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Development, Funding, and Operations of Kiski Valley Medical Facilities, Inc., North Apollo, Pa. HRD-78-93; E-164031(5). April 7, 1978. 2 pp. + enclosure (15 FF.).

Report to Rep. John P. Murtha; by Gregory J. Ahart, Director, Human Resources Div.

Issue Area: Health Programs: Health Facilities (1203); Health Programs: Fraud and Abuse In the Financing Program (1206).

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Budget Function: Health: Health Care Services (551); Health: General Health Financing Assistance (555).

Organization Concerned: Department of Health, Education, and Welfare; Appalachian Regional Commission; Armstrong County, PA; Kiski Valley Medical Facilities, Inc.

Congressional Relevance: Rep. John P. Murtha.

Authority: Appalachian Regional Development Act.

The Commissioners of Armstrong County, Pennsylvania, received complaints concerning Federal funds used in developing and equipping Kiski Valley Medical Facilities, Inc. The complaints alleged that: there was a conflict of interest regarding the selection and acquisition of the facility site, area demographic data were misrepresented in applications for Federal funds, and there is not a need for the facility. An audit revealed no evidence to support the conflict of interest and data misrepresentation allegations. However, although additional medical services were needed in the Kiski Valley, the size of the facility is beyond the needs of the area. The anticipated patient load has not materialized and, as a result, the facility is experiencing financial difficulties. The facility will probably continue to have difficulty in achieving self-sufficiency. (RRS)

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UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

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B-164031(5)

April 7, 1978

The Honorable John P. Murtha
House of Representatives

Dear Mr. Murtha:

In your letter of December 29, 1976, you advised us that the Commissioners of Armstrong County, Pennsylvania, had received complaints concerning the propriety of Federal funds spent to equip Kiski Valley Medical Facilities, Inc., at North Apollo, Pennsylvania. We met with the Commissioners and several area residents who expressed concern regarding the development, funding, and operation of the facility. Specifically they alleged that (1) there was a conflict of interest regarding the selection and acquisition of the facility site, (2) area demographic data was misrepresented in applications for Federal funds, and (3) there is no need for the facility and that it is having financial difficulty.

Briefly, our audit disclosed no evidence to substantiate the conflict of interest and data misrepresentation allegations. In addition, although local physicians and hospital administrators agree that additional medical services were needed in the Kiski Valley, the size of the facility is beyond the needs of the area. Anticipated patient load has not materialized. As a result, the facility is experiencing serious financial difficulties and, we believe, will continue to have problems in achieving self-sufficiency.

The management of the facility is aware of its financial status and has taken action and continues to consider alternatives for alleviating the problem.

The results of our review were discussed with the President of the Commissioners of Armstrong County and a member of your staff at the conclusion of our fieldwork.

Our findings are presented in the enclosure to this report. We did not obtain written agency comments; however, the matters covered in this report were discussed with

HRD-78-93
(102508)

B-164031(5)

Department of Health, Education, and Welfare officials and Kiski Valley Medical Facility officials and their comments are incorporated.

As arranged with your office, unless the report's contents are publicly announced earlier, we plan no further distribution of this report until 30 days from the date of this report. At that time we will send copies to interested parties and make copies available to others upon request.

We are available to discuss any questions you may have regarding the contents of this letter and enclosure.

Sincerely yours,


Gregory J. Ahart
Director

Enclosure

INTRODUCTION

Kiski Valley Medical Facilities, Inc., is a private nonprofit community outpatient medical facility located in North Apollo, Pennsylvania. Situated in a medically underserved area, the facility provides a wide range of physician, diagnostic, and ancillary services to residents of the Kiski Valley area of Westmoreland and Armstrong Counties.

In 1973, a shortage of physicians and related medical services existed throughout the Kiski Valley area. At that time the ratio of physicians to population was 1:6,000 compared to the national average of 1:630. This shortage served as the basic justification of need for additional medical services in the Kiski Valley.

The primary impetus behind the development of the facility was a local organization known as the Soroptomist Club of Kiski Valley, which, during 1973, initiated public debate on the need and merits of bringing additional medical services to the area. As local support for the project grew, an ad hoc committee, and later an interim board of directors, were formed to proceed with plans for local fund drives, applications for Federal assistance, selection of a site, and acquisition of staff.

By June 1974, they had secured commitments for Federal assistance from the National Health Service Corps, Department of Health, Education, and Welfare (HEW), and the Appalachian Regional Commission. Coupled with funds raised locally, a partially renovated building was acquired in the Borough of North Apollo, Armstrong County, in August 1974. In December 1974, the facility opened its doors, providing limited services with one doctor and one registered nurse on duty.

FACILITY SITE SELECTION AND ACQUISITION

Three possible locations for the medical facility were considered. One site, owned by Vandergrift Borough, was offered at no cost. However, according to facility officials, the building located on the property was (1) considered too small, (2) had limited parking, and (3) was not centrally located in the Kiski Valley service area, and therefore, was not selected.

A private clinic operated by a physician in Leechburg was also offered as a possible site. The physician was willing to lease the clinic to the facility in addition to offering his services as a physician. However, the

building was not selected because it was also considered too small.

The third location considered was the building currently occupied by the facility. This property, located in the Borough of North Apollo, Armstrong County, was selected because of its central location and accessibility in the Kiski Valley area; and the relatively short distance--12 miles--to the nearest hospital. The property included a partially renovated building (formerly a bowling alley) with 18,000 square feet of floor space and a large parking lot on 2.5 acres of land. However, extensive internal and external renovations were required before the building could be used as an out-patient medical facility.

In March 1974 an option to purchase the North Apollo property for \$140,000 was signed. The sale was completed in August 1974, at which time a mortgage was obtained from a local bank in the amount of \$99,000, for 10 years at 9-3/4 percent interest. Equity in the property was obtained by soliciting contributions from industry, civic groups, businesses, and residents in the Kiski Valley area. No Federal funds were involved in the purchase.

Original plans were to use 12,000 square feet of space for providing medical services and to lease the remaining 6,000 square feet for other health-related activities.

Building renovations commenced in October 1976 and were substantially completed by August 1977. Renovations included modernization of the exterior entranceway to the facility, subdivision of the interior into waiting and examining rooms, a laboratory, physical and inhalation therapy rooms, a dental office, and administrative office space. The renovation costs amounting to about \$482,000 were funded by an HEW grant.

Alleged conflict of interest

We did not find any evidence of conflict of interest in the selection and acquisition of the property. It was alleged that one of the facility's developers, who subsequently served as chairman of the original board of directors, held a financial interest in the property at the time it was purchased. We interviewed this individual and he indicated that he did not have a financial interest in the property as alleged. In addition, we reviewed county and State records but were unable to determine whether the individual was a stockholder in the corporation which sold the property to the facility. Although Armstrong County records, and records

maintained by the Secretary of the Commonwealth of Pennsylvania, identified officers of the corporation, individual stockholders were not identified.

APPLICATIONS FOR FEDERAL ASSISTANCE

The facility obtained various types of Federal assistance during its initial years of operation. The Federal programs and the purpose of the support are identified below.

<u>Federal programs</u>	<u>Purpose</u>	<u>Amount</u>
National Health Service Corps, HEW	To locate physicians	\$ --
Appalachian Regional Commission	Grant funds for equipment and operating costs	595,334
Health Facilities Construction and Modernization (Hill-Burton), HEW	Grant funds for construction and renovation costs	481,970
Rural Health Initiative, HEW	Grant funds for equipment and operating costs	<u>99,860</u>
Total		<u>\$1,176,164</u>

All of the applications for assistance required review and endorsement by the Comprehensive Health Planning Association of Western Pennsylvania, Inc., ¹/ the local health planning agency responsible for coordinating health services for the region as part of an overall State plan. The applications were also reviewed and approved by State and Federal agency officials responsible for each respective program.

National Health Service Corps

The National Health Service Corps recruits physicians and other health care providers for communities which are determined by HEW to have a critical shortage of health manpower.

¹/Changed in 1974 to Health Systems Agency of Southwestern Pennsylvania, Incorporated.

In 1973 there were eight practicing physicians in the Kiski Valley area, which equated to a physician/population ratio of 1:6,000, far below the national (1:630) and State (1:645) averages. Because NHSC regulations defined a medically underserved area as having less than 1 physician per 4,000 people, the facility qualified for assistance under this program.

The facility's application in November 1973 included endorsements from local government officials, local medical societies, civil organizations, and the local health planning agency. By January 1974, it had received the required State and Federal approvals, and the National Health Service Corps formally established the Kiski Valley as a medically underserved area.

Although the Corps approved the allotment of four physicians to the Kiski Valley area, only two were actually assigned. The two physicians arrived at the facility in July 1975, but because of differences between them and the facility's administrator, both were transferred by the Corps in September 1975. Additional physicians were not assigned and the facility subsequently recruited its own physicians.

Appalachian Regional Commission

After obtaining approval for the assignment of physicians, the facility filed an application under section 202 of the Appalachian Regional Development Act for Federal assistance in operating and equipping the facility. The March 1974 application included an extensive list of endorsements, including State and Federal Government officials, local industry managers, physicians and health care providers, social service agencies, civic organizations, and the local health planning agency.

Financial grants under the program generally are available for a maximum period of 5 years, at which time the Commission feels a grantee should be financially self-sufficient. However, it is the policy of the Pennsylvania State Department of Commerce, which approved the application in April 1974, to impose a lesser 3-year limitation on financial assistance, at which time a grantee must be able to demonstrate its fiscal viability.

The application was approved by the Commission in June 1974. The initial year of funding covered August 1974 through July 1975; 2 additional years of funding were also recommended ending July 31, 1977.

Hospital Facilities Construction and Modernization Program (Hill-Burton)

In September 1974 the facility submitted an application to HEW for Hill-Burton grant funds to use in renovating the building purchased the previous month. The application was reviewed and approved by State and local health planning agencies and the State hospital advisory council for the Hill-Burton program. Final approval was given by both the State Department of Health and HEW in October 1976.

State Department of Health officials advised us that primary consideration is given to the poverty level of an area in approving grants under the Hill-Burton program. According to HEW guidelines, a poverty area is one in which the median annual family income ranks in or below the 30th percentile of the median family incomes for all areas in the State. Only those areas which met this criteria were considered eligible. The Kiski Valley Medical Facility is located in Armstrong County which, at the time of the application, was considered a poverty area with a median family income of \$7,702.

Rural Health Initiative Program

By mid-1977, it was apparent to facility officials that additional financial assistance would be needed to continue operations when Appalachian Regional Commission support expired in July. Consequently, in May 1977, the facility submitted an application for Federal assistance under the Rural Health Initiative program to obtain funds needed for equipment and operating costs beyond the third year of operation. Grants under this program are available to improve accessibility, availability, and quality of primary health care services in areas identified as having critical health manpower shortages or as being medically underserved. The application cited the shortage of primary health care services in the Kiski Valley area--specifically the number of physicians per area population--as the basis for eligibility for the funds.

The application was approved by the local health planning agency in May 1977, the State Department of Commerce and the HEW regional office in July 1977, and the HEW headquarters office in August 1977. The approval awarded funds for the fourth year of operation commencing August 1, 1977.

Alleged misrepresentations in applications for Federal funds

It was alleged that information presented in the facility's applications for Federal assistance misrepresented the situation in the Kiski Valley area for the purpose of gaining Federal support for the facility. Specifically, it was alleged that data on the number of doctors, area population, and size of the service area were inaccurate or distorted. We were unable to find such inaccuracies in Kiski's applications.

We examined the applications and supporting data and discussed the application process with an official of the local health planning agency responsible for review and approval of the applications. We were informed that the agency verified the information set out in the applications and found no errors or misstatements of any significance.

Although traditional county boundaries were disregarded in defining the facility's service area, we found that the facility used the same service area as that adopted by other service-oriented health agencies, such as the Kiski Valley Visiting Nurses Association, the Kiski Valley United Fund, and the Kiski Valley Medical Society.

State and Federal officials had previously investigated the allegations and similarly found nothing to substantiate the allegations.

SERVICES PROVIDED BY THE FACILITY

Original plans for the facility were quite ambitious and envisioned a freestanding outpatient medical facility providing physician and direct ancillary services--nursing, X-ray, laboratory, and physical therapy, as well as other health related activities. As the facility began to take shape, however, changes were made in the scope of services to be provided. Ultimately, some services originally proposed were eliminated. The range of services and the number of staff required to provide the services formed the basis for determining the size of the facility ultimately developed.

Current services are shown on the following page in comparison to the original services planned.

<u>Services</u>	<u>Planned</u>	<u>Actual as of Aug. 1977</u>
Physician	x	x
Nursing	x	x
Laboratory	x	x
X-ray	x	x
Electrocardiogram	x	x
Physical therapy	x	Not yet operational
Inhalation therapy	x	Deleted
Ophthalmology	x	Deleted
Family care	x	x
Information and referral	x	x
Hospital followup	x	x
Dental care	x	Not yet operational

Although the facility is equipped to provide many services which a private physician could not normally administer in his office, i.e., laboratory tests, electrocardiograms, and physical therapy, the facility is apparently of no greater benefit to physicians or patients than previous treatment sources. For example, a sample of 100 patients treated at the facility during a six-month period ended June 30, 1977, showed the following treatments, most of which could have been provided in a physician's office.

<u>Type of treatment</u>	<u>Number of patients</u>
Upper respiratory treatment	30
Injury	14
Injection	8
Physical examination	8
Laboratory	7
Skin inflammation	7
Heart disease	5
Virus	4
Arthritis	4
X-ray	4
Other	9
	<u>100</u>

Implementation of some specialized services at the facility has been restricted because of a variety of reasons. For example:

- Although renovations for a physical therapy unit had been completed and equipment had been purchase,

physical therapy treatments were not available because the unit had not been staffed.

--A fully equipped laboratory is headed by a lab technician who is restricted by law to performing certain basic or routine testing. All other testing must be sent to an independent laboratory in Pittsburgh.

--X-ray equipment became operational in June 1977. X-rays, however, must be sent to a private firm for readings by a qualified radiologist.

--Electrocardiograms can be taken but the results must be sent to a private cardiologist for interpretation.

In addition, some services which were originally planned were canceled due to lack of demand for these services. In two instances, equipment had already been purchased or renovations completed before the services were canceled.

--Ophthalmology equipment purchased for \$36,850 in 1976 was sold back to the equipment supplier in 1977 at 75 percent of the original purchase price. The equipment was never installed because the facility had only minimal demands for this service.

--An inhalation therapy room was included during the renovations of the facility. This service was deleted, however, since it duplicated service already available in the area. Fortunately, the equipment had not been purchased. At the conclusion of our work a decision had not been reached concerning utilization of the renovated vacant space.

Staffing

To operate the facility as planned, it was originally anticipated that a staff complement of 25 to 30 employees would be needed, including 6 physicians, 4 nurses, and related support staff.

Although patient visits, which directly influence the level of staffing, have never reached the level anticipated, the staff totaled 29 employees--13 full time and 16 part time in June 1977. This represents a full-time equivalent of 15 support staff and 3 physicians, or a 5:1 staff ratio, which is considered high by HEW officials. In approving Rural Health Initiative funds for the 1978 budget

year, HEW imposed several conditions on the facility designed to reduce the number of personnel and to increase productivity of existing resources. HEW specifically requested the facility to reduce the level of staffing to a point where the number of support personnel compared to the number of physicians approximates a 3:1 ratio. The facility's success in achieving this goal will be monitored by HEW through quarterly reports required under the grant award.

FINANCIAL DEVELOPMENT OF THE FACILITY

Funding

From August 1974 to the present time, the facility has been receiving financial assistance from the Federal Government under the programs mentioned previously. Expenditures of Federal funds reported by the facility through July 1977 are summarized below by source and cost category.

<u>Program source</u>	<u>Cost category</u>			<u>Total</u>
	<u>Operations</u>	<u>Equipment</u>	<u>Renovations</u>	
<u>Appalachian Regional Commission</u>				
8/1/74 to 7/31/75	\$149,024	\$49,815	\$3,986	\$202,825
8/1/75 to 7/31/76	194,801	94,490	-	289,291
8/1/76 to 7/31/77	<u>103,218</u>	<u>-</u>	<u>-</u>	<u>103,218</u>
Total	\$447,043	\$144,305	\$3,986	\$595,334
<u>Hill-Burton</u>				
2/11/77 to 7/31/77	<u>-</u>	\$ 5,948	\$375,290	\$381,238
Combined total	<u>\$447,043</u>	<u>\$150,253</u>	<u>\$379,276</u>	<u>\$976,572</u>

a/HEW approved Hill-Burton funds totaling \$481,970. The Kiski Valley Medical Facility received \$381,238 through July 31, 1977, and \$74,224 in August 1977. A balance of \$26,508 remained at August 31, 1977, and when released by HEW, will be used for final settlement of renovation costs.

In addition to the above, the facility applied to HEW for Federal funds under the Rural Health Initiative Program for equipment and operating costs beyond the third year of operations. The application requested \$100,000 for the fourth year and \$60,000 and \$18,000, respectively, for 2 subsequent years. HEW approved the application and awarded \$99,860 for the fourth year starting August 1, 1977.

We did not audit Federal fund expenditures because audits of the facility's operations were performed annually by a Certified Public Accountant in accordance with Federal regulations. Therefore, we relied on the results of these independent annual audits covering the first 3 years of operations.

The audit reports included an unqualified opinion that the financial statements presented fairly the financial position and the results of operations for the first three years in conformity with generally accepted accounting principles.

Financial status

The facility is not financially self-sufficient and it appears that continued assistance will be needed in order for it to maintain current operations. Underutilization of the facility has resulted in operating costs far exceeding non-Federal revenues.

The facility has been able to meet its operating expenses to date, largely due to the Federal grant assistance and private borrowing. Since 1976, however, Federal funding to support operations has decreased and non-Federal revenues, mainly fees from patients, have not increased sufficiently to cover operating expenses.

During each of the first 3 years of operation, there was an excess of total revenues over total expenditures because of contributions and Federal grant assistance from the Appalachian Regional Commission and HEW. An analysis of operating revenues and expenditures excluding Federal funds, however, shows a growing operating deficit in each of the 3 years. These deficits have grown from \$93,000 to \$227,500 in fiscal year 1977, as shown in the following summary of revenues and expenses.

ENCLOSURE

ENCLOSURE

SUMMARY OF REVENUES AND EXPENDITURES

	1977			1976			1975		
	Operating Fund	Non-Operating Fund	Total	Operating Fund	Non-Operating Fund	Total	Operating Fund (note a)	Non-Operating Fund (note b)	Total
Revenues	\$174,742	\$ 5,674	\$180,416	\$209,234	\$20,727	\$229,961	\$103,094	\$139,014	\$242,108
Expenses	<u>402,245</u>	<u>24,620</u>	<u>426,865</u>	<u>420,746</u>	<u>14,588</u>	<u>435,334</u>	<u>196,035</u>	<u>30,755</u>	<u>226,790</u>
Non-Federal exc-ss (expenditures)	(227,503)	(18,946)	(246,449)	(211,512)	6,139	(205,373)	(92,941)	108,259	15,318
Federal grants	<u>115,359</u>	(note c) <u>482,541</u>	<u>597,900</u>	<u>295,432</u>	-	<u>295,373</u>	<u>189,043</u>	-	<u>189,043</u>
Total excess (expenditures)	<u>(\$112,144)</u>	<u>\$463,595</u>	<u>\$351,451</u>	<u>\$ 83,920</u>	<u>\$ 6,139</u>	<u>\$ 90,059</u>	<u>\$ 96,102</u>	<u>\$108,259</u>	<u>\$204,361</u>

a/8 months.

b/16 months.

c/Includes \$571 interest earned.

Although grant funds enabled the facility to realize a total operating surplus in fiscal years 1975 and 1976, grant assistance in 1977 was not sufficient to offset the operating deficit.

The facility's financial situation became acute during 1977, and it was necessary to secure two bank loans, totaling \$40,000--\$15,000 in November and \$25,000 in December--to finance current operations. In addition, the facility remortgaged its property in March 1977 for \$350,000 over a period of 25 years at 8-1/2 percent interest. After the original mortgage was liquidated, and all loans, interest, and legal fees paid (through March 25, 1977), a balance of about \$200,000 remained for operating expenses.

Financial outlook

As noted earlier, the facility has secured a grant of about \$100,000 from HEW's Rural Health Initiative program for its fourth operating year starting in August 1977. This grant should enable the facility to continue operations through the current fiscal year. However, based on operating experience to date, it appears that the facility must either substantially reduce operating expenses or increase patient revenues, or financial assistance from other sources will be necessary to remain solvent.

At the time the facility was being developed, projected patient visits served as the basis for (1) the size of the facility, (2) the scope of services, and (3) the types and level of staffing. But because patient visits have never come close to the original projections, patient revenues have constantly been below expectations while expenses to operate the facility have remained relatively simple.

The following chart shows projected versus actual revenues and the number of patient encounters actually experienced during fiscal years 1975 through 1977.

	Year ended <u>7/31/75</u>	Year ended <u>7/31/76</u>	Year ended <u>7/31/77</u>
Estimated patient revenue	\$194,000	\$340,000	\$788,000
Actual patient revenue	a/ <u>85,000</u>	<u>209,000</u>	b/ <u>168,565</u>
Difference	<u>\$109,000</u>	<u>\$131,000</u>	<u>\$519,435</u>
Number of patient encounters	a/ <u>8,891</u>	16,767	13,526
Monthly average	1,271	1,397	b/ <u>1,127</u>

a/Patient fees and encounters are for 7 months ended July 31, 1975.

b/According to Kiski Valley Medical Facility officials, patient fees and encounters were adversely affected by severe weather conditions from November 1976 through February 1977, when patient encounters dropped from 1,200 and averaged 800 monthly. They also stated that ongoing building renovations adversely affected patient visits during the year.

Nevertheless, the facility's budget for fiscal year 1978 projects patient revenues of \$470,000. To achieve this goal, patient revenues will have to increase 180 percent from the level achieved during 1977.

Although it is not possible to predict how successful the facility will be in increasing patient revenues, it is doubtful that a large number of area residents require medical care who are not presently receiving it. Local physicians and facility officials agree that the majority of the population requiring medical services are already receiving them either through the Kiski Valley Medical Facility or traditional treatment sources.

The administrator of the facility stated that the most likely way to increase patient visits and consequently revenue would be to incorporate a large portion of the existing workload of local physicians into the facility. Although this could be accomplished if local physicians utilized the facility for office visits or ancillary services, there is strong resistance to do so. Most of the physicians we spoke with agreed that there was a need for additional medical services in the Kiski Valley area at the time the facility was developed, but also felt that the facility is much more than needed by the community and provides few services that existing resources could not provide. Therefore, it appears doubtful that the demand for services available at the facility will increase drastically in the near future.

COMMENTSMedical providers

We spoke with general family practitioners and hospital administrators in the Kiski Valley service area regarding the need for the Kiski Valley Medical Facility and its effect on their patient workloads. Most agreed that a medical facility is needed but that it is too large and too costly--both to renovate and to operate.

The hospital administrators said that the facility has had little or no effect on the numbers of patients treated in their outpatient departments, including emergency rooms. The general practitioners also stated it has had little effect on their workloads. In addition, the practitioners felt that everyone in the area requiring medical services is receiving them.

With respect to using the facility for direct patient care or ancillary services, the physicians stated there was no reason to use the facility because it could provide few benefits to their patients which are not presently available through traditional medical resources in the Kiski Valley area.

HEW Region III

At the conclusion of the review we briefed HEW Region III officials on our findings, and informed them of our conclusions concerning the facility's financial viability. These officials agreed with our findings and stated that several conditions would be imposed on the grant award from the Rural Health Initiative program to help the facility become more financially stable.

Kiski Valley Medical
Facility officials

Facility officials agreed with our findings and were considering several alternatives which they felt would improve the situation in the future. In their judgment, the facility is in fact too large but opportunities for using vacant space were under consideration. They also agreed that Federal funding during fiscal year 1978 was necessary to remain financially viable and indicated that additional assistance may be needed in the future.

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ENCLOSURE

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This review was conducted at the Appalachian Regional Commission, Washington, D.C.; the Department of Health, Education, and Welfare, Region III, Philadelphia; the Departments of Commerce and Health, Commonwealth of Pennsylvania, Harrisburg; the Southwestern Pennsylvania Economic Development District, Pittsburgh; the Health Systems Agency of Southwestern Pennsylvania, Incorporated, Pittsburgh; and the Kiski Valley Medical Facilities, Incorporated, North Appolo, Pennsylvania.

Fieldwork was initiated in May 1977 and completed in September 1977.