "trouble-maker" by D.C. Village staff and administration, as well as by administrators in other nursing homes in the District, simply because she could and would articulate deficiencies, neglect, and abuses in her care and in the care of others. What was particularly touching about Ms. S.B. was that she seemed to possess a selfless, altruistic concern, and rare sensitivity for the rights and plight of other defenseless individuals.

While at D.C. Village, the staff subjected her to verbal taunts and threats, lack of basic care and numerous other indignities. For example, staff and administrators failed to give Ms. S.B. any type of care to encourage her growth and development. Not until her last few months at D.C. Village did Ms. S.B. move into a private room, which she had requested for years. Ms. S.B. had lived in a room with three other very elderly and sick residents. Whenever a resident room became available, Ms. S.B. was told over and over again that the room would be used for a staff office, despite the fact that there were already offices and a nurses' station on every unit. Ms. S.B. found herself in a situation of powerlessness. Ms. S.B. had owned a telephone, her only lifeline to the outside world, yet for years at D.C. Village, it remained in storage, because no one took the initiative to install it for her.

During her very first week in her new home, Ms. S.B.'s telephone was installed, such a simple task, such a simple act of human kindness.

Staff and administration at Ms. S.B.'s new home have stated that they were "appalled at the medications she came with." There have been several interdisciplinary team care planning meetings with representatives from all departments (one of which the Monitor and consultant attended) to coordinate her care and establish the most appropriate medications for her.

Today, Ms. S.B. reports that she is "not used to being so happy...not used to smiling so much...not used to people being so nice." She adds, "I don't have to worry about violation of rights and stealing and crude snide comments," as Ms. S.B. so often received from nurse aides at D.C. Village. Ms. S.B.'s assessment of the difference in her care is that, "nurse aides are supervised and doing what they are supposed to do."

Ms. S.B. has been given a new label from the staff, "refreshing." One staff member commented, "I always look forward to caring for her." Another nurse aide has told Ms. S.B., "you always make my day, it's not often I have a resident with a sense of humor."

Ms. S.B. has plans to obtain her general education degree (G.E.D.). The Director of the Social Services Department is planning with Ms. S.B. for her to join a networking club for other young wheelchair bound individuals in the District. Further, the social worker has started a younger adults club at Ms. S.B.'s new home. Ms. S.B. adds, "they do things here for you they never did a t D.C. Village."

Ms. S.B. lives at Stoddard Baptist Nursing Home. The new Administrator is Ms. Alberta Brasfield, who admitted Ms. S.B. when there was no other site identified in the District for her. This Administrator was also the new Executive Director of D.C. Village when this case was filed, and thus, became the fourth listed Defendant in this case. In a new, positive environment with a Board of Directors' philosophy of resident-centered care, both are thriving.

Residents with Mental Retardation

As was the case for residents with mental illness, special additional steps were required for the residents with mental retardation prior to their outplacement and after to ensure continuity of care.

Many of the residents with mental retardation were inappropriately transferred to D.C. Village in 1991, when Forest Haven, the last District-run institution for those with mental retardation, was closed under the Evans v. Barry, et al. case. These residents were literally dumped into D.C. Village, which was not capable of handling their unique needs. Therefore, Georgetown University Child Development Center (GUCDC) received a subcontract to provide their expertise in habilitation and care for these individuals. GUCDC provided services to the D.C. Village residents with mental retardation Monday through Friday for the most part during the day and occasionally on a Saturday. However, during the evenings and nights and on most weekends these residents did not receive the appropriate habilitation care and attention necessary for them. The administrator of the District's Mental Retardation and Developmental Disabilities Administration is the third named Defendant in this case.

In the July 6, 1995, Stipulated Order, the United States insisted, and the Defendants agreed to discharge all of the individuals with mental retardation, and to place them into appropriate community settings that met their individualized needs, by October 31, 1995.

When monitoring first commenced, however, it quickly became clear that the Defendants were incapable of complying with the Court Order of July 6, 1995, to appropriately outplace this

population by October 31, 1995, and to ensure that these residents individualized needs would be met. In fact, the Defendants missed this deadline and subsequent express deadlines and continued to violate the Court Orders until the last resident with mental retardation was finally outplaced on June 13, 1996.

This Monitor's assessments, which were originally profiled in the October and November 1995 Status Reports, identified the following initial problems with the process that had been put in place: the case manager from MRDDA — who knew the residents the least — was responsible for identifying the outplacement site; outplacement sites identified were resistant to accepting the residents because of the District's failure to pay for past services and continuing disputes with the District over interim rates; outplacement sites identified by the Defendant were often not appropriate for the residents physical needs (for example, a number of wheelchair bound residents were identified for outplacement to the second and third floors of a building that had no elevator and or sprinkler system); three of the residents had medical conditions beyond the capabilities of the staff at group homes to care for them; there was no plan for staff training on how to care for these unique individuals in the residents' new homes; and once residents with mental retardation were to be discharged, there was going to be no assessment of the adequacy of the care they were receiving to meet their ongoing needs. GUCDC reported that some residents with mental retardation were outplaced prematurely and without their knowledge, even though GUCDC knew the residents better than anyone else, including (MRDDA), who had been entrusted with the responsibility of overseeing the outplacements. This was another example of the Defendants failure to collaborate with appropriate and knowledgeable professionals for the best interests of the residents. This was simply unacceptable. Obviously, MRDDA had failed its responsibilities. Indeed, the November 30, 1995, Status Report, and my subsequent submissions to the Court indicated how every outplacement site identified by the Defendant had proven to be inappropriate and had "fallen through."

To humanely and appropriately outplace this special population, the Monitor recommended that an additional Specialty Consult Team be created which would consist of professionals with particular expertise in developmental disabilities and mental retardation,

including a nutritionist, psychologist, speech pathologist, and recreation specialist. In conjunction with this recommendation in the November 30, 1995, Status Report, the United States and the Plaintiff-Intervenor filed appropriate motions, and after a hearing, the Court issued the Order of December 22, 1995. Through the constant insistence of the Ombudsperson and the Monitor, MRDDA finally expanded and extended the contract for GUCDC to include off-site duties, and they became the Specialty Consult Team. This Specialty Consult Team provided on-site training of staff in the residents' new homes; demonstrated specific and unique care-giving techniques, for example how to feed, turn, and position medically compromised individuals with mental retardation; directly facilitated the residents adjustment in their new homes so that their individual needs were met; accompanied the residents on the day of their outplacement and, in some instances, stayed with them for several days; conducted inservice education programs for all staff, from activities to housekeeping, at the Health Care Institute where three medically fragile residents were outplaced; served as consultants to the staff in the community-based Day Programs where two residents attend; and more. The Specialty Consult Team remained in place until competency was demonstrated by the new caregivers.

It is for the non-payment of this Specialty Consult Team vendor, GUCDC, which rendered the Defendants their last continuing contempt citation on July 15, 1996. In fact, GUCDC had not been paid in full for their services at D.C. Village since 1991. Once this became known and reported to the Court in June 1996 (see Monitor's June 16 and June 28, 1996, letters to the Court in Appendix C), and after the United States and the Plaintiff-Intervenor filed legal papers, payment to this vendor was completed by the end of July 1996. In addition, the group home providers in this case, who had not been paid in full for years, have currently been paid to date.

The Court Order for a Specialty Consult Team has provided continuity of care, quality of life and protection of the residents' rights.

The Monitor and consultant expert in mental retardation have visited all the residents with mental retardation from D.C. Village in their new homes. All of the residents are receiving

continuity of care and are in the most appropriate setting to meet their individual and unique needs. These residents have been profiled in nearly every submission to the Court (see Appendix C).

Case Summaries: Ms. A.R. and Mr. K.F.

Ms. A.R. and Mr. K.F. live on Bunker Hill Road, N.E., in a group home for individuals with mental retardation operated by Wholistic Habilitative Services. Five individuals with mental retardation live in this home. (In fact two other residents are also former D.C. Village residents, Ms. D.L. and Ms. P.A. They had moved to this home prior to my involvement in the outplacement.) The house is in a quiet neighborhood, on a block with nicely manicured lawns. Their house is very much a home, comfortable and warm, beautifully decorated with green leather sofas and green leaf patterned drapes. The residents bedrooms are personalized and decorated with matching bedspreads and drapes and the residents have their own space. The home is bright, cheerful, and clean and has a happy feeling to it. The curtains and blinds are open to let in light and the world outside. And the residents are very much part of the world outside, for not only do they take frequent walks in their nice neighborhood, but in the well maintained backyard, there is a lovely, inviting, comfortable, and nicely constructed wooden deck, which is wheelchair accessible and a sitting area among large old trees. All the residents enjoy this area and use it for recreation under the supervision of attentive staff. On the Monitor's visits with the mental retardation expert consultant, the food served to the residents was always nourishing and well-balanced. The staff provide the residents with attention on a one-to-one basis. Each resident is given an empowering role with real responsibilities, for example, clearing the table after meals. Ms. A.R. and Mr. K.F. have been integrated into the life of the home.

The house manager said the Specialty Consult Team has been "very, very helpful, we could not have done it without them." The Specialty Consult Team has provided instruction, demonstration, and consultation to the Wholistic staff on how to properly care for, how to interact with, and how to feed the residents. The Team has also instructed the new care-givers in the most appropriate activities for the residents to maximize their habilitation potential.

Since they moved from D.C. Village to the community, both Ms. A.R. and Mr. K.F.

look brighter, happier, and they are well groomed.

Ms. A.R. is much more engaged in her environment and interactive with others. She responds readily to instructions, and is much more social than she was during her days at D. C. Village. With oversight from an aide, Ms. A.R. takes her own plate from the dinner table to the kitchen. Ms. A.R. readily follows instructions, and now drinks from a cup. Her gait has improved and Ms. A.R. has learned to walk up and down stairs in her new home.

Mr. K.F. has not exhibited aggressive behavior he so often erupted into at D.C. Village. Mr. K.F. interacts with his peers and staff in the home. He has one-on-one attention, especially at meal times, and is learning to eat at the table with others. Mr. K.F. has a sparkle to his eyes which I did not see in him at D.C. Village.

Both Ms. A.R. and Mr. K.F. attend off-site day programs Monday through Friday for at least five hours a day.

Ms. A.R. attends Better Treatment Center in the District. The staff at Better Treatment say that the Specialty Consult Team has been "very helpful" especially with Ms. A.R.. 's unique dietary needs. The collaboration among the Specialty Consult Team, Ms. A.R. 's group home providers, and the day treatment program staff have effected a smooth transition ensuring continuity of care in Ms. A.R. 's new life in the community. Ms. A.R. has developed interpersonal relationships with peers and staff and has established a close constructive relationship with one particular staff person. She is much more responsive and engaged when seeing other people. The day program staff provides Ms. A.R. with respect and utilize proactive strategies to help her develop her full potential. I have seen Ms. A.R.. grow since her outplacement.

Mr. K.F. attends a day program at PSI Services in the District. The staff report that when Mr. K.F. first arrived, he would run and snatch items from others, especially food. Mr. K.F. now sits still, eats at a table with a group, and does not grab others food. Mr. K.F. is on a bowel and bladder training program (as he is at his group home) and he is brought to the toilet every two hours. Mr. K.F. is now able to indicate to the staff when he needs to use the bathroom by patting his stomach and he has learned to wash his hands. Mr. K.F. is involved in structured activities with other day program attendees and has taken a likening to caring for

plants. A staff member at the day program said, "we are very proud seeing (Mr. K.F.) improve...he is like a different person," and describe him as "lovable." He socializes and has adjusted to his surroundings. It is obvious when visiting Mr. K.F. that staff have great affection for him, as was evident with the staff at Ms. A.R.'s day program. Care has been coordinated among the Specialty Consult Team, the group home providers, and the day program staff to ensure that Mr. K.F.'s individualized needs will continue to be met.

O Street S.E., Group Home Site

Six former D.C. Village residents with mental retardation live at this group home operated by D.C. Family Services. This home is in a beautiful neighborhood and the house has been lovingly remodeled to be handicapped accessible. In the rear of the house is a nicely constructed wooden ramp which leads into a spacious backyard with an area for barbecues. The residents enjoy their comfortable outdoor space.

The residents at this group home are severely physically impaired., nevertheless, they are up and out of bed everyday and neatly dressed in street clothes. While at D.C. Village some of these residents were rarely out of bed, especially Mr. R.W. and Mr. T.S. who essentially had not been out of bed for years.

With trained staff members, the residents are engaged in one-on-one therapeutic activities appropriate for their individual development. All the residents have progressed considerably toward attaining their individual potential. The Specialty Consult Team has been particularly helpful in establishing nutrition protocols. Incidentally, the nutritionist formerly with the Specialty Consult Team is now the nutritionist for D.C. Family Services, and the full-time Licensed Practical Nurse at the home worked at D.C. Village and knew the residents when they lived there.

At D.C. Village, Mr. T.M. was fed by an invasive gastric tube through his stomach, which he would continually pull out. At his new home in the community, he is slowly learning to feed himself. Mr. T.M. is up and out of bed now, dressed, engaged in his environment, and he is much more sociable. Whereas upon his outplacement to this group home he would not allow human contact, he now allows others to touch him. The O Street staff are actively working with Mr. T.M. to help him progress to the point he can attend an off-site day

program.

At his new home in the community, Mr. F.M. is up all day and dressed and he wears shoes now which he never did at D.C. Village.

While at D.C. Village, except when she was sleeping in bed, Ms. S.A. remained on a mat on the floor. Now Ms. S.A. sits up straight in a wheelchair and eats at the dining table. She is on a bowel and bladder training program. With the input of the Specialty Consult Team, this group home provider along with a day program in the District are now planning to transition Ms. S.A. to off-site day programming.

Since she has left D.C. Village, Ms. S.P. is on a program to wean her from the gastric tube in her stomach, is learning to eat by mouth, and her weight has improved. She can now wipe her mouth when requested to by staff. Ms. S.P. has learned to clap her hands and seems much happier now than she was during her days at D.C. Village. As with Ms. S.A. there are current plans to transition Ms. S.P. to an off-site day program.

Case Summaries: Ms. C.W., Ms. C.L., and Ms. A.B.

These three medically fragile residents with mental retardation now live at Health Care Institute (HCI), a skilled nursing facility in the District. The Specialty Consult Team has been essential in easing these residents transition to their new homes. This Specialty Consult Team has conducted regular inservice education programs for all HCI staff from administration to housekeeping. The Activities Department has worked closely with the Specialty Consult Team to ensure that these three residents receive habilitation care to meet their individual and unique needs, and in addition, they receive music therapy and one-on-one sensory stimulation. Along with the other female residents of HCI, Ms. C.W., Ms. C.L., and Ms. A.B. receive "glamour therapy," such as regular manicures and hair styling which improve their quality of life.

It is evident when visiting Ms. C.W., Ms. C.L., and Ms. A.B., that they are cared for with affection and respect by knowledgeable staff. Ms. A.B., who was rarely out of bed at D.C. Village, is up out of bed and dressed much more so now than she ever was before. Her medications have been readjusted and she breathes more easily. Ms. C.W. who was always confined to her bed and wheelchair at D.C. Village, is now being taught to crawl, with the watchful expertise of the HCI physical therapists and nursing staff. In addition, Ms. C.W. makes

much more frequent eye contact with those about her than she did at D.C. Village.

Case Summary: Mr. P.L.

Mr. P.L. also medically fragile lives at Catonsville Convalescent Center. The Specialty Consult Team has been instrumental in ensuring Mr. P.L.'s unique needs are continuing to be met by his new caregivers. The Team has consulted with the Catonsville Activities Department and placed Mr. P.L. into programs appropriate for his habilitation potential. Mr. P.L. has an endearing smile, and when visiting him it is clear that Mr. P.L. is also cared for with affection and respect by knowledgeable staff.

Outplacement of Residents into the Community

When on-site monitoring commenced in late August 1995, there were some residents who should not have been institutionalized, they should have been outplaced into the community years earlier. Furthermore, residents were not appropriately stimulated to reach their "highest practicable physical, mental, and psycho-social well-being" (1987 federal Nursing Home Reform Law). This lack of stimulation and long term neglect created a pall of powerlessness and inertia, where sadness reigned, and the residents rarely smiled. For example, Mr. C.F. remained in an environment where he did not need to be; Mr. M.W. wanted to get out, but did not know how; Ms. M.M. felt trapped.

Case Summary: Mr. C.W.

Frustrated knowing that he remained inappropriately institutionalized and left with nothing to do, Mr. C.W. would often help staff distribute and collect meal trays. Mr. C.W. has a double amputation of his lower legs, however, he walks well with prostheses, and because of his high functioning was frequently mistaken for staff. Meanwhile, no one at D.C. Village was assuming responsibility for his discharge planning, leaving Mr. C.W. wandering with no purpose and left to languish in an institution where he did not belong.

"It's heaven, I'm free," was Mr. C.W.'s response when asked how it feels living outside of D.C. Village.

Mr. C.W., 55 years old, lives independently in the community, in a church owned apartment building which is handicapped accessible. He does his own shopping, and loves to cook his own food. He participates in recreational activities sponsored by the management of his apartment building and has already been to Atlantic City and Solomon's Island. He is also linked to a vocational rehabilitation counselor in his neighborhood. When visiting Mr. C.W. it is clearly obvious that he is well liked by the full time management staff of his building and his neighbors.

He travels by public transportation and daily takes long walks in his nice neighborhood in the District. Mr. C.W. no longer takes the many medications that were prescribed for him at D.C. Village, and he states that living independently "makes you feel better." Mr. C.W. has become baptized in the church next to his apartment building. Mr. C.W. has a sparkle, lightness, and happiness to him which was never present at D.C. Village. During the visit with Mr. C.W. in his new home he did not stop smiling and laughing which became contagious. One cannot help but be extremely happy for him and all the residents in their new homes.

Mr. C.W. was profiled in the Monitor's May 9, 1996, letter to the Court, describing the Defendants intention to outplace Mr. C.W. with no arrangement for medical follow-up. The presence of the Court was able to rectify this insensitivity when it surfaced at an outplacement meeting. Today, Mr. C.W. receives consistent and regular medical follow-up at a medical center in his neighborhood.

Case Summary: Mr. M.W

"I am very much better....I was so glad to get out."

Mr. M.W., an innocent gunshot victim, used to sit for hours at a time in the day room at D.C. Village working on puzzles and waiting "to get out," now he likes being out of D.C. Village a "whole lot better."

Mr. M.W. has an amputation of his leg and for the majority of time is in a wheelchair. Mr. M.W. lives in a public housing building in the District for senior citizens in a handicap accessible apartment. The bathroom is wheelchair accessible with appropriate safety features. His apartment is furnished comfortably. Mr. M.W. likes to cook and eat what he likes.

Nonetheless, he knows what is good for him and follows a diet recommended for his circulatory condition. He has family and friends in the District who are his support system and shop for him.

Case Summary: Ms. M.M.

Ms. M.M., a woman in her forties, became institutionalized several years ago when she was unable to walk. After learning to walk again, however, Ms. M.M. remained unnecessarily institutionalized for years. While at D.C. Village, Ms. M.M. used to walk restlessly through the halls looking for activities to engage in and stimulate her and always talked longingly about "getting out on her own," and yet little to no planning was done on her behalf. Mr. M.M. is hard of hearing and had wanted to learn sign language for a number of years. On a visit to Ms. M.M. in her new home with attorneys for the United States and for the Defendants, Ms. M.M. reported to us that while living at D.C. Village whenever she had expressed a desire to learn sign language, she was mocked and ridiculed by staff.

Today, Ms. M.M. lives in an apartment on her own in the community and is taking responsibility for her new independence. Ms. M.M. is actively engaged in vocational rehabilitation training and is looking forward to working again. She regularly takes herself to her medical appointments for her rehabilitation therapy. Ms. M.M. has joined a church and has become an active participant in its activities and has begun to learn sign language. Ms. M.M.'s apartment is customized for a hard of hearing person with a voice volume device on her telephone and a light in various areas of her apartment which activates when someone rings her doorbell. Ms. M.M. likes her apartment and where she lives.

Ms. M.M. walks around the corner to the nearby supermarket with a shopping cart and loves to do her own cooking. Ms. M.M. comfortably and easily travels on public transportation to her appointments and community activities, and visits former D.C. Village residents outplaced to other homes. It is really quite thrilling to see people who were, in effect, imprisoned become free.

All the residents outplaced into the community have food stamps to help meet their nutritional needs, a vocational rehabilitation counselor and training, appropriate medical

attention, Medicaid coverage, subsidized rent, metro access cards for easier transportation, and supplemental security income. The former D.C. Village residents who live in apartment buildings have caring and attentive staff and their apartments are furnished comfortably with items supplied by D.C. Village. For those requiring it, the apartments are tailored to the disability and handicap needs of the individual residents. Touchingly, many of the residents maintain regular contact and "check up" on each other by telephone. It is obvious upon visiting the residents, how much they appreciate the great gift of their new found independence and freedom.

The last resident of D.C. Village was humanely outplaced on June 24, 1996.

Monitoring at the Outplacement Sites

"Our Warmest Welcome...We're Happy You're Here With Us and We Know You'll find many new Friends Here..." This is a sign that greets the residents in one new home, it sums up the reception all of the D.C. Village residents have received in all of their new homes.

Monitoring at the outplacement sites has consisted of meeting with the administration, department heads, and direct care staff, reviewing residents' charts and plans of care, touring the entire facility, and visiting at traditional and non-traditional times, such as, evening and weekends. Furthermore, I shared and left copies of the Court Orders with the administration in every nursing home visited, and reviewed the residents history at D.C. Village with staff and administration. Many of the outplacement visits to the residents were made with the Monitor's expert consultants in nursing home systems, mental health, and mental retardation. Any care issues or questions that arose were able to be resolved with the staff, residents, and administration on-site during these visits, or in follow-up, and without requiring the assistance of the Court. There has been open and ongoing communication with all outplacement sites.

The Court Monitor's duty is to evaluate and determine that the residents individualized needs are being met and that the outplacement sites continue to be appropriate and adequate, and

then to report to the Court that the residents "discharge has been satisfactorily and successfully completed" (Court Order of November 7, 1995).

The Court Monitor has visited each and every resident outplaced from D.C. Village in their new homes and can assure the Court that the outplacement sites are currently appropriate and adequate. I fully expect that the outplacement sites will continue in their admirable efforts to meet the individualized needs of the residents.

LESSONS TO BE LEARNED

It is instructive to learn how the Court and justice turned an appalling situation around and gave the residents quality of care and quality of life.

I believe this case was so helpful to the victims whose civil rights had been violated because the professional behavior tenet of a client/society focus was the guiding framework and was never lost. There was no vested interest except the swift, tireless, and relentless pursuit of the protection of the residents' civil rights, their quality of care and their quality of life. The successful outcome of this case was due to the particular vigilance of the Court in calling frequent Status Hearings often on a weekly basis; holding the Defendants accountable to the Court Orders, and holding the Defendants and their Counsel responsible for violating them and their solemn oath to comply; the compassionate oversight of the United States Department of Justice; and the constant presence of the Court in the facility. A professional collaboration emerged. The Court Monitor's submissions to the Court consisted not only of necessary assessments of compliance, but in all instances included recommendations and identified action steps to advise the Defendants on how to comply with the Court Orders and federal law and regulations. These recommendations and action steps in turn were often incorporated into the frequent pleadings of the Plaintiffs, and the resultant issuance of the Court Orders addressed these concerns when the Defendants refused to act. This type of proactive professional collaboration is particularly efficient and effective in cases of recalcitrant Defendants and quickly delivers help to the individuals who need the intervention of the Court in the first place — those

whose civil rights have been violated.

A second example of effective collaboration also highlights the bitter sadness of this case and the senselessness of the Defendants reactions. Well over a year after the Complaint was filed by the U.S. Department of Justice, and well over a year of denials, of fighting the Monitor, of motions to deny the Monitor's expansion of duties, of advice from counsel not to speak with the Monitor, and of a motion to terminate the Monitor before the Court's work was completed (see August 11, 1996, letter to the Court in Appendix C), a constructive professional collaboration was finally put into action: On September 25, 26, and 27, 1996, both the Plaintiff (represented by Mr. Richard J. Farano and Mr. David Deutsch of the U.S. Department of Justice), and the Defendant (represented by Ms. Barbara Mann of the Corporation Counsel for the District of Columbia) accompanied the Court Monitor on visits to all the residents outplaced to the community, all the residents with mental retardation outplaced in the District, and the majority of residents outplaced to nursing homes in the area. Whenever residents and/or staff identified unresolved transition issues, for example lack of payment of contract services or lack of payment to group home providers, all three visitors either resolved them on site or follow-up was promised in a spirit of cooperation. Ms. Mann is to be credited for her responsiveness to the needs and problems identified by residents and staff in these visits, and in a follow-up letter to the Court Monitor of October 28, 1996, Ms. Mann listed her interventions in resolving the remaining issues, including payment of services, and offered to be of further assistance. Not to discredit the import of this process at this time, but it is a shame that it took one year and one month after the presence of the Court at D.C. Village to effect this intelligent, non-combative, non-litigious team approach.

This belated advocacy and teamwork on the part of the Corporation Counsel for the best interests of the residents is what should have existed on day one of this case, instead of the constant denials and misrepresentations in Court. Indeed, the Plaintiffs representative lamented that the teamwork among all concerned parties is what he expected to happen the day the Defendants signed the consent decree agreeing to comply with the stipulations of the first Court Order of July 6, 1995.

This process of team work by all concerned parties, Plaintiff, Defendants and the Court is a constructive model for resolving Court cases. This kind of professional collaboration should be enforced system wide to ensure the competence, responsibility and accountability of government to right wrongs, and to ensure that government intelligently and swiftly care for its most precious charge and prevent the suffering of its most defenseless.

Another valuable lesson to be learned is that defensiveness is harmful to the defenseless, and useless and embarrassing for the Defendants and their representatives who signed consent decrees on their behalf. Counsel is better served by knowing first hand the needs of the individual's whose civil rights have been violated, and then to advise their clients, the Defendants, to provide the individualized interventions required to protect the civil rights of human beings and to comply with Court Orders.

The failure of the Defendants to provide the very basic services to its most needy points to the system-wide breakdown, lack of political will to do what is right by its citizens, and a mis-focused bureaucracy as profiled in this Report and in the Monitor's previous submissions to the Court. When individuals within a government bureaucracy are blinded to their mission as public servants and function solely for their own benefit and aggrandizement, then the neglect, abuse, and trampling of the civil rights of the systems most defenseless is the sad consequence. When individuals within a government bureaucracy have a single client/society focus and function as public servants to benefit their constituents as human beings with rights, then a bureaucracy can be used as a tremendous force for good, as evidenced by the swift success of this case. This type of client/society focus must be imposed on individuals within a disfunctioning bureaucracy, as it was in this case by Court Orders, contempt citations, and threats of imprisonment.

Monitoring Role

Monitoring in this case always held dear the charge to advise the Defendants on how to comply with the Court Orders and federal law and regulations, no matter what the price, no matter what the resistance.

Monitors, Special Masters, and Receivers must not be lulled into functioning as if their positions should remain in place for years. They should be proactive for the good of those whose rights are being violated, in this case the residents of D.C. Village. When the Monitor sees egregious abuses, then immediate interventions are required by bringing the wrong to the attention of the direct caregivers and overseeing its immediate resolution, then notifying administration, and finally identifying the systems failure. (For example, when this Court Monitor first arrived at D.C. Village, initial assessments identified an overabundance of physical restraints and no knowledge of current federal law and regulations pertaining to their use. Within a few weeks there were virtually no physical restraints in the facility. This process came about by literally overseeing staff untie residents and educating staff about the federal law and regulations.)

I believe that oftentimes facilities and staff simply do not know how to improve care, and therefore, it is the professional duty of the Monitor to take immediate proactive steps, and when necessary bring in expert consultants, to protect the rights health, safety, and welfare of the defenseless. This should be followed by recommendations and action steps for system-wide improvement to ensure abuses do not recur. In the case of obstinate Defendants, it is imperative to notify the Court of the need for the Defendants to implement the Court Monitor's recommendations and action steps, and it is vital to frequently communicate with the Court on the Defendants status of compliance with the Court Orders.

As the eyes and ears of the Court, with a mandate to be objective and neutral, the Court Monitor in no instance should rely solely on the word of the Defendants to monitor compliance with Court Orders or to correct their crimes by their own will. If this were the case these types of judicial appointments would not be needed. This is not to say that Monitors should not work with the Defendants, they should always attempt to, but with open eyes. To highlight this point, on one of my last nights of touring the units at D.C. Village, a nurse came up to me and told me, "When you first came here when you were making rounds on all the units, the administration would call the next unit before you got there and warn them and then they would go there and try

to clean things up and try to snow you, but you kept on coming back and now they hate you."

This addresses another vital lesson to be learned. Monitoring must occur at traditional and non-traditional hours, for example, evenings, nights, and weekends, and should be frequently unannounced in order to truly obtain an objective assessment of the lives and care of the residents.

Continuity of Monitoring

Another lesson to be learned is that it is imperative for the welfare of the residents that monitoring not cease at the point of the last resident's outplacement, but must continue until the Monitor determines that the outplacement sites are "appropriate and adequate to meet each persons individualized needs." Visiting the residents in their new homes and meeting with staff has not only helped ensure that the residents individualized needs are being met, but I believe, these visits have spread an enormous amount of goodwill in the community for the cause of justice and the protection of the rights of the most vulnerable, infirmed, and poor among us. In addition, I believe the Monitor's position should not be prolonged indefinitely, but continue only until the Monitor can assure and report to the Court that each and every resident is "satisfactorily and successfully outplaced."

Community Involvement

Cultivating expert consultants from the local community of professionals is a valuable lesson for other Monitors. It is an opportunity for professionals to be involved in community service, spreads goodwill and, I believe, can be a lesson to the Defendants that there is competence among their midst ready to serve. This Court Monitor utilized the expertise of professionals in the District including Howard University's Department of Nutritional Sciences, Georgetown University's School of Nursing, the Lt. Joseph P. Kennedy Institute, and George Mason University's College of Nursing. Experts from these institutions were consultants to the Court Monitor and not only shared their valuable expertise for the benefit of the residents, but demonstrated a commitment to the District's most vulnerable and poor by wanting to help.

Advocates

Advocates and advocacy organizations, like the monitoring role, must also be proactive. But they must know their clients well. Therefore, they must visit their clients at the bedside in the facilities so they can speak with effectiveness, credibility, and authority. The needs of the defenseless, the weak and vulnerable demand that advocates shun timidity and passivity and interact directly with their clients, otherwise, advocacy organizations exist to maintain their own bureaucratic structures.

Federal and Local Surveyors

When Court monitoring ceases, then the protection of the defenseless reverts to the original government oversight authority, federal and local surveyors. In the instance of D.C. Village, these government surveyors failed the residents year after year, survey after survey, for the terrible conditions that I found at D.C. Village could only exist as a product of years of neglect and abuse. So not only did the Defendants exhibit the internal and external systems breakdown identified earlier in this Report, but the federal and local surveyors also exhibited a systems breakdown by their inability to enforce improved conditions at D.C. Village for years. Appallingly, these conditions would have continued even to this day had it not been for the United States Department of Justice bringing these abuses to the Court's attention under the Civil Rights of Institutionalized Persons Act (CRIPA). The Ombudsman Program identified abuses at D.C. Village for years.

Coincidentally, a September 1996 United States General Accounting Office (GAO) Report entitled, Medicaid: Oversight of Institutional Care for the Mentally Retarded Should Be Strengthened, recommends that the Health Care Financing Administration (HCFA) develop an enhanced monitoring program in facilities and strengthen enforcement mechanisms to remedy violations that are cited in the same institutions year after year in federal and state surveys. Although this GAO Report addresses deficiencies in the oversight of public facilities for individuals with mental retardation and other developmental disabilities, I can say it also aptly

applies to the failure of effective federal and local government survey oversight, the results of which I witnessed in my year at a Nursing Home called D.C. Village. The District surveyors failed in part due to the inherent conflict of interest in policing their own. The penalty for citing abuses could have resulted in a loss of government funding, therefore the District surveyors would be inclined to overlook or downplay serious violations of rights, as noted in the GAO Report. Although HCFA and local surveyors cited D.C. Village over the years, care did not improve until proactive monitoring was in place with the backing of a courageous and compassionate U.S. District Court Judge.

Furthermore, I believe the protection of the residents rights would be well served if HCFA developed an objective, neutral, and independent enhanced monitoring program with strengthened enforcement mechanisms that would hold not just an institution accountable for violations of civil rights, but individuals criminally responsible if abuses continue — from the bedside nurse to elected government officials if necessary.

The present enforcement mechanisms of termination of funding to the facility, financial penalties to the institution, or halting admissions are not effective as weapons to improve care, as I witnessed in my year at D.C. Village. There must be swift and active correction of wrongs, if not corrected, termination of employment, and if needs be, imprisonment for those responsible for denying individuals their civil rights.

An "enhanced monitoring" program should include yearly training in effective and aggressive monitoring, as outlined above under Monitoring Role, and include a review, analysis, and evaluation of each monitor's present duties.

Finally, part of an enhanced monitoring program for federal and local regulators must include a mechanism to demand an accountability of government funds earmarked for the defenseless, vulnerable and poor. For example, at D.C. Village there was enormous waste of funds. The federal government matched the District's handsome reimbursement rate, which was one of the highest in the country at nearly $240 a day per resident, yet it seems that neither the

federal government, in this instance HCFA, nor the District's own Medicaid Offices and Department of Regulatory Affairs ever demanded an accountability for its generous funding. There certainly was no evidence that these millions of dollars ever benefitted the needs of the residents at the bedside. However, an overabundance of staff and administrators, for example, six medical doctors (including the Medical Director), eighteen therapeutic recreation staff, five pharmacists, and nurse aides padded on the night shift, all comported with the District of Columbia's arcane, and self-serving Personnel Office policies.

It is hoped that others may learn from this case about how wrongs can be righted through the intervention of justice and the Court, but perhaps more importantly, how to protect the civil rights of the defenseless before the situation ever escalates to Court action.

CONCLUSION

In my year at D.C. Village, I saw in the residents' eyes the product of years of neglect and abuse. United States of America v. The District of Columbia, et. al., Civ. No. 95-948 (TFH) Re: D.C. Village Nursing Home restored dignity and respect to these individuals. As each resident went out the front door to their new homes they did so bravely and with dignity.

The 269 residents of D.C. Village would have tragically and needlessly continued to suffer and die, but due to the courage and compassion of one U.S. District Court Judge, The Honorable Thomas F. Hogan, the guidance of the U.S. Department of Justice and the Plaintiff-Intervenor for the Ombudsman program, and through the constant presence of the Court in the lives of the residents, they are now free, their civil rights have been returned to them. I am now confident that they will have better and happier lives. For those who did not have the physical stamina to withstand the transfer, dignity was restored to them as they faced their final weeks, days and even hours, a dignity at death that would have been denied them without the intervention of the Court.

Case Summary: Mr. H.B.

On the day the last residents left D.C. Village, Mr. H.B. sat in his wheelchair, waiting, alone in the day room on his dark and empty unit, with a stoic, sad, and resigned expression on his face. I sat down with Mr. H.B. and he held out his hand and I held his hand. Mr. H.B. was among the many residents at D.C. Village who never smiled, sat alone in their wheelchairs and left staring into walls, and rarely had human interaction. I told Mr. H.B. that his new nursing home, which he had visited, was on a beautiful river where residents sit outside and people go fishing. Mr. H.B.'s eyes lit up, and he whispered in a very soft voice, "I used to go fishing."

I told Mr. H.B. that I would visit him in his new home and he said in a voice unaccustomed to attention, "you will?, really?, thank you."

Today, Mr. H.B. sits on the patio deck by the beautiful river with other residents. He smiles now with a peaceful expression and his eyes sparkle when he says, "I am very happy here, I love it."

On behalf of the residents of D.C. Village, thank you Judge Hogan for your courage and honor and thank you to the United States Department of Justice for its compassionate oversight.

Also, thank you to Ms. Elma Holder, the founder of the National Citizens' Coalition for Nursing Home Reform, who is responsible for the federal law and regulations, that with Judge Hogan's Court Orders so helped me help the residents of D.C. Village.

To the residents of D.C. Village Nursing Home, the most dignified and brave among us, thank you for the lessons you have taught us all.

APPENDIX A

CHRONOLOGY of MAJOR EVENTS

United States of America v. The District of Columbia, et. al.
Civ. No. 95-948 TFH, Re: D.C. Village Nursing Home

CHRONOLOGY of MAJOR EVENTS

United States of America v. The District of Columbia, et. al.
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(The Court Orders appear in Appendix B
The Court Monitor's submissions to the Court appear in Appendix C)

May 19, 1995	United States files Complaint against the District of Columbia pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA) alleging that the civil rights of the residents of D.C. Village had been and continued to be violated.
June 19, 1995	United States files Motion for a Preliminary Injunction to Enjoin Dangerous and Life-Threatening Practices and to Ensure Basic Care, Services and Treatment, profiling appalling abuses of the D.C. Village residents. Attorneys for the United States are Mr. Richard J. Farano and Mr. David Deutsch.
June 21, 1995	Long Term Care Ombudsman intervenes in this case. Attorney for the Plaintiff-Intervenor is Mr. William Isaacson.
June 29, 1996	Defendants oppose United States and Plaintiff-Intervenor pleadings. Attorneys for the Defendants are Ms. Barbara Mann and Mr. Garland Pinkston.
July 5, 1995	District of Columbia agrees to settle case on terms identified in the United States proposed order accompanying the preliminary injunction.
July 6, 1995	Judge Hogan files Stipulated Order to Remedy the United States' and the Ombudsman's Motions for a Preliminary Injunction. Parties sign and agree to comply with terms.
July 25, 1995	Defendants request Court to modify the Stipulated Order of July 6 to limit the authority of the Monitor.
July 31, 1995	Judge Hogan denies Defendants' request to modify terms of July 6 Order
August 1, 1995	Judge Hogan appoints Dr. Harriet A. Fields as Court Monitor to oversee Defendants compliance with the Court Order and to advise the facility on how to comply with federal and District law and regulations.

August 15, 1995	The Mayor and the City Council of the District of Columbia announce closure of D.C. Village Nursing Home
September 5, 1995	Monitor first submission to the Court, Preliminary Status Report
September 12, 1995	Status Hearing in U.S. District Court before Judge Hogan
September 13, 1995	United States files motion to expand Monitor's duties to include oversight of the transfer and outplacement process.
September 21, 1995	Monitor submits letter to Judge Hogan supporting the United States motion.
September 28, 1995	Defendants oppose expansion of Monitor's duties.
October 16, 1995	Monitor submits Status Report detailing systems overview, failure to comply with Court Order of July 6, concerns and recommendations on how to comply with the Court Order and improve care for the residents.
October 20, 1995	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan grants United States motion to expand the duties of the Monitor to oversee the outplacement of the residents; addresses identified systems deficiencies raised in the Monitor's October 16, 1995 Status Report.
November 7, 1995	Judge Hogan files Order Modifying Stipulated Order of July 6, 1995 expanding Monitor's duties to oversee the outplacement process.
November 30, 1995	Monitor submits Status Report to Court detailing deficiencies in the outplacement process to date with recommendations and action steps.
December 4, 1995	Status Hearing in U.S. District Court before Judge Hogan addressing concerns raised in Monitor's November 30 Report. Judge Hogan issues verbal order to the Defendants to turnover vendor list to Monitor.
December 6, 1995	Monitor submits letter to Judge Hogan detailing chronic non-payment of vendors.
December 7, 1995	United States files pleadings addressing issues in Monitor's Report and letters to the Court.
December 10, 1995	Monitor submits letter to Judge Hogan detailing "patterns detrimental to the residents' well-being with recommendations to immediately rectify, and alerting the Court to the illegal depositing of the residents Personal Needs Allowance into the D.C. Treasury.

December 11, 1995	United States files pleadings requesting the Court to hold Defendants in contempt for failure to comply with Court Orders and deficiencies cited in Monitor's December letters to the Court.
December 14, 1995	Plaintiff-Intervenor files pleadings for further remedial relief pursuant to Monitor's submissions.
December 12, 1995	Status Hearing in U.S. District Court before Judge Hogan discussing Monitor's December letters to the Court and the United States and Plaintiff- Intervenor Pleadings.
December 20, 1995	Status Hearing in U.S. District Court before Judge Hogan reviewing Monitor's submissions and Plaintiffs pleadings. Judge Hogan finds the District of Columbia in contempt of the Court Orders and suggests possible remedies not monetary, but perhaps imprisonment and appointing others to operate the nursing home.
December 22, 1995	Judge Hogan files Court Order granting the Plaintiffs motions for contempt and further relief. Judge Hogan also raises concerns about the "counsel for the Defendants factual and legal misrepresentations to [the] Court."
January 17, 1996	Monitor submits Status Report to the Court recommending a new management team in order to protect the residents rights, health, safety, and welfare.
January 18, 1996	Status Hearing in U.S. District Court before Judge Hogan reviewing Monitor's Report and Defendants' 30-Day Compliance Report. Defendants announce creation of a management team to oversee outplacement and the assignment of Ms. Sue Brown from the District's Department of Human Services as outplacement transition team coordinator.
February 1, 1996	Monitor submits letter to Judge Hogan requesting that the Court suspend the outplacement and detailing continuing concerns with specific recommendations to remedy the situation.
February 2, 1996	Status Hearing in U.S. District Court before Judge Hogan reviewing Monitor's Report and letter, the United States and Plaintiff-Intervenor's pleadings, and the Defendants' response.
February 21, 1996	Monitor submits letter to Judge Hogan outlining continuing concerns with the outplacement process and communications with the District of Columbia Financial Responsibility and Management Assistance Authority. Ms. Corrie Kemp of the District's Central Referral Bureau

	replaces head of the D.C. Village Department of Social Services and has direct responsibility for overseeing the discharge process.
February 23, 1996	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan finds the District of Columbia still in contempt and grants the United States and Plaintiff-Intervenor's motions to suspend outplacement until the Ombudsperson, Ms. Sarodel Childs, and the Monitor determine that the outplacement of the residents complies with the Court Orders.
February 23, 1996	Judge Hogan files Court Order.
March 19, 1996	Monitor submits letter to Judge Hogan regarding the death of Mr. L.R., a resident with mental retardation who had been profiled in nearly every submission of the Monitor to the Court.
April 3, 1996	Monitor submits letter to Judge Hogan outlining: the outplacement process in compliance with the Court Orders and Ms. Catherine Carroll from the District's Commission of Public Health assignment to coordinate the outplacement of residents with mental illness; Monitor's visits to residents recently outplaced; the District's chronic non-compliance of payment of vendors; and some residents' Personal Needs Allowance still remaining in the D.C. Treasury.
April 4, 1996	Status Hearing in U.S. District Court before Judge Hogan addresses Monitor's letter and serious concerns relating to payment of vendors and the residents' Personal Needs Allowance. Mr. Garland Pinkston informs Judge Hogan of his intention to withdraw from the case as counsel for the District.
April 25, 1996	Monitor submits letter to Judge Hogan detailing outplacement process and Ms. Peggy Graves of the District's Department of Human Services assignment to coordinate the outplacement of the residents into independent living sites in the community; Monitor's visits to residents recently outplaced; Defendants continued non-compliance of payment of vendors and vendor contract approval process.
April 26, 1996	Status Hearing in U.S. District Court before Judge Hogan addresses Monitor's letter to the Court and the United States and Plaintiff-Intervenor's pleadings; Judge Hogan's raises serious concerns regarding Defendants apparent further contemptuous conduct and possible false statements regarding status of certain vendor payments and contracts and possible misrepresentations of the role of the D.C. Financial Responsibility and Management Assistance Authority. Mr. William Earl joins counsel for the District.

April 26, 1996	Judge Hogan files Order for a representative from the D.C. Financial Responsibility and Management Assistance Authority who is familiar with payments and contracts for D.C. Village and a representative from the District's Department of Human Services who is familiar with payments and contracts for D.C. Village to appear before the Court on Monday, April 29.
April 29, 1996	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan grants motions of the United States and the Plaintiff-Intervenor and finds the District again in contempt of the Court for failure to comply with payment of vendors provision.
May 9, 1996	Monitor submits letter to Judge Hogan profiling: outplacement process for the residents, identifying areas of concern; Monitor's visits to residents outplaced; and continuing concerns with vendor payments.
May 10, 1996	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan imposes sanctions on the District for the violations of the Court Orders and for being in contempt of the Court.
May 17, 1996	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan finds the District in continuing contempt of the Court and refers the counsel for the Defendants, the Corporation Counsel, to the Grievance Committee of the Court for "continued and repeated misrepresentations" to the Court.
May 22, 1996	Monitor submits letter to Judge Hogan profiling outplacement issues with remaining residents.
May 22, 1996	Status Hearing in U.S. District Court before Judge Hogan discussing outplacement and vendor payment issues.
May 31, 1996	Status Hearing in U.S. District Court before Judge Hogan addressing outplacement and vendor payment issues.
June 16, 1996	Monitor submits letter to Judge Hogan profiling outplacement, remaining outplacement issues, and vendor payment issue.
June 17, 1996	Status Hearing in U.S. District Court before Judge Hogan addresses remaining outplacement concerns and non-payment of vendor and United States Pleading.
June 24, 1996	Last resident discharged from D.C. Village.
June 28, 1996	Monitor submits letter to Judge Hogan concerning non-payment of

vendor.

July 1, 1996	Status Hearing in U.S. District Court before Judge Hogan. Judge Hogan finds the District in violation of the Court Orders for failure to pay vendor for services to residents with mental retardation and gives the District until July 15 to make a payment for services rendered.
July 15, 1996	Status Hearing in U.S. District Court before Judge Hogan discusses interest monies due the residents on their Personal Needs Allowance held in the D.C. Treasury and payment of vendor. Judge Hogan "leave(s) the contempt finding on the record."
August 7, 1996	Status Hearing in U.S. District Court before Judge Hogan. Defendants report vendor paid and intention to secure an auditor's accounting of monies due the residents. Defendants request termination of appointment of the Monitor.
August 11, 1996	Monitor submits letter to Judge Hogan detailing remaining outplacement concerns before it can be determined from outplacement visits that Defendants are in compliance with outplacement provisions of the Court Orders.
August 13, 1996	United States and Plaintiff-Intervenor submit pleadings opposing Defendants' motion.
August 22, 1996	Judge Hogan files Order denying Defendants' motion.
January 21, 1997	Monitor submits Final Report.
January 1997	Auditors submit report on accounting of interest monies due residents on their Personal Needs Allowance.
January 30, 1997	Status Hearing in U.S. District Court before the Honorable Thomas F. Hogan.